

SC470513

Registered provider: Wandsworth Borough Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is a local authority-run service which provides care and accommodation for up to 56 children who have autistic spectrum disorder, learning disabilities and associated conditions. The registered children's home is on the same site as the organisation's school. It accommodates children for short breaks, as well as for placements of 38 and 52 weeks of the year.

A manager has been appointed and has submitted an application to register with Ofsted.

Inspection dates: 2 to 3 December 2019

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 **good**

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

Date of last inspection: 11 March 2019

Overall judgement at last inspection: good

Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/03/2019	Full	Good
27/11/2018	Full	Inadequate
29/11/2017	Full	Good
23/01/2017	Full	Outstanding

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>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>	10/02/2020
<p>The registered person must ensure that—</p> <p>within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—</p> <p>the name of the child;</p> <p>details of the child’s behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure ("the user"), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p>	10/02/2020

a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;

within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")—

has spoken to the user about the measure; and

has signed the record to confirm it is accurate; and

within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv))

Recommendations

- Children should be consulted regularly on their views about the home's care. ('Guide to the children's homes regulations including the quality standards', page 22, paragraph 4.11) In particular, ensure that children's surveys include questions about their experience of staying/living at the residential homes.

Inspection judgements

Overall experiences and progress of children and young people: good

Caring staff prepare children effectively to move in. They meet with the child and those who currently care for them. Thorough initial assessments are used to determine which particular house is likely to best suit the needs of a new child. This information also reliably informs care plans, which equip the staff with the knowledge they need to provide good-quality care. Staff recognise the importance of developing positive relationships with children prior to them moving in. In one example, staff stayed in a hotel with a child and her parent to familiarise themselves with the child and to support a move to the home. Consequently, the child saw familiar faces when she arrived and settled in well.

Staff actively seek children's views. Children are elected to attend the children's council, where they are able to advocate for their peers and influence how the homes are run. The staff fully involve children by telling them if their requests are actioned and the reasons why if they are not.

Children's views are sought through a variety of communication methods. The service employs a speech and language therapist who helps the staff to ensure that all the children are able to express their wants and choices. A child-friendly survey encourages the children to express their feelings about attending the school. However, the children's

views on residential care are not specifically sought. This is a missed opportunity to formally seek the children's views about staying or living at the homes.

Care staff embrace an inclusive approach that sees the children regularly attending and enjoying the on-site school. This is enhanced by regular communication between the care and teaching staff, who set realistic goals and targets that are sufficiently challenging for the children. Children learn and practise their skills across both settings and this increases their chances of success. Staff get excited about each child's achievements, from one child mastering the use of a single sign or symbol, to another child becoming a mascot for Soccer Aid, in recognition of the service's positive engagement with the 'Right Respecting Schools' initiative.

Children benefit from a consistent and seamless approach from a range of staff who meet their needs. Where necessary, swift access to specialist services, including occupational therapy and support for the children's physical and mental health, enhances this provision.

Staff demonstrate patience and expertise in supporting the children to achieve their agreed goals. For example, one child is now able to access the local barbers as a result of a programme of small steps to help him to achieve this. Two brothers who previously fought when they were together are now able to play well with staff support.

Staff provide regular opportunities for the children to explore the wider community and to discover and maintain their own interests. Initiatives such as modelling the school library on public libraries help children when they use these facilities outside the safety of the school environment. Recent activities have included camping holidays, music festivals and going to the women's FA cup final.

Staff nurture and encourage the children's independence and self-care skills as soon as the children first move in. There is a real drive to teach and model in preparing the children for adulthood and moving on. Parents and carers commend this aspect and the practical advice and guidance that they themselves receive from the staff. When asked to describe the impact of this home, one parent said, 'This place saved my son. By doing so, it saved our family.'

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

The safeguarding shortfalls identified two years ago remain a focal point for senior leaders, who demonstrated sound improvement at last year's inspection. At this current inspection, leaders and managers are continuing to strengthen and embed explicitly clear systems and processes that remind all staff of their own and others' safeguarding responsibilities. This reflective learning extends to the senior leadership team, resulting in the commissioning of external consultant support to provide independent scrutiny of everyone's safeguarding practice.

Senior managers have devised a reporting and tracking system to ensure that any concerns raised have clear actions and outcomes. All staff are encouraged to use this system to record any safeguarding or welfare concern that they might have. Consequently, its use has escalated. Leaders see this as a strength and a marker that all staff are more challenging and inquisitive of their own and each other's practice.

Senior leaders take decisive action following allegations, concerns and safeguarding incidents. They make timely and appropriate referrals and consultations to the designated officer. Where appropriate, leaders have used investigation and disciplinary procedures to secure the safety and welfare of the children.

The staff's relationships with the children, together with thorough behaviour plans, mean that staff respond appropriately to the children when they are distressed. As a result, physical interventions are generally of a low level and sanctions are no longer used. When physical interventions do occur, however, the language in the written records is ambiguous, making these records difficult to analyse. One example is an incident that was written up as one continuous incident, whereas it was three very separate occurrences. Such poor record-keeping hinders managers' monitoring and their ability to understand why incidents have occurred and to seek to reduce them. Leaders and managers recognise this as an area that needs to be improved.

The premises are well maintained and bedrooms are decorated to the children's personal tastes. Regular fire drills are carried out during the day and at night. The children are aware of what to do in the event of a fire. If children refuse to leave their building, staff do direct work with them to explain the importance of doing so. However, the outcome of this intervention is not monitored to evaluate whether it has been successful.

The effectiveness of leaders and managers: good

Since the last inspection, the registered manager has left. Sound interim arrangements are in place, alongside the recruitment of additional senior positions. Clear leadership is being demonstrated and this potentially unsettling period for the staff team is recognised. A mixed response is voiced by the staff team; however, there is much praise about more recent senior staff appointments and the quality of the training provision.

Senior leaders have clear strategies in place to achieve their desired improvements. Staff in charge of the individual houses are being trained and supported to take greater day-to-day responsibility for the running of these. Changes in their working patterns have helped to achieve this. Staff morale is improving under the new leadership structure.

Despite a shortage of permanent staff, the children's experiences have not been negatively affected. There are creative plans to recruit staff and a rolling recruitment and induction programme is in place. The recruitment, induction and retention processes are regularly reviewed to ensure that they remain effective.

Managers and staff have good working relationships with other professionals, parents and carers. External professionals who completed an online questionnaire were very positive about the care provided. One respondent stated, 'Very child-focused and dedicated staff who put children's needs first.' Another said, 'I would not change anything as they function at the pace of the young person, so each young person's plan is individualised.' A parent said, 'It is homely. The staff are approachable and caring.'

Medication systems are regularly audited and actions to improve are identified. However, this monitoring process does not always bring about timely changes. A review of the effectiveness of this system has not occurred.

Leaders and managers use external and internal monitoring systems to identify trends in

children's progress and behaviour. However, these systems do not include a review of all interventions to ensure their effectiveness and identify any changes needed. Communication between senior managers and house managers is generally good but there have been occasions when important information has been delayed or not communicated.

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: SC470513

Provision sub-type: Residential special school

Registered provider address: London Borough of Wandsworth, Early Years Centre, 1 Siward Road, London SW17 0LA

Responsible individual: Sarah Dunn

Registered manager: Post vacant

Inspectors

Suzy Lemmy, social care inspector

Sophie Wood, social care regulatory inspection manager

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