

# SC064557

Registered provider: 4D Care Limited

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This privately owned home is registered to care for up to six children who have emotional and/or behavioural difficulties. The organisation provides education facilities on site.

**Inspection dates:** 11 to 12 July 2017

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

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

The effectiveness of leaders and managers **outstanding**

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:** 2 February 2017

**Overall judgement at last inspection:** sustained effectiveness

**Enforcement action since last inspection:** none

## Key findings from this inspection

This children's home is outstanding because:

- The children have built exceptionally good relationships with staff. This has enabled the children to learn to manage their emotions and behaviour better.
- Children say that they are safe and happy at this home.
- The children, some of whom had not been attending school for a considerable time before they came to live at this home, have made excellent progress in their education.
- Children are enthusiastic about their school work because of the quality of the support that they receive.
- Children's care plans are expertly prepared in partnership with in-house clinicians. High-quality therapeutic intervention supports the children to make excellent progress across all aspects of their development.
- Children are able to start to verbalise their thoughts and emotions because of the therapeutic intervention that they access.
- Children do not go missing from this home.
- Safely assessed contact supports children's relationships with their families effectively. Children who had previously been socially isolated because of their behaviours and low self-esteem are skilfully supported to build friendship groups in the community.
- The number of physical interventions has reduced. Staff are helping the children to manage their behaviour positively.
- The management team is engaged in research-based work with the in-house clinician to improve outcomes for children.

The children's home's areas for development:

- The provider has used agency staff who have not completed the required diploma-level training. The impact of this shortfall is minimised as the agency member of staff has worked alongside other experienced and qualified staff.

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
02/02/2017	Interim	Sustained effectiveness
28/06/2016	Full	Good
23/02/2016	Interim	Sustained effectiveness
01/12/2015	Full	Good

## What does the children's home need to do to improve?

### Recommendations

- Ensure that external agency staff meet the requirements in regulation 32(4) regarding mandatory qualifications. The registered person should consider their skills and qualifications before they commence work at the home. ('Guide to the children's homes regulations including the quality standards', page 54, paragraph 10.16)  
This is with particular reference to ensuring that all relevant agency staff have a plan to complete their diploma-level qualification promptly.

### Inspection judgements

#### Overall experiences and progress of children and young people: outstanding

Children are making outstanding progress because they live at this home. Children have made remarkable progress in their education, particularly as some of the children had not been in school for up to four years. Work between the home's staff and the on-site school staff supports the children to engage and take part in their individualised curriculum. This structure enhances the children's opportunities to learn.

Staff support the daily transition to the school, and they attend with children. This helps the children to focus on the tasks in each lesson. The school uses practical and physical tasks, which help the children to engage using the individual's preferred learning style. The school staff provide educational trips to thought-provoking venues. This helps to stimulate discussion and interest in topics that are on the education syllabus. Children have improved their reading and mathematics skills, and some are being considered for GCSE level examinations, while others are engaged in functional skills Level 1 and 2. The development of the children's academic skills and aptitude helps them to make good progress in education and in work placements. The children have changed their responses to education. They are enthusiastic about their school work because of the consistently high-quality care that they receive. A placing social worker commented, 'This home is meeting this child's needs much better than a previous placement. A more experienced staff group seems to know how to manage the child's specific behaviour. There are lots of activities, such as football and motorcycling, which the child enjoys. The child arrived not in education, but now he is going into school and enjoying it. I cannot fault the work that the home does with this child.' Older children gain knowledge about important life skills, such as cooking and budgeting, while living at the home. This will benefit them in future independent placements.

The children have built excellent relationships with the staff, who work skilfully with them using expertly prepared care plans. These care plans are developed from impact risk assessments which are completed ahead of the children's placements. An external consultant psychologist helps the staff to understand the complex needs of the children.

This input has supported the formulation of these excellent care plans. The consultant works alongside the provider to build a therapeutic approach to the care practices. Staff have completed initial training in delivering this therapeutic approach. The training includes how to measure the impact that the approach is having in meeting the children's needs. The staff confirm that the home is calmer now that this approach is embedded, and that the children are getting along better with one another.

