

# SC033362

Peterborough City Council

Clare Lodge Secure Childrens Home, 8 Lincoln Road, Glington, Peterborough PE6 7AW

Full inspection

Inspected under the social care common inspection framework

## Information about this secure children's home

This home is operated by a local authority and is approved by the Secretary of State to restrict children's liberty.

The home provides care for up to 16 girls aged between 10 and 17 who are placed by local authorities, under section 25 of the Children Act 1989. At the time of this inspection, nine children were living at the home.

Admission of any child who is under 13 years old requires the approval of the Secretary of State, under section 25 of the Children Act 1989.

The commissioning of health services at this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site in dedicated facilities.

The registered manager has been in post since May 2013.

### Inspection dates: 23 to 25 April 2024

**Overall experiences and progress of children and young people, taking into account** **requires improvement to be good**

Children's education and learning inadequate

Children's health good

How well children and young people are helped and protected requires improvement to be good

The effectiveness of leaders and managers requires improvement to be good

The secure children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

**Date of last inspection:** 25 July 2023

**Overall judgement at last inspection:** good

**Enforcement action since last inspection:** none

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
25/07/2023	Full	Good
29/11/2022	Full	Requires improvement to be good
13/09/2022	Full	Inadequate
10/03/2022	Interim	Declined in effectiveness

## Inspection judgements

### **Overall experiences and progress of children and young people: requires improvement to be good**

Some of the children's day-to-day experiences are adversely affected by the group dynamics and the needs of other children. There have been serious incidents when staff have failed to intervene quickly enough to safeguard children from harm. Significant shortfalls in children's education mean that children make very little progress in their learning. Staff recruitment continues to be a challenge and, as a result, there is a reliance on inexperienced, unqualified agency staff.

Staff do to not always ensue that living areas are cleaned up immediately following incidents. Managers have failed to identify that anyone walking past the children's lounges can directly see in. The managers have not taken measures to address this. This layout does not protect children's dignity at times of distress and has the potential to exacerbate unsafe behaviours.

The permanent staff encourage children to build trusting relationships that are supportive. Difficult conversations with children are managed sensitively and this helps to alleviate worries. However, a lack of consistency in following up one-to-one conversations means that, generally, issues are not explored and conversations are not revisited. Therefore, opportunities for children to reflect on their life experiences and recognise how these may influence their behaviours are missed.

The quality of children's care is guided well by individualised plans and assessments. Staff have clear strategies to keep children safe and support them to reduce and manage their distress. These plans are reviewed on a regular basis to ensure that they reflect children's needs. Some children's local authority statutory care plans are not up to date. This means that staff are not always working with current information from the children's placing authorities.

Children know how to make a complaint and any complaints are responded to appropriately. Leaders and managers have effective oversight of complaints to ensure children's concerns are dealt with swiftly. Children have regular access to an independent advocate to act on their behalf. As a result, children have a voice and feel listened to.

The children are able to take part in a range of activities in the community that reflect their individual interests and hobbies. Staff understand the importance of these and how community engagement positively supports children's social and emotional well-being and increases their confidence. The time in the community helps prepare children to move on from the home. These moves are well planned, taking into consideration the individual needs of each child. Children are involved as much as possible in these arrangements.

Children's sense of identity is celebrated. Staff provide opportunities for children to share their culture and their religion. One child said that staff help her to cook foods which are

traditional in her culture and she values this. Family members are welcomed to the home to see their children, when this is in the children's best interests. These visits help children to maintain their sense of belonging and family relationships.

### **Children's education and learning: inadequate**

Children's attendance in education is extremely poor. Too often, staff have failed to establish routines that support children to attend and engage with learning. Children's education is not prioritised by the staff.

Teachers do not provide children with a well-planned curriculum. When children cannot be taught together, they are put on a reduced timetable. This means that children cannot access the full curriculum. When children are unable to concentrate for long periods of time, there is no plan to build up their stamina, resilience and focus. Subjects taught are broadly the same for every child. Too few children are supported to achieve qualifications in key subjects such as mathematics and English.

Staff do not fully assess children's starting points in education. Children new to the home do not attend education straight away. They are not supported quickly enough to establish good education routines.

