

SC461363

Registered provider: The Roman Catholic Diocese of Arundel and Brighton

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This service is a residential special school, registered as a children's home to care for up to 40 children. It is owned by a charity, which also has other services within the grounds. The home is registered for children who have learning disabilities, including children who have autistic spectrum disorder and with communication and/or interaction difficulties. The accommodation is provided in seven separate areas over the site.

Inspection dates: 24 to 25 May 2017

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

How well children and young people are helped and protected requires improvement to be 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: 22 November 2016

Overall judgement at last inspection: Declined in effectiveness

Enforcement action since last inspection

None

Key findings from this inspection

This children's home is good because:

- Young people have made good progress from their starting points since arriving at the home.
- Young people have good relationships with staff; each has a key adult whom they can trust and confide in.
- Positive improvements have been made to the residential houses, improving their homely feel.
- Each young person is supported to address their physical and emotional health. Staff make necessary referrals and support young people to attend appointments to meet their specific health needs.
- Staff help young people to communicate through the use of a wide variety of communication tools pertinent to each young person.
- All young people attend education which is based on-site; there is good communication and handover during transition between home and school.
- Staff enable young people to develop life, social and personal care skills which promote independence and opportunities for adulthood.
- Plans address young people's needs holistically, providing staff with practical strategies to meet their individual needs.
- Staff work collaboratively with families and external professionals, ensuring that all are involved and aware of issues affecting young people.

The children's home's areas for development:

- Staff have not rigorously followed the home's policy and procedure when safeguarding concerns have arisen.
- The fire procedure for staff to follow in respect of any young person unable to evacuate the building has not been updated as requested by the fire service.
- Leaders and managers are not using evaluation systems and monitoring consistently or effectively, and so do not have a full understanding of the home's weaknesses and strengths.
- The staff need to secure level 3 qualifications, and the manager should evidence if they have already attained equivalent training.
- Risk assessments have not been updated to reflect current risk factors or consider age-appropriate risk taking.
- Staff do not have the necessary information detailing when and within what parameters they may give medication when a young person is in crisis.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
22/11/2016	Interim	Declined in effectiveness
13/06/2016	Full	Good
22/03/2016	Interim	Sustained effectiveness
30/09/2015	Full	Outstanding

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>are familiar with, and act in accordance with, the home's child protection policies.</p> <p>(Regulation 12(2)(a)(v)(vii))</p>	01/08/2017
<p>The leadership and management standard is that the registered person enables, inspires and leads a culture in the home that helps children aspire to fulfil their potential and 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 improvements in the quality of care provided in the home.</p> <p>(Regulation 13(2)(h))</p>	01/08/2017
<p>If the regulatory reform (Fire Safety) order 2005 (a) applies to the home —</p> <p>The registered person must ensure that the requirements of that order and any regulations made under it, except for article 23 (duties of employees), are complied with in respect of the home.</p> <p>(Regulation 25(2)(b))</p>	01/08/2017

Recommendations

- Care must be taken to ensure that prescribed medicines are only administered to the individual for whom they are prescribed. Medicines must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused. Regulation 23 requires the registered person to ensure that they make suitable arrangements to manage, administer and dispose of any medication. These are fundamentally the same sorts of arrangements as a good parent would make but are subject to additional safeguards. Where the home has questions or concerns about a child's medication, they should approach an expert such as a General Medical Practitioner, community pharmacist or designated nurse for children looked after ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 17.15)
- Children's home staff should take reasonable precautions and make informed professional judgements based on the individual child's needs and developmental stage about when to allow a child to take a particular risk or follow a particular course of action. Staff should discuss the decision with the child's placing authority where appropriate. If a child makes a choice that would place them or another person at significant risk of harm, staff should assist them to understand the risks and manage their risk-taking behaviour to keep themselves and others safe. ('Guide to the children's homes regulations including the quality standards', page 42, paragraph 9.7)
- Records of restraint must be kept and should enable the registered person and staff to review the use of control, discipline and restraint to identify effective practice and respond promptly where any issues or trends of concern emerge. The review should provide the opportunity for amending practice to ensure that it meets the needs of each child. ('Guide to the children's homes regulations including the quality standards', page 49, paragraph 9.59)
- A deprivation of liberty may occur where a child is both under continuous supervision and control and is not free to leave the home. A children's home cannot routinely deprive a child of their liberty without a court order, such as a section 25 order to place a child in a licensed secure children's home, or, in the case of young people aged over 16 who lack mental capacity, a deprivation of liberty may be authorised by the Court of Protection following an application under the Mental Capacity Act 2005. ('Guide to the children's homes regulations including the quality standards', page 50, paragraph 9.63)
- All managers working in a children's home must have the qualification in regulation 28(2) within the relevant timescales listed in regulation 28(3). All staff in a care role, including external agency or bank staff, must have the qualification in regulation 32(4) within the relevant timescale listed in regulation 32(5). The registered person may extend the time period if the member of staff

hasn't worked in the role for a prolonged period, such as sick leave or maternity leave, or if it is not reasonable to expect the member of staff to complete in this timescale due to the nature of the hours they work. ('Guide to the children's homes regulations including the quality standards', page 53, paragraph 10.12)