There has been a significant reduction in the number of incidents of physical intervention. Some of the children arrived at this home with behaviours that had challenged other specialist homes and foster placements. The work undertaken by the staff has enabled the children to learn to manage their emotions and behaviour. This means that the children are able to remain calmer and talk through their concerns with staff who have the skills to understand the issues that the children are describing. Children talk openly about the good relationships that they have with staff. One child commented, 'I get on really well with my key worker. He is a legend. I feel happy at this home, and it is certainly better than the last home I was at.'

Staff have worked extremely effectively with families to engage them in safely assessed contact. Staff spend weekends and holiday periods with children and their families to improve the quality of the contact. This has helped the children to maintain positive relationships with these important people. In one instance, the staff supported a child's plan to return to their mother's care by supplying practical support to the family, which enabled the parent to spend quality time with their child. This meant that the family could focus entirely on the task of acclimatising to having the child back with their family. The child returned home soon after this successful induction period. A parent commented, 'My child is doing so well at this home. I have no concerns about his safety or well-being. He can be very challenging with his behaviour. But I cannot fault the staff for their commitment.'

Children take part in residents' meetings to plan for activities. Some of the children have visited a local roller skating park, while other children have enjoyed time out with staff, going for a meal or coffee. The children participate in discussions to arrange holidays or days out to the seaside. Children participated in fundraising events in the gardens, to support a local cancer charity. This charity is particularly important to the children. The manager and staff have talked with the local charity staff and national cancer support organisations. This means that the children have been able to access expert advice about the treatments available. These organisations are on hand to offer emotional guidance about any concerns that the children may have. This work dovetails with the work from the in-house clinician, who works with the staff to offer a holistic support package for the children. This provides a comprehensive, nurturing framework that enables the children to develop positive relationships at the home and in the wider community.

### **How well children and young people are helped and protected: outstanding**

Children say that they feel safe and are happy. Risks are exceptionally well managed and analysed to minimise any hazards. The staff work diligently to ensure that they reduce

the risks for the children when they are in the community. Children who had been missing from previous placements do not go missing. Staff closely observe the children, and they use their excellent relationships with them to ensure that children feel safe at the home and do not feel the need to go missing. The staff are particularly alert to the risks of child sexual exploitation and grooming. Staff meet regularly with the in-house clinician to share information and to review events and incidents, including details of the antecedent issues of each incident. This information is cross-referenced to previous circumstances, to identify how the staff can respond in future to ensure that there is a consistently high quality of care provided.

The staff are alert to the risks of online grooming. They monitor children's use of social media closely to ensure that they are not being targeted.

Some children have experienced considerable early life trauma, and significant harm. They often have difficulty in expressing their feelings. Their behaviour has challenged the coping skills of the most experienced carers in other homes. The skilful and consistently high level of care offered to the children at this home has resulted in the children becoming able to start to verbalise their thoughts and emotions. Children who had previously been socially isolated because of their early life trauma have been helped to build and develop positive friendships in the community, for example by attending the local roller skating venue. Key workers carefully monitor the children's relationships, to ensure the children's safety as they build on their social skills. Gradual introduction of free time helps this process.

Restraints have reduced because of the skilful interventions from the staff. Staff spend positive time with children to help them to understand the issues that occurred leading up to a physical intervention. Direct work with children is overseen by the in-house clinician. This work has helped the children to develop skills to manage their feelings and to learn more suitable ways to express themselves. The manager reviews the records of physical interventions, alongside the in-house clinician, to build a picture of how behaviour can be managed without the need to restrain, and to reassure themselves that the restraints are justified, proportionate and necessary. Resulting information is carefully recorded and analysed by the senior management group, and the findings are shared with the whole team. Consequently, the staff have current, relevant and helpful information to guide them in managing difficult behaviour.

There have been no allegations made about staff conduct since the last inspection. The manager has discussed a safeguarding concern with the local authority designated officer, following information given by one of the children. The manager quickly reorganised the staff group to reinforce safe-care practices. Children received extra one-to-one time and staff attended meetings with the children's social workers to gather further information. The manager shared this information with multi-agency partners who confirmed that they felt the matter had been dealt with well. The staff work in partnership with The Terrence Higgins Trust to deliver individual and group discussions with the children. These discussions look at a wide range of safeguarding issues, such as positive relationship choice and online safety. These topics continue as part of each child's key-work sessions. The manager and in-house clinician have oversight of the

written reports and feedback from the staff. Excellent communication between the home's staff and the specialist-service staff means that important information is shared and recorded. This information is analysed by the senior staff, which enables the measurement of goals and progress.

