

SC361167

Registered provider: Options Autism (5) Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This service provides care for children who have autism spectrum disorder. The children 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 the age of 19 years.

The provider has recently appointed a new manager who will need to apply to register with Ofsted.

Due to COVID-19, at the request of the Secretary of State, we suspended all routine inspections of social care providers carried out under the social care common inspection framework (SCCIF) on 17 March 2020. We returned to routine SCCIF inspections on 12 April 2021.

We undertook a monitoring visit on 4 February 2021, a full inspection on 4 and 5 August 2021, and further monitoring visits on 9 and 18 August and 1 September 2021. These reports are published on the Ofsted website.

Inspection dates: 26 and 27 October 2021

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. As a result of this visit, one compliance notice has been issued.

Date of last inspection: 4 August 2021

Overall judgement at last inspection: inadequate

Enforcement action since last inspection:

At the full inspection on 4 and 5 August 2021, 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. On 1 September 2021, Ofsted returned to the setting to review work undertaken to meet the four compliance notices. As a result of this visit, inspectors found that the four compliance notices had not been met and so these were issued again. An additional compliance notice was also raised.

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

Inspection judgements

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

Five children lived at the home at the time of the inspection. The five children live in three separate buildings, all in the same grounds. No new children have moved in and no children have moved on since the monitoring visit on 1 September 2021.

Staff support each child to use their preferred communication system, be it picture exchange, pictorial daily planners, symbols or visual sequencing cards. Training has enabled staff to do this better, and this positive change benefits children and how they interact with those caring for them and their peers.

Some children have good-quality social stories to explain key events in their life, for example the recent changes in the home and the work being undertaken to improve their home environment. This work will continue as staff prepare children to move into refurbished bedrooms.

More work needs to be done to embed the improved communication practices and use them consistently each day. For example, when inspectors observed medication being administered to a child, staff did not use visual cues to explain to the child what was expected.

All children engage in a range of activities in the home, and some children enjoy community activities now that restrictions relating to the COVID-19 pandemic have lifted. One child goes swimming twice a week and three children have enjoyed a trip to the safari park. However, two children rarely leave the grounds other than to go for a walk with staff. Plans to support these children to engage in the community have been slow to progress. For example, there were unnecessary delays in sourcing consent to use a specialist harness that would enable a child to travel and enjoy community activities safely. Another child lives and is educated separately to his peers. Although there is a plan to increase opportunities to socialise with a peer that the child gets along with, there was little evidence that this had been implemented. These delays and the lack of oversight in progressing agreed plans have negatively affected some children's experiences and development.

Managers have undertaken a multi-disciplinary approach to reviewing children's care and support plans. Key information and views have been sought from parents, placing authorities, clinicians, managers and staff who know the children. This good work has resulted in written plans that now provide a clear explanation of the child's needs, behaviours, risks, desired outcomes and how to achieve these. Tailored plans are helping staff to provide children with more individualised care and support, but these are not yet implemented consistently.

All the children attend education at the on-site school. Care and education staff communicate well to facilitate an effective handover of information each day. Children's education needs and plans are reviewed and staff support children to make progress with their learning in line with their age and development.

Children access health services and all their routine dental and eye checks are up to date. When needed, health professionals come to the home to undertake these checks. Staff make referrals for specialist health assessments and treatment as required. It is unclear if one child has received their annual health assessment and managers are looking into this.

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

Managers have reviewed the restrictions in place for children that limit their freedom of movement around their home and grounds. The need for so much fencing around the grounds has been reassessed and work is underway to remove unnecessary fencing and lockable gates. In newly refurbished homes, internal doors will not be locked and children will be able to go to the toilet and their bedrooms without being reliant on staff to give them access. These improvements will help to promote children's independence and mean that children will no longer have to live in an institutionalised environment.

Management oversight of restraint incidents has continued to improve. The use of restraint is appropriate to keep children and others safe, and the number of restraint incidents is reducing. There is greater challenge of staff practice by managers to understand what happened and how to prevent the same thing from happening again. However, shortfalls remain. For example, it is still not clear if all staff involved in a restraint and those who witnessed it have been spoken to. In addition, the quality of follow-up support to children is variable. Staff are not always using children's preferred communication systems to check on their welfare after a restraint.

Staff receive training to raise their knowledge and awareness of how best to promote children's health and safety. Staff have received training to help them to know how to respond to incidents of self-harm, including ligatures and medical emergencies such as epilepsy. Staff were able to explain to inspectors how to use this training should the need arise.

