

# SC397933

Registered provider: Cove Care Residential Limited

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This children's home is privately owned. It provides care for two children with complex mental health and emotional and behavioural needs. The home was registered in July 2009.

The registered manager left in March 2021. The responsible individual and a registered manager from another home in the organisation are supporting the day-to-day running of the home until a new manager is recruited.

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 visited this setting in November 2020 to carry out an assurance visit. The report is published on the Ofsted website.

### Inspection dates: 7 to 8 July 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 **inadequate**

The children's home is not yet delivering good help and care for children. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

**Date of last inspection:** 10 September 2019

**Overall judgement at last inspection:** requires improvement to be good

**Enforcement action since last inspection:** none

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
10/09/2019	Full	Requires improvement to be good
22/03/2019	Interim	Sustained effectiveness
11/09/2018	Full	Good
06/03/2018	Full	Requires improvement to be good

## Inspection judgements

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

One child recently moved on from the home and at the time of this inspection one child was living in the home.

Staff support children to develop practical skills, such as using public transport and cooking meals, to help them as they prepare for adulthood and their next steps. Children have lived at the home for some time. This stability has provided them with the opportunity to develop skills to prepare them for living on their own. In relation to the child who has just left, a professional said, 'This was [the child's] first positive experience of moving from a home.'

A serious incident occurred involving the previous manager and how she managed children's money. This has affected children's relationships with staff and managers. Since the incident, children find it harder to trust staff and managers and have lost some confidence in those caring for them. Managers and staff are working hard to rebuild the trusting relationships that the children once enjoyed.

Staff support children to register with local health services and attend routine health appointments. One child requires glasses, however chooses not to wear them. It is not clear what staff have done to encourage the child to wear her glasses. Managers could not provide the inspector with the healthcare plan for one child. As a result, it is unclear if managers and staff are supporting the child's assessed health needs.

Staff help to promote children's learning. Children's attendance at school or college has improved from their starting points and children achieve qualifications. One child spoke about working towards a career in childcare. Staff are supporting her to apply for a college course that will provide her with the opportunity to achieve her goals.

Children's views, wishes and feelings about meeting family members are considered by managers and shared with professionals. As a result, there are plans in place to increase communication between one child and her family. One child told the inspector that they would like more opportunities to spend time with their friends. Plans are in place for the responsible individual to review this request with the child's placing authority.

Children take part in activities with staff that they enjoy. This provides children with the opportunity to gain new experiences and have fun. For example, children enjoy themed nights such as pamper evenings.

A therapist provided by the organisation meets with children and staff encourage them to do so. As a result, children feel able to talk openly about matters that are important to them and that they may be worried about. Staff offer support and guidance to children through key-work sessions. Productive discussions about

sensitive subjects enable children to make informed decisions about matters that affect them.

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

The previous manager did not always act in the best interest of a child who lives in the home with regards to money management. These actions have not promoted the child's welfare. Senior managers have not had effective systems in place to protect children's personal items handed in for safekeeping. In response to a serious incident, senior managers worked well with relevant professionals to ensure that concerns were shared and investigated.

Children's medication records do not provide sufficient information, which has the potential for staff to incorrectly administer medication. In addition, on one occasion when transporting medication, staff had not safely stored over-the-counter medication. This resulted in a child taking some medication that she should not have. Staff ensured that she had access to a health check-up and she did not come to harm. However, the incident could have been avoided. The responsible individual has reviewed practice and put new systems in place to avoid a similar incident happening again.

Children know how to complain. The responsible individual takes children's concerns seriously and ensures that they are supported through the complaints process and kept informed of any outcomes. Children recognise that the responsible individual listens to them and acts on what they say.

Staff complete regular health and safety checks, including fire safety. However, the previous manager and managers supporting the home have not taken action to link the carbon monoxide alarm to the main fire alarm system. This was an action identified in the fire safety assessment. During the inspection, the responsible individual made a request to the maintenance team to arrange for the action to be completed as a matter of priority. Not acting promptly on health and safety matters does not fully protect children from the risk of harm.

The previous manager had assessed the location of the home and the assessment includes some relevant information about children who may go missing. However, the document does not take account of the specific needs of children who live at the home. For example, there is a woodland area near the home that may pose an increased risk to children who may want to cause themselves harm. Gaps in information in the location risk assessment limit staff knowledge and understanding of the area and how it may affect children's safety and well-being.

Children have a good understanding of their daily routines and what the boundaries are. As a result, children know what is expected of them. Risk assessments provide staff with guidance on effective strategies to manage and reduce risks to children. Staff and managers are adept at recognising early warning signs that children are not OK. This provides them with the opportunity to support children promptly and

effectively. As a result, children's behaviours are managed well and there has been a reduction in incidents such as children causing harm to themselves.

