

SC026910

Assurance visit

Information about this children's home

The children's home is registered for up to 68 children with autistic spectrum disorders and/or learning disabilities. The service operates as a residential special school that also provides accommodation for 52 weeks of the year. As a result, it is registered as a children's home. The home provides care across 11 houses. At the time of this visit, only 20 children were living at the home, across seven houses. The home is owned by a private national organisation.

The manager commenced their post on 7 December 2015 and became registered with Ofsted on 1 March 2016.

Visit dates: 15 to 16 October 2020

Previous inspection date: 4 December 2019

Previous inspection judgement: Improved effectiveness

Information about this visit

Due to COVID-19 (coronavirus), Ofsted suspended all routine inspections in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to children's social care services that are inspected under the social care common inspection framework (SCCIF).

At these visits, inspectors evaluate the extent to which:

- children are well cared for
- children are safe
- leaders and managers are exercising strong leadership.

This visit was carried out under the Care Standards Act 2000, following the published guidance for assurance visits.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 pandemic.

Findings from the visit

We did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance visit.

The care of children

Children say they are happy and like living in this home. Relationships between staff and children are positive; good, caring interactions were seen by inspectors.

Staff understand children's needs and provide them with good care that helps them to make progress and enjoy positive experiences. Communication skills and the ability to manage change have positively developed for several children. One child is now successfully sleeping in their own bed throughout the night and has started to make this same progress in their family home.

Good support has been provided to children throughout the COVID-19 pandemic. When restrictions were in place, visitors to the home were not allowed; staff helped children to keep in touch with family and friends by using video calls and sharing photographs. Since restrictions have lifted, face-to-face visits have been taking place again. Individual houses became their own 'bubble', meaning that education and activities for children could continue safely with core staff assigned to each house. Social stories have been used effectively to help children to understand what is happening during the pandemic and how to keep safe. Inspectors saw a lovely example of a child writing a letter to new children, inviting them to go for a socially distanced walk together when they move in.

Children have enjoyed a good range of creative activities despite the lockdown restrictions. Good use is made of the large grounds surrounding the home and children particularly enjoyed putting on their own carnival.

The safety of children

Children are kept safe. Staff understand children's individual needs and vulnerabilities well and provide personalised care that safeguards them effectively. Good-quality care and behaviour plans underpin this good work, providing staff with detailed and current information about behavioural triggers and strategies to help children. However, the inspectors identified gaps in how leaders and managers document their assessment of the suitability of staff to meet new children's needs.

Restraint is used appropriately and only to keep children safe from serious harm. Restraint records are clear and provide the reader with a good understanding of the event. However, discussions held with children after restraint is used could be improved. Currently, they do not always happen with an adult who was not involved in the incident. This limits the opportunity to obtain the child's views independently. In addition, not all children are given the chance to express their feelings about being held.

Leaders and managers have taken appropriate action in response to safeguarding concerns and medication errors. Referrals are made to external agencies as they should be, and detailed investigations are completed. Lessons learned from these investigations are used effectively to address poor practice and to help staff to develop. Implementation of a planned new medication management system has been delayed due to the pandemic. As restrictions lift, swift action is required to continue to implement the proposed medication action plan, as, although leaders and managers have attempted to eradicate medication errors, they do still happen.

Leaders and managers

Leaders and managers are enthusiastic about this home and have a clear vision for the future. They are committed to improving the quality of care.

Leaders and managers have followed government guidance in relation to the COVID-19 pandemic appropriately. Staff speak well about the support they have received during this period and the actions leaders and managers have taken to keep everyone safe. This feedback is echoed by social workers who contributed to the visit.

Although monitoring of the quality of care does take place, a six-monthly report about the quality of care was not provided to Ofsted as required. In addition, the subsequent report did not include the views of stakeholders. Monitoring of the provision is supplemented by the independent visitor. This monitoring takes place regularly but does not always include sufficient evaluation of the information the visitor has reviewed.

A significant number of new staff have started working at the home. They were recruited safely and are provided with appropriate support. In some houses, regular agency staff continue to be used to cover vacancies. There have been two occasions where agency staff have been left in charge of a house. Although there is on-call support and a duty manager, this is not good practice. Further work is required to ensure that agency provision complements the workforce and does not replace it.

Leaders, managers and staff work effectively with others and appropriately challenge decisions in the best interests of children. Positive feedback has been received from social workers, who are pleased with the progress their children are making here. Feedback from families is mixed. The majority are very satisfied with the provision and say that the care is good. A small number commented on the impact of staff changes, and said that communication could be improved and that their children's progress could be promoted more.

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>13: The leadership and management standard 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— ensure that staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home has sufficient staff to provide care for each child. (Regulation 13(1)(a)(b)(2)(c)(d)) In particular, ensure that agency staff are not left in sole charge of a home during the day or night.</p>	<p>30/11/2020</p>
<p>23: Medicines The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children’s home. In particular, the registered person must ensure that— medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child. (Regulation 23(1)(2)(b))</p>	<p>31/12/2020</p>
<p>45: Review of Quality of Care The registered person must complete a review of the quality of care provided for children (“a quality of care review”) at least once every 6 months. In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— the quality of care provided for children; the feedback and opinions of children about the children’s home, its facilities and the quality of care they receive in it; and any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.</p>	<p>31/1/2021</p>

After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review (“the quality of care review report”).

The registered person must—

- supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed; and
- make a copy of the quality of care review report available on request to a placing authority, if the placing authority is not the parent of a child accommodated in the home.

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(1)(2)(a)(b)(c)(3)(4)(a)(b)(5))

Recommendations

- The registered person should only accept placements for children where they are satisfied that the home can respond effectively to the child’s assessed needs as recorded in the child’s relevant plans and where they have fully considered the impact that the placement will have on the existing group of children. The Statement of Purpose is an important document in the process of care planning as it sets out the needs of children the home is set up and equipped to care for. (‘Guide to the children’s homes regulations including the quality standards’, page 56, paragraph 11.4) In particular, impact risk assessments need to take into account the staff’s skills to meet the child’s identified needs and identify any further training required to meet these needs.
- Any child who has been restrained should be given the opportunity to express their feelings about their experience of the restraint as soon as is practicable, ideally within 24 hours of the restraint incident, taking the age of the child and the circumstances of the restraint into account. In some cases children may need longer to work through their feelings, so a record that the child has talked about their feelings should be made no longer than 5 days after the incident of restraint (regulation 35(3)(c)). Children should be encouraged to add their views and comments to the record of restraint. Children should be offered the opportunity to access an advocacy support to help them with this (regulation 7(2)(b)(iii)). (‘Guide to the children’s homes regulations including the quality standards’, page 49, paragraph 9.60)
- Any individual appointed to carry out visits to the home as an independent person must make a rigorous and impartial assessment of the home’s arrangements for safeguarding and promoting the welfare of the children in the home’s care. (‘Guide to the children’s homes regulations including the quality standards’, page 65, paragraph 15.5) In particular, the independent person’s report must consistently and clearly evaluate the work undertaken at the home.

Children's home details

Unique reference number: SC026910

Registered provider: Cambian Autism Services Limited

Registered provider address: Metropolitan House, 3 Darkes Road, Potters Bar
EN6 1AG

Responsible individual: Greg Regan

Registered manager: Kerry Byron

Inspectors

Wendy Anderson, Social Care Inspector
David Kidner, Social Care Inspector
Carys Flain, Social Care Inspector

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