

SC356327

Registered provider: Oracle Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is owned and operated by a private company. It is registered to provide care and accommodation for up to three children aged eight to 18 years who may have complex social and emotional difficulties and may require attachment-aware, trauma-informed care and support.

Due to the COVID-19 (coronavirus) pandemic, at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

We last visited this setting on 2 November 2020 to carry out a quality assurance visit. The report is published on the Ofsted website.

Inspection dates: 13 to 14 April 2021

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: 7 January 2019

Overall judgement at last inspection: not judged

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
07/01/2019	Interim	Not judged
07/11/2018	Full	Inadequate
11/01/2018	Full	Outstanding
28/02/2017	Interim	Improved effectiveness

Inspection judgements

Overall experiences and progress of children and young people: good

There is one child currently living at the home. The child has lived there since June 2020. The child's social worker told the inspector that the child has a good relationship with staff which has enabled him to feel safe and to make progress. Staff ensure that the child has their identity, culture and beliefs met. The child's social worker has praised the staff on their efforts to meet the child's cultural needs.

When the child first came to live at the home, he was not attending school. The staff have helped him to understand the value of education and, as a consequence, is now attending school.

Staff work with a range of health professionals, including the organisation's clinical team. This coordinated approach to healthcare means that children's physical and emotional health needs are met.

The communal areas of the home are well furnished and decorated, and the kitchen and lounge are pleasant places where the child can sit with staff to eat a meal and watch television. However, some furniture in the home is damaged and has not been promptly repaired or replaced. This detracts from the homely feel and risks impacting on the child's self-esteem.

One child's placement ended abruptly shortly after they moved into the home. Despite all the pre-admission planning, the needs of this child and the children living in the house at the time were not compatible and a significant safeguarding incident occurred. As a result, the new child and another child were moved at short notice to other homes. The manager has learned from this experience and brought in new pre-admission checks.

Staff do not have the most up-to-date plans for the current child and the manager has not been successful in escalating his concerns with the placing local authority. Staff regularly update the child's internal placement plans by using available information. However, staff do not consult the child on their plan or set targets for the child to achieve. As a result, staff are missing opportunities to involve the child in decisions about his care.

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

Staff are skilled at de-escalating children's behaviours. Detailed risk assessments give staff clear guidance about the child's triggers for displaying complex and challenging behaviours. These include the child's views about his own triggers and strategies that staff can use to de-escalate these behaviours. Since the visit in November 2020, there has been one incident when restraint has been used. However, risk assessments do not always include details around self-harm. This creates a shortfall in evidencing how staff manage all known risks.

When children go missing or are absent without consent, staff follow children's risk assessments and missing-from-care protocols. When children return to the home, they are welcomed back and staff say they were worried about them. However, on one occasion when a child returned home, they became ill and vomited in their bedroom and then collapsed in the bathroom. Although staff monitored the child throughout the night and the child was fine by the morning, they did not consider seeking medical advice or help when the child was vomiting and collapsed.

A social worker has praised the actions taken by managers and staff when they became concerned about a child's friendships in the community. Managers and staff swiftly liaised with the local police and shared information with the child's school. This proactive approach and strong partnership working played a key role in keeping the child safe.

Managers ensure that the home's location risk assessment is regularly updated with information from the local police. As a result, staff are constantly updated about known and emerging risks to children that are within the vicinity of the home.

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

There have been three changes in managers at the home in the last four months and this has led to some inconsistency in practice. The current manager has been in post six weeks and has applied to register with Ofsted. The manager has a clear vision for the home and is aware of the areas of strength and areas of development for the home. He has started to make changes to processes and systems, with the aim of enhancing the quality of care offered to children.

Management oversight is sometimes poor. For example, managers do not always review incident reports. This is a missed opportunity to review staff practice and to improve the quality of care for children. Managers have not ensured that the statement of purpose is brought up to date. This means that the regulator and local authority commissioners do not have accurate information about staffing.

Daily records are not always written in a way that helps the child to understand his life story. Some staff complete the child's daily records with minimal information and in a way that is impersonal and jargonistic. This means the child does not have a balanced record of his time in the home that he can look at in the future and which may help him to build resilience.

Managers have not ensured that all members of staff have received training in attention deficit hyperactivity disorder (ADHD), despite this being a known condition for one child. Out of 10 members of staff, only three members of staff have received training. This leaves seven staff without essential knowledge about how the child experiences the world and how they can best support him.

Staff report that they feel supported by the new manager and deputy manager. Staff receive regular supervision. The home is fully staffed and throughout the COVID-19 pandemic, children have been cared for by a familiar staff team.

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
The protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— 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; have the skills to identify and act upon signs that a child is at risk of harm; take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1) (2)(a)(i)(iii)(vi)) This relates to managers not ensuring that a child's risk assessment included the risk of self-harm.	23 May 2021
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. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff have the experience, qualifications and skills to meet the needs of each child; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(c)(h))	23 May 2021

This relates to staff receiving training in ADHD, reviewing the recording of incidents involving children and updating the statement of purpose.

Recommendations

- The registered person should ensure that staff are 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)
- The registered person should ensure that the home is a nurturing and supportive environment and that furniture that is damaged and worn is promptly repaired or replaced. ('Guide to the children's homes regulations including the quality standards', page 15, paragraph 13.9)

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'.

Children's home details

Unique reference number: SC356327

Provision sub-type: Children's home

Registered provider: Oracle Care Limited

Registered provider address: Suites 1 & 5, Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN

Responsible individual: Elisabeth Brownlees

Registered manager: Post vacant

Inspector

Karen Gillingwater, Social Care Inspector

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