

# SC042446

Registered provider: The Rose Road Association

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

The service provides care for up to eight children between the ages of four and 18 years who have severe learning difficulties and may have additional physical disabilities, autism spectrum disorder and/or complex health needs. The home is owned by a charitable organisation and provides primarily short overnight breaks. At the time of this inspection, 48 children were accessing the short-breaks service.

The manager registered with Ofsted in 2016 and is suitably qualified. The manager is also registered with the Care Quality Commission (CQC) and manages care for adults with similar needs in a separate part of the building. Care staff work across both adult and children's services. A separate report by CQC is available for the adult service.

### Inspection dates: 18 and 19 June 2024

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

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

The effectiveness of leaders and managers **good**

The children's home provides effective services that meet the requirements for good.

**Date of last inspection:** 27 June 2023

**Overall judgement at last inspection:** good

**Enforcement action since last inspection:** none

## Recent inspection history

<b>Inspection date</b>	<b>Inspection type</b>	<b>Inspection judgement</b>
27/06/2023	Full	Good
25/10/2022	Full	Good
24/11/2021	Full	Good
10/02/2020	Interim	Improved effectiveness

## Inspection judgements

### **Overall experiences and progress of children and young people: good**

Children thrive in an environment that is tailored to their individual needs. They are cared for by staff who they know well. Staff know each child's particular needs and ensure that they are met. Staff prepare well for each child's arrival.

Professionals say that the children are well looked after by committed and caring staff. The children's parents consistently say they feel that their children receive a good standard of care. The staff have developed positive relationships with the children. Consequently, the children look forward to coming to stay at the home.

Children who are not able to communicate verbally are encouraged by staff to use their preferred methods of communication, such as pictures or symbols.

Children are making progress due to the support of the staff. For example, staff have encouraged sleeping arrangements and routines, which now enables one child to have uninterrupted sleep for longer hours. Another child is now able to independently express when they want to use the bathroom.

The staff have gone above and beyond when planning for one child's return home. They have worked particularly well with the family and universal services to ensure effective transition planning for this child. This has ensured that the process is smooth and that the child receives wraparound care.

Staff and managers work hard with parents to build their trust in the staff. They help parents to continue to feel that they play an active role in their child's life.

Staff and managers embrace the values-based ethos of the service. The values framework introduced by senior leaders is threaded throughout practice, relationships with family members, staff and children.

Staff and managers have effective working relationships with partner professionals, which enables informed and consistent care for children.

A strength of this service is the advocacy for children. Staff and managers ensure that care planning and decision-making are always in the best interests of the children. Children come first and remain the focus in all decision-making and day-to-day practice.

Children's achievements and milestones are celebrated by the staff. The organisation's annual awards ceremony is well attended and is thoroughly enjoyed by children and their families.

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

Children live in a safe, suitable and comfortable environment.

Children are cared for by informed, experienced and skilled staff. The staff are well trained in meeting the children's complex health needs. However, some staff who have worked at the home for over two years have yet to complete the required level 3 qualification.

The staff team is diverse. Staff have a range of experience and backgrounds, which helps them to provide children with support and care that meets their cultural needs.

Staff are aware of each child's risk factors, including health, medical needs and behaviour, for example self-injurious behaviours and risk of choking. Children's individual risk assessments are clear, concise and enable staff to be fully informed. These include helpful tips on the use of de-escalation techniques, such as singing, soothing and distraction. Staff have clear guidance on how to evacuate each child in an emergency.

The registered manager has good oversight of medication. The manager ensures an effective multi-agency approach. Medical advice is sought swiftly when necessary. Consent and delegations are well recorded.

Complaints are rare. When they are raised, they are managed effectively with clear and concise management oversight.

Physical restraint is rare and is only used as a last resort. However, recording of the one incident of physical restraint was not completed or reviewed within the statutory timescales. This means that the manager did not have appropriate oversight of the use of physical intervention.

New staff are subject to safer recruitment processes. However, the manager has not shown sufficient professional curiosity. One member of staff's previous work with children was not explored fully.

On one occasion, staff allowed someone who did not yet work in the home, and had not been subject to safer recruitment processes, to feed a child. This individual was not left unsupervised but they had not received training in the appropriate care and support needs of the child. This potentially placed the child at risk.

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

Senior leaders and managers are child focused and want the best outcomes for all the children they provide care for.

Staff say they are well looked after. Staff were consulted about the recent restructure. Their views and opinions have been considered, which has resulted in a significant increase in staff morale.

Staff receive regular practice-related supervision. There are plentiful opportunities for staff to share ideas, reflect on practice and their own development. These include staff forums, team meetings and staff surveys. Staff feel heard and know that senior leaders act on their views.

Management monitoring systems are consistent and effective. Regular and purposeful quality assurance activity identifies early indications of good practice and any improvements required. The manager's own quality of care review enables a clear oversight of the service, which is triangulated via the governance arrangements and regular meetings.

Overall, there is an effective leadership team that focuses on the child throughout to ensure best outcomes for 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, 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 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 requires the registered person to ensure—</p> <p>that staff—</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person. (Regulation 12 (1) (2)(a)(v))</p>	<p>3 July 2024</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 name of the child;</p> <p>details of the child’s behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure (“the user”), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;</p>	<p>31 July 2024</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.</p> <p>(Regulation 35 (3)(a)(i)(ii)(iii)(v)(vi)(vii)(viii)(b)(i)(ii)(c))</p> <p>This requirement was made at the last inspection and is restated.</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;</p> <p>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 of the matters in Schedule 2. (Regulation 32 (1) (2)(a) (3)(d))</p> <p>This requirement was made at the last inspection and is restated.</p>	<p>31 July 2024</p>
<p>For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained—</p> <p>the Level 3 Diploma for Residential Childcare (England) (“the Level 3 Diploma”); or</p> <p>a qualification which the registered person considers to be equivalent to the Level 3 Diploma.</p> <p>The relevant date is—</p>	<p>19 September 2024</p>

in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home. (Regulation 32 (4)(a)(b) (5)(a))	
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## **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:** SC042446

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

**Registered provider:** The Rose Road Association

**Registered provider address:** Rose Road Association, 300 Aldermoor Road, Southampton, Hampshire SO16 5NA

**Responsible individual:** Steve Swift

**Registered manager:** Tina Fullbrook

## Inspectors

Emma Haskell, Social Care Regulatory Inspector  
Jill Sephton-Wright, Social Care Regulatory Inspector

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