

Vinney Green Secure Unit

South Gloucestershire Council
Vinney Green Secure Unit, Emersons Green Lane, South Gloucestershire, BS16 7AA

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This home is managed by a local authority. It is approved by the Secretary of State to restrict children's liberty. The home can accommodate up to 24 children aged between 10 and 18 years. At the time of this inspection, 17 children were living at the home.

All places available at the home are commissioned on a contractual basis by the Youth Custody Service (YCS). The YCS may, under certain circumstances, permit local authority children's services to spot-purchase a vacant bed at the home, to enable a local authority to place a child on welfare grounds under section 25 of the Children Act 1989. Admission of any young person under section 25 of the Children Act 1989 who is under 13 years of age requires approval of the Secretary of State.

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 manager has been registered with Ofsted since January 2023.

Inspection dates: 16 to 18 July 2024

Overall experiences and progress of children and young people, taking into account	Requires improvement to be good
Children's education and learning	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: 18 April 2023

Overall judgement at last inspection: Good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
18/04/2023	Full	Good
02/08/2022	Full	Requires improvement to be good
20/04/2022	Full	Inadequate
08/06/2021	Full	Good

Inspection judgements

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

Children said that they enjoy living in the home, feel safe and have no concerns about the care and support they receive from staff. They have access to good health services and their health improves. They also make good progress in their education. However, the shortfalls identified in the how well children and young people are helped and protected. The effectiveness of leaders and managers, means that there are shortfalls and potential risks that impact upon the judgement for the overall experiences and progress of children.

Children have strong and trusting relationships with staff. Staff know the children well and are skilled in being able to quickly forge these positive relationships with children. Children said they have staff they can share their worries and fears with, and that staff help allay them.

Children new to the home are sensitively welcomed and supported to quickly settle and gain a sense of belonging. They are able to share their views about the care and daily life with staff and managers. Children's views influence decisions about the day-to-day running of the home. For example, they have an influence in changing the menus and can choose activities they wish to do and personalise their bedrooms. However, children's complaints are not always responded to thoroughly.

All staff enjoy working in the home; they are open and enthusiastic which helps to create a positive and happy environment. Outside agencies, such as 'farm therapy', are invited into the home to provide new experiences for children. Children take part in lots of activities that they enjoy and which support their mental and physical well-being and self-esteem. Children have positive experiences with health and educational professionals, which leads to children becoming healthier and making good educational progress.

Children's plans for moving on are well thought out and bespoke. Staff in the resettlement team work with sentenced children to address the reasons why they are placed in secure accommodation. The work they do helps children to change their thinking, attitudes and behaviours and to develop a positive outlook for their futures. Children also have work experience opportunities in different vocations. As a result, children have a positive outlook about opportunities to work on release.

Professionals and families speak highly of the care that children receive, offering praise to staff for their dedication to the children. They recognise the positive progress children have made. A youth offending officer commented that staff genuinely care and want to help children and this shines through each and every member of staff.

The physical environment is maintained to a good standard and is welcoming and child friendly with a calm feel. Pictures and artwork from the children cover the walls and brighten the home. Carefully chosen words are dotted around the building and used to inspire children to believe in themselves. The addition of an impressive new music studio is a real asset and will give children the opportunity to learn to play instruments and harness their talents.

Children's education and learning: good

Leaders offer a broad curriculum that largely meets children's needs. They have successfully adapted the curriculum following an increase in the number of children living at the home who are in post-16 education. Staff involve specialists appropriately in curriculum design and teaching in subjects such as art and religious education.

Children can work towards a useful range of accredited qualifications, such as GCSEs and A levels, and vocational training qualifications in subjects such as construction, health and safety, and barbering.

Teaching staff are well qualified and experienced. They undertake a comprehensive array of continuous professional development, such as training on trauma and safeguarding. They apply this well when they teach children, most of whom have complex and wide-ranging needs.

Teachers and trainers largely plan suitable courses for children. They include children in planning in appropriate ways, such as allowing them to select art projects, around which they base their teaching. Teachers and trainers mostly plan topics in logical sequences and plan suitable opportunities for children to practise what they learn.

