

SC484134

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home provides care and accommodation for up to 20 young people who may have learning disabilities and/or emotional and/or behavioural difficulties. A private company runs the home. This home offers education on-site at a registered school.

There is no registered manager at this home. The acting manager has submitted her application to Ofsted.

Inspection dates: 5 to 6 September 2018

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: 8 February 2018

Overall judgement at last inspection: Improved effectiveness

Enforcement action since last inspection: None

Recent inspection history

Inspection date	Inspection type	Inspection judgement
08/02/2018	Interim	Improved effectiveness
25/05/2017	Full	Good
10/03/2017	Interim	Declined in effectiveness
02/11/2016	Full	Requires improvement

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—</p> <p>that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards. (Regulation 12 (1)(2)(b))</p> <p>In particular, ensure that the external window restrictors are in keeping with a homely environment and their use is risk assessed. Ensure that repairs are identified, and that action is taken to address issues, such as holes in walls and broken windows in doors. Also, ensure that bathing areas are kept clean and free from waste material.</p>	30/11/2018
<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 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)(b))</p> <p>In particular, that all known and emerging risks are assessed and reviewed regularly. Also, that the young people's information in their risk assessments is in a clear order and that staff have clear guidance on the action to take in the event of an incident.</p>	30/11/2018
<p>The care planning standard is that children—</p> <p>receive effectively planned care in or through the children's home. (Regulation 14 (1)(a))</p> <p>This is specifically in relation to ensuring that each young person has an up-to-date local authority care plan.</p>	30/11/2018

<p>The health and well-being standard is that— the health and well-being needs of children are met. (Regulation 10 (1)(a))</p> <p>In particular, the registered person must ensure that all staff know which children have allergies and that any allergy is fully recorded in the young people’s healthcare plans with robust information around the signs, symptoms and actions that staff should take if an incident was to occur.</p>	30/11/2018
<p>The registered person must ensure that all employees— receive practice-related supervision by a person with appropriate experience; and have their performance and fitness to perform their roles appraised once every year. (Regulation 33 (4)(b)(c))</p>	30/11/2018
<p>The registered person must maintain records ("case records") for each child which— include the information and documents listed in Schedule 3 in relation to each child; are kept up to date; and are signed and dated by the author of each entry. (Regulation 36 (1)(b)(c))</p>	30/11/2018
<p>The registered person must notify HMCI and each other relevant person without delay if— a child protection enquiry involving a child— concludes (in which case, the notification must include the outcome of the protection enquiry). (Regulation 40 (40)(d)(ii))</p>	30/11/2018
<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>In particular, the standard in paragraph (1) requires the registered person to— use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (2)(h))</p> <p>In particular, ensure that the senior staff have clear roles, responsibilities and accountability in carrying out the monitoring and review of the quality of care provided.</p>	30/11/2018

Recommendations

- Ensure that the home's records on each child represent a significant contribution to their life history. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.5)

This is specifically in relation to young people's files being in a good order.

Inspection judgements

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

There are 15 young people living at this home at the time of this inspection. Planned admissions to the home are good. The acting manager completes an impact risk assessment to ensure that they can meet the young person's needs and that they are compatible with other young people. She combines this with the safer area location report to ensure that the local community is safe for the young people. However, one young person's local authority care plan still refers to his previous foster care placement. His care plan has not been updated to reflect his current history, the reason for moving to this home and whether he has any further care needs to be met by the home.

Young people's records are not sufficiently detailed. Numerous pieces of paperwork have not been signed and dated by the author; several files have duplicated information in them and information was hard to access because it is held in several places around the home. For example, the clinician's reports are kept in the main office and there is no reference to them in the young people's plans. Members of staff regularly write 'aggressive behaviour' or 'damaging property' but do not give an accurate account of the behaviour displayed. This does not ensure that the home's records are sufficiently clear or that they give the young people a sense of their journey throughout their time here.

All the young people attend the on-site school. They are making good progress in line with their peers. There is effective collaborative working between the home and the school. For example, residential staff receive daily handovers from the teachers and the supporting educational staff team. Therefore, the residential staff can instantly reward the young people if they have achieved something that day, or encourage and support a young person if they have had a difficult day. In addition to this, there is a good evening and morning structure and routine that helps the young people be ready for their day. Young people said that they enjoyed going to school.

Young people's views are sought through regular key-worker sessions, house meetings and daily chats. Staff encourage young people to voice their views and opinions. Young people said that they have built trusted relationships with staff and have been able to confide in them when they have been unhappy. One young person said, 'I know they will always be here for me, no matter what.'

