

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

The statement of purpose states that the home provides care and accommodation for up to 12 children or young people. The total number of beds in the children's side of the service is eight. This discrepancy in the number of children registered will be addressed as a result of this inspection.

The manager has been registered with Ofsted since 2016. The manager is also registered with the Care Quality Commission and manages care and accommodation for adults who have similar needs, in a separate part of the building. Care staff work across both adult and children's services.

Inspection dates: 20 to 21 August 2018

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: 31 January 2018

Overall judgement at last inspection: Sustained effectiveness

Enforcement action since last inspection: None

Recent inspection history

Inspection date	Inspection type	Inspection judgement
31/01/2018	Interim	Improved effectiveness
31/07/2017	Full	Requires improvement to be good
07/11/2016	Interim	Sustained progress
09/05/2016	Full	Good

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 registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular the registered person must ensure that medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child. (Regulation 23 (1)(2)(b))</p> <p>This especially applies to ensuring medicines are administered at the right time.</p>	20/10/2018
<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 take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1)(2)(a)(vi))</p> <p>This especially applies to ensuring that health professionals are consulted promptly in the event of a medical emergency.</p>	20/10/2018
<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 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. (Regulation 13 (1)(a)(b)(2)(c))</p> <p>This especially applies to staff training on delegated healthcare tasks in accordance with Ofsted/Care Quality Commission published guidance and monitoring individual progress of children and young people.</p>	20/10/2018

Recommendations

- The design of the home should include any necessary adaptation to meet the needs of children with disabilities or specific health issues. ('Guide to the children's homes regulations including the quality standards', page 17, paragraph 3.24)

In particular, consider improving the dining arrangements in the long-term development plan.

Inspection judgements

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

Children and young people enjoy good relationships with staff. Parents reported that their children look forward to their short break in the home. One parent said, 'The staff are so kind. My child is like a little sister to them. They are patient, kind and respectful. It is not just a job to them.'

Staff provide a range of activities in the home that children and young people enjoy. A treasure hunt and an activity using the 'busy bags' were observed during the inspection. The registered manager has appointed an activities coordinator to focus on improving the opportunities and experiences of the children and young people in the wider community. Children and young people can go and play skittles, go to the beach or visit major tourist attractions in other towns.

Staff identify targets for children and young people, such as learning how to brush their teeth independently. Some children and young people make good progress, for example, accessing the cinema when previously they found this distressing. However, staff do not routinely complete the forms available to monitor the progress children make. They miss opportunities to amend targets and to ensure that children and young people are meeting their goals.

Staff use a variety of methods to communicate with children and young people who have severe communication difficulties. They receive additional training for specific needs, such as body signing for deaf and blind children. A parent spoke most positively about how staff were able to distinguish what her child was communicating through subtle signs.

Trained staff prepare medication both for adults and children in a room designated for this purpose. Medication errors are reducing following changes implemented as the result of an independent audit of the procedures. However, staff have not embedded all

of the changes in practice, for example the use of an 'engaged' sign on the door of the medical room to prevent interruptions that may increase the risk of error. Health professionals may prescribe food supplements, but staff do not treat these as medication. This causes confusion about whether a child or young person is given the supplements.

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

Staff understand their role in keeping children and young people safe. They are diligent in following the established procedures to report any concerns even if they occur while the child or young person is not staying at the home.

Staff ensure that the necessary protocols, agreed with health professionals, for action to take in an emergency such as an epileptic seizure, are in place. The complex emergency medication procedure to be followed for those children that need it is clear. This prevents the unnecessary involvement of emergency services. However, staff are diligent at monitoring children's and young people's health and call an ambulance when necessary.

External contractors certify the safety of specialist equipment, such as hoists, tracks and slings. Staff are trained in moving and handling techniques. They communicate with each child and young person, offering them dignity and respect as they support them, for example moving onto a bed.

Staff demonstrate a good knowledge of the individual care plans to safeguard children and young people. For example, they give children and young people who cannot regulate their own temperatures blankets when they need them even when the weather is warm.

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

Staff are competent, motivated and diligent. The commitment to place children and young people at the centre of their practice is embedded in the culture. Professionals and parents alike are extremely positive about the quality of care. One example is the completion of body maps for children or young people who may hurt themselves and present with unexplained marks. Staff are meticulous in the recording of such marks, informing others and drawing conclusions about any safeguarding risks.

Care plans are of a good standard. They clearly inform staff of the individual needs of each child or young person and how best to meet them. Effective handovers and clear planning for each shift mean that there is a consistent standard of good-quality care.

Health professionals delegate certain tasks to staff but do not provide individual training or assess competency of each staff member for each child or young person. Senior leaders have challenged this without success so have commissioned other independent nurses to provide classroom training, for example in percutaneous endoscopic

gastrostomy (PEG) feeding. They have assessed this training as suitable. However, the practice is not in strict accordance with Ofsted/Care Quality Commission published guidance in conjunction with the Royal College of Nursing. One incident, when medication was not administered at the right time, was not fully investigated by managers.

Key staff keep the environment in good condition, reporting any issues, which maintenance staff address quickly. There has been significant investment in essential equipment, and there are plans to further improve the decor. Access to the dining area is cumbersome for children and young people in wheelchairs, and there is no air conditioning in the area. Senior leaders have not considered how they might improve this as part of their longer-term development plan.

The responsible individual and registered manager have established an open, transparent and communicative culture with parents, professionals and commissioners. They use peer reviews to discuss pertinent issues and drive improvements. They welcome complaints and have a system in place to thoroughly investigate and respond, taking the opportunity to learn and improve. This is a home where the senior leadership understands the strengths and weaknesses and is ambitious for continuous improvement.

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: 300 Alder Moor Road, Southampton, Hampshire SO16 5NA

Responsible individual: Juno Hollyhock

Registered manager: Tina Fullbrook

Inspectors

Keith Riley, social care inspector

Stephanie Murray, senior her majesty's inspector (quality assurance)

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
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