One new member of staff has started working at the home. Records show that this member of staff has been safely recruited. Safer recruitment practice reduces the risk of children being cared for by unsuitable individuals.

### **The effectiveness of leaders and managers: inadequate**

The home does not have a registered manager. A plan for another manager to provide cover did not happen due to unforeseen circumstances. The responsible individual is actively recruiting to fill this position and retains some oversight of the home. A different manager from within the organisation is able to provide additional support until a new manager is appointed.

Monitoring of the home has been poor. Managers do not have effective systems in place to routinely monitor and evaluate the quality of care children receive. This limits the responsible individual's ability to maintain effective oversight of the home and identify concerns and areas that require development.

Only after a serious concern was raised by a child did the responsible individual identify that systems were not in place to monitor the safekeeping of children's personal effects. This failing provided opportunity for one child's personal items to be misused, causing significant upset to both children living at the home at the time. The responsible individual is implementing new systems to ensure that children's personal belongings which are handed in are kept safe.

There is no system in place to monitor how often staff receive supervision. The responsible individual was not able to show that managers and staff receive this regularly. Some supervision records could not be located, while other records are in note form and are not kept in the home.

Managers have not kept the home's statement of purpose up to date. For example, details about the staff team are not current. Although the staff support children to access advocacy services provided by their local authority, the home's statement of purpose refers to a commissioned advocacy service that is no longer used. This does not provide individuals who may read the document with accurate information about the service being provided.

On two occasions, staff have incorrectly reported on incidents. On one occasion, staff recorded that a child had been reported missing, however, the child was quickly found by staff and they did not report her as missing to the police. On another occasion, staff reported that a physical intervention had taken place. However, when the inspector reviewed the incident record it showed no physical intervention was used. When managers review incidents they do not identify when records completed by staff are inaccurate and misleading.

Staff complete training in subjects that support them in their role. They are

knowledgeable about children's needs and the team has worked effectively to support children's emotional health and reduce the risks of children hurting themselves.

Although there is a system in place to check when staff training expires, the inspector found that one staff member was due to work on their own with a child after six of their courses, including first aid and the administration of medication, had expired. Following a discussion with the responsible individual, they quickly arranged for the staff member to complete the required training. As a result, plans were put in place to ensure that the staff member refreshed their learning before caring for a child alone. The issue further highlights the ineffectiveness of monitoring and oversight at this home.

## 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.

<b>Requirement</b>	<b>Due date</b>
<p>The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on—</p> <p>mutual respect and trust. (Regulation 11 (1)(a))</p> <p>This specifically relates to managers and staff building and sustaining the respect and trust of children who live at the home.</p>	19 August 2021
<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 the home’s day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(b))</p> <p>This relates to managers ensuring that there are effective systems in place to monitor children’s money and items handed in for safekeeping. Specifically, the system should allow for recording the date on which any money or valuables are deposited by or on behalf of the child for safekeeping, the amount of money or a description of the valuables deposited or withdrawn and the date on which any money or valuables are withdrawn.</p>	19 August 2021
<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>	19 August 2021

<p>In particular, the standard in paragraph (1) requires the registered person to—</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)(h))</p> <p>In particular, ensure that managers, including senior managers, design and implement systems for the effective monitoring of the home, including the review of records and practice.</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. (Regulation 16 (1) (3)(a))</p> <p>Specifically, the home’s statement of purpose must provide accurate information about who works in the home and children’s access to advocacy services.</p>	19 August 2021
<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 is specific to medication being stored safely in the home and when it is being transported from one location to another.</p>	19 August 2021
<p>After consultation with the fire and rescue authority, the registered person must—</p> <p>take adequate precautions against the risk of fire, including the provision of suitable fire equipment in the children’s home. (Regulation 25 (1)(a))</p>	19 August 2021



<p>This refers specifically to acting promptly on recommendations raised in the fire risk assessment.</p>	
<p>The registered provider must appoint a person to manage the children’s home if—</p> <p>there is no registered manager in respect of the home. (Regulation 27 (1)(a))</p>	<p>19 August 2021</p>

### Recommendation

- The registered person should review the appropriateness and suitability of the location and premises of the home at least once a year. The review should include the identification of any risks and opportunities presented by the home’s location and strategies for managing these. (‘Guide to the children’s homes regulations including the quality standards’, page 64, paragraph 15.1)

### 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:** SC397933

**Provision sub-type:** Children's home

**Registered provider:** Cove Care Residential Limited

**Registered provider address:** 16 Waterloo Road, Wolverhampton, West Midlands  
WV1 4BL

**Responsible individual:** Rachel Oliver

**Registered manager:** Post vacant

## Inspector

Helen Malanaphy, Social Care Inspector

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