

Inspection report for children's home

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<b>Inspector</b>	Christy Wannop
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## About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcome for children set out in the Children Act 2004 and relevant National Minimum Standards for the establishment.

## The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough

## Service information

### Brief description of the service

This is a large children's home that is also a school, approved by the Department for Children, Schools and Families (DCSF) to educate 25 children and provide care for up to 23 children. A large national charity operates this establishment on a site shared with a separate local authority school.

It was first registered in January 2004 and provides care for children who are aged between four and 18, and who have a visual impairment and emotional or behavioural difficulties, learning and physical disabilities, or sensory impairment. Children do stay at the home until they complete their final year of secondary education at the school at the age of 19.

The number of children who can be cared for in single rooms is 19, but it is registered for 23 to enable sharing of bedrooms where requested and suitable. Most children are resident 52 weeks a year with varying levels of home contact, returning to parents and carers at weekends or holiday breaks. Some children stay permanently at the home on a 52 week a year basis. All children are admitted as 'looked after children' and are assessed and reviewed as such by placing authorities.

There is 24-hour care provided by a staff team that includes: two nurses, a speech and language therapist and a physiotherapy service. Children have complex needs and admission processes ensure that responsibilities for meeting health needs are clear and practical. The service has contracted some additional support from local Primary Care Trusts.

The school is managed by the Head of Education and there is a Registered Manager of the children's home. Children live in a large building with two wings linked by a meetings hall and central kitchen. They live in one of four units, in groups of no more than six. There are two ground floor and two upper floor self-contained units. There are shared laundry facilities and a central kitchen, though children eat in the units.

All children go to the organisation's school in a separate building on the site. A major expansion is currently underway to increase the size of the school and build ten individual residential bungalows for up to 60 children to live in. Building work has begun and is expected to be completed in Autumn 2010.

There are currently 16 young people in residence and 12 were at the home during the inspection. A group were away on holiday and one child was at home with parents. The inspector visited and spent time with children in each of the four units. Placing social workers and some parents also gave their views in written surveys. Fifteen young people had their say about the service, interpreted by their key workers, in a written survey provided by the organisation.

### Summary

This was an unannounced full inspection and covered all the key National Minimum Standards in the Every Child Matters outcome groups plus organisation. This service provides satisfactory outcomes for children with some good elements. This inspection identified areas of shortfall in how the service responds when there are concerns about children's health and wellbeing, the practice of proper procedures and liaison with placing authorities; and how it manages children's medication and records.

This service has previously established care of a good standard for children with profound disabilities, visual impairments and complex health needs. Children have safe care whilst staff promote new experiences and community involvement. Children's dignity is valued and their feelings are respected. Care planning is well developed and puts the child firmly at the heart of all assessment, planning and review. Children benefit from privacy in individual, well-furnished bedrooms. They have committed and caring staff, good therapeutic support and care is shared with parents and families. Children are cared for by adults who are safely recruited, well trained and supported by an experienced senior management team. The management of the service is professional and effective and there is a clear plan for imaginative expansion of the service at this site.

The overall quality rating is satisfactory.

This is an overview of what the inspector found during the inspection.

### **Improvements since the last inspection**

The last inspection made good practice recommendations about meals and mealtimes, specialist behavioural support for children, access to technology in the home to support education, and making information available to children in their children's guide in a format they can understand. Some improvements have been made and work is still underway in other areas.

The Registered Manager has arranged for staff to have meals provided for them at the weekend and so these are more social occasions by enabling staff to sit and share a meal whilst children eat. The quality and quantity of food provided for children has also improved. Work to improve the children's guide is still underway.

### **Helping children to be healthy**

The provision is satisfactory.

Children have extremely complex health needs, learning, physical and sensory impairments and there is extensive health support from nurses and properly trained care staff.

Children's good health is generally well promoted. Children live in a healthy environment and their health needs are identified and staff usually make sure services are provided to meet them. There have been delays in seeking medical treatment for children following parental concerns and this meant that a significant diagnosis was slow. A social worker commented that one key worker had successfully advocated with health professionals and that children had benefited from this perseverance. Parents find nursing staff 'extremely competent' and the care staff knowledgeable and well trained. Child focussed complex health protocols are carefully devised and shared with health professionals and parents. Few children access the local Child and Adolescent Mental Health (CAMHS) team but senior staff say that referrals can be made through the home's GP for behavioural support if necessary and that there are negotiations underway to access services from the local PCT.

