

SC394025

Registered provider: The National Centre for Young People with Epilepsy

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home provides education and residential care for up to 60 young people, aged from eight to 18 years, across eight separate homes. Young people attend the organisation's special school, which is approved by the Department for Education. Young people with a variety of disabilities, primarily learning difficulties, autistic spectrum disorder, complex health needs and physical disabilities, are accommodated for 38 weeks or 52 weeks. Many, but not all, young people who stay at the home have a diagnosis of epilepsy.

An adult college and some houses that are exclusively for 18 to 25-year-olds are on the same site. These are separately regulated by the Care Quality Commission.

The provider organisation is a registered charity.

Inspection dates: 6 and 14 June 2017

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 **requires improvement to be 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: 5 December 2016

Overall judgement at last inspection: Declined in effectiveness

Enforcement action since last inspection

A restriction of accommodation notice was served and took effect from 16 December 2017 until 10 March 2017. Two monitoring visits were undertaken during this time, on 25 January 2017 and 7 March 2017. Following the monitoring visit on 7 March 2017, there was a decision to allow notice of restriction to lapse on 10 March 2017. No further action has been taken by Ofsted.

Key findings from this inspection

This children's home requires improvement to be good because

- There continues to be insufficient oversight in some areas, for example oversight of the night staff.
- One significant instance of delay in taking action including notifying professionals of safeguarding information was found. Policies and procedures had not been followed or information shared appropriately.
- Opportunities to enhance staff knowledge and skills in safeguarding have not been well utilised: these include effective use of supervision and team meetings.
- There continues to be a high staff vacancy rate, with a reliance on the use of fixed-term agency staff. On occasion these limitations to staffing have resulted in fewer off-site activities being undertaken. The fixed-term agency staff used do not receive the same support and induction as permanent staff.
- Recruitment procedures, although generally thorough, included one instance in which necessary additional checks were not undertaken.
- There are still areas in the home which give rise to health and safety concerns: this relates to some of the fire doors. The system to address health and safety matters requires review.

The children's home's strengths

- The whole management and staff team have been determinedly making improvements over the last year. Progress has been seen and the culture is now becoming more child-centred.
- The staff and managers are passionate about getting processes right. They have challenged themselves and each other to move forward in their way of thinking. This has started to have a positive impact in the level of care being provided to children.
- The management team has worked hard to build confidence in the developing staff team and to promote a child-centred approach in the homes, and this has now started to be evident in practice.
- Relationships between the staff group and children are beginning to develop, with the relationships based on trust and respect. Staff are now clear on their

responsibilities.

- The staff in each of the houses are now working more as a team, and they ensure that children are at the centre of their work. Staff morale in the majority of the homes has improved.
- There is evidence of change and progress for children in relation to behaviours and learning new skills because of the thoughtful actions of the staff.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/12/2016	Interim	Declined in effectiveness
09/08/2016	Full	Requires improvement
23/02/2016	Interim	Sustained effectiveness
13/10/2015	Full	Requires improvement

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 quality and purpose of care standard is that children receive care from staff.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure— that staff provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background. (Regulation 6 (2)(b)(iv)) In particular, care plans must incorporate health information to enable staff to support children.</p>	31/07/2017
<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— that staff assess whether each child is at risk of harm, taking into account information in the child's relevant plans and to make arrangements to reduce the risk. (Regulation 12 (1)(2)(a)(i)) In particular, managers must ensure that staff are working to up-to-date individual risk assessments and care planning.</p>	31/07/2017
<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— that staff have the skills to identify and act upon signs that a child is at risk of harm; (Regulation 12 (1)(2)(a)(iii)) that staff understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person. (Regulation 12 (1)(2)(a)(v))</p>	31/07/2017

<p>That staff are familiar with, and act in accordance with, the home's child protection policies. (Regulation 12 (1)(2)(a)(vii))</p>	
<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— that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health. (Regulation 12 (1)(2)(d)) In particular, holes in fire doors must be risk assessed and if necessary rectified.</p>	31/07/2017
<p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home.</p> <p>In particular, the standard in paragraph (2) requires the registered person to— ensure that the home has sufficient staff to provide care for each child; (Regulation 13 (2)d)), and use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (2)(h))</p>	31/07/2017
<p>The registered person must ensure that— the privacy of children is appropriately protected. (Regulation 21 (a))</p>	31/07/2017
<p>The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety.</p> <p>The requirements are that— (a) the individual is of integrity and good character; (b) the individual has the appropriate experience, qualification and skills for the work that the individual is to perform; (c) the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and (d) full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (4) An individual who works in the children's home in a care role must attain or hold the required care role qualification by the relevant date.</p>	31/07/2017

(Regulation 32 (3)(a)(b)(c)(d))(4(a))	
The registered person must ensure that all employees receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b))	31/07/2017
The registered person must maintain records kept in schedule 4. (Regulation 37 (2)(a)) This specifically relates to maintaining a record of the rosters of actual hours worked and records of visitors to the homes (including nurses) and the reason for the visit.	31/07/2017

Recommendations

- Ensure that staff have the relevant skills and knowledge to be able to respond to the health needs of children ('Guide to the children's homes regulations including the quality standards', page 35, paragraph 7.12). In particular, review recording errors during medication administration for any patterns and trends.
- Staff must help children... to live independently ('Guide to the children's homes regulations including the quality standards', page 17, paragraph 3.27). In particular, identify clear steps for how children may become more independent.