Medication management is improving. Trained staff are administering medication. Medication protocols have been reviewed and recording systems for non-prescribed medication and topical treatments are in place. Despite the improvements, one child's prescription stated a specific method of administering a medicine. However, this was not being followed. In addition, it is taking staff a long time to administer medication to the five children. As a result, some children experience delays in receiving their prescribed medication on time. Managers had not considered the impact of time delays on the next required dose of medication for children.

Children's risk assessments have been reviewed and updated. Most are well written and include key information. Staff have read them and implement the measures designed to protect children from harm. However, one child's risk assessment does not contain accurate information about the nature of the risk and helpful information to manage this. While addressed during the inspection, this shortfall shows that management oversight sometimes lacks the attention to detail required.

Managers ensure that allegations, concerns and complaints have been appropriately investigated. When concerns have been raised, these have been investigated by someone independent. Comprehensive reports with clear recommendations have been produced and managers are now working on implementing these recommendations.

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

Most staff receive support through individual supervision and team meetings. This provides staff with the opportunity to reflect on their practice. However, some staff are not receiving supervision regularly and all eligible staff have not had an annual appraisal. This means that some staff have not had their performance and development reviewed.

New staff are subject to an assessment of their suitability to work with children. This includes references and criminal records checks. However, leaders and managers have not ensured that all staff have had their employment history explored and gaps explained. This means that recruitment checks are not as thorough as they need to be and may lead to unsuitable people caring for children.

Staff receive mandatory and specialist training to enable them to develop the skills and knowledge they need to care for children effectively. Staff spoke confidently to inspectors about the recent training and how it had informed their practice. Most staff are qualified to level 3 in caring for children or are working towards this within timescales set out in regulation. Managers have an ambitious workforce development plan, which includes a plan to deliver autism practitioner training to all staff. They are about to embark on this training for staff which, when completed, will mean staff are qualified to diploma level.

Leaders and managers know the strengths and weaknesses of the service. They are moving away from crisis management that has been a feature in recent months, and working to develop and embed the positive changes being made to the quality of care provided to children. Newly implemented audit and monitoring systems have contributed to this process and this improvement work is ongoing.

The home is suitably staffed and this has led to a reduction in the use of agency staff. This means that children are receiving care from consistent staff. When concerns arise about staff practice, managers take prompt action and follow due process. On one occasion, managers did not notify the regulator about a serious incident and the actions they had taken in response.

The home environment is improving steadily. A programme of works is underway and ongoing. Newly refurbished rooms will be ready for some children to move into soon. These are modern and well decorated, and communal areas are more homely.

Four out of the five compliance notices raised at the last inspection have been met and one compliance notice is being raised again in relation to physical intervention. The condition Ofsted imposed on the home's registration to reduce the number of children to five has been lifted. Shortly after this inspection, Ofsted granted an application by the provider to vary the number of children they can care for from five to eight.

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 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>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>In particular, ensure that all children are supported to access the community, and that plans are progressed and implemented without delay.</p>	<p>12 January 2022</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>lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home’s statement of purpose;</p>	<p>12 January 2022</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)(a)(h))</p> <p>In particular, continue to embed new monitoring and audit systems and use these to their full effect to promote children’s progress and experiences.</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. (Regulation 23 (1)(2)(b))</p> <p>In particular, ensure that clarification is sought from a GP about how a medication is to be administered and ensure that medication is administered to children in a timely way.</p>	<p>30 November 2021</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, if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that—</p> <p>full and satisfactory information is available in relation to the individual in respect of each matters in Schedule 2. (Regulation 32 (1) (2)(a)(b)(3)(d))</p>	<p>12 December 2021</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>12 January 2021</p>

<p>This specifically relates to the registered person ensuring that staff receive regular supervision and an annual appraisal.</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>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. (Regulation 35 (1)(a)(b)(3)(b)(i)(ii)(c))</p> <p>In particular, ensure that incidents of restraint are recorded in line with regulation, managers review and evaluate incidents of restraint effectively, and that children and staff are spoken to after an incident by someone who was not involved in the incident. This requirement was subject to a compliance notice at the previous inspection and another compliance notice has been issued following this inspection.</p>	<p>12 December 2021</p>

* These requirements are subject to a compliance notice.

Recommendations

- The registered person should notify Ofsted and other relevant persons if there is an incident relating to the protection, safeguarding or welfare of a child living in the home which the registered person considers to be serious (40(4)(e)). ('Guide to the children's homes regulations, including the quality standards,' page 63, paragraph 14.10)

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: 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

James Tallis, Social Care Inspector

Jackie Line, Social Care Inspector

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