In the past, group dynamics have led to some issues around young people feeling that they were being bullied. The home's staff have quickly responded to this and have completed several projects with the young people about their understanding of bullying

and the impact of their behaviour. As a result, the young people said that bullying was not an issue anymore. One young person said, 'We still bicker but just like brothers and sisters would do.' Another young person said, 'If staff see or hear any bullying or racist comments they are on it like a hot potato.'

Several young people's healthcare plans state that they are allergic to certain medications and aromatherapy oils. However, there is no further information recorded in the health plans about these areas. In addition to this, there are no risk assessments addressing these issues that would help staff to identify the reaction signs and symptoms, or inform staff about the actions that they should take if an incident was to occur. More concerning was that several members of staff spoken to did not know whether young people have allergies. Further to this, some young people have asthma. Their health plans do not say whether they can self-medicate, or what illnesses or environmental factors may worsen this condition. This does not ensure that members of staff have essential information to care for young people well and that they can take quick and effective action, if necessary.

The home has recently employed a full-time nurse. The nurse has focused on making useful links with healthcare professionals in the community. For example, she has met with a dentist and discussed how the young people's past experiences, medical conditions and lack of treatment had led them to be reluctant to go to the dentist. As a result, all the young people attend this dentist and there are individual strategies to help them get the treatment that they need. For example, some young people have just gone for an initial visit or sat in the dentist's chair. One young person plays with Lego before being seen, as this helps him to be calm. Similarly, the nurse has also met with doctors and is achieving the same responses. The nurse has started a matrix of all the young people's health needs and is working closely with the looked after children's nurse to ensure that health plans and medicals are completed.

Clinicians work with the young people around their emotions, behaviour, or medical conditions. The clinicians support the staff team by discussing strategies and different approaches to supporting the young people. In addition to this, young people who are exploring their sexuality are fully supported with additional information and extra healthcare services.

The young people say that the best things about this home are the activities that they do. Young people said that they go walking, go to the cinema and to theme parks, and that any activity is considered. They enjoy using the swimming pool that is on the school grounds, and they have a range of things in the home to do, such as playing on games consoles as well as enjoying art and crafts and board games. The young people talked excitedly about their recent holidays to a caravan and how much they enjoyed going. The staff organised a bowling evening and buffet to end the summer holidays on a positive note. A parent said, 'He has such a good time and he is always talking about what he has done when we visit.'

Young people live in one building that has four separate living areas. The home is undergoing an extensive refurbishment programme. Three areas are being used to live in and one is being used to move the young people into while their area is being refurbished. However, all pictures, ornaments and soft furnishings have been stored away and damage to walls, wallpaper and doors has not been repaired in the interim.

Consequently, this does not contribute to young people living in a homely environment that is personalised. The acting manager said that the refurbishment should be finished by the end of November 2018. In addition to this, some areas were not clean. For example, the bathroom in the staff sleeping room was dirty and there was waste material spilling out of the bin onto the floor.

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

Young people say that they feel safe in this home. Parents and safeguarding professionals spoken to as part of this inspection were confident and pleased with action taken to keep the young people safe. One parent said, 'I could not ask for more. Not only do they keep him safe, but he is learning about how to keep himself safe.' A safeguarding professional said, 'Any incident is robustly monitored, and the records give a good account of the incident and findings.' In addition to this, staff undertake a variety of training about protecting young people. This training means that they have the knowledge and skills to identify, report and support a young person if an incident was to occur.

There are appropriate procedures in place should young people, or a member of staff, need to raise a safeguarding concern. Since the last inspection, eight allegations have been made against members of the staff team and there has been one serious assault in school. These incidents have been reported quickly to the relevant safeguarding professionals, the allocated social workers and to Ofsted. The home's records show that six notifications have been closed and that all relevant professionals and young people were happy with the outcomes. However, these notifications remain open to Ofsted as the acting manager has not informed Ofsted of the outcomes and the action taken. Two incidents are still being investigated and a record has been made of the ongoing action taken by the professionals involved.

Positive behaviour is actively promoted through praise and rewards. Monetary incentive charts help young people to have a good routine and structure to their day. They often save this money to buy large items. For example, one young person has purchased a television, and another a gaming console. Staff instantly reward young people with surprises for good behaviour, such as a box of chocolates or with a congratulations card. Other young people have been taken out for a meal after receiving good exam results. As a result, the young people's behaviour is improving.

