

# SC361167

## **Options Autism (5) Limited**

Monitoring visit

Inspected under the social care common inspection framework

### **Information about this children's home**

This service provides care for children and young people who have autism spectrum disorder. The children and young people may also have additional medical and/or complex needs.

This setting is an independent residential special school registered as a children's home. It is owned and operated by a private company. The service offers specialised education and care for up to five children at present. Some young people stay until they have completed their education at age 19 years.

The registered manager resigned on 30 November 2020. The deputy manager is in day-to-day charge of the home and was due to register with Ofsted as the manager. The deputy manager remains in post but is no longer taking up the manager position and applying to register with Ofsted. The provider is in the process of recruiting a new manager.

Due to COVID-19 (coronavirus), at the request of the Secretary of State, we suspended all routine inspections of social care providers on 17 March 2020.

We undertook a monitoring visit on 4 February 2021, and the report is published on Ofsted's website. We undertook a full inspection on 4 and 5 August 2021 and this received a provisional judgement of inadequate, subject to quality assurance and further monitoring visits on 9 and 18 August 2021.

**Inspection date:** 1 September 2021

### **This monitoring visit**

At the full inspection, the home was suspended due to serious and widespread failings that compromised children's safety. Senior managers from the organisation communicated with Ofsted that they had put measures in place to safeguard children and invited Ofsted to reconsider the need to suspend the service. On 9 August 2021, Ofsted returned to the setting to review works undertaken. As a result

of this visit, Ofsted lifted the suspension notice and imposed a condition on the home's registration to reduce the number of children from 22 to five. Four compliance notices were raised following this monitoring visit. The purpose of this visit is to monitor the provider's adherence to the compliance notices.

Managers have not taken sufficient action to meet the compliance notices, and there continues to be concerns regarding children's welfare.

Leadership and management of the home are not effective, and this has limited the progress made since the last visit. More staff have completed required training courses. However, there is a lack of strategic planning about who needs to undertake what courses and when, and which staff can care for children while those who require training undertake the relevant courses. As a result, children continue to be cared for by staff who have not had the relevant training to meet their needs. For example, some children are cared for by staff who have not received physical intervention training.

As part of the improvement action plan, managers set out that all staff would receive supervision 'to effectively review and monitor practice'. Inspectors found no evidence to show that managers are supervising staff to monitor, review and improve staff practice.

Weekly improvement meetings to review actions and progress are being undertaken. However, these are ineffective and failing to bring about positive change quickly and efficiently. Furthermore, there are no records of these meetings to understand what was discussed and how managers have satisfied themselves that progress is being made in key areas. As a result, managers are not using monitoring activity to improve the quality of care provided to children.

Staff have now received training to understand how to administer medication safely. They are due to undertake competency assessments. Until these are completed, qualified nurses continue to administer medication to children. However, shortfalls remain in the recruitment records of agency nurses. This means that it is not clear that nurses working at the home have been safely recruited, and this does not help to promote children's welfare.

At the last monitoring visit, a child was receiving medication for a health issue that was not being recorded by care staff or nursing staff. Managers have still not taken any action to address this concern. This shows a lack of urgency by managers to review how a health issue, which involves providing personal care to a child, is being managed and whether this is being done safely.

Although there has been a review of medication administration protocols, one child does not have an up-to-date protocol setting out how and when a particular medicine is to be administered. Furthermore, only two out of five children have up-to-date health care plans. As a result, children's health and well-being needs are not fully understood and are not being met.

Children's individual risk assessments have not been reviewed since the full inspection. They do not cover all known risks and do not set out clear guidance for staff to follow to reduce and manage these risks. For example, a child is diagnosed with a health condition and has rescue medication. The child's risk assessment does not reference any risk from this diagnosis. The risk assessment does not include the use of audible monitoring devices or any guidance for staff when taking the child into the community. Not reviewing risk assessments and ensuring that they contain all relevant information does not promote children's safety and welfare.

