

# 1258769

Registered provider: Roc Northwest Ltd

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This home is one of many operated by a private provider. The home increased its capacity to provide care and accommodation for up to 29 children in July 2018. Accommodation is provided across nine individual houses on the site.

**Inspection dates:** 17 to 18 October 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:** 30 January 2018

**Overall judgement at last inspection:** outstanding

**Enforcement action since last inspection:** none

## Recent inspection history

| Inspection date | Inspection type | Inspection judgement |
|-----------------|-----------------|----------------------|
| 30/01/2018      | 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>12: The protection of children standard</p> <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>assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>(Regulation 12(1)(2)(a)(i))</p> | 12/10/2018 |
| <p>12: The protection of children standard</p> <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>take effective action whenever there is a serious concern about a child's welfare; and are familiar with, and act in accordance with, the home's child protection policies</p> <p>(Regulation 12(1)(2)(a)(vi)(vii))</p>               | 03/12/2018 |
| <p>13: The leadership and management standard</p> <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 helps children aspire to fulfil their potential; and promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the</p>  | 03/12/2018 |

|   |                   |
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| <p>registered person to use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13(1)(a)(b)(2)(h))</p>   |                   |
| <p>21: Privacy and access</p> <p>The registered person must ensure that any limitation placed on a child's privacy or access to any area of the home's premises is intended to safeguard each child accommodated in the home; is necessary and proportionate; is kept under review and, if necessary, revised; and allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. (Regulation 21(c)(i)(ii)(iv))</p>  | <p>03/12/2018</p> |
| <p>35: Behaviour management policies and records</p> <p>The registered person must ensure that</p> <p>within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes</p> <p>the name of the child;</p> <p>details of the child's behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure ("the user"), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is</p> <p>authorised by the registered person to do so ("the authorised person")</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> <p>within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that</p> | <p>03/12/2018</p> |

|   |            |
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| <p>they have spoken to the child about the measure.<br/>(Regulation 35(3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv))</p>  |            |
| <p>39: Complaint<br/>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>   | 3/12/18    |
| <p>40: Notification of a serious event<br/>The registered person must notify HMCI and each other relevant person without delay if<br/>a child is involved in or subject to, or is suspected of being involved in or subject to,<br/>sexual exploitation;<br/>an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious;<br/>there is an allegation of abuse against the home or a person working there;<br/>a child protection enquiry involving a child—<br/>is instigated; or<br/>concludes (in which case, the notification must include the outcome of the child protection enquiry); or<br/>there is any other incident relating to a child which the registered person considers to be serious.<br/>(Regulation 40(4)(a)(b)(c)(d)(i)(ii)(e))</p> | 12/11/2018 |
| <p>45: Review of quality of care<br/>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.<br/>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;<br/>the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and<br/>any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.<br/>After completing a quality of care review, the registered person must produce a written report about the quality of care review</p>        | 03/12/2018 |

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

- Care must be taken to ensure prescribed medicines are only administered to the individual for whom they are prescribed. Medicines must be administered in line with a medically approved protocol. In particular, there must be clear guidelines in place relating to young people's 'as and when required' medicines. ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.15)
- Staff should have the relevant skills and knowledge to be able to help children understand, and where necessary work to change negative behaviours in key areas of health and well-being such as, but not limited to, nutrition and healthy diet. ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.18)
- Staff should be familiar with the home's policies on record keeping and understand the importance of careful, objective, and clear recording. Staff should record information on individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded in a way that will be helpful to the child. ('Guide to the children's homes regulations including the quality standards', page 62, paragraph 14.4)

## Inspection judgements

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

Children at this home are making varied levels of progress. They enjoy positive experiences and have developed positive relationships with staff. One parent described their child's progress as 'he has come on leaps and bounds'. Children are encouraged and supported to engage in a wide range of activities to broaden their experiences and have fun. These activities include drama, football, trampolining, and sensory activities. All the children at the home were taken on an activity and adventure holiday by the staff team where they were encouraged to participate in the activities available to them. Staff know the children well and communicate with them positively.

Staff help children to develop independence skills. For example, one child has learned how to use a knife and fork, sit at the table for meals and develop self-care skills. Another young person has been supported to attend appointments with the use of social stories. Child-centred planning and work alongside other agencies is supporting one young person to achieve a positive transition to adult services.

Transitions into the home are managed well, with one parent telling inspectors that staff were 'careful and gentle' with her child. A social worker told inspectors that 'management was proactive in transition planning... and worked closely with children's services... they ensured the transition for the child was smooth'.

However, managers were unable to provide impact risks assessments to evidence how managers match children to live together safely and identify how any risks and children's needs will be managed. The impact risk assessment for one child who has displayed sexualised behaviour towards younger children was not provided. Therefore, it is not possible to understand how decisions were made about placing this child with others. One social worker informed inspectors that their child had had to move units due to conflict with another child. There was no consultation between the home and the social worker, who was only informed after the event. One social worker informed inspectors that their child's placement had broken down, but there was 'no co-operation' from managers to consider having a stability or placement disruption meeting. In addition, the impact risk assessment for this child's placement was requested by inspectors and was not provided.