- As set out in regulation 31-33, the registered person is responsible for maintaining good employment practice. They must ensure that recruitment, supervision and performance management of staff safeguards children and minimises potential risks to them. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.1)
- A record of supervision should be kept for staff, including the manager. The record should provide evidence that supervision is being delivered in line with regulation 33(4)(b). ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.3)
- The registered person should have a system in place so that all serious events are notified, within 24 hours, to the appropriate people. The system should cover the action that should be followed if the event arises at the weekend or on a public holiday. Notification must include details of the action taken by the home's staff in response to the event. ('Guide to the children's homes regulations including the quality standards', page 63, paragraph 14.13)

Inspection judgements

Overall experiences and progress of children and young people: good

Young people make good progress while living in the children's home. Staff are caring, knowledgeable and nurturing in their approach. They promote and provide opportunities and experiences which young people may have not previously enjoyed. Young people are learning essential life, social and personal care skills. This is enabling them to develop skills and independence within their capabilities. A parent stated, 'He [her son] has become more independent with his personal care, chooses and prepares meals and his communication has improved. He wants to communicate.' Staff facilitate, offer and provide opportunities for young people to socialise with peers on and off-site.

Staff facilitate the use of a range of communication systems, methods and strategies suited to each young person. Staff are skilled in engaging and communicating with the young people in their care. They have supported young people to review, explore and detail significant events which have affected them. Young people who prefer routine and structure follow a planned waking timetable which promotes their ability to self-regulate and engage in daily tasks. Those who are able to state their choices and opinions are fully engaged in making daily decisions. Young people who use communication aids are also able to contribute to decisions about daily routines and activities.

Relationships between young people and their carers are of good quality. Staff are warm, child friendly and understanding of young people's needs. The children are central to all decision making. The strength of these relationships also enables staff to distract young people away from negative behaviour, and challenge them to learn new

skills.

Young people's basic and routine health needs are well met. Those with complex health needs have detailed health plans and protocols for staff to follow. Some young people may be given medication when in crisis. The details of the circumstances in which this may be given are not included in these plans. There are supportive relationships with health professionals outside of the home, which benefits the overall approach to health plans and need.

Young people are making steady academic progress. They all have good education attendance and the staff successfully support them with daily transitions between residential houses and school. Staff have effective relationships with education staff which positively impact on the consistent approach followed by staff.

Young people are developing positive strategies and methods to assist them to identify and self-regulate their behaviour and emotions. An example is the daily exercise of walking, planned into their daily routines and timetable.

Staff respond positively to young people's comments, concerns and complaints. Staff explore concerns with them and provide a written and verbal outcome. Strong relationships enable young people to be open, vocal and confident that staff will listen to them and take action on their wishes. An example is when young people requested that a home area be divided into two to create two smaller living groups. This was actioned and swiftly addressed, much to the satisfaction of the young people.

Staff are supporting young people in thinking about the move to their next home. They plan to complete familiarisation plans to promote positive transitions. Staff have created social stories and encouraged young people to learn new skills that will benefit them in the future.

Staff encourage and support young people to maintain regular contact with family and friends. They support young people to use a variety of methods, including FaceTime on the internet, telephone, email and face-to-face contact.

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

Young people feel safe and are confident in their interactions with staff. Staff are educated and informed about risk factors and their roles and responsibilities. Staff respond to concerns, allegations and suspicions of harm. Practice in relation to safeguarding does not routinely follow statutory guidance requirements. A concern was raised and the evidence shows that staff did not respond and refer all concerns in a timely manner. Staff have used their knowledge of young people and the communication systems they use to support them in expressing and sharing their experiences.

Risks are identified, understood and managed, but the risk management plans do not reflect the level of knowledge they have, or the input from other professionals. Risk is, in general, managed through high staffing levels. The home is a highly protective environment; however, this restricts young people's ability to learn and take age- and

ability-appropriate risks to equip them for moving on.

Staff are in discussions with placing authorities requesting that they review restrictive practices, specifically those applied for young people who are now adults, to discuss their legality and impact. Staff have not been sufficiently challenging of others to ensure that they review these requests that may impact or restrict their liberty.

Young people's complaints have been investigated and responded to. Records show that young people are provided with an outcome verbally and in writing. Complaints made by others outside of the home are investigated in line with the home's policy and procedure.

There have been no episodes of missing from the home since the previous inspection. Staff follow a detailed policy if an event is to occur. Each young person each have a 'missing from care plan', but these do not detail what individual response and action is required from staff if such an event occurs.

The home's internet system has effective filters, safeguards and restrictions in place. Those young adults who have unrestricted access to the internet also have contracts detailing rules and guidance.

