

SC066565

Registered provider: Options Autism (1) Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and provides care for up to 26 children.

The home provides a specialist service for children with autism spectrum disorder and associated learning disabilities. There is an on-site school which also caters for day pupils. Some children have a placement for 52 weeks a year, while others go home at the weekends and during the school holidays. The inspectors only inspected the social care provision at this school. At the time of the inspection, there were 14 children living at the home.

The manager registered with Ofsted in June 2022.

Inspection dates: 10 and 11 May 2023

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 June 2022

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
07/06/2022	Full	Good
09/02/2022	Full	Inadequate
08/01/2020	Full	Good
22/01/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

The provider plans to restructure the home to have three smaller homes registered at the same setting. Prior to the inspection, the provider had already restructured the children's living arrangements to align to the proposed registration plans. This means children live in separate areas of the home with their own specific staff team. However, at the time of the inspection, this setting was inspected as one home.

Children develop trusting relationships with the adults who care for them. The staff demonstrate a strong understanding of children's needs and help them to feel at home and have enjoyable experiences. However, those staff who work with children in their designated area of the home exhibit a higher level of familiarity of the children's needs, compared to when they are required to care for other children. This means not all staff have a shared understanding about the children's care and communication needs. This has resulted in some children experiencing inconsistencies with their care.

Staff actively support children in understanding events. For example, staff used social stories to assist children during the inspection to help them understand the purpose of the visit. Another instance involved staff using social stories to aid a child to comprehend and visualise the move to their new home. This approach enhances the children's sense of safety by having a better understanding of matters that directly affect them.

Staff demonstrate their commitment to empowering children through regular children's meetings and key-work sessions. They utilise a range of aids to enable non-verbal children to express their views. Staff provide opportunities for children to make choices regarding important aspects of their lives, including food and activities. Additionally, managers take the necessary steps to ensure that children have access to advocacy services, thereby further promoting their rights and well-being.

Families visit their children at the home and spend time with their child in their familiar surroundings, and staff offer help where need be. This helps the children to maintain their relationships with those most important to them.

Children have numerous social opportunities and engaging activities. The home's resources, combined with outings to the local community, offer children a chance to develop skills and enjoy meaningful experiences, for example going to a trampoline park, the swimming baths and eating out at their favourite restaurants.

The education team from the on-site school tracks the children's educational progress, fostering a productive working relationship between the school and the home. Children attend the on-site school and maintain high levels of attendance. Staff promote ongoing communication with the school staff regarding the children's

daily care needs. This helps to create continuity of care for children between the school and their home life.

Children have their health needs met and have access to the primary healthcare services. When emergency care is needed, staff ensure that the children receive the necessary support. Staff actively support children in maintaining a healthy diet. Savoury foods are balanced with staff assisting children in making healthier snack choices.

The depth of consideration and planning by the manager and school leaders helps new children admitted to the home experience a positive transition. Collaboration with family members and relevant professionals enables children to move to the home at a pace that reduces the anxiety from developing new relationships. A social worker described the home's admission process as 'the best transition I have witnessed' and highlighted 'effective teamwork'.

The provider made the decision to remove the use of the children's own bank cards due to organisational changes and replace them with a shared card. This decision lacked thorough consideration of the potential impact on the children's sense of independence. The manager has plans to mitigate these changes. However, the actions to re-establish this are not yet in place.

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

There is a strong safeguarding culture at this home. This is demonstrated through staff confidently voicing their concerns when they have worries for the children's welfare or about staff practice. This commitment to safeguarding provides reassurance that leaders have established a culture that contributes to the safety of the children.

In cases of concerns about staff practice, safeguarding procedures are diligently followed by managers. They involve the key safeguarding agencies to help evaluate incidents so that appropriate action is taken to safeguard children.

The staff working most directly with the children know them well and recognise when there are changes in the children's demeanour. They identify when children are struggling to cope with their day-to-day routine. This enables staff to engage with the clinical team and seek analysis that the children's behavioural support plans remain aligned to their needs.

Staff have conversations with children to promote their understanding about the basic dangers associated with social media and the internet. This is helping to nurture some children's awareness of unsafe situations when using their electronic devices.

Managers consistently follow safe recruitment procedures. The system they follow enables managers to take the necessary steps to evaluate that workers are suitable to work with children.

Instances of restraint are assessed to ensure that staff's practice is proportionate and in the best interest of keeping children safe. However, there are inconsistencies in the quality of recording about restraint incidents. Debriefs with children and staff do not always occur after a restraint. This does not demonstrate thorough management oversight and hampers the manager's ability to scrutinise staff practice.