New teachers of English have developed good-quality curriculum plans to help children to develop their skills and knowledge, such as their spelling, reading and handwriting. However, at the time of the inspection, teachers had not fully implemented these plans. As a result, a few children do not develop their English knowledge and skills swiftly enough.

During lessons, teachers and trainers explain well the topics that they cover. They plan lessons logically and most include suitable opportunities to recall knowledge they previously covered with children. This provides teachers with succinct guidance to support them with individual children's needs. Teachers use this information well to support children during lessons. Staff with responsibility for special educational needs support and know the children well.

Teachers mostly mark children's work effectively and provide them with helpful and thorough feedback. In a minority of cases, teachers do not pick up on basic spelling and punctuation errors that children make in their written work. They are overly generous in their written feedback. In these cases, children do not rectify basic errors in their work.

Children mostly behave and participate well in education. They have good attendance in lessons. Staff confidently deal with children who fall below expected behavioural standards. This helps most children to modify their behaviour and re-engage in lessons.

The quality of work that children produce is largely of the expected standard. Most children pass the qualifications that they take. They retain a satisfactory level of knowledge about topics. Those who study A levels and vocational subjects, such as welding and barbering, are achieving a range of grades and accredited vocational qualifications. This supports some children to move into meaningful employment.

Since the last inspection, leaders have improved links to the world of work. Children benefit from direct links to employers and recruiters via careers fairs. This helps to inspire them towards choosing future career options, work experience and further training after release. Children also benefit from support with CV writing and interview preparation. However, not all children benefit from individualised careers guidance that focuses on their specific studies and career goals.

Children's health: good

Children receive timely comprehensive health assessments on their arrival to the home which include consideration of their mental, physical and sexual health and neurodiversity needs. Children have a trauma-informed psychological formulation led by the clinical psychology team. This means that children benefit from highly individualised assessment and care plans that considers their journey and experiences as well as their health needs.

Children have access to a skilled and experienced multi-disciplinary team of health practitioners who know the children well and work creatively to build trusting relationships. Children are at the centre of planning and decision-making and their voice is clearly captured in records. There are many examples of healthcare staff working flexibly to engage children. For example, gym and personal training sessions are offered by healthcare staff which supports children to engage in emotional well-being and substance misuse programmes. As a result, children are healthy and well.

Children have easy and timely access to a wide range of physical and emotional health services on site. All children meet weekly with their link health practitioner where emerging health needs are identified and supported. All children are assessed by a psychologist, speech and language therapist and substance misuse worker and offered specific health screening. When needed children can see an on-site occupational therapist psychiatrist, nurse or mental health practitioner. Visiting dentists opticians and GP support children to lead healthy lives.

Communication and multi-disciplinary working both within the health team and between health education and care teams is a strength. Staff share updates about children in the weekly health multi-disciplinary meetings and Summary of needs and Risk meetings (SONAR). This means all practitioners know about the changing needs of children and

how best to support them. Formulation huddles which had been paused due to staffing capacity are due to re-start.

Children with a diagnosis of autism or attention deficit hyperactivity disorder (ADHD), or those presenting with neurodiversity, are supported via the neurodevelopmental pathway. Children are supported to make informed choices about the use of medication to manage their ADHD symptoms. Staff across the home have received training in meeting the needs of neurodiverse children. As a result, the needs and communication styles of children are well understood and supported.

Following an independent review, the broader leadership team has taken responsibility for improving the safety and effectiveness of medication management in the home. There have been some medication recording errors, such as discrepancies of fridge temperatures and logging and signing for medication storage. Actions have already been taken to rectify these. There is a systematic approach to medication management. As a result, there has been a significant reduction in the number of medication errors.

Healthcare staff engage in regular reflective supervision sessions and appraisals. They are fully compliant with statutory and mandatory training. This ensures that healthcare staff have the skills, knowledge and training to identify and meet children's health needs. There is effective oversight and governance by health leaders and managers, which ensures that arising risks and challenges are understood and mitigated.

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

Children told the inspectors that they feel safe and have someone who they can talk to if they are ever worried about anything.

Most safeguarding matters are dealt with well with managers and staff prioritising the safety and well-being of children. However, a complaint from a child that raised serious safe guarding concerns about staff conduct and behaviour was not responded to effectively. There was a significant delay in identifying the complaint as a safeguarding matter and relevant procedures were not followed, including lack of challenge to the decision made by the local authority designated officer (LADO). The outcome letter to the child, based on the advice of the LADO, infers blame on the child as they were in possession of a prohibited item at the time. This had no relevance to the safeguarding concerns raised by the child.