Children's welfare is generally safeguarded by the home's policies and procedures for administering medicine and treatment. However, prescription, care plans and medical records give conflicting information about the current medication regime for one child, in contradiction to the prescription labels. There is no record of the plan for changes to medication agreed verbally with the paediatrician. All medication is kept securely and there are systems of review and checks, but these had not picked up the discrepancy. All staff were confident and aware about the correct dose but the records did not bear this out.

The service promotes healthy choices. Issues about quantity and quality of food raised at the previous inspection have been resolved and the manager now reports a good meals service from the central kitchen and contract caterers. Children have opportunities to shop and get involved in cooking snacks and cakes in the kitchens in each unit. A social worker described the nutritious and healthy meals, and that the service has successfully introduced a much more healthy and varied diet to one young person, 'than he had ever accepted when he lived at home, despite his parents trying'. Other parents appreciate the great efforts staff make to feed their child, who does not eat very well. There is always an alternative and children with dietary needs on health, cultural or religious grounds are well catered for. Staff interpreted children's views about food, 'I really like puddings and help myself to ice cream from the freezer', and 'I try everything but if I don't like it I will push it away'. Staff now have meals provided for them at the weekends so that they can share some sociable mealtimes with children.

### **Protecting children from harm or neglect and helping them stay safe**

The provision is satisfactory.

The Registered Manager has established previous good practice in promoting the right of children to be protected through comprehensive arrangements for safeguarding. Children are generally safe, their welfare is promoted and they are protected from abuse. Whilst all staff are trained and there is support from senior managers within the organisation specifically for safeguarding, staff have not followed procedure where there have been concerns about children's health and well being. Staff at all levels did not liaise with the safeguarding board, the placing authority and this led to delays in taking proper action.

A social worker commented that children get the privacy and time alone that they need. There is established procedure and practice for promoting dignity, staff show respect by talking with children, not about them. They understand when children need space and time alone in their bedrooms. Staff interpreted children's views in written surveys to say 'Yes I like time on my own'. Staff reflected that when asked if they trusted the adults caring for them, children had responded with 'big smiles'. The service takes good action on issues that affect children. Staff advocate on their behalf at their regular house meetings. There is a complaints procedure known to professionals and parents, but there have been no formal complaints for some years.

Staff manage children's needs to reduce the impact of challenging or dominant behaviour on more vulnerable children. There is careful matching of children in each of the four units and also on outings and holidays to ensure that each child has a positive experience. Children get the close supervision they need to make sure they do not run off in dangerous situations. No child is able to leave the premises alone because of their extreme vulnerability and professionals say that the staff keep children safe 'whilst at the same time enabling as much freedom as is reasonably practicable'.

The service promotes self respect for children and manages children's behaviour positively. Children can be challenging and have complex sensory and communication disabilities. A social worker says of the child she placed, 'He has been much less challenging than before he went there, indicating that he is happy'. The service does not yet have in house specialist behavioural support for children with complex behavioural needs or challenging behaviour. Staff are developing these skills through experience and some training. Staff talk of the transformations in some children; their improved sociability and relationships, calmness and wellbeing.

The safety of the environment is good, and each child has an individual assessment of the risks they face and what needs to happen to keep them safe in home, on the way to school and out and about in the community. Children are looked after by staff who are safely recruited through an established recruitment procedure. However, there was incomplete information about the full process available in the home and the manager was not present to confirm how a particular decision relating to portability of CRB checks had been reached.

## **Helping children achieve well and enjoy what they do**

The provision is good.

Children receive individual support when they need it. Staff are sensitive and fully informed about young people's individual needs and wishes and give help and guidance appropriate to their developmental stage. Risk assessments are good and promote healthy independence. Young people's cultural, religious and racial identities are respected and any additional support for mental or emotional or physical health needs is organised, such as, physiotherapy and speech and language support in school. Staff and parents advocate for children and ex staff have volunteered to act as independent visitors for children who have little family contact.

