

SC038719

Registered provider: Hampshire County Council

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure children's home is managed by a local authority. It is approved by the Department for Education to restrict children's liberty. The children's home can accommodate up to 16 children, who are aged between 10 and 17 years.

The secure children's home provides accommodation for children placed by local authorities under section 25 of the Children Act 1989.

Admission of any child under section 25 of the Children Act 1989 who is under 13 years of age requires the approval of the Secretary of State.

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site.

The acting manager has applied to Ofsted to be registered.

Inspection dates: 5 to 7 April 2022

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

Children's education and learning **good**

Children's health **good**

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

The effectiveness of leaders and managers **good**

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

Date of last inspection: 22 February 2022

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
22/02/2022	Interim	Sustained effectiveness
06/07/2021	Full	Requires improvement to be good
22/10/2019	Interim	Improved effectiveness
14/05/2019	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: good

Staff vacancies and absences through the period the COVID-19 have presented major challenges for the home. However, the decision to limit admissions has gone some way to reducing an over-reliance on agency staff and improving the overall continuity of care. At the time of the inspection, there were five children living in the home.

Managers recognise that it is important to get admissions right. Information about each child is used to formulate multidisciplinary plans and risk assessments that are shared with and implemented by care, health and education staff. As a result, children benefit from a highly individualised and needs-based approach to helping them to stay safe and make progress relevant to their individual starting points.

Staff work exceptionally hard to break down barriers and build positive and secure relationships with the children. They use these relationships well to make children feel safe and enable them to express, better understand and regulate their emotions. Staff are creative and are constantly adapting their approach to achieve the best possible outcomes for the children. Over time, children are making small but significant strides forward. A parent said, 'The home is a perfect fit for [name of child]. Staff have taken the time to get to know [name of child] and know how best to support her. Although slow, [name of child] is making good progress.'

Children enjoy spending time with staff, who offer high levels of supervision and support. It was a pleasure for inspectors to see lots of examples of children seeking out staff and engaging in positive educational and recreational activities, including a competition and quiz that involved all children, staff and managers. This is a weekly occurrence and gives the children an opportunity to spend time with staff from each discipline in an informal and fun way, developing their interpersonal and teamwork skills as well as building their tolerance of being with others.

Key working and reflective conversations are used to enable children to become more self-aware and develop coping mechanisms that will help them going forward. Staff are patient and determined in their efforts, overcoming adversity to influence positive change. However, inconsistent recording means that staff are not always evidencing how they have contributed to the small but significant increments of progress that children make.

There is a good focus on preparing children for leaving the home. Opportunities for children to develop basic life skills such as cooking, menu planning and budgeting are readily available. Mobility is used well to enable children to spend time in the community as well as visiting potential placements. For one child, this has been purposeful in enabling her to return to her school in the community, in advance of her leaving the home.

Strong multi-agency working ensures that children are supported to move out in a planned way. Staff work in partnership with the placing authority to identify the right placement and other support that the child may need when they leave.

Staff recognise the importance of children maintaining relationships with family members and other people who are important to them. The quality and safety of contact are considered as part of the care planning process, and arrangements are changed when appropriate. This ensures contact is purposeful and safe.

Children's education and learning: good

Managers have successfully broadened and enhanced the learning curriculum. They now offer a varied and flexible timetable that better meets the children's needs, supporting them to achieve their individual learning goals and preparing them more effectively for their next steps. However, managers correctly recognise that they need to fully integrate life skills, independent living skills and digital skills into the wider curriculum and work of the home. Although it is expanding, the range of subjects in which children can gain accredited qualifications remains relatively limited.

Teachers assess each child's prior learning accurately and use this information well to provide a bespoke learning package. Teachers are well informed about the specific needs of individual children and are highly responsive, adapting their teaching to suit the ever-changing environment in which they work. They support children with special educational needs and/or disabilities well. SENCo support is provided by a qualified and specialist member of staff from the local authority.

When children are not yet ready to learn in a formal way, teachers have successfully developed creative and often unconventional ways to engage the child in activities that are not immediately recognisable to them as learning activities. As a result of this approach, children have developed new skills and knowledge and have achieved qualifications.

Managers have introduced a trauma recovery model throughout the home and the school. This has significantly improved the children's introduction to education and the ongoing support that they receive. Education staff work closely with health and care staff to help children with the most complex needs and traumatised lives to settle and engage in learning.

