

SC372504

# Assurance visit

## Information about this children's home

This children's home is the residential provision of an independent special school. It provides care for up to 39 children and young people aged from five to 19 years who may have learning disabilities, Prader-Willi syndrome or autism spectrum disorder conditions. Children reside within one of six homes on the same site as the school.

**Visit dates:** 8 to 9 December 2020

**Previous inspection date:** 4 June 2019

**Previous inspection judgement:** Outstanding

## Information about this visit

Due to COVID-19 (coronavirus), Ofsted suspended all routine inspections in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to children's social care services that are inspected under the social care common inspection framework (SCCIF).

At these visits, inspectors evaluate the extent to which:

- children are well cared for
- children are safe
- leaders and managers are exercising strong leadership.

This visit was carried out under the Care Standards Act 2000, following the published guidance for assurance visits.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 pandemic.

## Findings from the visit

We did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance visit.

## **The care of children**

Staff build warm and nurturing relationships with children. Children enjoy visiting their friends within the other houses. They benefit from this social experience and the opportunity of going out rather than staying in the home.

Children are well informed about the COVID-19 pandemic and the impact of this on themselves, the home and the country. They have been kept busy with a range of activities but clearly miss socialising with friends outside of their community and going to clubs. A child wrote a letter of concern to the Prime Minister and received a reassuring response.

Children have enjoyed a range of 'lockdown' activities. These have included celebrating Victory in Europe Day. Homes were decorated with bunting and the children ate the type of food eaten in the 1940s. They all dressed up and listened to wartime songs.

Transitions to and from the home are well planned and implemented. An independent reviewing officer commented on the 'amazing staff' because they have been fully on board with transition planning. She said that they are proactive and contribute to the child's social story work.

Parents and external professionals agree that children make excellent progress. Children who have Prada-Willi syndrome learn, over time, to control their impulses about food and manage their weight. Children learn independence and social skills. They learn how to manage their own behaviour. Therefore, their anxiety and distress levels reduce. A parent said, 'I think the staff at the home and school provide a high standard of care to [child's name] and I have been thrilled to hear about the progress he has made since living there.'

Careful management to prevent the spread of COVID-19 has largely been successful. Particular attention has been given to children with Prada-Willi syndrome because of their body temperature dysregulation. All children and staff have their temperature taken daily, but a baseline temperature is taken for those with Prada-Willi syndrome so that staff know what the child's normal temperature is.

Each of the houses are designed around the children who live in them. For example, children who like their own space have an additional room where they can relax or play. Communal areas are spacious and homely. Bedrooms are highly personalised.

Staff know the children well but having a more in-depth knowledge of their background would provide staff with a better understanding of the behaviour they present. Attachment disorder training and children's mental health training is not currently provided for all staff. This means that staff are working with children with these conditions without the having the necessary understanding.

Most children appear happy and well cared for.

### **The safety of children**

Most children feel safe and secure because of the strength of relationships they have with staff. One child complained that she is bullied and feels unsafe. She has not previously said this to the staff team. The house manager immediately reported the disclosure as a safeguarding concern to the safeguarding team for investigation.

Some children present with complex and challenging behaviours. Staff have a good understanding of the triggers that cause anxiety and have good strategies to prevent incidents escalating. However, staff are hurt regularly in some houses. Furthermore, children are exposed to children who harm staff. There have been incidents when both staff and children have been targeted by other children. Staff talk to the children after incidents to make sure that they are alright. Staff work closely with parents and the wider team, including social workers, teachers and therapists, and implement strategies to mitigate risks. Staff wear protective clothing to help prevent injuries.

Staff receive appropriate training to support children when they are anxious or upset. The incidence of floor restraints has reduced greatly because of the introduction of beanbags shaped as chairs. These provide a safer way to restrain children when restraint is necessary. However, the incidence of physical intervention is high for some children, but this reduces over time.

### **Leaders and managers**

The retention of staff continues to be of concern because this directly impacts on the continuity of care for children. One third of the staff team has left. A high number of staff are new to the home having started since April 2020. This has impacted more on some children than others.

The registered manager continually tries to address this concern by introducing a range of interventions, including a staff praise system. Staff say that they feel very well supported and that their well-being and safety are managed well.

Some staff have not reported what they consider to be minor injuries. This leads to an under-reporting of injuries, which means that data regarding incidents is misleading. As a result, a managed response may be deficient and ultimately, if staff are not supported effectively when injured, this may lead to staff burnout. Although reports of staff injuries are reported centrally, it is important for house managers to also have the information that pertains to their house so that they have a better understanding of staff stress levels.

Parents say that communication with staff is excellent. External professionals also compliment the staff about their communication with them.

## 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 leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—</p> <p>helps children aspire to fulfil their potential; and</p> <p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home's workforce provides continuity of care to each child. (Regulation 13 (1)(a)(b) (2)(c)(e))</p> <p>This relates to staff retention and staff training in attachment and children's mental health.</p> | <p>31 March 2021</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—</p> <p>helps children aspire to fulfil their potential; and</p> <p>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 continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(h))</p>  | <p>31 March 2021</p> |

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| This relates to the monitoring and review systems within the individual houses, particularly for staff injuries. |  |
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## Children's home details

**Unique reference number:** SC372504

**Registered provider:** The Senad Group Limited

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

**Responsible individual:** Mark Flynn

**Registered manager:** Matthew Cousins

## Inspectors

Joanne Vyas, Social Care Inspector  
Andi Lilley-Tams, Social Care Inspector

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