

SC042446

Registered provider: The Rose Road Association

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The service is for eight children from the age of four to 18. The home's statement of purpose describes the home as providing care and accommodation for children who have severe learning difficulties, which may include additional physical disabilities, autism and/or complex health needs. The home is owned by a charitable organisation and provides overnight short breaks on a planned or occasional basis.

The manager has been registered with Ofsted since 2016. The manager is also registered with the Care Quality Commission (CQC) and manages care and accommodation for adults with similar needs in a separate part of the building. Care staff work across both adult and children's services. A separate report by the CQC is available for the adult service.

Inspection dates: 8 to 9 August 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 **Outstanding**

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

Date of last inspection: 21 March 2019

Overall judgement at last inspection: Improved effectiveness

Enforcement action since last inspection: None

Recent inspection history

Inspection date	Inspection type	Inspection judgement
21/03/2019	Interim	Improved effectiveness
20/08/2018	Full	Requires improvement to be good
31/01/2018	Interim	Improved effectiveness
01/08/2017	Full	Requires improvement to be good

What does the children's home need to do to improve?

Recommendations

- Staff should continually and actively assess the risks to each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day to day basis. ('Guide to the children's homes regulations including the quality standards', page 42, paragraph 9.5)

In particular, include, in personal emergency evacuation plans (PEEPs), the scenario of a child with mobility difficulties being in the bath during an evacuation, and describe what 'assist/guide' means in the PEEPs.

- The registered person should actively seek independent scrutiny of the home and make best use of information from independent and internal monitoring (including under regulations 44 and 45) to ensure continuous improvement. They should be skilled in anticipating difficulties and reviewing incidents, such as learning from disruptions and placement breakdowns. They are responsible for proactively implementing lessons learned and sustaining good practice. ('Guide to the children's homes regulations including the quality standards', page 55, paragraph 10.24)

In particular, use any new information from the independent visitor's report to inform the review of specific incidents and share the independent visitor's written report with staff.

- As set out in regulations 31-33, the registered person is responsible for maintaining good employment practice. They must ensure that recruitment, supervision and performance management of staff safeguards children and minimises potential risks to them. ('Guide to the children's homes regulations including the quality standards', page 61, paragraph 13.10)

In particular, ensure that any discrepancies found during the recruitment process are explored fully.

Inspection judgements

Overall experiences and progress of children and young people: good

Children have a happy, fun time during their short break with staff keeping them as safe as possible as they access activities that might otherwise not have been available to them. One example is wheelchair users being able to go on a boat trip. Staff are successful at supporting children on long trips, for example to a sea life centre, that parents once thought impossible. A child was able to enjoy a 'sleepover' with a friend during her short break, a situation that the parents said would be difficult to achieve in the family setting. A parent said, 'My child can do things like go on a boat, a bus or take

the train into London that we couldn't do with him at home.' Another parent said, 'We are 100% confident that our child has good care.'

The activities coordinator makes good use of the budget available to prepare and plan for a wide range of events in the home, local community and further afield. Boredom is not an option during any short-break stay as children relish the variety of activities. One example is a 'mobile farm' that came to the home. Children were able to pet and stroke various animals in the back garden during their short break. On occasion, children can enjoy the company of adults with similar needs from the neighbouring service. A child said, 'I love coming here. I can't wait to come. It is an amazing place.' Another child said, 'I get to have my own time away from home, I get to be a young person doing things I enjoy like the cinema and bouncing on the trampoline.'

Staff work effectively with parents, as well as the charities outreach service, to share joint strategies. This results in a consistent approach, maximising opportunities for children to secure positive outcomes. A parent said, 'The staff are friendly and helpful and always try their best. The managers always respond well to queries and make changes to the care plan if requested as per the need of the child.'

Children make good progress over the course of their various short breaks. For example, they may develop their speech from a few words to a full conversation, develop self-confidence, or dine with others from the starting point of eating on their own. It is of particular note how staff approached a child who would not have a bath. They made it into playtime, starting with ducks outside the bathroom. The end result is that bath time is now fun time, with a child enjoying several baths during their short break. The registered manager nominates such children for the organisation's annual charity awards.

Staff are determined that children receive the best quality healthcare during their short break. They have cemented a relationship with the learning disability nurses at the local hospital, so that children do not have to wait for lengthy periods for treatment. They have arranged for a secure email account with the National Health Service so that sensitive and confidential information can be communicated directly with the children's doctor or consultant. Staff ensure that 'as and when required' medication has clear agreed protocols with health professionals and parents.

Staff are experts at communicating with children with severe communication difficulties. One example is using touch to communicate with children who are blind and deaf. Staff use an individualised approach to ensure that each child's voice is heard, their choice is acted on and every child feels part of the wider group during their stay.

Most children move on to the adult service when they turn 18 years old. Staff do not assume that the transition will necessarily be easy for them, even though it is part of the same service with the same staff. Staff prepare photo books and visits to the home next door, so that children are well prepared for their adult placement.

Senior leaders have reviewed the medication policy and practice. This has included taking advice from external experts and learning from independent audits. The results are extraordinary. The number of medication errors are extremely low. Other professionals consider the home to be 'the local experts' and seek their advice on

medication administration.

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

Staff have improved significantly their risk management practice. They think through the risks carefully and the control measures so that children can access the activities safely without staff being risk averse. The registered manager has recently reviewed the format of the risk assessment document that supports this process.

Staff demonstrate a thorough understanding of safeguarding and are aware of the vulnerabilities of disabled children. They report any concerns promptly, for example if they observe marks on a child then they complete a body map. This prompts an investigation/explanation for such marks. Staff use the child protection procedures effectively, referring to other safeguarding professionals as necessary to keep children as safe as possible.