There has been a significant reduction in young people going missing from this home. When incidents occur, staff take appropriate action and an independent person completes a return interview. This means that young people can discuss any concerns that they may have. Similarly, there has been a good reduction in young people being held. Staff are trained in restraint and de-escalation techniques. Records show why the intervention was necessary, but the language used in the record, such as 'aggressive behaviour', does not give an accurate account of the young person's behaviour. The acting manager is now completing debriefs with the young people and staff. This allows the young person an opportunity to reflect on their behaviour and for staff to reflect on their practice.

Risk assessments identify some of the known risks that young people face. However, the information in some risk assessments is unclear or contradicts other information. For example, one young person's risk assessment states '(Name of young person) does not have any known medical conditions.' However, this young person's health plan states that he is allergic to two types of antibiotics. Also, his risk assessment refers to risks in the school setting and not in the children's home. This does not ensure that members of staff have all the correct information to help them care for young people well.

The home installed external window restrictors across the upper floor and lower floor windows around 18 months ago. These restrictors are large metal bars. The acting manager said that these were put on the windows to deter young people from climbing onto the roof. This was in connection with three young people who have now left the home. The acting manager said that the fire service had approved them, but there is no supporting documentation to confirm this. The health and safety officer said that the restrictors are in line with the Health and Safety Act 1974. However, risk assessments have not been completed as to why these were required and, therefore, there is no review of whether these restrictors are still needed, especially on the ground floor windows. This creates an institutional feel and is detracting from the homely environment.

The company follows the safer recruitment guidance. All checks are completed and verified to make sure that members of staff are suitable to work with young people.

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

The registered manager resigned from this home in July 2018. An acting manager was appointed, and she worked alongside the registered manager for several months before the registered manager left. This good practice meant there was a smooth transition of managerial responsibilities.

The leadership and management structure of the home consists of three house managers, two team leaders, a head of care, an acting children's home manager and a senior head of care. However, there does not appear to be any clearly defined roles regarding who is responsible and accountable for different aspects of the young people's care, the quality of the records, the supervision of staff, and who oversees these aspects. For example, the senior head of care acknowledged that it was her responsibility to close notifications, but that she had not done this. The acting manager was not aware that this had not been done. In contrast to this, good levels of staffing mean that young people's needs are met. Parents and professionals commended the staff for its hard work and commitment to the young people. One parent said, 'They go the extra mile. Nothing is too much for them, and I am able to relax knowing that he is cared for well.'

Staff said that there is an open environment where their views and opinions matter. They said that staff meetings are regular and beneficial to them. One member of staff said, 'It is an opportunity to meet with other professionals, discuss the care of the young people and to learn from other staff.' However, several members of staff have not received formal supervision for a considerable amount of time. This does not ensure that

they have the opportunity to reflect on their knowledge, understanding and development needs and for their practice to be reviewed regularly.

The staff and the acting manager have established excellent working relationships with a range of agencies and professionals who are involved in the young people's care. Staff work closely with the school, social workers, health professionals and leading child protection agencies. Feedback from all stakeholders and parents is positive, praising the staff's commitment, young people's progress and the effective communication between them and the staff team.

There is a good workforce development plan that shows all the necessary details regarding staff qualifications and training. Half of the staff team hold a relevant childcare qualification. Other staff are at different stages of completion. New staff are enrolled on the course after their induction period and then they complete a probation period. In addition to this, all staff complete mandatory training and this is refreshed regularly. Staff continue to broaden their knowledge through other training, such as attachment and loss, autism awareness and training about medical conditions.

The home has a development plan that includes a detailed refurbishment plan. Young people have been able to express their views and opinions about the redecoration and what to do with some of the empty rooms. As a result, one room will be designated for playing on game consoles. There are also plans for a sensory room for young people who have autistic spectrum disorder or for young people who want some quiet time.

External monitoring of the home is good. This is because the independent visitor ensures that he regularly speaks with the young people, parents and professionals. For example, he raised the issue of bullying that then led to the manager taking appropriate action. Also, he has highlighted some of the findings in this report. Due to the acting manager's monitoring, she was aware of issues, such as supervisions not being completed, and has a plan to address these shortfalls.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the differences made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

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: SC484134

Provision sub-type: Residential special school

Registered provider: Kedleston (High Peak School) Limited

Registered provider address: Office Suite 1, Ansell Gardens, Holloway Lane,
Harmondsworth UB7 0AE

Responsible individual: Paul Brosnan

Registered manager: Post Vacant

Inspectors

Pam Nuckley, social care regulatory inspector

Chris Scully, social care regulatory inspector

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