

Aldine House Secure Centre

Registered provider: Sheffield City Council

Aldine House, 75 Limb Lane, Dore, Sheffield S17 3ES

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure children's 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 12 children aged between 10 and 17 who are placed by local authorities and accommodated under section 25 of the Children Act 1989. Six children were living at the home during the inspection.

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

The commissioning of health services in 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 manager registered with Ofsted in August 2023.

Inspection dates: 9 to 11 July 2024

Overall experiences and progress of children and young people , taking into account	requires improvement to be good
Children's education and learning	requires improvement to be good
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: 16 January 2024

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
16/01/2024	Full	Requires improvement to be good
31/10/2023	Full	Inadequate
28/02/2023	Full	Requires improvement to be good
01/02/2022	Full	Outstanding

Inspection judgements

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

Children's overall experiences and progress require improvement to be good because of shortfalls identified in the help and protection of children, education, leadership and management.

Children experience improving or good health; however, their education opportunities are reduced due to the limited skills and teaching staff available. There is a potential in some instances for children's safety to be compromised and where managers have not had sufficient oversight to detect shortfalls.

Children experience a well-planned and sensitive transition into the home. Every effort is made to help children feel welcome and to reduce their anxieties. Managers gather as much information as possible to shape effective decision-making before children move in. This helps children to settle quickly and adapt to living in a secure environment.

Staff understand the importance of building strong relationships with the children. These help children to trust in the adults who care for them. Staff know and understand each child's specific needs, vulnerabilities and the individual care they require to help them to thrive. All children are settled and engage positively with staff. This gives them a secure base to develop from.

Children enjoy a welcoming home-style environment. They have access to a range of resources that cater for their everyday needs. Children personalise their own bedrooms, and the gym and outside space for sports are very popular. Currently, there are some areas inside and outside that children are not able to use. This is due to damage that requires some maintenance. Although action to address these matters is being progressed, this is slow.

Children benefit from a rich programme of activities. Staff encourage them to expand their interests and hobbies, which gives them new experiences. Children engage in activity sessions of their choice, including football, gym, baking and music. Extensive enrichment programmes are planned during the school holidays to help children remain engaged and focused. These include themed weeks, football tournaments and repurposing and recycling activities.

Children are confident and keen to talk about what they like about the home. They said that they have a 'great choice' in meals and consistently praised the chefs. They were keen to showcase their achievements and took considerable pride in these.

Children know how to make a complaint and said that they are able to talk to staff about any worries. In addition, they see the visiting children's advocate routinely. Staff are

attuned to when children are low in mood, meaning that they are quickly able to adapt to support children's emotional well-being.

The planning for children to leave the home is prioritised and starts shortly after their admission at the first looked after children's meeting and/or secure accommodation review meeting. This enables children to have some say and choice in where they want to live in the future. These early discussions with placing authorities ensure that children's care needs are given full consideration. When appropriate, regular activities away from the home contribute positively to transition planning and cater for children's interests.

Children benefit from the multi-agency meetings that take place across education, health and care. These ensure that children's plans progress and that the relevant work is completed to meet the needs of the children in a therapeutic way.

Family time is promoted and supported. Parents and carers are involved in the lives of the children while they are living at the home and supported when they leave. This enhances the support networks and relationships children have with those who are important to them.

Children's education and learning: requires improvement to be good

The new head of learning started in February 2024. She has provided clear leadership and support for teachers and education staff, who value her support.

Staff are committed and work in the best interest of the children. However, there are too few teachers with the necessary skills. Those in post have to teach a wide range of subjects to support children's basic educational needs. Although they do so creatively, teaching assistants are frequently asked to step up and teach. With the current education team, there is a limited opportunity to meet the children's higher academic needs or to offer a range of vocational courses to meet the children's interests. For example, where children are interested in hair and beauty or health and social care programmes, these interests are not able to be met.

Staff conduct a range of suitable initial assessments when children are admitted, at a time most appropriate to them. These assessments help to identify children's educational starting points and gaps in knowledge. This information guides staff as to how they can support children to make educational progress.

For the current cohort of children, this support for children involves revising topics typically taught at key stages 1 and 2, such as phonics and the teaching of key vocabulary. When children have education, health and care plans (EHC plans), staff use the information recorded on them and make key observations and identify changes. Nevertheless, they have not yet been successful in reviewing or implementing new EHC plans. This will not support these children to be able to access meaningful education when they leave the home.

Children's attendance in education is good and is often significantly more positive than when they attended their previous education setting. Children benefit from individual support as well as learning in small groups. This assists children in making progress.

