

SC012021

Registered provider: The Loddon Foundation Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home provides education and care for up to 30 pupils, from eight to 19 years of age, who have an autism spectrum disorder, severe learning disabilities and/or associated complex restrictive behaviours. The school operates as a charitable trust and is registered with the Department for Education.

The manager has been registered with Ofsted since March 2018.

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.

Inspection dates: 21 to 22 April 2021

Overall experiences and progress of children and young people, taking into account **outstanding**

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

The effectiveness of leaders and managers **good**

The children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection and care.

Date of last inspection: 10 October 2019

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/10/2019	Full	Outstanding
11/07/2018	Full	Outstanding
13/12/2017	Full	Outstanding
22/03/2017	Interim	Sustained effectiveness

Inspection judgements

Overall experiences and progress of children and young people: outstanding

Children make exceptional progress at this home. This can be attributed to the high standard of care they receive, which is underpinned by a philosophy and ethos that focus on understanding the needs and individuality of each child. Managers and staff know the children extremely well and have an acute awareness of their likes, dislikes, anxieties and vulnerabilities. This enables staff to pick up on what may seem like trivial matters, such as where a vehicle is parked, and understand the impact on a child's insecurities.

The home is well resourced. There is a multi-disciplinary team which includes occupational therapists, psychologists, speech and language therapists, nurses and a range of other therapeutic specialists. Their collective knowledge and expertise are used to develop meaningful and effective care plans for children. These plans contain individualised strategies for meeting the children's needs. Care staff implement these strategies to good effect. For example, one child who was unable to stand when he moved into the home can now stand and walk. This has clearly improved his quality of life.

Staff were observed to be attentive to and familiar with children's routines and education timetable. All children were seen to be engaged with a staff member and taking part in planned activities throughout the day. The children have access to an excellent range of recreational and learning facilities. One child took delight in taking an inspector to see a new boat that was being constructed. Throughout the grounds, there are a range of both stimulating and calming activities for the children to engage in.

The nursing team oversees effective arrangements for meeting the children's healthcare needs. The procedure for administering and recording medication is safe and frequently monitored. The children's healthcare plans are reviewed and updated in a timely way, and there is an effective system for ensuring that care staff are kept informed of any changes in the child's healthcare needs. Children's diets are monitored, and special attention is paid to those who have special dietary needs.

Only one child has left the home, and there have been two new admissions since the last inspection in October 2019. Children who come to live at this home find stability and security in their surroundings. Throughout their time at the home, children gain independence skills in preparation for their transition to adult services. One parent commented that their child, who has been at the home for six years, no longer has to use incontinence wear, can use the toilet, uses pictorial communication methods and has an improved understanding of verbal communication.

The children are treated with dignity and respect, and their individuality is celebrated. In two of the seven houses on the site, closed-circuit television (CCTV)

cameras are used. They are also used in some communal areas. The inspectors identified that, in some cases, CCTV is being used for purposes other than safeguarding children. For example, it is being used to protect property and inform the development of support plans. This is reflected in the home's CCTV policy, but this constitutes an incorrect use of surveillance equipment.

Many dedicated and committed staff worked tirelessly to ensure that the impact of COVID-19 restrictions on the children's well-being was kept to a minimum. This is despite several staff and children becoming infected with the virus in recent months. Creative approaches were taken to replicate children's community-based activities within the confines of the home's grounds. In many cases, this resulted in even closer relationships developing between children and staff.

Children thrive at this home. The social worker for a child who moved to the home in January 2020, and who has known the child for many years, said, 'I have never seen [the child] so happy and settled.'

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

The safety and well-being of children are prioritised and embedded in practice. Regular safeguarding audits are undertaken by senior staff. The process identifies any practice matters requiring development or gaps in staff knowledge. The process also seeks to ensure that staff are working in an open and transparent manner. This approach is indicative of a strong safeguarding culture, which recognises the vulnerabilities of the children.

Overall, the standard of risk assessment and risk management is strong. A multi-disciplinary approach is taken to developing strategies that will protect children from harm. The strategies are relevant to the individual needs of the child and provide clear guidance for staff. Despite this good practice, risk assessments have not been developed for when children are held for the purpose of completing a medical intervention, such as a blood test or COVID-19 test. This increases the potential for inconsistency in this area of practice.

The home has a highly effective behaviour support team, which closely monitors the children's support plans and the guidance available to learning and care staff. Changes in a child's behaviour are quickly identified and analysed. This often results in reduced levels of anxiety and aggression for children. Physical intervention records are detailed, and these are kept under review to identify any emerging trends.

The staff who were spoken to during this inspection had a clear understanding of their responsibilities to safeguard children. They were familiar with whistle-blowing procedures and how to report a safeguarding concern. However, inspectors identified two cases where staff had failed to report a concern in a timely way. In one of these cases, the designated officer should have been consulted, but this did not take place. This is not indicative of sustained poor practice. The designated

officer confirmed to inspectors that managers generally liaise well and take effective action based on the advice provided.

The children's accommodation is well maintained and free of avoidable hazards. In recent months, there has been a delay in implementing some recommendations from the fire risk assessment. This has now been rectified, and managers acknowledged the potential risk of not responding promptly to health and safety recommendations.

