

Children's Services

Visits to children in residential homes, residential schools, and supported accommodation: checking for quality

1. Purpose of this guidance

This guidance aims to help practitioners who visit children in residential homes (including residential schools) and supported accommodation to identify quality assurance information that will give a broader context to the feedback they receive from the child. Specifically, it will help them to assess whether they are satisfied that the child is:

- Safe
- Loved
- Flourishing

or whether they have concerns for the child that they wish to pursue.

This guidance has been written in the light of learning from the *Safeguarding children with disabilities and complex health needs in residential settings* national review that followed the abuse of children in three residential homes in the Doncaster area.

If a practitioner identifies concerns during a visit, from either meeting with the child, or from viewing quality assurance data, they should either:

- (If the matter is straightforward) raise an action with the setting or school to put things right, or
- (Where the matter is more complex or may reflect system failings) report their concern to Children's Services Commissioning for further investigation.

2. Using the guidance

The main guidance is in two sections: A Quality Overview and Quality in Depth. A Quality Overview sets out high level sources of quality information that will enable practitioners to gain an overall understanding of the setting's quality. For some visits (for example, where there are no prior quality concerns, and the meeting with the child suggests that they are safe, well and flourishing) it will be sufficient to view relevant evidence from these areas alone. Quality in Depth goes into more detail and will be helpful where the meeting with the child, or prior research into quality, suggest the child's experiences and wellbeing are not good or that the system of care has shortcomings.

Even where a practitioner has concerns, they are not expected to go through all the Quality in Depth areas; they should focus on those that are most relevant to their concerns for the child they are working with.

3. A Quality Overview

The following will help to build a picture of overall provider quality:

3.1 The voice and experience of the child

Time spent with the child will be at the heart of every visit. The feedback the child (and, where relevant, their family) gives is likely to give a basic sense of 'how things are' that the practitioner may then investigate further through the sources of information set out in this guidance. Where a child is non-verbal, every effort should be made to support their communication via other means (including, for example, technology solutions, sign languages and systems, and body language.)

3.2 Ofsted Inspection Status

You can ask to see the setting's most recent Inspection Report. If the setting is classed as Requires Improvement or Inadequate, you can also ask to see the setting's post-inspection action plan, and reports of progress made against this.

If the setting is Good or Outstanding, have there been any significant changes (for example, of management or ownership) since the last inspection that might alter the grade?

3.2 Reg. 44 Visitor Reports

You can ask to see these reports. Do recent reports evidence particular themes or trends?

Does the Reg. 44 Visitor¹ gain evidence directly from children living in the setting, or only from viewing records and speaking with employees?

Do the Reg. 44 reports include evidence from social workers and other professionals who are independent of the setting, or do they rely solely on evidence from within the setting?

3.3 Statutory Notifications of Incidents

You can ask to see statutory notifications of incidents in the setting that have affected the child you are visiting (otherwise known as Reg. 40 notifications².)

¹ [The Children's Homes \(England\) Regulations 2015 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

² [Tell Ofsted about an incident: children's social care notification - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Do the records tally with the notifications you have received from the setting?

It may be useful to check if the 'further follow up and actions' section at the end of the Reg. 40 report show that care plans and risk assessments have been updated in light of the incident and are effective in preventing further incidents.

You may also want to view records of non-notifiable incidents, and to check that escalation pathways are effective, where these are required.

3.4 Effective key worker/oversight of care arrangements

The setting should have a comprehensive and effective keyworker system – or similar – in place.

The child's keyworker should be able to demonstrate that they have a good relationship with, and knowledge of the child. You can ask to see examples of key working sessions or similar which show keywork with the child around presenting issues or behaviours.

3.5 Positive Behaviour Planning and Physical Interventions

You can ask to see the child's Positive Behaviour Plan. Does this show that they are being helped consistently and effectively to engage in positive behaviour?

Physical intervention should only be used as a last resort. When it is used it should start a process of debrief, evaluation and learning that aims to ensure no harm has been caused to the child and to reduce the use of physical intervention in future.

You can ask to see records of any physical intervention used with the child you are visiting. The records should meet Reg. 35³ requirements.

There should be a record of a debrief with the child after each intervention.

The manager should complete an evaluation and learning record following each intervention and should review any patterns or trends in these.

Body maps should be completed after each intervention, and medical attention sought where there is evidence of injury.

Only trained employees may use physical intervention.

³ [The Children's Homes \(England\) Regulations 2015 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

4 Quality in Depth

Use the following sections to guide your research where you wish to gain a deeper understanding of the care provided, or to follow up concerns you have.

4.5 Safeguarding Issues

The raising of a safeguarding concern should usually be accompanied by a Reg. 40 notification; you can ask for evidence that this happens.

Where a child raises a concern about an employee, how is the child's contact with that person managed whilst the enquiry takes place?

The Local Authority Designated Officer should be informed of all allegations against employees; there should be a record of notification on the child's file.

Children and their families should, wherever possible, be kept informed about the progress of a safeguarding enquiry.

4.6 Deprivation of Liberty (DoL)

The setting should be able to provide full documentation about a DoL, and any restrictive measures should align with the purpose and scope of the DoL.

Any measures implemented in support of a DoL must be in the child's best interests and represent the least restrictive means to keep them safe.

There should be a plan for regular review of the restrictions, and for their reduction wherever feasible.

4.7 Employee records

The setting will be able to show the practitioner the contract for the child's placement, which will indicate the level of care the child requires. This level of care (including staffing levels) should be reflected in the child's care plan and in the setting's employee rota.

The setting should always have majority of skilled and experienced employees as per Ofsted guidance.⁴ You can ask to see a copy of the staff training matrix to ensure that staff have undertaken mandatory training including safeguarding training.

4.8 Health

⁴ See [The Children's Homes \(England\) Regulations 2015 \(legislation.gov.uk\)](https://www.legislation.gov.uk) 13(2)(c)

The child's Strengths and Difficulties Questionnaire (SDQ) should be on their file. The file should also show that GP, Dentist, and Optician appointments are made and attended.

The setting should be able to demonstrate that its employees are trained to meet the child's health needs.

Where the child has unmet health needs, the setting should be able to show from records how these are being escalated, and with what results. They should also have records for all attendances at hospital.

4.9 Medication

Controlled medications should be in a separate locked cabinet within the locked cabinet.

Medication for each child should be clearly labelled; the medication held should match the medication on the Medical Administration Record (MAR). The MAR should be signed by 2 employees who are medication trained: one to administer and one to witness.

How are errors in medication reported? Is the Social Worker informed when an error is made?

PRN medication can only be used where there is a protocol supporting this on the child's file. Do records show that PRN is being used only in accordance with the protocol? Does use of PRN affect the child adversely?

4.10 Communication

Where a child needs a communication plan, is this available, appropriate, and regularly reviewed?

Does the communication plan support the child if they feel unhappy or unsafe?

Do other settings (school, family setting) use the same communication plan? How do records show that the communication plan supports the child to make effective choices?

4.11 Education (from the setting's perspective)

All education records should be on the child's file. Is there regular and effective communication between the setting and the school? Does the setting attend all relevant education meetings?

Where a child has been excluded from school, how has the setting engaged with the school to re-integrate the child back into education?