Children demonstrate improved behaviours over time and become more resilient and enjoy education. Staff manage children's behaviour well and are quick to address inappropriate behaviour and language. Children develop good personal skills through the curriculum. In design technology, they make a range of products, such as cupboards, jewellery boxes and turned bowls. However, too often, children are having their education disrupted when they have to attend meetings with psychologists, social workers and other professionals.

Education staff know the children well, and children are comfortable speaking to them. Each child is assigned a key teacher who meets with them on a weekly basis. This teacher reviews their progress and feeds this information into weekly home meetings. However, not all key information is shared as effectively between education, care and health staff as it could be. For example, when children are learning new things, such as how to tell the time, this is something care staff could help and support them with.

Education staff have started to introduce work experience to ensure that the children know the range of jobs and careers to help raise their aspirations for their future. The education staff have formed a new relationship with the local careers hub, and a few children are currently on virtual work experience exploring the games industry. They also take part in career spotlights, and although this is positive, it is still in its infancy.

Children's health: good

Children benefit from good health support and interventions that assist them to have, maintain and improve their health. This includes their emotional, mental and physical health. Children's physical health also improves with the provision of a good diet and regular physical activity.

Children's health needs are assessed using the comprehensive health assessment tool (CHAT). These assessments are informed by the child's existing plans, such as EHC plans and looked after children's health assessments. This enables staff to determine the immediate and longer-term health needs of each child.

Multi-disciplinary formulation planning is now becoming more embedded within the home; however, it is too early to assess what the impact on the children is as it is not yet routine practice. Integrated working, including the sharing of information with other key professionals, is improving, which means all staff can respond to the children's needs in the most effective way.

The health team ensures that all children are registered with a local general practitioner, a dentist and an optician. Advance nurse practitioners offer children any missed immunisations and sexual health screening and can also prescribe medication. There is

good evidence of targeted child-centred work that leads to children's known health needs being met.

Staff across the home are accessing training provided by the health team in areas such as neurodiversity and child sexual exploitation. This means that staff can respond to children's needs effectively.

The health team sees children following incidents of a physical restraint. Nonetheless, there has been one occasion when care staff did not inform the health team when a physical restraint was used. This was a missed opportunity to check the child's welfare and physical well-being.

Children's medication is reviewed on admission to ensure it is appropriate and required. Current arrangements for the dispensing and recording of medication are effective. However, some improvements are needed in the recording of the time of administration and in ensuring that all expiry dates of medicines are visible.

The health team receives regular supervision and has completed all mandatory training requirements. This ensures that it has the skills to meet children's needs.

The health team has audited itself against the Healthcare Standards for Children and Young People in Secure Settings 2023 and the Secure Stairs framework, and it has met most of the criteria. This means children receive care that is responsive to their needs.

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

The positive and meaningful relationships that staff have with children often assist the staff to manage and reduce any escalation in behaviour. This is reflected in the exceptionally low number of incidents. Children said that they feel safe living in this home, and one child said, 'If this was a normal children's home, I would never go missing.'

Aspects of safety for some children are compromised. Risk assessments for some children do not include all known triggers and risks. For example, for one child, important information regarding the emotional impact that being restrained has on them was not detailed. Furthermore, lessons learned from incidents are not always disseminated to the wider team. This does not provide staff with up-to-date and relevant information on all children. These are missed opportunities to better promote children's safety.

Records of physical restraint are not always written clearly, and some are ambiguous in their meaning. For example, in one incident, staff recorded that a child had a 'time out'. It is unclear if this measure of control was directed by staff or elected by the child. On some occasions, there is no evidence that children have had a debrief following an incident. These shortfalls mean that managers lack thorough oversight of these incidents. In addition, this does not demonstrate that managers have taken sufficient action to prevent further occurrences.

The use of single separation (where children are locked into an area alone) is low, and the general care practice used in most instances is appropriate. Shortfalls have been identified in the single separation records. These records do not always demonstrate that a manager has reviewed the use of this measure of control to ensure that the threshold for continued use is met. Furthermore, the full timeline of the event is not recorded on one record. This does not assist managers or other agencies in the monitoring and oversight of these incidents.

Children benefit from a restorative response from staff to managing their behaviours. Staff role model to children the importance of being respectful and considerate to each other. In addition, they explain to children about the potential consequences of their actions without apportioning blame. This helps children to better understand the effects of their actions and more positively take responsibility for these.

Staff have a good knowledge and act when safeguarding and child protection matters occur. However, the registered manager has not referred one allegation to external agencies as required. This does not ensure that the child is being listened to or kept safe.

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

The registered manager and the new senior team have a clear plan and aspirations to improve the care and service for children. This is positively building on the quality of care. There have been further improvements in the service since the last full inspection.

The home has had 48% occupancy over the last 12 months. This is due to necessary repair works that are ongoing and staffing levels, due to recruitment challenges, not always being sufficient to look after an increased number of children.

