

1227060

Registered provider: Cambian Autism Services Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This children's home is made up of a few separate houses in the grounds of a residential special school. Both the school and home are owned by a private company. There were three houses providing residential care at the time of the inspection: Oaktrees, The Beeches and The Cedars.

The children and young people are placed by various local authorities throughout the United Kingdom. Their residential placements are for 38 or 52 weeks of the year. The school also caters for day pupils. The children and young people may have learning disabilities and/or a diagnosis of autism spectrum disorder. They all have an education, health and care plan (EHC). There is a clinical team employed that provides a range of specialist support.

The registered manager has been in post since December 2015.

Inspection dates: 21 to 22 May 2019

Overall experiences and progress of children and young people, taking into account **good**

How well children and young people are helped and protected good

The effectiveness of leaders and managers good

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 29 January 2019

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
29/01/2019	Full	Requires improvement to be good
06/11/2018	Full	Inadequate
13/02/2018	Full	Good
21/03/2017	Interim	Improved effectiveness

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 staff take effective action whenever there is a serious concern about a child's welfare (Regulation 12 (1) and (2)(a)(vi))</p> <p>In particular, concerns or allegations that staff have behaved in a way that has harmed or may have harmed a child must be reported to the designated officer. This must take place prior to any internal investigation.</p>	30/06/2019
<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. (Regulation 39 (3))</p>	30/06/2019
<p>In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating—</p> <p>the quality of care provided for children;</p> <p>the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and</p> <p>any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.</p> <p>The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (5))</p>	30/06/2019

Inspection judgements

Overall experiences and progress of children and young people: good

The staff know the young people well and take time to get to know them and their individual needs, views and wishes. This helps the young people to feel happy, safe and secure. The way that staff positively engage with the young people assists them to settle in well when they first arrive.

The young people make progress in different ways. The risks of missing from home reduce and the young people achieve a 'green pass' to go out independently. The young people's communication, social skills and resilience improve. These in turn contribute to a better quality of relationships with their relatives and peers. Social workers and parents of the young people attribute this to the positive impact that the staff make.

The young people enjoy their own interests and hobbies, such as cycling, jigsaws, modelling, trains and train travel, and going to the cinema. The staffing levels allow for the young people to follow their chosen interests individually. There are times when the young people socialise together, playing games and sharing meals.

The young people have access to advocates and the staff also advocate for them using different methods of communication dependent on their needs. For example, the staff use social stories to help explain to the young people what will happen at a health appointment and the young people's right to consent. The young people and their parents can make complaints. Leaders are willing to listen and learn from any complaints made but do not always record the outcome of complaint findings. This is a recording issue and has not had an impact on the quality of care the young people receive.

The education of the young people is prioritised. Their attendance at school is good and there are individual plans and timetables to support the specific needs of the young people. The communication between and integration of care and teaching staff have improved since the last inspection. Consequently, the young people are better prepared to start the school day and there is a better shared understanding of the young people's needs.

There is a new system for tracking the progress of the young people. This includes written strategies, which the staff follow to help the young people achieve the outcomes in their EHC plans. This tailors the care practice to meet the individual needs of the young people.

The young people access local health services. They benefit from the specialist help provided by the local child and adolescent mental health service and from the clinical support on-site. The staff encourage exercise and healthy eating. There are good arrangements in place so that young people receive the medicines they need. Consequently, the physical and mental health needs of the young people are promoted.

How well children and young people are helped and protected: good

The protection of young people is given a high priority, particularly in relation to their emotional well-being and mental health needs. This area of practice continues to improve so that young people feel safe, and so that when they are in crisis there is immediate and responsive extra support.

The staff have good relationships with the young people and there are plenty of adults the young people can turn to for help. Staff advocate for the young people and are also patient and sensitive when explaining to them if their wishes cannot be fulfilled.

The risks to the young people that stem from their individual vulnerabilities are well known and understood. This is especially the case in relation to potential self-harm, exploitation and mental health. Risk assessments are regularly reviewed, and these documents contain detailed strategies that staff implement in practice. For example, the staff are supporting a young person with a pressure vest to reduce instances of self-harm. Consequently, the level of risk to the young people reduces and the young people are safer.