In a separate incident managers decided a referral to the LADO was required following complaints about one member of staff by four children. No referral was made despite children being told that it had. The children have not received a final response or outcome to their complaint. Children are able to speak regularly to the independent advocate and raise their concerns. However, when the advocate has also raised their concerns with the managers responses or improvements have not been made.

The safeguarding log has blank sections so does not always provide a comprehensive written account. In addition, the recent transition of a new information and communication technology system has meant that not all information has been transferred as expected. The limited recordings and evidence shows that the risks to children in the afore mentioned cases are low. However, the home has failed to follow procedures, which could have placed children at risk.

The multi-disciplinary SONAR meeting provides an opportunity for leaders, managers and staff to regularly assess the risks to each child. This informs risk assessments and helps to ensure that staff are aware of each child's vulnerabilities and what they need to be aware of and do to help keep children safe.

Physical restraint is used appropriately, and some good practice was seen. In most cases, learning from incidents is good. However, on one occasion, managers did not identify learning from an incident when a fire extinguisher was left in a child's room, and this led to a further incident of a similar nature.

Single separation (where a child is locked into an area alone due to significant risk) is used appropriately in most cases. On one occasion, all children were singly separated for a period lasting approximately one hour and 40 minutes while a generator was replaced which also affected wider systems. The rationale for this decision was not a valid reason for restricting children's movements.

Sanctions imposed on children are not always restorative. Most sanctions reviewed did not include restorative practice when it was appropriate in most if not all cases to do so. The positive impact of their use on children is not known as the effectiveness of the measure is not recorded and managers do not monitor this. At times, language used is not child friendly or clear. For example, one record states 'compensation notice of deduction'. This does not support children to learn restorative approaches.

Discussions take place with children following physical restraint, separation and sanctions. The records show whether children have any concerns but lack detail and learning that could help with children's ongoing care and support.

Effective safer recruitment processes are in place that assess staff's suitability to work with vulnerable children.

Leaders and managers have not effectively engaged with the local authority safeguarding children partnership to ensure that the partnership understands the definition of restraint as set out in the Children's Homes Regulations 2015. Leaders and managers should also engage effectively with the partnership to ensure that future annual reports follow the statutory guidance set out in Working Together to Safeguard Children 2023.

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

The home is led by an experienced registered manager and leadership team. The manager is very reflective and recognises many of the home's strengths and areas for development. He is committed and focused on bringing about continued progress and positive experiences for the children.

Managers and staff in all disciplines work effectively as one team, sharing practice and learning. The registered manager leads a healthy, transparent and open culture where all staff can be professionally curious and challenging. This provides a stable consistent, learning team, where children benefit from a skilled and integrated workforce.

Quality assurance systems are effective in many areas identifying good practice, shortfalls and taking action to improve as needed. However, in some key areas the systems are falling short. For example, in the monitoring of sanctions and safeguarding and not having a process to identify trends, themes and patterns to then act on any matters as required to improve the service.

Children know how to raise complaints and meet with an independent advocate who visits the home very regularly. However, children stated that they do not have confidence in the system when they make complaints about staff practice or behaviour. This is reflected in the safeguarding shortfalls identified in the 'How well children and young people are helped and protected' section of this report. Responses to children's complaints are not child friendly and they lack personalisation and details of what has been investigated and how the outcome has been reached. At times, children's requests to escalate their complaints go unheard.

Staff speak with pride about their work. They express pleasure in spending time with children and enhancing their progress and experiences. They have high aspirations for the children. Staff told inspectors that they love working in the home and said that they feel they have an impact in supporting and developing children. Staff said that they feel valued and included and can access a range of opportunities for professional development. However, care staff would benefit further to be trained and skilled in trauma-informed practice.

Induction is thorough and equips new front-line staff to be confident when beginning work at the home. Staff receive regular supervision. This provides effective development, direction and reflection of individuals' practice, and records demonstrate that supervision is supportive of staff's health and well-being. Staff also receive daily support and guidance from the management team and each other. As a result, staff feel that they have a voice in influencing the nurturing care provided to children.