Teachers and personal tutors monitor the progress individual children make and share this through progress monitoring and weekly staff meetings. They maintain detailed learning plans for each child and a chronology of their significant progress milestones and achievements. However, they do not yet capture in sufficient detail the incremental steps made by those children who have the greatest distance to travel.

Education staff are well qualified and have the necessary expertise and experience to work with children with highly complex and challenging needs. Staff benefit from a supportive peer environment where the sharing of good practice is the norm.

Children develop their knowledge and understanding of difference, the wider social context, the community and their own health and well-being. Education and health staff work together effectively to deliver health promotion sessions, for example sessions on sexual health and relationships.

Children have access to impartial careers advice and guidance on a fortnightly basis from a well-qualified and experienced adviser. When they are ready, children can access work experience and taster sessions.

Since the last inspection, the number of children refusing to attend school has reduced. Managers have improved the accuracy with which they record the involvement of children in education and learning activities. They have adjusted the threshold at which each child triggers a positive attendance mark, to better reflect their personal journey and complexity of need.

Children recognise and appreciate the support they receive. They can identify the progress they are making both socially and academically and they recognise the progress they have made since they first arrived. They are proud of what they have achieved.

Children's health: good

The well-led multidisciplinary health and well-being team works hard to improve the physical, mental and emotional well-being of the children. The children's health assessment tool (CHAT) process is used to identify the specialised care and support required to meet a child's needs when they arrive at the home. Any assessments performed outside of the timescale are rationalised to prioritise emotional care and support for the child. However, there is an unnecessary delay in some aspects of the primary care assessment due to the availability of the contracted GP service.

A comprehensive formulation is completed for each child. Children are supported with their mental health through a range of tailored interventions that meet their unique and individual needs. They are provided with opportunities to have a voice and express their needs and explain what is important to them and why.

Caring and dedicated healthcare staff know the children extremely well. They provide good compassionate support to meet each child's individual needs and keep them safe. Staff work hard to gain the trust of children, seeing them daily and giving them a positive learned experience of working with healthcare professionals.

The occupational therapist works with children from a sensory perspective to aid emotional regulation. This helps children to better cope with challenging situations occurring in everyday life and helps them to improve their mental health and emotional well-being. The well-equipped sensory room provides a therapeutic calm

environment that helps children improve their visual, auditory and tactile processing, as well as fine and gross motor skills.

Apart from the contracted community GP service, children have good access to both primary and secondary health services when required. There is a good emphasis on age-appropriate immunisation and vaccination cover. Pathways are in place to support children with their dental and optical needs. Medicines administration is safe and effective, with good oversight from the health and well-being team.

All health staff receive regular managerial and clinical supervision with good access to training to aid personal development and enhance knowledge and skills. Staff say that they are well supported by managers and are motivated and passionate about their roles.

Children's health needs are considered and planned for when they return to the community. Comprehensive discharge summaries are prepared and shared with healthcare services in the community. This ensures that children can continue to access good levels of health support when they leave the home.

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

A child-focused and well-coordinated team around the child approach means that everybody is working collaboratively to keep children safe. Close working relationships between care, health and education promote a consistent approach to risk management and the messages delivered to the children. This is particularly relevant for those children whose learning and communication needs are compromised by past trauma.

Detailed support plans and risk assessments are trauma-led. Risk assessments are written in clear concise language and are reviewed following each incident. Attention to detail makes sure that staff are fully aware of and understand each child's risks and vulnerabilities, their triggers and the strategies to lessen risk-taking behaviour. This includes environmental factors in both the home and community, such as the risk of exploitation or going missing. This is useful in terms of mobility and transition planning.

Staff are providing good care for children who have suffered significant trauma in their lives. Multidisciplinary formulation meetings are used effectively to develop plans and interventions that focus on stabilisation first, and then using a small steps approach to influence change.

Inspectors reviewed several incidents of physical restraint using closed-circuit television. Staff responses were seen to be proportionate to the level of risk, with an obvious focus on the use of de-escalation techniques to minimise the need for restraint. When de-escalation was unsuccessful, approved holds were used with minimum force in a calm and caring way. Managerial oversight and monitoring are apparent at every level and the quality of written records is good.

Single separation and managed away are carried out in accordance with regulations. Records and closed-circuit television demonstrate the rationale and justification for such measures of control, with senior staff and managers at the forefront of overseeing all stages of the intervention.

The manager comes from a safeguarding background and has high expectations of her staff. She is working hard to develop a culture where staff can be critical of each other as a means of improving staff practice. Systems have been introduced to enable staff to highlight low level concerns that on their own mean little, but in the larger picture may mean a lot. This is work in progress, but the early signs are positive.