Children's education, health and care (EHC) plans are not used effectively to support teachers to plan lessons for children and help them make progress. Most children do not gain recognised qualifications during their time at the home. There are no systems to clearly measure children's academic progress while they are living at the home.

Too often, education staff are called on to support care staff outside lessons and help with physical interventions in incidents involving other children. This is blurring the boundaries and relationships between the children and teaching staff. It does not provide a culture which encourages children to come into the classroom to learn.

Leaders do not have a clear understanding of the strengths and areas for improvement of the education provision they offer. They do not have high aspirations and expectations for what children can achieve or prepare them well enough for their next stage of education. There has been little progress in addressing the areas for improvement identified at the start of the academic year.

Teachers look at alternative strategies to capture children's interests. They visit the children in their lounges and try to include children in informal educational activities. Teachers are skilled at trying to find something children might like to learn about and create learning around this.

There has been a recent change in the education leadership team. Staff are very positive about the change. One teacher has been given the role of special educational needs coordinator. He is starting to assess children and identify their individual starting points and learning needs.

## **Children's health: good**

Children's physical and emotional health is improved as a result of the input they receive. Health staff assess children's needs in a timely manner when they come to live at the home. Plans are quickly identify children's needs and the health services required to improve children's health outcomes.

Children have access to a range of in-house and external health professionals, including primary healthcare services, opticians, sexual health services and immunisations. The health team has worked effectively with staff at the local hospital to consider how to best support children when they attend hospital appointments. Health leaders have good oversight of any barriers around access to these services and address any problems if they arise. However, there is no work routinely done on common health promotion topics, such as positive sleep patterns, healthy eating or exercise, which would benefit children's all-round health and well-being.

The health team has a good understanding of children's needs and staff are able to clearly articulate how children's needs will be met. Relevant information about the child is, for the most part, used effectively to understand children's lived experiences and how this potentially impacts on their current presentation and needs. However, EHC plans are not consistently used to inform interventions with children.

Children's health needs are not consistently used to inform children's care plans. Care plan audits identify this as an area for improvement. Health leaders are working to develop tools to evidence the benefit of health interventions.

Improvements have been made to the response by the health team following physical interventions with children. There is now good oversight of incidents and systems for effective monitoring are in place. This means that children's physical health is checked following incidents. Regular monitoring of the use of physical interventions by the health team and leaders in the care team has led to a more collaborative approach. There has been an analysis of trends and themes around incidents in an attempt to learn from these and reduce future incidents.

Children with unidentified neurodiverse needs benefit from the new in-house neurodevelopmental assessment pathway. One child has benefited from a confirmed diagnosis. As a result, staff have a better understanding of how to meet this child's needs. Work is under way to develop support following diagnosis. Training has been delivered to some care staff, with further training identified for the full staff team. This will give care staff the additional skills and knowledge to respond effectively to children's needs.

There is comprehensive oversight of medication management. This means that children have good access to medication to support their health needs. There are clear processes in place for the ordering, administration and disposal of medication.. Fortnightly joint medication management meetings monitor this area of work. There is a regular audit schedule and reports are created to identify and act on areas for improvement.

## **How well children and young people are helped and protected: requires improvement to be good**

Physical interventions with children are only used when it is necessary to prevent harm. The quality of staff's practice and recording of physical interventions is variable. Improvement and developments are not always identified.

During one incident that involved agency staff, the staff did not follow the home's agreed model of practice for a physical restraint. This resulted in a child becoming extremely distressed. Management oversight of the incident has resulted in an appropriate referral to the local authority designated officer. The staff involved are no longer working at the home and the incident remains subject to investigation. In another incident, a child became distressed in an area of the home where there was equipment that posed a risk to them. The staff missed opportunities to intervene to reduce risk to the child. Eventually, the child was kept safe in a contained area with staff observing from behind the door. The staff have allowed a child damage to their environment and managed to hold a small sharp item. The records of these incidents are unclear about the monitoring of the child. In records of both of these protracted incidents there is little evidence of leadership and direction of the staff involved.

The quality of staff practice is inconsistent. One member of agency staff failed to intervene and a child ingested a harmful item. The incident was not well managed until a more senior member of the permanent staff team responded and gave direction to the agency staff member.