There have been no incidents when the young people are missing from home. If they do leave the home and are at risk, staff will accompany them and keep them safe. In one case where the risk was high, the young person has progressed to going into the local town safely and independently.

The behaviour of the young people improves, and the level of police call-outs has reduced. The staff have a positive relationship with the police and this keeps the young people from being arrested and entering the criminal justice system. The staff manage the young people's challenging behaviours well. The staff are aware of potential triggers and seek to avoid these. When required, there is appropriate one-to-one staffing and physical intervention is a last resort. De-escalation techniques have improved, and the manager has a good oversight of all incidents to ensure that practice is safe and appropriate.

The young people are supported to take age-appropriate risks, such as going out unsupervised, riding bikes, going out on activities, cooking and using public transport. The staff promote normal everyday activities as part of the young people's development.

The staff undertake a range of training about safeguarding related matters. This contributes to the good quality of care, as the staff can now relate the young people's childhood trauma and adverse experiences to their current needs and risks. Future training is planned about criminal exploitation.

The manager has developed good links with the local authority. Concerns about staff practice are generally communicated appropriately to the local authority, whose advice and guidance are followed. The manager keeps detailed records and there is a good level of accountability. On one occasion when she was on leave this was not the case and the actions of a senior manager were not in line with statutory guidance. On this

occasion this did not have an impact on the safety of the young people.

The effectiveness of leaders and managers: good

The manager is suitably qualified and experienced to run the home. Along with management support from the school and regional leaders, there is a good process of continuous improvement. The young people now experience a cohesive staff team and integrated support from care staff, teachers and the clinical team.

The requirements from the last inspection are all met. There is better understanding and management of risks to the young people, and positive relationships between the young people are promoted better. There is an improvement to the management oversight and monitoring of care practice and young people's progress. Staff turnover is reducing. Consequently, the young people are safer, and their experiences of day-to-day life are good.

There is a good level of monitoring, both internally and from an independent visitor who visits monthly. The monitoring shows that parents and placing authorities are regularly commenting positively about the care of the young people.

The manager completes a range of monitoring tasks covering young people's progress, staff training, medication systems, record-keeping and staff practice. She knows the young people well and has a good oversight of the home. Her last six-monthly written review of the service did not include any feedback from young people, their parents, staff and placing authorities, what was learned from this and whether there were any changes made as a result. This is a procedural shortfall and does not have an impact on the welfare of the young people.

Leaders are committed to making further improvements. They have a good understanding of the service's strengths and weaknesses. There are realistic and achievable action plans, which are regularly monitored and reviewed.

The quality of supervision has improved. The staff are reflecting on their practice and how best to meet the needs of the young people. There are wider training opportunities, which include staff learning about adverse childhood experiences. This is linked to the needs of the young people and influences their care plans. This is enhanced by regular 'spotlight' meetings involving staff from all disciplines, focusing in depth on young people's complex needs. As a result, care plans and practice are founded in evidence-based practice.

There is appropriate staffing in place to meet the needs of the young people, either on a one-to-one basis when needed or as a group. Staff across the three houses support each other and there is an improved level of management support. Leaders are now on-site at weekends to provide immediate management support when required. When young people are in crisis, often due to their escalating mental health needs, there are high levels of management and specialist support in place.

The clinical team provides a range of on-site assistance to the young people. This includes speech and language and occupational therapy and mental health support. The young people benefit from direct one-to-one specialist input and from the advice that the clinical team gives the care staff.

There is more challenge of partner agencies than at the last inspection. This is having a direct impact in helping young people in the transition to adult services and/or whose needs would be better met in another placement.

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'

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Children's home details

Unique reference number: 1227060

Provision sub-type: residential special school

Registered provider: Cambian Autism Services Limited

Registered provider address: Waterfront, Hammersmith Embankment, Chancellors Road, London W6 9RU

Responsible individual: position vacant

Registered manager: Rikke McIntosh

Inspectors

Simon Morley, social care inspector

Jane Titley, social care inspector

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