

# 1226612

Registered provider: Harmony Residential Homes Limited

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

The home is owned and managed by a private organisation. It provides care for up to four children who experience social and emotional difficulties. At the time of this inspection, three children were living at the home.

The manager registered with Ofsted in December 2023.

### Inspection dates: 12 and 13 August 2024

**Overall experiences and progress of children and young people, taking into account** **requires improvement to be 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 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:** 11 September 2023

**Overall judgement at last inspection:** requires improvement to be good

**Enforcement action since last inspection:** none

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
11/09/2023	Full	Requires improvement to be good
09/06/2022	Full	Good
19/10/2021	Full	Good
20/08/2019	Full	Good

## Inspection judgements

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

Two of the children living in the home contributed to this inspection.

Staff are not providing the service described in the home's statement of purpose. The input from the clinical team is minimal and sporadic. Clinical advice is not assimilated into children's care plans and fails to guide staff practice. This is misleading for local authority commissioners.

Aspects of children's care plans are variable in terms of precision and quality. For example, one child has significant mental health needs. There are no details in the care plan about how this affects the child's day-to-day lived experience. Staff are not guided in how best to respond to the child's emotional distress.

The therapeutic model of care is not understood by all staff. The staff demonstrate caring attitudes towards children. This is seen in their interactions and shared laughter. However, the staff's verbal and written language describing children does not always demonstrate that children are valued and respected. This has led to occasions when the actions of staff appear to contribute to escalating behavioural incidents.

The children's educational attainment is mixed. Two children are starting college in the new academic year. One child has taken all their GCSEs. This enhances children's life chances. However, one child attends school for one hour a day. This is not supplemented by staff who provide learning opportunities. Work completed by the child does not recognise their learning abilities. This has led to the child's educational attainment being delayed.

Following a missing-from-home episode, one child was unable to take their medication. Staff did not seek medical advice to ascertain the impact on the child's health and whether the child needed a phased continuation of the medication.

Staff have not been able to support a child with personal hygiene. Staff approach this using humour; however, the language used is often judgemental and stigmatising. This is shaming for the child.

Some children have missed health appointments, which has led to them being removed as patients for services such as dental treatment. When children have needed subsequent dental advice, this has not always been readily available. Children are reported to be in good physical health. Staff support the children to enjoy physical exercise and a healthy diet. One child attends a gym daily and goes running regularly.

The bathrooms require attention to bring them up to standard. Some areas of the home have undergone refurbishment. The lounge is newly decorated and feels warm and cosy.

The atmosphere in the home is calm, inviting and welcoming. Children and staff seem relaxed and happy in each other's company. The interactions between the children and staff are positive. Children said that they are happy living at the home.

Staff have provided children with enjoyable activities, such as horse riding and a trip to an inflatable water park. One child has been on holiday to Spain. This provides children with happy childhood memories.

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

The children's current risks have not all been assessed. A child has recently begun to spend time in the community with their friends. This has not been risk assessed, which means that there are no meaningful strategies to mitigate concerns. Staff do not have any guidance on how to keep the child safe when they are out of the home with friends.

A child's care plan details restrictions on their mobile phone. These restrictions are not included in risk assessments. Consequently, the staff spoken to are not aware of restrictions and do not implement these.

A child has experienced pressure from peers to engage in intimate behaviours. Staff did not recognise this as exploitative. One of the peers was invited to the home. On recognition of these requests, the staff's response blamed the child and indicated that the child was a perpetrator. A rigorous multi-agency response involving the police has not been sought. The underlying needs of the child have not been understood. The child has not been helped to strengthen their understanding of consent, and staff have not ensured that the child understands that peer pressure to be intimate is not acceptable.

The children are not encouraged to make improved choices. Restorative methods are not always followed through or recorded. Staff provide monetary incentives. Praise and other creative ways to acknowledge children's positive choices are not clear. This fails to celebrate children's achievements.

Staff do not understand the children's diagnosed mental health conditions. They have not been equipped to anticipate and manage difficult situations associated with these. This has meant that staff have not responded to children appropriately. On one occasion, this has led to a child going missing overnight.

Children are at risk of serious self-harm through ligatures. When this has happened, staff have responded quickly and sought medical help. This has been included in risk assessments, and staff spoken to feel confident to help the child if needed.

Formal investigations into allegations are thorough and include involvement from the local authority designated officer.

Safer recruitment practices for new members of staff are followed. This means that the provider can be assured of staff's suitability to work with vulnerable children.

