

SC038435

Registered provider: Sunfield Children's Homes Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This children's home is part of a residential special school. Since May 2017, it has been a subsidiary of the Ruskin Mill Trust.

The home is registered to care for up to 38 children with severe and complex learning difficulties and behavioural needs, including seven placements for children who require short breaks. There are eight houses within the grounds of the school. At the time of the inspection, 23 children were living in seven houses.

The home has a school on the same site, which is open to children living at the home and day students. The inspectors only inspected the social care provisions on this site.

The registered manager holds a BA Hons degree in social welfare and is qualified to level 4 in leadership and management. She was registered with Ofsted in April 2018.

Inspection dates: 25, 26 and 27 July 2023

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 5 July 2022

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/07/2022	Full	Good
12/05/2021	Full	Good
09/10/2019	Interim	Declined in effectiveness
19/06/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Staff working at this home are aspirational for children. There is a stable, consistent staff team. Staff know children well and have developed positive trusting relationships with them.

There are eight houses on this site. Staff have made each house individual so that the houses meet the needs of the children living there. They are personalised to children's tastes. For example, one child's bedroom has been decorated in the same style as their bedroom at home. The houses are homely, with items such as feature fires. These fires are not working, but have lights to make them feel real, and there are personalised soft furnishings. One house has pet guinea pigs. These individual touches help children to have a sense of belonging.

A strength of this home is the holistic approach to children's care and education. Children attend the on-site school and have access to a wide range of educational activities such as helping on the farm, pottery making, going to the forge to make things from iron, crafts such as felting, and helping to grow fruit and vegetables. These opportunities are also available to children during the school holidays. As a result, children continuously learn and develop lifelong skills.

Staff role model healthy eating and the use of organic fresh foods and foods grown on site. Staff bake homemade bread for children and children help staff with cooking. Everything is cooked from scratch. This benefits the children's health and provides the opportunities for children to see where foods come from, to try new foods and to learn food preparation and cooking skills.

Staff help the children to participate in a wide range of activities at the home and out in the community. Staff have taken children on holidays, swimming, for walks, to trampoline parks, bowling, shopping to local farm shops and places of interest like the zoo. Staff help children attend youth clubs and cycling clubs. Staff take one child to their skiing lessons. It is hoped they will be able to go on a skiing holiday with their family next year. Staff capture children's activities through photos and create photo books for the children and their families. This really brings to life the wide range of activities that children take part in.

Children are supported by staff to attend routine health appointments. If children struggle to attend appointments, managers have made private arrangements for appointments to take place in the home. In addition, to support consistency, children remain with the same doctors they had when living at home. Staff take children to attend those appointments no matter the distance. This reduces children's anxiety and means that children have all their health needs met.

Staff work closely with other health professionals such as the continence nurse. This collaborative working helps staff to support children's dignity and develop their independence.

Staff have thought carefully about how to support children who have visual impairments. Staff have introduced 'talking tiles' to tell children what day it is and what is planned, for example if it is a school day. However, staff have not always made sure that the tiles are kept up to date with the correct day or activity. This oversight was corrected when pointed out by the inspector, but this could have caused confusion and upset to a child.

Children's moves to and from the home are well planned. Staff work in partnership with other agencies to ensure that these moves go smoothly.

Staff help children to maintain relationships with their families. Staff have developed positive relationships with families by inviting parents to attend children's medical appointments, sending weekly reports with pictures and updates on achievements and having regular handovers for children when they go home. In addition, staff send home a timetable for the following week with one child. This enables parents to prepare the child for the returning week.

Parents are very positive about the care given at the home. One parent said, 'We call it the "Harry Potter house" as magic happens there.' Other parents said it 'feels like a family', children make 'amazing progress' and one parent stated that she never wanted her daughter to leave. Parents say that they feel involved in their children's care and supported to understand the progress children make. Parents say they are welcomed to the home and make use of the accommodation made available for them. This provides parents with a valuable insight into what happens at the home and the care given to children.

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

Staff's knowledge of children means they have developed robust up-to-date plans that inform staff of children's risks and behaviours. These plans include strategies to support children. The plans tell staff how to communicate with children and help children when they are anxious or unsettled. Plans are regularly reviewed and updated. This ensures that staff have the most up-to-date information about the actions they need to take to keep children safe.

Children are helped by staff to develop skills that help them to manage their emotions and to communicate their needs without the need for unwanted behaviours. As a result, incidents have reduced, particularly those which require staff to use physical intervention.

When physical interventions have been used, they are appropriately recorded. This has enabled managers to check that interventions are proportionate and appropriate. When managers have identified learning from incidents, for example when a staff

member's response has triggered a child's behaviour, the manager has provided staff with feedback. This helps to improve staff practice.

