

SC020193

Registered provider: The SENAD Group Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The provision is an independent day and residential school for up to 25 children and young people, aged eight to 19 years, who have severe learning disabilities, autism spectrum disorder and associated challenging behaviour.

Inspection dates: 9 to 10 April 2019

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 **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: 23 October 2018

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
23/10/2018	Full	Requires improvement to be good
13/06/2018	Full	Inadequate
18/04/2018	Full	Inadequate
26/09/2017	Full	Requires improvement to be 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 health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p> <p>children receive advice, services and support in relation to their health and well-being; and</p> <p>children are helped to lead healthy lifestyles.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p> <p>achieve the health and well-being outcomes that are recorded in the child’s relevant plans. (Regulation 10(1)(a)(b)(c)(2)(a)(i)(ii)(iii)(iv))</p>	<p>30/04/2019</p>

Recommendations

- Effective care planning is essential to the success of placements. (‘Guide to the children’s homes regulations including the quality standards’, page 56, paragraph 11.2)
- The registered person should ensure that children are provided with nutritious meals suitable for each child’s needs. Where appropriate, children should be involved in choosing and preparing meals and opportunities to sit together and eat should be promoted. This could also include staff sitting with children so that staff can model positive behaviours at the meal table. (‘Guide to the children’s homes regulations including the quality standards’, page 15, paragraph 3.8)
- Children’s homes must comply with relevant health and safety legislations (alarms, food hygiene etc.) (‘Guide to the children’s homes regulations including the quality standards’, page 15, paragraph 3.9). In particular, cloths for wiping tables should not be used to wipe children’s hands and dirty laundry should not be stored in a kitchen.

- The registered person must demonstrate every effort to achieve continuity of staffing so that children's attachments are not overly disrupted, including ensuring that the employment of any temporary staff will not prevent children from receiving the continuity of care that they need (regulation 31(1)). ('Guide to the children's homes regulations including the quality standards', page 51, paragraph 10.1)

Inspection judgements

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

Care planning can be informative, providing good information for staff. However, some planning documents lack the detail required to fully inform practice and safeguard children. For example, a head-injury protocol does not ensure that practice properly safeguards a child when they are self-harming. Furthermore, there is not a plan for what staff should do when a child wakes up early and wants to start their morning routine. This may have caused inconsistent practice.

Poor planning of daily routines for one child meant that they were given cereal and a small pot of jam just prior to having their dinner. The child then picked at their meal because they were already full. Staff in this house do not eat with the children. This is a missed opportunity to model positive behaviours and routines.

Staff are unsure about how to help children understand how their bodies work. This work was completed by a member of staff who specialised in this work but has now left the service. Care planning does not give staff the information they require to enable them to help children. Training is planned for staff, but children are currently left without the help they require.

Children appear happy and settled. Well-planned and sensitive transitions to the service help children to settle quickly. Children make good progress in improving their emotional and physical well-being. Staff develop warm and nurturing relationships with children.

Staff are skilled in helping children to overcome sensitivities to a range of situations such as health appointments and activities in the community. For example, a child has recently been for a successful MRI scan following a comprehensive desensitisation programme. Another child has fulfilled an ambition by going on two train trips, with another planned. The child is looking forward to the next trip immensely. The child was previously unable to do this because of the high risk involved.

Children are appropriately supported to access community activities. This enhances their opportunities. For example, children go sailing. Risk management plans do not prevent children from having the same opportunities as their mainstream peers. There are good plans for activities over the Easter holidays, including a trip to a safari park, seaside trips, picnics, meals out and a Chinese takeaway.

Staff work well with parents, especially during transitions to and out of the service. A parent described her son's transition to the service as 'fantastic'. Parents say that they are kept informed and have no concerns.

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

A child who has a mild allergy is given food that she is allergic to. Although there is only a minor reaction, it potentially makes the child uncomfortable and therefore this practice should stop.

Staff do not have a good understanding of safe hygiene practices. For example, dirty clothes are stored in kitchens until they are put into the washing machine. This includes soiled clothing. Also, a child's hands were wiped with a cloth from the kitchen and then used to clean the dining-room table.

Missing-from-care protocols state that staff should wait for 10 minutes before calling the police about a child who has gone out of sight. These same protocols state that these children do not have any road safety skills. These protocols would put children at risk if implemented.

Leaders have a good knowledge of child protection procedures. This helps to keep children safe. Work with other agencies is strong. A social worker said that communication has improved greatly over the last year. Leaders challenge local authorities when their poor practice is detrimental to the child. A thorough review of all safeguarding concerns takes place daily with a team of specially trained individuals from across the school and home. Most staff have a good knowledge of safeguarding procedures. They know what to do when they identify a concern.

Staff promote positive behaviour. Behaviour support plans provide good information for staff, setting out each child's individual behaviour, what that means for the child and how staff can help. Staff use creative de-escalation techniques that help to reduce a child's anxiety. For example, blankets and weighted hoodies are used appropriately. There continues to be a high level of physical intervention, including supine restraints. However, the use of physical intervention has reduced since previous inspections. These are carried out as a last resort and done appropriately. Management oversight of all physical intervention is robust.

The effectiveness of leaders and managers: good

The newly registered and qualified manager, alongside three assistant heads of care, is driving forward improvements. Managers have a clear vision and know what actions are needed to make the service good. The development plan, although over-optimistic in terms of timescales, shows their ambition for changes to happen quickly. However, there

is still a considerable way to go to embed changes into operational practice. Rapid improvement has been more challenging because a number of staff have left the service. This has led to some inconsistency for children.

Leaders are swiftly progressing recruitment for permanent posts and now have very few vacancies. This demonstrates their commitment to providing a consistent staff team for the children.

Senior managers have implemented a new quality assurance framework that all managers can access. There is a strong emphasis on learning from incidents and complaints. For example, transitions out of the service are now better. Senior managers have also sought to improve practice by learning from other organisations. For example, the registered manager has started to carry out night-time observations based on the experiences of other providers.

The registered manager is accessible, visible and supportive of staff. This models good practice for children. Senior leaders clearly know the children well, demonstrating that each child is visible to them. This enables them to challenge other agencies effectively.

Staff feel well supported. Supervision occurs regularly for each member of staff. Group supervision is reflective and builds on good practice. For example, a discussion about deprivation-of-liberty safeguards and their impact on children occurred during group supervision.

Staff are either qualified, completing a relevant qualification or in their probation period. There is clear management oversight of staff training. Appropriate action is taken when there is a delay in staff completing their qualification.

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: SC020193

Provision sub-type: Residential special school

Registered provider: The SENAD Group Limited

Registered provider address: SENAD Group Ltd, 1 St Georges House, Vernon Gate, Derby DE1 1UQ

Responsible individual: Mark Flynn

Registered manager: Helen Frewer

Inspectors

Joanne Vyas: social care inspector

Julie Knight: Her Majesty's Inspector

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