Inspection judgements

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

Significant improvements have been made since the last interim inspection in December 2016, at which the judgement was declined in effectiveness. The whole management and staff team have undergone a period of reflection and challenged their own practice. This has had the desired outcome of children's experiences now beginning to be at the centre of staff practice.

Shortfalls were found during the inspection in how well children are helped and protected, and in management oversight. However, despite recent challenges, staff are more motivated and are better aware of the individual needs of the children. There have been new staff employed, and therefore relationships and trust are just beginning to form between them and the children. It was also evident that secure relationships exist between some of the longer-standing staff and children. Children were seen to be relaxed and staff invest the quality time with them that they need. Relationships with professionals and parents are varied: some spoke very positively of the service, while

others described how communication could be further improved. Many stated that it was evident that the staff always try their best. The managers have very recently provided training to staff with regard to their responsibility 'in loco parentis'; this has improved staff's perspective on their obligations and they have developed a desire to advocate, and do the right thing, for each child.

Individualised care is generally more evident, but care planning documentation is not consistently informative, nor does it give clear enough direction to staff on how to support individual children. The care plans in place lack information from health professionals and there is limited evidence of joint working. The health plans are generic and work separately to the care plans. However, this is an area that the management team have recognised, with trials being introduced of new care planning documentation, but this has not yet been implemented. When fully in operation, this should eliminate the disjointed approach seen and give staff clear direction. Targets identified within children's education plans are now being used within some of the houses to ensure that targets are consistent across education and residential settings, and that achievements are now being recognised. Risk assessments have not been updated following incidents, such as peer-on-peer targeting or when new behaviours are identified. 'All about me' documents are readily available to enable all staff to have a quick overview of each child's needs and support children they may not usually work with.

There is a positive consequences scheme now in place for children, which enables individual recognition of achievements, and also a joint awards system, which promotes a sense of group ownership to move towards achieving a group activity.

Health arrangements are provided on-site, with a range of professionals available for advice and to provide healthcare and treatment. However, some routine visits to the houses by nurses are not documented. Therefore, there is an insufficient audit trail in the houses of the levels of support provided to children's health needs. All medication procedures are monitored, and any known errors have been addressed and appropriate action taken. There is also a shift leader checklist to ensure that all medication is given. When there have been medication recording errors, it is not recorded who was involved: this may inhibit the identification of training needs for staff.

Each of the houses provides a spacious setting, and each house is now much more comfortable and personalised, incorporating children's needs and preferences. There has been a lot of investment in both the internal areas and gardens. This has led to a more homely feel. Children are encouraged to personalise their rooms with pictures and posters. This approach enables children to better enjoy their environment. However, privacy is compromised in some of the bedrooms. A number of children's bedroom doors open onto communal areas. These communal areas are now used more, but beds are clearly visible when doors are propped open, and this may compromise children's dignity.

Children are much more involved in consultation within the houses. It is an area the managers in the homes have recognised needed to be enhanced. Some houses are more personalised and individualised in how they achieve this, with one house in particular

fully involving children in many decisions, such as where to go for holidays and day-to-day activities. Staff also use social stories to give children information in a format they understand. An external advocacy service visits the houses to ensure that children's views are taken into account.

There are occasions when children's day-to-day experiences are affected at times by the number and skills within the staff teams. There has been a priority at times in ensuring that shifts are safe, but this has not limited children's access the community at times. They have used the organisation's play therapist to work with the staff team to incorporate activities in each of the homes. They are also looking at how to use resources on-site.

Transitions are generally managed well when children move on to adult services, with plans being in operation. There were mixed views from parents on how staff support children in this area. Children are supported to learn and consolidate life and social care skills within each of the homes. Children are able to achieve independence passes on-site. However, there are no clear steps for children on how to achieve this and staff are inconsistent in their expectations in this area.

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

Children were seen to feel at ease with staff, indicating that they felt well cared for. The on-site psychology team have been supporting the staff team to understand and recognise when certain behaviours may indicate that children are feeling unsafe. Staff are now more proactive in responding to low-level safeguarding concerns and reporting these. The home has effective links with the designated officer and safeguarding team in the local authority. However, one incident was noted to have been poorly managed and recorded. There were unnecessary delays in action taken. The child protection policy had not been followed; staff had not reported an incident until they were asked about it, and then there were delays in referring to the necessary professionals. In addition, the audit trails are weak. During the course of the inspection, action was taken by the safeguarding lead. However, this arose because of a lack of oversight by the management team.