Staff benefit from regular formal supervision. This is of good quality and covers children's progress, staff well-being, staff practice and their training and development. When practice shortfalls are identified, these are addressed. The setting of supervision actions supports further staff development to improve the standard of care delivered to the children.

Relationships between managers and other agencies and professionals are positive or being established. These ensure that children's care is well coordinated and reflective of their wider needs. This leads to positive outcomes for children.

The delivery of more consistent care is supported by the home's communication practices. This includes a range of team, managers' and daily handover meetings. These help to support good decision-making and the sharing of information to support children's care. However, the implementation of change across the home, for example the rollout of an improved new risk assessment format, has not been progressed at sufficient pace. This has contributed to some children not having clear and current risk assessments and, on occasion, the recording of conflicting information. This has had a negative impact for some children. Staff do not have clear and up-to-date information on how to support particular children in times of crisis and to help keep them safe.

Suitable care staffing levels are in place to provide care and support to the children, with recruitment ongoing. This needs to be kept under review to ensure that the staffing levels and the skills and knowledge of staff match the needs of the children being cared for.

Staff benefit from an increasing focus on training and development. This enhances their knowledge and skills and enables them to better meet the needs of individual children. Staff complete training in mandatory areas that include first aid, safeguarding and physical intervention. There is a focus to ensure that all staff complete their level 3 diploma qualification. In addition, staff receive more specialist training in areas such as autism, mental health and in the PACE (Playfulness, Acceptance, Curiosity and Empathy) model of care.

The manager and leadership team have taken action to fully address the one requirement and four of the five recommendations made at the last inspection. Managers and leaders regularly monitor a number of areas within the home. This includes the quality of key-work sessions, physical restraints and staff supervision. However, not all shortfalls identified during this inspection have been highlighted by the current monitoring systems.

What does the children’s home need to do to improve? Statutory requirements

This section sets out the actions that the registered persons 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 persons must comply within the given timescales.

Requirement	Due date
<p>The registered persons must ensure that the 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>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person, take effective action whenever there is a serious concern about a child’s welfare; and</p> <p>that the home’s day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(a)(i)(v)(vi)(b))</p>	<p>28 September 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>details of the child’s behaviour leading to 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; and</p>	<p>28 September 2024</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 spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> <p>within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(ii)(iv)(v)(vii)(b)(i)(ii)(c))</p>	
<p>The registered persons must ensure that the leadership and management of the service enables, inspires and leads a culture in relation to the children’s home that—</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (i)(h))</p>	28 September 2024

Recommendations

- The registered person should ensure that children’s progress in education can be measured and evidenced in various ways, including, but not limited to, success in academic, vocational and other awards and qualifications. In particular, they should ensure that there are suitable teaching resources to deliver a wide curriculum. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 26, paragraph 5.2)
- The registered person should ensure that children’s progress in education can be measured and evidenced in various ways, including, but not limited to, success in academic, vocational and other awards and qualifications. Measurements of progress should include qualitative information. In particular, children’s EHC plans should be reviewed and revised to reflect their current education needs and the required next stage for education. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 26, paragraph 5.2)
- The registered person should ensure that they comply with their duty under section 22(3A) of the Children Act 1989 to promote the educational achievement of their looked after children. In particular, they should review the staffing teaching complement and take action to ensure that children’s educational needs can be consistently met, and they should ensure that they work to improve the partnership working between education and care staff teams. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 27, paragraph 5.5)

- The registered person should ensure that any allegations made by a child are reported to the designated officer promptly. ('Guide to the Children's Homes Regulations, including the quality standards', page 44, paragraph 9.18)
- The registered person must ensure that there is a clear record kept around the decision-making for whether the threshold for single separation has been reviewed, met and recorded by a manager. ('Guide to the Children's Homes Regulations, including the quality standards', page 50, paragraph 9.65)
- The registered person should ensure that sufficient suitably trained staff are on duty to meet the assessed needs of all children in the home. In particular, the home should not admit more than eight children until the staff sleep-in room and associated areas are fully repaired so that staff can meet children's needs. ('Guide to the Children's Homes Regulations, including the quality standards', page 51, paragraph 10.1)

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: SC046524

Provision sub-type: Secure Unit

Registered provider: Sheffield City Council

Registered provider address: Town Hall, Pinstone Street, Sheffield S1 2HH

Responsible individual: Sally Williams

Registered manager: Joanne Peebles

Inspectors

Debbie Foster, Social Care Inspector (lead)

Gemma McDonnell, Social Care Inspector

Cath Sikakana, Social Care Inspector

Hayley Lomas, His Majesty's Inspector, Further Education and Skills

Sarah Smith, Children's Services Inspector, Care Quality Commission

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