Safe recruitment practices are understood and implemented by the managers and staff responsible for this area of practice. The staff interview process explores an applicant's motivation for working with vulnerable children and their understanding of safeguarding. This reduces the potential for unsuitable adults to be employed at the home.

The effectiveness of leaders and managers: good

The home has a competent and effective manager. He is managed and supported by the highly effective school principal. The principal is fully involved in the management of the home because the care and learning aspects of the service are fully integrated. She demonstrates a passion for providing the children with the best possible care, based on research and a thorough understanding of the needs of the children. The ethos of the home is based on a flexible approach to children's care and learning and an understanding that it is not possible to impose rigid routines and expectations on the children. However, managers and staff are clearly ambitious for the children in terms of the progress they make.

There are strong systems in place for monitoring the quality of care being provided. As well as the safeguarding audits, 'care walks' are undertaken by senior staff, who report on their findings. These reports examine how effectively the strategies developed by the occupational therapist and speech and language therapist are being implemented. Serious incidents are kept under review, and the registered manager's supervision reviews how the legislation and regulations are being met.

There are shortfalls in one aspect of monitoring the quality of care. The independent person's reports do not consistently demonstrate a sufficiently high level of scrutiny. The reports often lack evaluation or analysis of the impact of the care that children receive. Often the reports do not specify what practice has been observed, what documents have been examined or what communication the visitor has had with children. There is infrequent consultation with external professionals to obtain a wider perspective of how well the home is functioning.

Leaders and managers maintain excellent oversight of children's support plans. These plans address the targets that have been set in a child's education, health and care plan and also those identified in their local authority care plan. Children's support plans clearly set out how they will reduce behaviours which might be

harmful to the child. Detailed recordings are kept of the progress children make, and these are used to review and amend strategies where necessary.

The home has struggled to remain fully staffed, and agency staff are regularly used. However, these staff are 'block booked', which reduces the number of different staff working at the home. There is a well-developed strategy for recruiting new staff, and many creative approaches are being taken. A restructuring of the rota and roles, which introduces new career pathway options, is being introduced to increase staff retention. There has been a significant drop in staff turnover rates in recent months.

The inspectors identified a mixed picture regarding how well staff feel supported. A minority of staff who communicated with the inspectors feel that managers have not supported them sufficiently well during the COVID-19 pandemic. This is partly linked to leaders and managers taking the decision, during the early part of the pandemic, that staff would not wear face masks. It was feared that face masks would hinder communication with the children. Some of these staff also questioned the effectiveness of members of the multi-disciplinary team.

Most of the staff expressed satisfaction with how they are supported in their roles. There is a consistently high regard for the quality of the training that staff can access and the creative and safe ways in which this has been delivered during the COVID-19 outbreak. Staff have worked under significant pressure during the pandemic, and this has inevitably raised some anxieties. Leaders and managers have not yet reached a position where all these anxieties have been acknowledged and addressed.

Notifications of serious events have not always been made to Ofsted. On one occasion, Ofsted was not informed of an allegation made against a member of staff, and no notifications have been made regarding the outbreak of COVID-19 infections at the home. However, despite this failure to notify the regulator, the provider has taken appropriate steps to promote the health, safety and well-being of children.

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 protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>take effective action whenever there is a serious concern about a child's welfare.</p> <p>that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health.</p> <p>(Regulation 12 (1) (2)(a)(vi)(d))</p> <p>This is with specific reference to ensuring that staff report safeguarding concerns in a timely way, consultation takes place with the designated officer when necessary and recommendations made in fire risk assessment are addressed within specified time frames.</p>	31/05/2021
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>there is an allegation of abuse against the home or a person working there;</p> <p>there is any other incident relating to a child which the registered person considers to be serious.</p> <p>(Regulation 40 (4)(c)(e))</p> <p>This is with specific reference to making notifications concerning allegations made against staff and making notifications relating to COVID-19 infections in the home.</p>	31/05/2021

Recommendations

- The registered person should ensure that the use of CCTV or other monitoring equipment should have a written policy describing how this will support the safeguarding and well-being of those living and working in the home in accordance with regulation 24. In particular, ensure that the CCTV policy only allows CCTV to be used in accordance with Regulation 24. ('Guide to the children's homes regulations including the quality standards', page 16, paragraph 3.16)
- The registered person should ensure that in, a restraint situation, staff use their professional judgement, supported by their knowledge of each child's risk assessment, an understanding of the needs of the child (as set out in their relevant plans) and an understanding of the risks the child faces. Specifically, when a physical hold is necessary to perform a medical intervention on a child, ensure that this has been risk assessed prior to the intervention taking place. ('Guide to the children's homes regulations including the quality standards', page 48, paragraph 9.53)
- The registered person should ensure that any individual appointed to carry out visits to the home as an independent person makes a rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of the children in the home's care. ('Guide to the children's homes regulations including the quality standards', page 65, paragraph 15.5)

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: SC012021

Provision sub-type: Residential special school

Registered provider: The Loddon Foundation Ltd

Responsible individual: Marion Cornick

Registered manager: Timothy Clark

Inspectors

Stephen Collett, Social Care Inspector

Helen Simmons, Social Care Inspector

Paul Thomas, Social Care Inspector

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