

# SC372504

Inspected under the social care common inspection framework

Full inspection

Registered provider: Senad Group Limited

## Information about this children's home

This service is part of a privately owned residential school for children and young people with learning difficulties. The school specialises in young people with autism. The service can accommodate up to 55 young people.

**Inspection dates:** 21 to 22 June 2017

**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 **requires improvement to be good**

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

**Date of last inspection:** 24 March 2017

**Overall judgement at last inspection:** Sustained effectiveness

**Enforcement action since last inspection**

None

## Key findings from this inspection

This children's home is good because

- Young people, on the whole, are happy and make good progress.
- Young people have good access to healthcare and are generally healthy.

- Young people have good attendance at school.
- Care, education and health staff work closely together to provide young people with a holistic, child-centred package of care and education.
- A large proportion of staff are new to the home and, therefore, lack experience. However, careful induction, support and incentives for staff mean that retention has improved. This increases opportunities for young people to develop stable, long-term relationships with staff.
- Experienced staff are attentive and have a good understanding of the individual needs and aspirations of the young people. They build nurturing relationships with young people.
- Young people have access to a wealth of activities, including skydiving, swimming, wing walking and Zumba.
- The leadership team is new, but it is highly motivated and passionate about providing a good service for young people.

#### The children's home's areas for development

- The monitoring and review of records, including physical intervention and care planning documents, can be improved. Some records are out of date and unsigned.
- Incidents involving physical intervention have been reviewed by the senior staff who had been involved in the incident. This does not protect young people, because it is not impartial.
- Food safety guidance should be taken into account when leaving uncovered food in hot rooms.

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
24/03/2017	Interim	Sustained effectiveness
26/07/2016	Full	Good
25/02/2016	Interim	Sustained effectiveness
09/09/2015	Full	Good

## 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 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. (Regulation 12(1)(2)(a)(i))</p> <p>In particular, ensure that managers are not reviewing incidents of physical intervention that they have been involved in.</p>	30/07/2017
<p>The health and well-being standard is that the health and well-being needs of children are met.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to achieve the health and well-being outcomes that are recorded in the child's relevant plans. (Regulation 10(1)(2)(a)(i))</p> <p>In particular, ensure that health plans are detailed and up to date to ensure that staff have access to good information and guidance about the health needs of each young person.</p>	30/07/2017
<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>(i) the name of the child;</p> <p>(ii) details of the child's behaviour leading to the use of the measure;</p> <p>(iii) the date, time and location of the use of the measure;</p> <p>(iv) a description of the measure and its duration;</p>	30/07/2017

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| <ul style="list-style-type: none"> <li>(v) details of any methods used or steps taken to avoid the need to use the measure;</li> <li>(vi) the name of the person who used the measure (“the user”), and of any other person present when the measure was used;</li> <li>(vii) the effectiveness and any consequences of the use of the measure; and</li> <li>(viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;(Regulation 35(3)(a)(i-viii))</li> </ul> |  |
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## Recommendations

- Continue to embed the new monitoring systems to ensure the registered person can effectively oversee the welfare of the children in their care. (‘Guide to the children’s homes regulations including the quality standards’, page 54, paragraph 10.23)
- Ensure all children’s case records (regulation 36) are kept up to date, signed and dated by the author of each entry. (‘Guide to the children’s homes regulations including the quality standards’, page 62, paragraph 14.3)
- Ensure the children’s home complies with relevant health and safety legislations such as food hygiene. (‘Guide to the children’s homes regulations including the quality standards’, page 15, paragraph 3.9)

## Inspection judgements

### Overall experiences and progress of children and young people: good

Young people present as relaxed, happy and comfortable around staff. Staff pay them plenty of attention and are attuned to their needs. There is a good level of child-centred care across all the homes.

Most young people make good progress in areas such as communication, managing their own behaviour, relationships and personal hygiene. For example, young people with Prader Willi syndrome have brought their eating habits under control and have lost significant amounts of weight. Others who have struggled with unacceptable behaviour are now being considered for semi-independent living, and one young person has done activities such as wing walking and skydiving.

Staff who have worked with the young people for some time form nurturing and trusting relationships with them. The registered manager says that the emphasis is for young people to have fun and be happy. Most young people thrive and develop a high level of confidence and self-esteem. They feel valued and respected for who they are. For example, one young man enjoys dressing up as a fairy princess. Staff embrace this, as do other young people. This demonstrates a highly inclusive culture.

Young people have access to a range of activities, including going to the cinema, swimming, snorkelling and ice skating. There are extensive grounds that they can walk and play in, or just sit and enjoy the scenery. Young people enjoy playing in an outdoor paddling pool or playing shopkeeper indoors. Hobbies and interests, such as Zumba classes and imaginative play, are encouraged.