Some incident records are incomplete. They do not always include the child's views or demonstrate that these have been sought. The records of physical interventions do not always evidence reflection with the child or efforts to follow this up later. Following incidents, information is captured of any lessons learned. Despite this, the information is not always used to inform the child's behaviour support plan and influence future work with the child.

There are regular multidisciplinary meetings that support staff to understand each child's needs, risks and vulnerabilities. These are used to review and update risk assessments and behaviour support plans.

Children's views are not always captured after these incidents to understand their experience and inform practice. Managing children away from an area with staff is used to reduce peer tensions and the targeting of individual children. The use of these measures is appropriate. There is often well-planned reintegration of children following these incidents. There is good oversight and evaluation of these interventions by managers to ensure children are safeguarded.

## **The effectiveness of leaders and managers: requires improvement to be good**

Leaders and managers face ongoing challenges in the recruitment of permanent staff. There is a continued reliance on agency staff to ensure safe staffing levels. The current agency staff do not have a children's social care background or the required qualifications for working in a children's home. This has led to inconsistency and some poor practice which has led to children being harmed. This places additional pressures on the core staff team. Leaders and managers do not actively seek agency staff with the relevant social care qualifications and experience. This continues to place children at increased risk.

One child is cared for on her own by a team of healthcare staff. These staff do not have the relevant qualifications. There is support from a case manager and a key worker from the core staff team. Leaders and managers have failed to recognise that this is not an appropriate long-term model of care. This child is having a very different experience to the other children.

Leaders use monitoring tools to support their oversight of the quality of care. These tools are not always effective in improving practice in relation to behaviour management, recording of significant incidents and one-to-one work with children. The information from monitoring audits is not always used to provide learning and inform practice.

The permanent staff team is committed and child centred. However, some staff feel overwhelmed and unsupported. These staff feel that leaders and managers are not always visible.

Staff receive regular supervision sessions, however, the quality of the supporting records is variable. Staff find supervision helpful. However records do not consistently demonstrate child-focused and reflective discussions. The supervisor who has held the discussion with the staff member is not identified in the records. The local authority model for annual appraisal does not meet the expectations defined in the quality standards.

The training programme for permanent staff is appropriate to the needs of the children. The programme gives staff the opportunities to increase their skills and understanding. Leaders and managers recognise when additional training is needed to ensure staff can meet the complex needs of the children in their care. However, the training programme is not extended to the full agency staff team.

A development plan sets out relevant actions for leaders and managers. The registered manager and leaders from the health team provide a stable leadership team. Leaders in health have worked with the registered manager to identify and drive required improvements to support children's health needs. There is a clear commitment from leaders and managers to deliver a child-centred service.



The working arrangements between leaders in education and social care have been strengthened recently with an interim change of headteacher. The leaders recognise that children's education requires further work and development and have taken steps to start improvements.

Since the last inspection the occupancy levels have remained relatively stable with around half of the sixteen places being used. Staffing numbers have prevented more children being able to live at the home.

## What does the secure children’s home need to do to improve?

### Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, The Children’s Homes (England) Regulations 2015 and the ‘Guide to the Children’s Homes Regulations, including the quality standards’. The registered person(s) must comply within the given timescales.

Requirement	Due date
<p>The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>help each child to achieve the child’s education and training targets, as recorded in the child’s relevant plans;</p> <p>support each child’s learning and development, including helping the child to develop independent study skills and, where appropriate, helping the child to complete independent study;</p> <p>understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers;</p> <p>help each child to understand the importance and value of education, learning, training and employment;</p> <p>help each child to attend education or training in accordance with the expectations in the child’s relevant plans. (Regulation 8 (1) (2)(a)(i)(ii)(iii)(iv)(x))</p> <p>In particular:</p> <p>set targets for children which are ambitious and encourage them to achieve;</p> <p>quickly assess children on their arrival to the home and use this information to plan lessons;</p>	<p>30 June 2024</p>