Many children communicate by facial expression, body posture and behaviour and children have excellent 'communication passports', devised by the speech and language therapists that give a wealth of information about how each child communicates and the important things in that child's life. Staff have basic training in sign language and use 'objects of reference', familiar objects and PECS, a symbols printed on card system, to help children show what they want. Some children have previously used large electronic 'switches' to help them make choices but there is currently no adaptive technology available in the home to aid communication between children, with parents at home, or with staff. A social worker said of one child, 'Care staff continue to work with him and allow him to guide them as to his communication needs, which produces a very individual style of communication. Again he has made great strides forward and this has definitely been supported by continuity of key staff over several years'.

Education is actively promoted and valued and is seen as an essential part of children's holistic development. Educational needs and priorities are shared by care staff in planning targets for children's achievement. Staff and social workers report a more integrated approach between school and children's home this year and that this can only benefit children. A placing social worker described why one child had been placed, 'for the sole reason that his local special school could not meet his educational needs. They have been able to meet these needs to a high level, given his extremely complex needs'. Another social worker commented on the improving educational picture once a period of inconsistency was rectified and the school's positive reception to suggestions made by the placing education authority about improving skills of teachers in meeting children's sensory needs. Children do not routinely do homework and senior staff say that some children have had access to adapted computers to support communication, study, homework and leisure but that this was not successful.

Children can pursue individual interests, develop confidence in their skills, and staff support and encourage them to engage in leisure activities. A social worker noted that one child, 'is always going out and about and doing the things that he enjoys'. Parents say that they feel able to ring and get updated on 'all the fun activities he gets to do'. Staff arrange outings that counter children's isolation and match their personalities and interests on the planned summer holidays. Some children go on activity holidays, others enjoy being in the countryside. Children

enjoy a range of community activities: football matches and pop concerts and talent shows at nearby stadium arena, swimming, the gym, eating out at local restaurants. Children's bedrooms are full of toys and staff take pleasure in sharing children's singing and sensory games. Staff interpreted children's views in written surveys to say, 'I do not like to be led during play. I like to initiate the activities that I want to do', and 'I get to do lots of cool stuff' and 'I really enjoy living with my friends'. Social workers recognise that staff praise children as much as possible so that their self esteem is boosted.

### **Helping children make a positive contribution**

The provision is good.

Children's needs are effectively and comprehensively assessed before they come to live at the home. Children have excellent written placement plans that outline how their needs will be met in a highly individual way and staff make sure these plans are implemented. Individual diversity issues are detailed in care plans, and there is good evidence of promotion of Islamic and other belief and cultural systems that impact on care. Social workers say they are encouraged to read the children's care plans, though one reported that staff were not always fully aware of the purpose of statutory social work visits and sometimes a lack of thorough preparation by staff for statutory reviews in respect of health information. Children attend reviews if they want and care workers take responsibility for helping children to build up new 'life story' books, a photographic and memento record of activities and events to give a picture of their lives to the review and to parents.

Staff help children to keep in touch with their families and with friends, who are welcome at the home. Staff interpreted children's views in written surveys to say, 'I am very happy here, but I also like to talk a lot about my mum and family'. A social worker described that the child she had placed at the home is settled, secure and very happy. She also commented on the positive and supportive service for both the child and the family. One set of parents said 'Having our child at this school and children's home has been a blessing as we are confident in their happiness and wellbeing and safety'.

Children are helped to move into and move on from the home in a coordinated and individual way. Parents describe a thorough and informed planning process prior to admission about how best they could meet needs and good communication from staff. Children are the focus in the home. Staff encourage them to make decisions about their lives and to influence the way the home is run in regular meetings. One social worker said one young person was 'encouraged to make choices and decisions as far as is practicable, taking their extremely complex needs into account.'

### **Achieving economic wellbeing**

The provision is good.

Children receive care that increasingly builds some of the skills needed for adulthood and independence. One unit now caters specifically for older children getting ready to move on. A social worker described how the school and unit staff do this by encouraging them to do things for themselves and facilitating this as best they can. Parents say that their children are taken to do their personal shopping. Staff reflected that one child particularly likes spending his money on music CD's. Children are an active presence in their community and parents appreciate that their children are helped to contribute to wider society by raising money through charity

events for less fortunate people. Children say they also get actively involved in a recycling at the home.