Young people are consulted on a day-to-day basis. For example, young people attend house meetings. Minutes from these meetings are written in an accessible format to enable each young person to understand them.

Most young people have good attendance at the on-site school. Staff work closely with education staff to provide a holistic approach to their care and education. This helps young people to achieve well.

Young people have good access to healthcare professionals. Qualified nurses and therapists work closely with care staff to ensure that emotional and physical health needs are fully addressed. Young people are also registered with a general practitioner, dentist and optician.

Young people benefit from close contact with family and friends, where this is appropriate. For example, staff successfully supported one young person to be a bridesmaid at a family wedding. She enjoyed this immensely, and should not have been able to attend if staff had not been able to support her.

Young people live in small groups within five houses. Houses are comfortable, clean and well maintained. Communal areas are well decorated with young people's very creative artwork and photographs. Bedrooms are highly personalised. For example, one young person enjoys Thomas the Tank Engine, so has a gigantic poster on his wall. He takes great pride in his poster. Another young person has a range of imaginative play toys in his room.

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

Proactive safeguarding systems help to monitor and reduce risks to young people so that they are safe. Young people feel safe and secure. Staff receive good training to ensure that they are knowledgeable about how to keep young people safe.

Staff provide incentives, dependent on the individual young person's preferences, for acceptable behaviour. Unacceptable behaviour is challenged in a manner appropriate to the young person's level of understanding. For example, staff give time to those young people with oppositional defiant disorder to allow them the space and time to process information, rather than making demands of them. This means that there are fewer serious incidents. Nevertheless, the number of physical interventions is high and includes holds on the floor. This is due to the complexity of the young people living at the home. Physical intervention does reduce over time for individual young people, and the registered manager can demonstrate that physical intervention has reduced over a number of years for longer-term residents.

Young people generally get on well with each other. A young person said: 'I have lots of friends here, because I'm very popular.' Some young people report that they have been bullied, but say that staff stop this kind of behaviour quickly. A young person said: 'I tell staff how I'm feeling. Staff tell them off. That helps.'

Food was left in a young person's room all night and most of the following day. This could have been a source of food poisoning if the young person had decided to eat it. Staff said that this was not usual practice and have immediately made changes to practice to ensure that this type of incident does not recur. Otherwise, health and safety systems are good and help to protect young people from hazards.

Vetting procedures help to protect young people from unsuitable adults. Staff try to involve young people in the recruitment process to ensure that the young people like the people recruited. Additionally, young people are asked to comment on staff appraisals. This helps leaders to understand the relationships between staff and young people.

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

The new registered manager is qualified and experienced, having previously been the deputy manager of this home. He has two new deputy managers to support him, as well as a house manager in each of the five houses. Staff turnover has been high. This has left the home with a largely inexperienced staff team caring for young people who are extremely complex in their presentation. The leadership team is providing good training and support for the staff to help them to become skilled and knowledgeable.

Some monitoring practices can be improved. Incidents involving the use of physical intervention have been reviewed by the senior staff who were involved in the incident. This practice does not ensure impartial and robust evaluation. Furthermore, records of physical intervention are not always completed fully, reviewed by a senior member of staff or reviewed shortly after the incident. This means that it is difficult to obtain a comprehensive understanding of the incident. Monitoring of health and care plans is not effective, as some information is out of date, undated and unsigned. This means that it is difficult to have a good understanding of what the current guidance is for the care of young people and, therefore, may compromise the care provided.

Nevertheless, the leadership team has a good understanding of the strengths and weaknesses of the home and has good plans in place to address any shortfalls. For example, managers are focusing on staff retention and want to provide an individual service for staff, one that listens and recognises their individual strengths. Staff are offered a comprehensive package of training and support, as well as other incentives. Care planning systems are being gradually changed to ensure that they are more accessible to staff.

Experienced staff are knowledgeable about autism and other conditions, such as Prader Willi syndrome. They provide an individualised service to young people and demonstrate a deep understanding of the reasons why they behave as they do.

Staff work within a multidisciplinary environment to ensure that young people have access to good care. Regular meetings between teaching, care and therapy staff help to promote the education, health and well-being of young people. Staff work well with other agencies, although some feel that more could be done to help the young people to progress, particularly in their education and behaviour. The leadership team recognises when it can no longer help a young person to move forward, and works with the placing authority to find a more suitable 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 difference 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:** SC372504

**Provision sub-type:** Residential special school

**Registered provider:** Senad Group Limited

**Registered provider address:** 1 St George's House, Vernon Gate, Derby DE1 1UQ

**Responsible individual:** Mark Flynn

**Registered manager:** Matthew Cousins

## Inspector(s)

Joanne Vyas, social care inspector  
Corrinne Barker, social care inspector



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