Staff follow diligently the control measures that are clearly identified in the risk assessments. They follow any emergency protocols that include taking advice from health professionals or calling the emergency services if necessary. The previous recommendation, to be clear on what staff actually do during 30-minute checks on a young person at risk of sudden and unexplained death due to epilepsy, is fully met. A parent said, 'I have total trust in the staff to care for my child and he is well monitored at night.'

Children feel safe and secure, with the staff available to them to provide for their every need. This includes the procedure to be followed in the event of an emergency evacuation. This procedure is clear and well practised. There are refuge points for children who are unable to leave the building. However, PEEPs do not cover all situations that could occur during an evacuation that could prevent a child getting to a refuge point. An explanation of what guidance or assistance children need would also improve the PEEP.

Key staff ensure that the necessary health and safety certificates and documentation are in place. They have suitable checks in place such as ensuring that thermostatic mixing valves are working so that a child does not get scalded in the bath.

This is a home where safeguarding is high on the agenda and continually at the forefront of staff thinking. The responsible individual provides monthly themes where various safeguarding scenarios are considered and staff are required to think about their response.

Staff who are responsible for recruitment adopt safer recruitment practice. In some cases, after an offer of employment has been made, they do not revisit any discrepancies such as a referee indicating different employment dates to that specified in the application. No child was deemed to be at risk because of this shortfall.

The effectiveness of leaders and managers: outstanding

The registered manager, together with the responsible individual, have shown exceptional leadership. They have led the home through a period of change, putting in

the necessary structures and accountabilities to bring about the improvements. A professional said, 'I have watched the organisation be open entirely to external scrutiny and challenge, and work with relevant stakeholders and professionals to enable growth and change. The improvement programme has been discussed, prioritisations agreed, and the service that we see now is unrecognisable by comparison.'

Leaders and managers demonstrate an emotional intelligence in their management skills. They have plans to use external management professionals to strengthen further the management practice within the new structure. Staff speak highly of the registered manager and responsible individual and their ongoing support. Both are a visible presence in the home and they understand the strengths and weaknesses. They take bold and decisive decisions to improve the quality of care and subsequent outcomes for children. A member of staff said, 'Everyone always put the children first and the staff are supported well both in work and with any personal issues they may be having.'

Staff speak positively of the changes in structure. They say that tasks are clearly delegated, and it was evident at inspection that they take their responsibilities seriously. Staff speak positively about the training and support and say that the senior management team has listened to their views about the changes. Waking night staff feel part of the team and are grateful that time is now allowed in the schedule for a handover with day staff. All staff feel well supported through the supervision and appraisal practice.

Senior leaders have appointed a cook and outsourced the laundry. As a result, staff are more readily available to meet the children's needs and ensure that they have a positive and enriching experience during their short break.

There has been significant investment in the environment since the last inspection. This has included some structural reconfiguration to the dining area. This now provides a pleasant and welcoming space for children to socialise while having their meals. Parents have contributed to the refurbishment of bedrooms that is of a very high standard. Children speak in the most positive terms of the themed rooms, often requesting specific rooms for their short break. Bathrooms and shower rooms have been refurbished, providing a pleasant and hygienic environment for personal care.

Senior leaders have taken the training in delegated healthcare tasks extremely seriously. They have been diligent in securing healthcare training for each member of staff for each child in accordance with the Ofsted/CQC guidance. They have not been daunted by the enormity of the task. They are proactive in identifying emerging training needs so that staff can support children who are being referred to the service, such as nasogastric training. A member of staff said that, prior to the changes, they were not confident in delegated healthcare tasks, but now feel extremely competent to administer such healthcare. The approach to delegated healthcare tasks is now an exemplar of outstanding practice.

The registered manager works with, and challenges, others to provide the best possible admission plans prior to children accessing the short-break service. This includes identifying any bespoke training required for staff and identifying any responsibilities arising from child protection plans.

Staff work exceptionally well with others, for example with health professionals at the hospital to plan for a short break following discharge from hospital. The registered manager attends a local forum where managers from settings delivering a similar service engage in professional dialogue. There is joint learning around practice, training, monitoring and changes to legislation.

Managers and leaders welcome external scrutiny of the home and especially from the independent visitors. A professional said, 'The service has strong and passionate leadership that is committed to improving. It responded very well to poor previous inspections and addressed issues in an honest, professional manner, including a wide range of stakeholders.'

The independent visitors are thorough in their approach, identifying the pertinent issues, providing a clear, succinct report with recommendations for improvement. The registered manager takes these recommendations seriously and uses them as a tool to drive forward improvement. In one case, she did not pursue further information about an incident that came to light during the independent visit. There was a missed opportunity to review an incident and consider if there was any more learning to be gained. Although the registered manager shares the headlines of the independent visitor's report with staff, she does not routinely share the written report with them.

Staff are unreservedly committed to their role. They demonstrate a care and compassion for children, putting the children's needs at the centre of all their practice. Some staff complete fundraising events, such as a skydive, to raise money for the charity. Staff support children to go along to such events to cheer the fundraisers along. This gives a sense of community ownership and a family feel.

Equality and diversity are a strength of this home. Staff see children's abilities and not their disabilities. There is a dignity champion who can advise or challenge others to see things from the perspective of the 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 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: SC042446

Provision sub-type: Children's home

Registered provider: The Rose Road Association

Registered provider address: Rose Road Association, 300 Idermoor Road, Southampton, Hampshire SO16 5NA

Responsible individual: Juno Hollyhock

Registered manager: Tina Fullbrook

Inspector

Keith Riley, social care inspector

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