The requirement and four recommendations made at the last inspection have been addressed. However, while children's records are clearer, managers should ensure that staff understand the importance of using 'language that cares' in all the children's records.

The number of children currently living at the home is less than the number of available places due to the flexibility needed to meet demands in the number of referrals contracted by the YCS.

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, 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— that staff—</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>take effective action whenever there is a serious concern about a child's welfare; and</p> <p>are familiar with, and act in accordance with, the home's child protection policies.</p> <p>that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1)(2)(a)(v)(vi)(vii)(e))</p> <p>This specifically relates to managers ensuring safeguarding matters are responded to promptly and in line with policies and procedures.</p>	15 November 2024
<p>Restraint in relation to a child is only permitted for the purpose of preventing—</p> <p>injury to any person (including the child); serious damage to the property of any person (including the child); or a child who is accommodated in a secure children's home from absconding from the home.</p> <p>Restraint in relation to a child must be necessary and proportionate. (Regulation 20 (1)(a)(b)(c)(2)) This specifically relates to the use of single separation.</p>	15 November 2024
<p>The registered person must ensure that—</p>	15 November 2024

<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— the effectiveness and any consequences of the use of the measure</p> <p>(Regulation 35 (3)(a)(vii))</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>use monitoring and review systems to make continuous improvements in the quality of care provided in the home.</p> <p>(Regulation 13 (1)(a)(b)(2)(h))</p>	15 November 2024
<p>Subject to paragraph (6), the registered person must establish a procedure for considering complaints made by or on behalf of children.</p> <p>The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation.</p> <p>(Regulation 39(3))</p>	15 November 2024

Recommendations

- The registered manager should remind the Local Safeguarding Children Partnership of their statutory duties; in that the LSCP should review the use of Physical Restraint, Single Separation and Managing Away and include this in their annual report and that the findings of the review should be reported to the Youth Justice Board and the Youth Custody Service (Working Together to Safeguard Children 2023, Section 108, page 41)
- The registered person must ensure records of restraint should enable the registered person and staff to respond promptly where any issues or trends of concern emerge. The review should provide the opportunity for amending practice to ensure it meets the needs of each child. Specifically, debriefs with children and associated records should reflect meaningful discussion obtaining children's views and feelings and

learning that are used to revise their plans and care.

('Guide to the Children's Homes Regulations, including the quality standards', page 49, paragraph 9.59)

- The registered person must ensure that children can take up issues or make a complaint with support and without any fear that this will result in any adverse consequences. Specifically, children should be helped to understand how any complaints they have made have been investigated, the outcome of the investigation, understand how they can escalate their concerns if they are not satisfied and also receive written outcomes that are child friendly. ('Guide to the Children's Homes Regulations, including the quality standards', page 22, paragraph 4.13)
- The registered person should ensure that the necessary support is given to children to enable them to access their education or training. Specifically, children should benefit from appropriate careers information, advice and guidance that are relevant to their school year and/or sentence length ('Guide to the Children's Homes Regulations, including the quality standards', page 28, paragraph 5.13)
- The registered person should ensure that leaders deliver the medication management improvement plan at pace and monitor its impact through regular audits and reviews. Medicines must be prescribed safely and in line with current evidence-based practice and local protocols, including National Institute of Health and Care Excellence guidance. (Healthcare Standards for Children and Young People in Secure Settings 2023, Page 37, Paragraph 6.4.1)
- The registered person should ensure support staff to be ambitious for every child in the home and gain skills and experience that enable them to actively support each child to achieve their potential. Specifically, staff would benefit from being trained and skilled in trauma informed practice. ('Guide to the Children's Homes Regulations, including the quality standards', page 52, paragraph 10.5).

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: SC035500

Provision sub-type: Secure Unit

Registered provider address: South Gloucestershire Adults, Children's and Health, PO box 1955, Bristol BS37 0DE

Responsible individual: Catherine Boyce

Registered manager: David Ballard

Inspectors

Thirza Smith, Social Care Inspector

Gary Turney, Social Care Inspector

Shaun Common, His Majesty's inspector

Saul Pope, His Majesty's Inspector (FES-Ofsted)

Geraldine Bates, Health and Justice Inspector (CQC)

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