Managers are proactive in their response to safeguarding concerns and allegations. Swift action is taken to manage the immediate risk and information is quickly shared with the relevant safeguarding professionals. Investigations are thorough and well-coordinated. The designated safeguarding officer expressed a confidence in the home's commitment to safeguarding children and improving practice. The designated safeguarding officer said, 'Lines of communication are much improved with the new management in place.'

The effectiveness of leaders and managers: good

There is a much-improved multidisciplinary approach to service delivery. Leaders and managers from care, health and education have been effective in driving forward an improvement agenda that places the children and staff at the heart of service delivery.

Collectively, leaders and managers demonstrate a commitment to maintaining the progress already made, and further improving standards of care. They have a clear vision of what they want to achieve and continue to use the home's improvement plan as a live document that is frequently reviewed and added to.

It is fair to say that staffing has presented significant challenges over the past year. Staff vacancies and absences brought about by COVID-19 have meant that at times staffing arrangements have been fragile. Efforts to improve the staffing situation are ongoing. For example, a creative recruitment drive and changing the staffing structure to improve management support on the units is having a positive effect. Going forward, and if approved, the implementation of the revised staffing model which is based on individual needs rather than occupancy can only strengthen things further.

Managers and staff are working hard to develop and embed a trauma-informed approach. The trauma recovery model is used to train all staff and help develop an integrated centre-wide approach to supporting the children to feel safe and improve their emotional health and self-esteem. The progress made in this respect could be seen throughout the inspection. For example, staff were seen patiently supporting children to maintain a positive routine, as well as helping them to stay safe and

regulate their emotions. This support was unconditional and highlighted staff persistence and resilience when responding to complex and often challenging behaviours.

Health staff offer regular clinical supervision for staff. This is an opportunity for staff to reflect and to rationalise the challenges of their work, and is an essential part of building resilience, in line with the 'Secure Stairs' model. However, staff do not receive regular practice-based supervision and a large majority of performance appraisals are outstanding.

Plans are in place to improve the range of training that is available to staff. Managers recognise the importance of extending the training offer beyond the mandatory requirements, which have continued to be delivered throughout the pandemic. Opportunities for more purposeful face-to-face training are being developed, including targeted workshops on topics such as record-keeping and recording.

Managers have high expectations of staff. A broad range of systems are used well to quality assure staff practice and ensure the safe implementation of each child's plan. Reflective practice is developing and supports everyone to recognise where improvements can be made.

Working relationships with partner agencies are used effectively to promote a team around the child approach. Feedback from professionals is extremely positive, with them recognising the benefits of their children spending time at the home. One professional said, 'Despite the many challenges and complexities at the start of the placement, [name of child] is now in a position where she no longer needs secure.'

The home's statement of purpose has not been updated since April 2021 and does not provide accurate information about the management arrangements or the current staffing model.

What does the secure 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, the 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. (Regulation 10 (1)(a))</p> <p>Specifically, review the effectiveness of the GP service level agreement to ensure that it meets the needs of the service and the children living in the home.</p>	12 May 2022
<p>The registered person must—</p> <p>keep the statement of purpose under review and, where appropriate, revise it; and</p> <p>notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16 (4)(a)(b))</p>	12 May 2022
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience; and</p> <p>have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(b)(c))</p>	12 May 2022

Recommendations

- The registered person should ensure that they more fully integrate life skills, independent living skills and digital skills into the wider curriculum and the work of the home, expanding their accredited qualification offer to include these subjects. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 29, paragraph 5.18)

- The registered person should ensure that the incremental steps made by those children who have the greatest distance to travel are captured and celebrated to reflect the progress they are making in their social, personal and academic development. ('Guide to the Children's Homes Regulations, including the quality standards', page 62, paragraph 14.5)

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, 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'.

Secure children's home details

Unique reference number: SC038719

Provision sub-type: Secure Unit

Registered provider: Hampshire County Council

Registered provider address: Hampshire Council, 3rd Floor, Elizabeth II Court North, The Castle, Winchester, Hampshire SO23 8UG

Responsible individual: Kieran Lyons

Registered manager: Post Vacant

Inspectors

Paul Scott, Social Care Inspector

Debbie Holder, Social Care Inspector

Cath Sikakana, Social Care Inspector

Judy Lye Forster, HMI FES

Gary Turney, CQC Health and Justice Inspector

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