New pro forma documents for recording physical intervention have been implemented. Management oversight of incidents has improved, and there is greater challenge of staff practice. However, although more details about restraint incidents are included in incident records, shortfalls remain. For example, it is not clear from incident records if all staff involved in the restraint and those who witnessed it have been spoken to. This means that it is not clear if everyone involved has had the opportunity to talk to someone about what happened and agree that the incident record is accurate. There was some evidence of a child-friendly communication form being used to ascertain children's views about incidents and to check on their welfare. However, these are not being used consistently.

An independent audit of incidents, recording and practice has been undertaken by the physical intervention provider. The audit has identified several recommendations. These include recommendations related to the use of ground holds that staff are not trained to use and the practice of physically moving children from one area of the home to another. Managers have not yet addressed all the recommendations raised but are working towards doing so.

There have been no further incidents of children climbing fences. Managers and staff are more alert to environmental hazards and are addressing these. Fire safety officers have visited the premises and are satisfied with the work being undertaken to address fire safety concerns and ensure that children are safe.

Children's movement around their home is being restricted unnecessarily without a clear understanding and assessment of risk. Restrictions include key fob access to internal and external doors, including children's bedrooms and communal areas; high fencing, some of which is described as prison grade; and locked gates that separate different gardens and spaces around the environment. These contribute to an institutional environment that does not support children's development well, and this means that they cannot access areas of their home easily.

Five compliance notices have been issued following this visit, and the condition on the home's registration to care for a reduced number of children remains in place. Requirements raised at the full inspection with an end date of 17 September 2021 will be reviewed at the next inspection.

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
04/08/2021	Full	Inadequate
22/10/2019	Full	Good
27/06/2018	Full	Good
14/11/2017	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 children's views, wishes and feelings standard is that children receive care from staff who—</p> <p>take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff—</p> <p>ascertain and consider each child's views, wishes and feelings, and balance these against what they judge to be in the child's best interests when making decisions about the child's care and welfare;</p> <p>help each child to express views, wishes and feelings. (Regulation 7 (1)(c) (2)(a)(i)(ii))</p> <p>This specifically relates to the registered person ensuring that staff gain children's views and wishes.</p>	<p>17 September 2021</p>
<p>The enjoyment and achievement standard is that children take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, cultural, intellectual, physical and social interests and skills.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p> <p>make a positive contribution to the home and the wider community; and</p>	<p>17 September 2021</p>

<p>that each child has access to a range of activities that enable the child to pursue the child's interests and hobbies. (Regulation 9 (1) (2)(a)(iii)(b))</p> <p>This specifically relates to the registered person ensuring that staff provide opportunities for children to take part in activities in the community</p>	
<p>*The health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p> <p>children receive advice, services and support in relation to their health and wellbeing.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p> <p>achieve the health and well-being outcomes that are recorded in the child's relevant plans;</p> <p>understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding;</p> <p>understand and develop skills to promote the child's well-being. (Regulation 10 (1)(a)(b) (2)(a)(i)(ii)(iv))</p> <p>In particular, ensure that all children's health needs are understood and issues acted on and that arrangements for administering and managing medication are improved, including reviewing protocols for administering 'medication when required' and administering medication covertly.</p>	<p>21 October 2021 2021</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—</p> <p>that staff—</p> <p>assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and if</p>	<p>21 October 2021</p>

<p>necessary, make arrangements to reduce the risk of harm to the child. (Regulation 12 (1)(2)(a)(i))</p>	
<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>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)(h))</p> <p>This specifically relates to the registered person ensuring that the quality of care provided to children is monitored.</p>	<p>21 October 2021</p>
<p>The care planning standard is that children—</p> <p>receive effectively planned care in or through the children’s home.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that each child’s relevant plans are followed. (Regulation 14 (1)(a) (2)(c))</p> <p>This specifically relates to the registered person ensuring that staff follow children’s care plans and keep them up to date.</p>	<p>17 September 2021</p>
<p>The registered person must compile in relation to the children’s home a statement (“the statement of purpose”) which covers the matters listed in Schedule 1.</p> <p>The registered person must—</p> <p>keep the statement of purpose under review and, where appropriate, revise it; and</p>	<p>17 September 2021</p>