Staff are quick to explore the reasons why a child's emotions or behaviours change. Managers and staff work closely with other professionals to consider the reasons for the changes. Plans are put in place that help staff to support children. For example, following some upsetting news, one child began significantly biting staff. The interventions put in place by staff, following a multi-agency discussion, meant the behaviour stopped after only one week.

Staff are proactive at raising concerns about other staff's practice. When concerns are raised, managers take prompt action in reporting to the relevant people. Managers undertake investigations, share any learning and, when necessary, take higher action including dismissal of staff. This helps to keep children safe.

Children know how to make complaints. When one child raised a concern about snacks at school, staff supported the child and advocated on his behalf to ensure that he had a response and outcome. As a result, children feel listened to.

The home has an independent advocate who visits the children regularly. This advocate is passionate about the service, seeking children's views and understanding children's experiences. This gives an additional layer of oversight to the children's care and gives children an opportunity to raise concerns with someone who does not work at the home.

Managers and staff ensure that medication is safely stored. There are clear systems for monitoring medication, and these have been effective in identifying quickly when medication errors have occurred. When there have been medication errors, managers have been swift in generating learning outcomes for staff and put in place preventative measures to reduce the risk of errors occurring.

Managers have reviewed their systems when recruiting staff. The systems are now much more rigorous, especially for agency staff. This approach reduces the risk of those who should not work with children doing so.

The effectiveness of leaders and managers: good

Leaders and managers show great ambition for the children and they strive to provide the best possible care. There is good sharing of information and involvement of all staff in the decision-making for the care of the children.

During this inspection, the registered manager was away. The visit was facilitated by the deputy manager. He is highly motivated and knows the home and children well.

Leaders and managers have improved their monitoring systems and oversight of the care that children receive. Systems are in place for regular monitoring of all aspects of the children's care. This ensures that standards of care are maintained, and any shortfalls or omissions are quickly acted on so that the children's care is unaffected.

Leaders have taken on board the learning from the national care review. They have spent time looking at the care given at the home to see if there are identified areas of improvement. They have considered existing partnership working. The home has a wide range of professionals on site to support children. For example, a psychologist, a speech and language therapist, an occupational health worker, music, art and massage therapists to name but a few. They identified that having all professionals on one site means multi-agency meetings can be arranged much quicker and there is limited delay in the responses to children's needs. Children know all the professionals involved in their care as they are visible to them. As a result, children receive support promptly from those who know the children well.

Staff are positive about working at the home. They say they feel much more included in decision-making, that staff morale has improved, and there is more consistency of staffing.

Staff say they feel well supported by managers and have regular supervision sessions. The introduction of a night manager has meant there is greater oversight and support to the night staff. However, agency staff do not have frequent supervision despite some working as full-time staff. This omission means those staff do not have an opportunity to reflect on their practice.

Staff receive a wide variety of training. Managers have improved the induction for all staff, including agency staff. There has been the introduction of Holistic Support and Care training, which has enhanced staff's skills. However, agency staff are not undertaking all the training needed, despite it being on offer to them. This could mean that those staff do not have all the skills and knowledge they need to support the children in line with the home's model of care.

The independent visitor visits the home each month and reports on each of the houses. The visitor does not always record in detail their observations or feedback from children. It is not always clear how they are seeking children's views. As a result, the external monitoring is limited and does not fully help to hear the child's voice to inform improvements.

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, The 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 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. (Regulation 13 (1)(a)(b) (2)(c))</p> <p>This specifically relates to ensuring that all agency staff have completed mandatory training and training specific to the needs of the children they support.</p>	8 September 2023
<p>The registered person must ensure that all employees—</p> <p>receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b))</p> <p>This specifically relates to agency staff having supervision in line with the organisation's policy.</p>	8 September 2023

Recommendations

- The registered person should ensure that staff support each child to communicate their views, wishes and feelings and participate as fully as possible in all aspects of their care planning and daily care. Specifically, that communication aids are available and working correctly. ('Guide to the Children's Homes Regulations, including the quality standards', page 22, paragraph 4.6)
- The registered person should ensure that the individual appointed to carry out visits to the home as an independent person under regulation 44 undertakes a

rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of the children in the home's care. Specifically, that they record robustly their observations and discussions with children. ('Guide to the Children's Homes Regulations, including the quality standard', 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: SC038435

Provision sub-type: Residential special school

Registered provider: Sunfield Children's Homes Limited

Registered provider address: Ruskin Mill, Mill bottom, Nailsworth, Stroud,
Gloucestershire GL6 0LA

Responsible individual: Paul Sutcliffe

Registered manager: Sarah Marshall

Inspectors

Debbie Bond, Social Care Inspector

Dawn Bennett, Social Care Inspector

Sophie Hills, Social Care Inspector

Louise Battersby, Social Care Inspector

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