Staff are all trained in the provider's preferred approach to behaviour management. The home plans to extend the deployment of the inclusion team. The aim is to improve the consistency of approach of the use of behaviour management measures in the home settings. There is a focus on ensuring greater staff awareness of warning signs and using de-escalation strategies, with the overall aim of reducing and avoiding physical intervention.

Positive handling plans are practical, detailed and support staff with clear guidance to support young people when in crisis. Staff are skilled at identifying when young people are pre-crisis and use a variety of strategies to de-escalate their behaviour. When young people are in an identified crisis state, some require medication as prescribed by professionals. Plans do not clearly identify the criteria and circumstances for the administration of medication.

The impact of self-injurious behaviour is assessed with measures identified to reduce the harm caused by these actions. Young people are accessing a wide variety of strategies to assist them in reducing their self-injurious behaviour. Examples are deep pressure, sensory activities and exercise. The individual approaches are detailed in positive handling plans.

Behaviour management records detail the event, outcome and subsequent debrief gained, but these are sometimes minimal in content. The evaluation of individual incidents does not evidence future learning or actions to be taken to reduce and prevent reoccurrence.

Safer recruitment practices are improving, with staff making progress and implementing new systems to strengthen and improve safeguards. Managers are taking this required area of development seriously with resources provided to improve the quality of recruitment processes. However, they have not applied thorough scrutiny, and recruitment processes do not apply sufficient professional curiosity and challenge.

When risks are identified, information collated has not informed the formulation of meaningful risk assessments.

The fire service has inspected the home and made a formal request that the evacuation process and procedure should be reviewed and updated, specifically to include actions for those vulnerable young people who are unable to evacuate when required. This has not yet been done.

The effectiveness of leaders and managers: good

An appropriately qualified manager manages the home. House leaders have day-to-day responsibility of each home base, and they are experienced and qualified. They provide leadership in each home area and practical hands on leadership, guiding and modelling for staff. House leaders are child focused and have detailed knowledge and understanding of each young person in their care. Currently, they have limited time available to evaluate, monitor and audit care plans and records.

The home is part of a faith school, but this in no way inhibits the non-judgemental acceptance of difference across the home bases. The home has a stable and diverse staff team. The team does have vacancies and there is a continual recruitment drive in place to address this. Bank and agency staff supplement staff teams. This does introduce an element of inconsistency and lack of knowledge amongst the team. Home managers continually review the overall staff skill set for each shift and deploy staff to meet need.

There are regular robust independent visits of the home, which provide critical evaluation of the quality of care and overview of the home.

Case records are numerous in quantity, leading to some duplication and inconsistencies.

There is limited monitoring and evaluation of practice. For example, managers review statistics from behaviour, incidents and physical intervention records, but the learning from each individual incident is not evidenced. The manager visits individual living areas and observes practice and interaction between staff and young people, but these visits are not frequent. The monitoring of case records is not beneficial or productive in improving the service. Staff have a great deal of knowledge and insight into young people's needs, but this does not translate into plans. Leaders and managers assess the quality of care provided in the home, but some development issues identified have not been acted on. The home development plan focuses on outcomes identified at previous inspections. The leadership and management of the home have not identified or explored other areas that require improvement and development.

Leaders, managers and staff regularly seek the views of young people through the use of a variety of communication systems. Young people complete questionnaires, make requests and voice their views about what they would like the home to offer. Managers have responded to these requests positively and they listen to the views of young people.

Staff receive regular supervision, but the quality of this is inconsistent and variable. Records do not routinely specify actions or tasks for staff to explore or act on following

a session.

Staff are offered a wide variety of training which is suitable to their role. This has included updates to knowledge about safeguarding practices and their responsibilities under the Prevent strategy. Staff either possess the necessary qualification for their role, or are enrolled to complete it. However, two members of staff have not achieved this within the required timescales. Action plans do not detail clearly the reason why, or how, they will be supported and within what timescale this will be achieved.

There are positive links with those outside of the home, and good working relationships with families and professionals. The joint approach has informed plans and underpins a consistent approach to care provided by all. Staff advocate on behalf of those in their care to enable them to achieve the best possible outcome.

The statement of purpose has been reviewed and updated. The ethos, aims and objectives as described within it are evidenced throughout in staff interactions, practices and care of young people. Young people say that they like living at the home and feel well cared for and supported by staff. Families state that their children have made good progress with their learning and development of social, personal and life skills while living at the home.

Staff ensure that the physical environment of the home is well maintained, with any damage repaired swiftly. It is a large, old building so the maintenance programme and work is constant and challenging.

The manager has not made notifications for all significant and serious events that have occurred.

Information about this inspection

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: SC461363

Provision sub-type: Residential special school

Registered provider: The Roman Catholic Diocese of Arundel and Brighton

Registered provider address: Bishops House, The Upper Drive, HOVE, East Sussex
BN3 6NB

Responsible individual: Anne Sutton

Registered manager: Alan Day

Inspector(s)

Amanda Maxwell, social care inspector
Amanda Harvey, social care inspector
Maire Atherton, social care inspector

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