<p>notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16 (1) (3)(a)(b))</p> <p>This specifically relates to the registered person ensuring that the statement of purpose is kept up to date.</p>	
<p>*The registered person must ensure that—</p> <p>children can access all appropriate areas of the children’s home’s premises; and</p> <p>any limitation placed on a child’s privacy or access to any area of the home’s premises—</p> <p>is intended to safeguard each child accommodated in the home;</p> <p>is necessary and proportionate;</p> <p>is kept under review, and if necessary, revised; and</p> <p>allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. Regulation 21(b)(c)(i)(ii)(iii)(iv)</p> <p>Specifically, review the use of restrictive measures preventing children being able to access appropriate areas of their home and review the need for the amount and type of fencing currently in use. These measures should only be used where there is a clear and reasonable rationale for doing so.</p>	<p>21 October 2021</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>medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them. (Regulation 23 (1) (2)(a))</p> <p>This specifically relates to the registered person ensuring that staff follow the home’s procedures and are suitably trained to administer medication.</p>	<p>17 September 2021</p>
<p>The registered provider must appoint a person to manage the children’s home if—</p>	<p>21 October 2021</p>



<p>there is no registered manager in respect of the home; and</p> <p>the registered provider—</p> <p>is an organisation or a partnership.</p> <p>If the registered provider appoints a person to manage the home, the registered provider must, without delay, give HMCI notice of—</p> <p>the name of the person so appointed; and</p> <p>the date on which the appointment takes effect. (Regulation 27(a)(b)(i) (2)(a)(b))</p>	
<p>The registered person must recruit staff using recruitment procedures that are designed to ensure children’s safety.</p> <p>The registered person may only—</p> <p>employ an individual to work at the children’s home; or</p> <p>if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home,</p> <p>if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that—</p> <p>the individual has the appropriate experience, qualification and skills for the work that the individual is to perform.</p> <p>For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained—</p> <p>the Level 3 Diploma for Residential Childcare (England) (“the Level 3 Diploma”); or</p> <p>a qualification which the registered person considers to be equivalent to the Level 3 Diploma.</p> <p>The relevant date is—</p> <p>in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years</p>	<p>17 September 2021</p>

<p>after the date on which the individual started working in a care role in a home; or</p> <p>in the case of an individual who was working in a care role in a home on 1st April 2014, 1st April 2016. (Regulation 32 (1) (2)(a)(b) (3)(b) (4)(a)(b) (5)(a)(b))</p> <p>This specifically relates to the registered person ensuring that staff are suitably qualified, skilled and experienced.</p>	
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience; and</p> <p>have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(b)(c))</p> <p>This specifically relates to the registered person ensuring that staff receive regular supervision and an annual appraisal.</p>	<p>17 September 2021</p>
<p>*The registered person must prepare and implement a policy ("the behaviour management policy") which sets out—</p> <p>how appropriate behaviour is to be promoted in the children's home; and</p> <p>the measures of control, discipline and restraint which may be used in relation to children in the home.</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>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 effectiveness and any consequences of the use of the measure; and</p>	<p>21 October 2021</p>

<p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure.</p> <p>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")—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> <p>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.</p> <p>(Regulation 35 (1)(a)(b) (3)(a)(iii)(iv)(v)(vii)(viii)(b)(i)(ii)(c))</p> <p>In particular, ensure that incidents of restraint are recorded in line with regulation and with managers' review; evaluate incidents of restraint effectively and ensure that children are spoken to after an incident by someone who was not involved in it. In addition, review the use of ground restraint techniques and ensure that these are agreed by relevant parties; ensure that individuals are risk assessed and that staff are trained to use these restraint techniques.</p>	
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\*These requirements are subject to a compliance notice.

### Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the children's home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

### Children's home details

**Unique reference number:** SC361167

**Provision sub-type:** Residential special school

**Registered provider:** Options Autism (5) Limited

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

**Responsible individual:** Anne Adams

**Registered manager:** Post vacant

### **Inspectors**

Jackie Line, Social Care Inspector

James Tallis, Social Care Inspector

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