<p>establish children’s educational starting points and develop an individualised effective full-time curriculum using this information, taking into consideration children’s interests;</p> <p>ensure children’s attendance improves in education classes improves rapidly.</p>	
<p>The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>assess whether each child is at risk of harm, taking into account information in the child’s relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>manage relationships between children to prevent then harming each other</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>are familiar with, and act in accordance with, the home’s child protection policies (Regulation 12 (1) (2)(a)(i)(iii)(iv)(v)(vii))</p> <p>In particular, ensure that all staff, including agency staff, understand and adhere to the child protection policies, procedures and practice expectations.</p> <p>In particular, ensure that all staff, including agency staff, understand and adhere to the policies, procedures and practice expectations in place to safeguard children.</p>	<p>30 June 2024</p>
<p>The registered person must ensure that—</p> <p>within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—</p> <p>the name of the child;</p>	<p>30 June 2024</p>

<p>details of the child’s behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the effectiveness and any consequences of the use of the measure;</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")—</p> <p>has signed the record to confirm it is accurate. (Regulation 35 (3)(a)(i)(ii)(iii)(iv)(v)(vii)(b)(ii))</p> <p>In particular, ensure that there is an accurate record of the measure and an assessment of the effectiveness of the measure and the impact on the child.</p>	
<p>The quality and purpose of care standard is that children receive care from staff who—</p> <p>understand the children’s home’s overall aims and the outcomes it seeks to achieve for children;</p> <p>use this understanding to deliver care that meets children’s needs and supports them to fulfil their potential.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff—</p> <p>provide personalised care that meets each child’s needs, as recorded in the child’s relevant plans, taking account of the child’s background;</p> <p>help each child to understand and manage the impact of any experience of abuse or neglect;</p>	<p>30 June 2024</p>

<p>help each child to develop resilience and skills that prepare the child to return home, to live in a new placement or to live independently as an adult. (Regulation 6 (1)(a)(b) (2)(b)(iv)(v)(vi))</p> <p>In particular, ensure that staff have access to children’s most recent statutory care plans and undertake regular one-to-one work with children to support their progress and experiences.</p>	
<p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children’s home that—</p> <p>helps children aspire to fulfil their potential; and</p> <p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home’s statement of purpose;</p> <p>ensure that staff work as a team where appropriate;</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home’s workforce provides continuity of care to each child;</p> <p>understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(b)(c)(f)(h))</p>	<p>31 July 2024</p>

## Recommendations

- The registered person should ensure that any damage to the home is addressed in a timely manner and children have a clean and welcoming environment to live in which gives them enough privacy in their communal living areas. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 15, paragraph 3.9)

- The registered person should ensure that staff receive professional supervision which allows them to reflect on their practice and the needs of the children in their care, and that records of supervision demonstrate this. In particular, ensure that the record includes the name of the member of staff and the supervisor. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.2)
- The registered person should ensure that staff have their performance and fitness to carry out their role formally appraised at least once annually. This appraisal should take into account, where reasonable and practical, the views of other professionals who have worked with the staff member over the year and of children in the home's care. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.5)
- The registered person should ensure that there are improvements to the general health promotion offer for all children. In particular, provide a routine offer on common health promotion topics such as positive sleep hygiene, healthy eating and improving activity and exercise. Appropriate outcome measure tools should be implemented to demonstrate the impact of health interventions. ('Guide to the Children's Homes Regulations, including the quality standards', page 33, paragraph 7.3)
- The registered person should ensure that the health team obtains a copy of a child's EHC plan at the point of admission, and consistently make sure these are used to inform interventions with children and their plans. ('Guide to the Children's Homes Regulations, including the quality standards', page 33, paragraph 7.6)

## Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, using the social care common inspection framework. This inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'.

## Secure children's home details

**Unique reference number:** SC033362

**Provision sub-type:** Secure unit

**Registered provider:** Peterborough City Council

**Registered provider address:** Sand Martin House, Bittern Way, Fletton Quays,  
Peterborough PE2 8TY

**Responsible individual:** Alison Bennett

**Registered manager:** Jeannette Winson

## Inspectors

Dawn Parton, Social Care Inspector

Cathey Moriarty, Social Care Inspector

Gemma McDonnell, Social Care Inspector

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Kaye Goodfellow, Health and Justice Inspector (CQC)

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