Furthermore, the social worker also informed inspectors that incident reports had not been provided by staff when requested; this included incident reports that led to the breakdown of the child's placement. One social worker made a referral to the designated officer for the local authority with their concerns. This included the fact that, despite requests, she had not received an incident report about an incident where a child was taken to hospital.

Children attend education. One child who did not attend education in a previous placement is now attending full time and has 100% attendance. Another child who has previously been excluded from education has started to re-engage in education as a result of staff support.

Medication is well managed by an on-site registered nurse. One child has been supported to reduce the amount of medication that they need, and this is now only given as and when needed. However, there is not a protocol in place to direct staff about administering this medication in this way. Staff, who care for a child who needs to be peg fed, are not aware of the protocol around this process and what they are

required to do in an emergency. Furthermore, there is no protocol or risk assessment that identifies risks in swallowing and choking for this child. One child who has been identified as being overweight is not being supported to make nutritional healthy choices. Menu options and the child's food choices are not being monitored.

A social worker told inspectors that, despite agreements, parents were not being provided with weekly updates and monthly reports about their child. Another social worker told inspectors that parents had been unable to make contact with the home for four days. One parent whose child has overnight contact at the home told inspectors that it is a 'worry' when they are unable to contact staff at the home.

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

Child protection procedures have not been followed after two allegations have been made by a child against members of staff. Recording about allegations is not clear and relevant people are not always notified.

Records of complaints do not reflect all complaints that have been made. The complaints have not been investigated or recorded in line with regulation.

Risk assessments have not always been updated after incidents, and some risk assessments do not reflect current known risks. For example, one child's records refer to the child 'making comments to take her own life', and this has not been updated on her risk assessment. There has been a lack of direct work undertaken with one child who has a history of, and associated risks around, the use of ligatures. Another child's risk assessment does not reflect incidents where the child has ingested items leading to a hospital visit. Furthermore, a key worker for one young person was unable to identify any known risks on the young person's risk assessment.

Inspectors identified shortfalls in the recording of restraint. Records lack detail and are not recorded in line with regulation. Children's positive handling plans have not been updated following incidents and changes to protocol. Inspectors were informed that a gap in records of restraint was due to lost or damaged records. Inspectors identified that six restraints had taken place over this period. Managers at the home were unable to locate the missing records and management oversight had failed to identify and address this issue.

One young person has been unlawfully deprived of their liberty. Despite making an application a year ago by the registered manager, this has not been progressed. Furthermore, another young person is subject to surveillance in their bedroom. Inspectors requested details about the 'best interest decision' around the need for this surveillance, but this has not been provided.

Fire safety procedures including visual fire risk assessments and visual fire procedures for children are in place to help keep them safe.

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

This inspection was brought forward in order to address specific concerns and

allegations received by Ofsted.

The registered manager of the home has substantial experience of working with children who have disabilities. She is supported by an experienced and keen deputy manager and they have recently recruited additional senior members of staff to further strengthen the management structure of the home.

Inspectors identified shortfalls in the monitoring and oversight of the home. Information contained on annex A was inaccurate, as it did not reflect the information that inspectors found in the home; for example, the data provided about police call-outs was wrong. The registered manager has undertaken a quality of care report. However, the report was not received by the regulator within regulatory timescales and was incomplete.

Records about young people are of poor quality. For example, in some cases, daily care records for young people are blank or brief. Records for young people are sometimes conflicting. For example, one young person's health information differs within her various plans. Inspectors also found information about children in the records of other children.

Language used in records is unhelpful. For example, one child's records state that the child 'took advantage of agency staff when full-time staff were not present'. Some records are not signed, and plans and assessments for young people have not been signed by staff to evidence that they have been read and understood by staff. Managers have failed to ensure that incidents are always recorded and, as a result, they have not analysed and monitored incidents to ensure that lessons are learned. The monitoring of physical intervention is not up to date.

Furthermore, staffing shortages have not been monitored. Records evidence that at times there have been staffing deficiencies at the home. Managers were unable to provide details about the formal monitoring of each occurrence when this happens and how this was resolved.

Incidents have taken place at the home that have not been notified to Ofsted in line with regulation. Furthermore, requests to make notifications to the regulator retrospectively have still not been made at the time the report was written.

An independent visitor provides rigorous and impartial scrutiny of the running of the home and how effectively children's welfare is promoted and safeguarded. He talks to the children, their families and social workers to help him make judgements.

Staff reported to inspectors that they feel supported by managers and receive an induction and training to help them to meet the needs of young people. Regular staff team meetings are organised to ensure that one session focuses on young people and one on staff development and training. This ensures that the staff team is able to share information about young people and receive regular training to enable staff to meet the needs of young people.

## **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:** 1258769

**Provision sub-type:** Children's home

**Registered provider:** Roc Northwest Ltd

**Registered provider address:** Caretech Community Service Ltd, Metropolitan House,  
3 Darkes Lane, Potters Bar, Hertfordshire EN6 1AG

**Responsible individual:** Katie Stephens

**Registered manager:** Lindsay Tallon

## Inspectors

Jessica Forshaw, social care inspector  
Marie Cordingley, social care inspector

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