Children live in comfortable surroundings and have their own private space in well decorated, personalised bedrooms in one of four units. Each unit is fully adapted with lifts and hoists and special bathing facilities for children with physical disabilities. The organisation is currently building new residential accommodation and an environment tailored to the needs of children with physical disabilities and sensory impairments. The current building has been adapted for use and provides satisfactory accommodation for children with such needs. One parent described the careful consideration given to their child's physical and sensory requirements, 'The consequent, adapted environment proved very effective in meeting his needs'. Staff interpreted children's views in written surveys to say, 'I have my own room and lots of nice toys'.

## **Organisation**

The organisation is satisfactory.

Children live in a home that is organised around their needs and prioritises and seeks to improve their life experiences. The promotion of equality and diversity is good. Policy, procedure and good practice helps children to know that their individual needs on the basis of race, ethnicity, disability, sexuality, gender, age and religion are valued and the service is able to meet their diverse needs in everyday life in the home.

Parents and placing authorities do have a clear statement about the operation of the home and work is underway to revise and redistribute a meaningful and accessible children's guide. Parents say they are 'always consulted about new equipment and procedures and feel our views are listened to.'

There are sufficient qualified, trained and experienced staff to care for children. Teamwork amongst staff is strong and children benefit from their consistent approach. A clear staffing policy works in practice to give children continuity, a mix of male and female staff, security and the specific support children need for ethnic and cultural backgrounds and disabilities. Staff are well supported through professional supervision, induction and appraisal. Team meetings and multi disciplinary meetings focus on promoting good child care practice. A high proportion of staff have achieved NVQ 3 in working with children and young people and the senior management team is well qualified, experienced and accessible to staff seeking advice. Staff have recently begun accredited training in specialist issues, such as, how to support children with sensory impairments and deaf blind needs and the service is investing further in developing skills directly linked to the needs of the children; for example, in creating specialist mobility posts and staff to lead on dysphasia. Staff described their training as 'outstanding'.

The welfare of the children in the home is promoted by regular monitoring by the senior management at the home, through a system of daily, weekly and monthly checks and a Regulation 33 visitor reports to senior managers within the organisation. Parents said, 'The centre of their concern is the wellbeing of the young people and they never forget that and treat them with care and respect. Everything they do supports this concept'.

## What must be done to secure future improvement?

### Statutory requirements

This section sets out the actions, which must be taken so that the registered person meets the Care Standards Act 2000, The Childrens Homes Regulations 2001 and the National Minimum Standards. The Registered Provider must comply with the given timescales.

Standard	Action	Due date
12	ensure that children's health needs are met, including access to a GP, or medical examination, treatment and other services on suspicion of injury or harm (Regulation 20(b))	1 August 2009
13	ensure any medication is administered as prescribed (Regulation 21(b))	1 August 2009
17	implement an effective policy to safeguard children, providing for liaison and cooperation with any local authority and the prompt referral of any allegation or suspicion of abuse or neglect affecting any child in the home (Regulation 16)	1 August 2009

### Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- liaise with the LSCB to seek advice about local procedures and practice, RNIB safeguarding practice and response to allegations or suspicions of abuse (NMS 17.5)
- establish routine links with other local agencies and placing authorities concerned with child protection and do not work in isolation from them (NMS 17.9)
- ensure a written record is kept of significant events, that includes detail of the action taken, and the outcome of any action or investigation (NMS 20.3)
- ensure that the placing authority is notified of significant events, incidents or concerns about children so that they can be involved in the child's protection or care plan to discuss proposed action or initial steps taken to deal with an emergency (NMS 20.5)
- ensure a written record of the full recruitment process, including evidence that all elements of Schedule 2 have been met in every case, and in accordance with CRB guidance for allowing portability (NMS 27.1)
- ensure that practical support is provided in the home for children who use alternative forms of communication to enable them to communicate their wishes, needs and concerns. For example consider use of technology and Government good practice guidance in making information accessible to children (NMS 7.4)
- provide programmes of training for staff in issues of race, ethnicity, religion and culture (NMS Appendix 2)
- ensure that the children's guide is in a format appropriate to the age and understanding of the children in the home, and alternative means of communicating the information are sought, eg, makaton, Widget, pictures, or tape recording etc; also that it includes information

about securing access to an independent advocate, how to make a complaint, and arrangements for consultation. (NMS 1.3)