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

Leaders and managers strive to make a meaningful difference in the lives of children. Restructuring of the home is aimed at enhancing the quality of care for children. However, the full impact of these changes on the children's experiences is yet to be achieved.

The abundance of children's records has resulted in duplication, making it challenging to identify the most up-to-date plan for a child. The recording system also hampers the visibility of some of the children's progress. While staff directly involved with specific children possess a good understanding of their needs, information is not easily accessible about other children. This has impacted on the staff's ability to consistently offer the continuity of care children need. The new recording system that describes the children's targets and progress is yet to be embedded.

Shortcomings in medication administration records have not always been recognised. Measures taken to rectify previous errors in medication records have not had the desired effect as there continue to be discrepancies in staff's recordings. This has not impacted on children to date, though has potential to place children at risk.

New members of staff benefit from a robust induction process and receive diverse training opportunities to fulfil their roles. However, the recording system for monitoring staff's individual training needs is not consistently kept up to date. Therefore, the system does not support leaders and managers' oversight and has led to gaps in training.

Staff members feel supported and recognise the positive difference managers continue to make at the home. Staff are helped to reflect on their practice and discuss matters related to the needs of children through the forum of regular team meetings. However, practice-related supervision is not consistently provided for all staff at the agreed frequency. This may impact on the staff members' performance and limit their development.

Monthly quality assurance activities are completed by managers. However, the system does not yet help to rectify deficiencies or yield positive progress. Managers have fostered a positive working culture for staff and continue to establish a strong workforce through ongoing recruitment. Some professionals highlight the impact

that staffing changes have had on the children's care, with some children experiencing a lack of continuity in relationships. However, the new developments in the home have benefited the team and boosted staff morale, giving the team a stronger foundation to develop their childcare practice.

The home provides a comfortable living and relaxing environment for children. Each area is tastefully decorated to promote a homely atmosphere. The children's bedrooms are personalised with their favourite belongings, allowing their individual personalities to shine through.

The home's statement of purpose has not been sent to the regulator after being reviewed. Some aspects of the document do not reflect the current practice of the team. This does not help the regulator or others to have an accurate understanding about the type of service delivered to the children.

What does the children’s home need to do to improve? Statutory requirements

This section sets out the actions that the registered persons must take to meet the Care Standards Act 2000, the Children’s Homes (England) Regulations 2015 and the ‘Guide to the Children’s Homes Regulations, including the quality standards’. The registered persons 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>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home’s workforce provides continuity of care to each child;</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)(c)(e)(h)</p> <p>The registered person must ensure that:</p> <p>monitoring systems are in place to ensure that any review of training is undertaken promptly by staff and that the training matrix is up to date;</p> <p>the information in children’s plans is easily accessible and ensure that all staff working with the children know the children’s care, behavioural and communication needs;</p> <p>the monitoring system is effective in identifying shortfalls and gaps in practice, for example staff supervision, medication checks, restraint records, and children’s plans;</p> <p>the workforce understands the importance of post-incident debriefs and that these debriefs are integral to support the manager’s analysis and evaluation of each incident.</p>	<p>9 July 2023</p>

<p>The registered person must—</p> <p>keep the statement of purpose under review and, where appropriate, revise it; and</p> <p>notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16 (3)(a)(b))</p> <p>The registered person must ensure that the current service provided to children is accurately described in the statement of purpose.</p>	<p>9 July 2023</p>
<p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children’s home.</p> <p>In particular the registered person must ensure that—</p> <p>medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and</p> <p>a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(b)(c))</p> <p>The registered person must ensure that the process of administration of medication and the competency of staff prevent recording errors from occurring.</p>	<p>9 July 2023</p>
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b))</p> <p>The registered person must ensure that all staff receive practice-related supervision at the frequency described in the supervision policy, and keep under review that the frequency meets the needs of individual staff.</p>	<p>9 July 2023</p>
<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>details of the child’s behaviour leading to the use of the measure;</p>	<p>9 July 2023</p>

details of any methods used or steps taken to avoid the need to use the measure;

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)(ii)(v)(viii) (b)(i)(ii))

Recommendations

- The registered provider should ensure that timely decisions are made so they do not have a detrimental impact on the experience of children. ('Guide to the Children's Homes Regulations, including the quality standards,' page 52, paragraph 10.4)

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: SC066565

Provision sub-type: Children's home

Registered provider: Options Autism (1) Limited

Registered provider address: Atria, Spa Road, Bolton, Greater Manchester BL1 4AG

Responsible individual: Karen Ayres

Registered manager: Claire Monro

Inspectors

Aaron Mcloughlin, Social Care Inspector (lead)

Rachel Webster, Social Care Inspector

Gina Lightfoot, Social Care Inspector

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