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

The manager is committed to providing improved outcomes for children. She is reflective and recognises that improvements are needed. She is supported by a newly appointed responsible individual who shares this understanding.

There is a lack of meaningful management scrutiny. This has led to some issues, including safeguarding matters, not being identified and dealt with properly.

Two members of the core staff team are qualified to the required diploma level. All staff are enrolled on the qualification. However, some staff have been employed for over two years but have not finished the course. This means that there is a lack of formal knowledge of what residential work entails in the team.

Important ligature training has been undertaken by all staff. However, staff have not received training in specific mental health topics. This was identified seven months ago. Therefore, the team of staff, including management, do not have the knowledge or skills to fully understand children's individual needs.

The management team is working to address the culture at the home and understands that this is a long process. Recent changes have meant that some staff have left. A recruitment drive has taken place and all vacancies have now been filled. This has ensured continuity of care for the children.

Team meetings take place regularly. The manager uses these to discuss opportunities to learn from examples of poor practice.

The provider has not always notified Ofsted about serious incidents. This restricts Ofsted's ability to monitor how well children are safeguarded at the time of the concerns.

External monitoring reports include identical evaluative statements made over several months of visits. This does not help the manager to make effective improvements to the home.

Staff are not discrete when taking smoking and vaping breaks. One child said that staff use vapes in the home. This does not provide children with healthy role models.

## What does the 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 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 the child is at risk of harm;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person. (Regulation 12 (1) (2)(a)(i)(iii)(v))</p> <p>In particular, ensure that:</p> <p>risk assessments cover all current risks, how these are to be mitigated and how these link to other risks;</p> <p>staff are aware of, and implement, strategies for children’s mobile phone use;</p> <p>risks from other individuals outside the home are recognised and managed appropriately;</p> <p>staff understand children’s mental health diagnoses, how these underpin children’s day-to-day lived experiences and how staff should respond to children;</p> <p>restorative work is recorded and the methods used to acknowledge children’s positive choices are not monetary.</p>	<p>14 September 2024</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—

helps children aspire to fulfil their potential; and

promotes their welfare.

In particular, the standard in paragraph (1) requires the registered person to—

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;

ensure that staff work as a team where appropriate;

ensure that staff have the experience, qualifications and skills to meet the needs of each child;

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;

use monitoring and review systems to make continuous improvements in the quality of care provided in the home.  
(Regulation 13 (1)(a)(b) (2)(a)(b)(c)(f)(h))

In particular, ensure that:

the service provided is in alignment with the service stated in the home’s statement of purpose;

care plans appropriately recognise children’s mental health conditions and provide instructions to staff on how to meet children’s needs effectively while recognising how mental health conditions affect children;

staff arrange for children to attend all health appointments and that medical advice is sought where necessary in relation to changes in medication;

there is an effective learning programme for children when they attend school for less than 25 hours a week;

1 October 2024

<p>staff are provided with a discreet smoking area and the team is made aware of specific break times to smoke and vape.</p>	
<p>The registered person must recruit staff using recruitment procedures that are designed to ensure children’s safety.</p> <p>The registered person may only—</p> <p>employ an individual to work at the children’s home;</p> <p>if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that—</p> <p>the individual has the appropriate experience, qualification and skills for the work that the individual is to perform.</p> <p>For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained—</p> <p>the Level 3 Diploma for Residential Childcare (England) (“the Level 3 Diploma”); or</p> <p>a qualification which the registered person considers to be equivalent to the Level 3 Diploma.</p> <p>The relevant date is—</p> <p>in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home. (Regulation 32 (1) (2)(a) (3)(b) (4)(a)(b) (5)(a))</p>	<p>1 February 2025</p>

## Recommendations

- The registered person should ensure that regulation 40 notifications are sent to Ofsted within 24 hours. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 63, paragraph 14.13)
- The registered person should ensure that independent visitor reports provide information and evaluation that are specific to each visit. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 55, paragraph 10.24)
- The registered person should ensure that a homely environment is always maintained. This specifically relates to ensuring that the bathrooms are decorated to a high standard. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 15, paragraph 3.7)



## **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'.

## **Children's home details**

**Unique reference number:** 1226612

**Provision sub-type:** Children's home

**Registered provider:** Harmony Residential Homes Limited

**Registered provider address:** 33A, Portsmouth Road, Southampton SO19 9BA

**Responsible individual:** Steven Cairns

**Registered manager:** Coral Shaw

## **Inspector**

Hannah Phillips, Social Care Inspector

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