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

A calm, skilful and experienced manager confidently leads the staff to provide excellent-quality care to the children. The manager holds a level 4 qualification in leadership and management in health and social care.

The management team is engaged in research-based work with the children, developed in partnership with the in-house psychologist and clinician. This approach is included in children's individualised care plans, and quickly identifies areas for the staff to concentrate on during their direct work with children. The organisation's mandatory training pathway includes in-house training on the therapeutic support offered to the children and how this approach is implemented. Consequently, the staff understand the importance of this model and how it is used day to day.

The manager deploys the staff skilfully. Each child has a dedicated member of staff who works alongside the child to support and guide them in activities and tasks during each shift. The staff allocations and tasks are discussed at shift handover meetings, when significant information is shared between the staff to ensure that the children's needs are met.

The manager has worked with all of the staff and the in-house clinician to focus on developing child-centred therapeutic relationships with the children. This means that, at all times, staff are aware that the children's conduct and their actions are part of the child's communication. Every effort is made to understand the behaviour and to help children to learn to manage their emotions. Staff build excellent relationships with the children and are mindful of the children's early life trauma, and how this may appear through the children's behaviours. Observations of staff during the inspection highlighted the high-quality, gentle and nurturing approach used to maintain these relationships.

The manager's plans for the home include further development of the restorative justice model, so that the staff are able to implement the approach at the earliest stages of the children's placements. During the initial impact risk assessment, the manager highlights areas of the child's care plan that he considers the therapeutic intervention must focus on to help the child to settle at the home. This information is shared successfully with the staff group to ensure that children's needs are understood from the outset.

The manager and senior staff thoroughly scrutinise reports and children's case records to help the staff to understand how the children are progressing. This understanding is shared at regular team meetings and in supervision. Consequently, staff are clear about the positive impact of their work. The manager is developing alternative ways to show the progress that children are making, for example using the data and information gathered during the key-work sessions to plot children's progress on charts and graphs. These visual aids help staff to immediately see the impact of intervention on the

children's development, and which areas need more focus.

The manager is in regular contact with placing authorities. These authorities speak highly of the services provided at the home. The manager has raised concerns with senior managers in placing authorities, without hesitation, when staff from those authorities had not taken appropriate action to meet children's needs.

The manager supervises staff effectively, with a focus on developing the strongest relationships possible. The manager reviews the children's safe-care plans with staff. The staff use team meetings to reflect on their use of the therapeutic interventions identified by the clinicians to measure the impact that this is having on the experiences of the children.

All eligible permanent members of staff hold a relevant level 3 diploma. The home has used an agency member of staff who is yet to complete this qualification, and there is no plan in place for him to do so. This agency staff member works alongside a team of experienced and qualified staff, which minimises the impact of the shortfall.

Planned developments include building new kitchen facilities at the school unit to help the children to develop independent living skills. The staff actively engage the children in the development plans, through one-to-one work and group meetings. For example, the decoration of the communal areas is currently being discussed to gain a consensus on the design.

The manager works very well with the independent visitor, and shares the visitor's detailed monthly report with the staff. As a result, the team can review the issues raised to take action on any identified shortfalls. The internal and external monitoring systems ensure that the standard of care is high and that the service provided is in line with the statement of purpose.

Placing local authorities are satisfied with the quality of care. A worker from one authority commented, 'We are very happy with the service and particularly with the support offered. What is significant is the improvement in the children's engagement with education as some of the children arrive here having not been in education for a very long time.'

The manager and senior staff are continuously striving to improve the outcomes for the children. They are developing their therapeutic approach to ensure that the children can engage with their education and develop life skills. Staff are committed to finding new ways to help the children to build positive relationships, to thrive at the home and to move on confidently into the community.

## **Information about this inspection**

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the difference made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

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:** SC064557

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

**Registered provider:** 4D Care Limited

**Registered provider address:** 8a New Road, Mepal, Ely, Cambridgeshire CB6 2AP

**Responsible individual:** Michael Coles

**Registered manager:** Andrew Bradley

## Inspector

Michael Mulvaney, social care inspector

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