Opportunities to enhance staff's knowledge and skills in safeguarding have not been fully utilised, including full use of supervision and team meetings. Information produced in relation to various areas of child protection and safeguarding has not been discussed, and there are inconsistencies across the houses. This means that staff knowledge is not always kept up to date, and they may lack the necessary skills to act on concerns.

Referrals are made to the safeguarding team by staff, action is then taken and the referral is rated to the level of action that needs to take place. After these have been sent, the house staff are unable to routinely retrieve this information. This means there is then no record in the home for staff to be able to discuss and learn from these where appropriate. These have included incidents of children targeting other children and

attempts by children to leave the site. Plans and risk assessments can then not be accurately updated to enable arrangements to be made to reduce the risk of harm to a child.

Behaviour management is a developing area with greater staff awareness and emphasis on using de-escalation techniques. Staff understand that behaviour is communication, and they are helping to ensure that children have positive relationships with each other. They are working with the psychology team to consider children's peer relationships, including where there are difficulties and how strategies can then be implemented. The culture within the houses is beginning to shift in how they approach situations. There has been a lower use of physical intervention due to staff intervening more quickly to de-escalate situations.

Children are not currently assessed as displaying high risk in the areas of self-harm or missing. The psychology team is actively working to look at proactive techniques to reduce incidents of one young person leaving the house unaccompanied. Managers and staff are aware of risks in relation to child sexual exploitation and have received information that would enable them to act on any concerns.

Health and safety is generally given a high priority across the site. However, there are some doors where locks have been removed (leaving holes) and this has compromised the fire resistance. This has presented a fire risk, and there has been no review of this to ensure that appropriate precautions are taken.

Recruitment is generally of a good standard, but in one case there was not sufficient evidence to show exploration of information regarding a staff member who had recently lived overseas. The lack of information does not ensure that there are adequate safeguards for the protection of vulnerable children.

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

Following the previous judgement at the interim inspection in December 2016, a restriction of accommodation was served. Following monitoring visits, the restriction of accommodation was allowed to lapse on 10 March 2017. Satisfactory progress was seen at the last monitoring visit. Staff and managers have been on a journey within only a few months, and are able to demonstrate continued progress since the last visit. There is more of an awareness that there are areas they need to improve and a passion to achieve this. A higher level of integrated working is now being seen.

Senior and house managers have a positive vision and high aspirations, and their approach is child-centred. They recognise where some of the weaknesses are and, despite improvements, some cultural changes are still needed. Staff report the management team to be both approachable and supportive.

Although recruitment processes have been under way to fill vacant posts, the vacancy rate is 14%. This figure does not take into account the staff members who are

unavailable because of suspension or maternity leave, which together increase this rate to 25%. The vacancy rate has not reduced, but has increased slightly since the last monitoring visit. However, the organisation has continued to employ a higher number of fixed-term agency staff to ensure consistency for the young people, and the use of these staff reduces the figure to 10%. With the red, amber and green rating now in place, there is more oversight of gaps in staffing and managers can foresee when staffing will reach a critical level and take action. There do, however, continue to be staff vacancies across the houses. Rotas still do not reflect hours worked when staff are moved to other houses.

The organisation has depended on the use of fixed-term agency staff, but they are not provided with the same level of supervision and familiarisation with the individual houses as other permanent staff when they commence work. In addition, the majority of fixed term agency staff do not routinely attend team meetings. This leads to these staff not receiving the same support as others. Gaps remain in the frequency of supervisions for staff, and the quality of supervision records is sometimes poor. In addition, waking night staff, who work across the site in different homes, have one supervisor; the focus of their supervision is only on the one house where the supervisor is based. Therefore, staff are not supported effectively in all houses in which they work, and do not have the opportunity to reflect on their practice across these to receive constructive feedback.

Training opportunities are provided for staff, and the organisation is using online training systems to enhance staff skills. However, several long standing members of waking night staff do not yet hold a level 3 qualification. There is a lack of oversight and monitoring of waking night staff. In addition, fixed-term agency staff do not currently undertake the level 3 qualification.

The senior management team is generally aware of the strengths and weaknesses in the home. However, monitoring and review systems have not identified all the issues identified in this inspection. Staff and managers have a clearer understanding of progress made by children. The plans being put into operation will lead to a greater awareness of the progress of each child.

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 who 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: SC394025

Provision sub-type: Residential special school

Registered provider: The National Centre for Young People with Epilepsy

Registered provider address: NCYPE, St. Piers Lane, Lingfield, Surrey RH7 6PW

Responsible individual: Carol Long

Registered manager: Duduzile Robbins

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