Children & families Service quality assurance Process for West sussex children’s Homes

**Working together for continuous improvement for Children and Families**

V1.0 - December 2018

(Review due December 2019)

**Contents**

**Page**

1. **Introduction 3**
2. **Governance 5**
3. **What Does Quality Assurance Involve? 8**
4. **Principles 9**
5. **Quality Assuring Practice of West Sussex 10**

**Children’s Homes**

1. **Internal Monitoring & Quality Assurance Carried 11**

**Out by Each Home**

1. **External Monitoring & Quality Assurance by the 14**

**Regulation 44 visitor**

1. **External monitoring & Quality Assurance by the 20**

**Wider system within WSCC**

1. **Scrutiny, Challenge & Quality Assurance provided 24**

**by Ofsted**

1. **Appendices 26**

* **Appendix I - Membership and Terms of Reference.**
* **Appendix II – Regulation 44 Monthly Template**
* **Appendix III – Residential Governance Arrangements**

**1. Introduction**

The West Sussex Plan 2017-2022 sets out our vision for children to achieve the best start in life, summarised in the diagram below:



In order to achieve this, the West Sussex Children and Families Service are committed to achieving the highest quality services in order to deliver the best possible outcomes for children, their families and carers.

In West Sussex County Council (WSCC) we are ambitious to promote and maintain high quality residential provision for children living in our children’s homes. With this aspiration in mind it is crucial that there is a robust approach to monitoring and evaluating the quality of service provided to ensure consistently high standards, whilst also safeguarding and promoting the welfare of the children accommodated.

This document sets out a quality assurance process to enable monitoring and evaluation of all West Sussex children’s homes. This process is part of a wider quality assurance framework that describes how we draw together all of the information available to us to: highlight good practice; address areas of concern; ensure continuous improvement; and promote evidenced based practice.

The process brings together monitoring from a number of different perspectives thereby supporting a systems approach to quality assurance. Whilst we seek assurance from many perspectives, there are also individuals who hold overall statutory responsibility for the quality of care in each establishment: the Registered Manager, the Lead Member for Children and Families Services and the Director of Children’s Services.

**2. Governance**

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**2.1 Management of the Service**

The management of the residential service sits within the Children and Families Directorate. Registered Managers report to the Service Lead for Residential Services who in turn reports to the Head of Children’s Social Care. Overall monitoring and developments are overseen by the Children and Families Senior Leadership Team. Within the leadership team, the Head of Quality Assurance and Practice Improvement, Marketing and Development and the Head of Safeguarding also hold crucial roles in providing quality assurance and safeguarding support.

**2.1.1 *The Role of the Head of Quality Assurance***

The Head of Quality Assurance and Practice Improvement has overall responsibility for the delivery of effective quality assurance systems. The Head of Quality Assurance and Practice Improvement directly manages the Independent Reviewing Officers, responsible for reviewing plans for children looked after and monitoring the local authority’s corporate parenting and safeguarding responsibilities. The Head of Quality Assurance and Practice Improvement is also responsible for ensuring the implementation of the Quality Assurance process for West Sussex Children’s Homes. A dedicated quality assurance officer for our residential services undertakes key quality assurance activity, outlined in this document. They report to the Operational Residential Improvement Board and through line management to the Strategic Residential Improvement Board.

***2.1.2 The role of the Head of Market and Development***

The Head of Market and Development has responsibility to support the delivery of the Residential Improvement Plan. The Head of Market and Development will chair the Operational Residential Improvement Board and support regular updates to the Strategic Residential Improvement Board. The Head of Market and Development will lead on the ‘Strategic Review of the Residential Estate’, and clarify the responsibilities of the Quality Assurance Officer in this review. The Head of Market and Development will chair (or delegate chairing responsibility) for the quarterly contract meeting with Aidhour (Regulation 44 visiting service).

**2.1.3 *The role of the Head of Safeguarding***

The Head of Safeguarding has responsibility to provide independent oversight and assurance that the West Sussex Partnerships meet their statutory functions and duties in terms of safeguarding, child protection and children in care. The role is required to provide scrutiny and challenge to the partners, and ensure that partners provide a service that delivers the best outcomes for the children.

**2.2 The Strategic Residential Improvement Board**

In 2017 and 2018 action was taken to make required improvements to a number of our homes. As a consequence, a new Strategic Residential Improvement Board has been established to oversee and drive forward the work through a detailed improvement plan. This board is chaired by the Executive Director, Children, Adults, Families, Health & Education. See **Appendix I: Membership and Terms of Reference.** The improvement Board reports directly to the Quality and Development Group, chaired by the Chief Executive on a quarterly basis.

Together with the Responsible Individual, the Strategic Residential Improvement Board has responsibility for ensuring the delivery of the Residential Improvement Plan. The plan is a dynamic document, which is constantly changing and is maintained by a project manager, reporting to the Head of Children’s Social Care. In order to co-ordinate work across a number of disciplines the Strategic Residential Improvement Board is supported by the Operational Residential Improvement Board.

**2.3 The Operational Residential Improvement Board**

A new Operational Residential Improvement Board has been established to oversee and drive forward the work of the sub groups supporting the project plan. This board is chaired by the Head of Marketing and Development, and consists of a number of sub-groups, reporting to the Strategic Residential Improvement Board. These include:

* Quality Assurance;
* Facilities Improvement;
* Workforce and Training;
* Finance/legal;
* Care Planning (short term);
* There are three additional areas of service represented at the Operational Residential Improvement Board that do not have dedicated subgroups; Health, Education and Voice of the Child.

The Quality assurance sub-group brings together all of the quality assurance work, outlined in this document and is chaired by The Head of Quality Assurance and Practice Improvement. The group also includes the Quality Assurance officer; the Service Lead for Residential Services; a Registered Manager representative; and has attendance as required from the Head of Safeguarding; the LADO; and an FM representative. The group’s focus includes:

* Regulating the progress against Ofsted recommendations and quality assurance elements of the improvement plan;
* Consideration of complaints; and
* Consideration of audit findings.
* Establishing a project framework, incl. Terms of Reference
* Draft and populate a QA dashboard (to include critical statutory documentation) for each home to update Operational Residential Improvement Board on progress.
* Revising all local and service-wide documentation to ensure statutory compliance and consistency across the service.
* Designing and agreeing the process for Regulation 44, Regulation 45 and other statutory reporting requirements.
* Compiling an analysis of all recent Regulation 44 reports and identify issues of concern and any ameliorative actions.
* Providing a summary of Regulation 45 reports to ensure management oversight of future actions.
* Developing a clear plan of all QA activity and report on progress, risks and barriers.
* Identifying the tasks required to achieve longer-term project objectives and move to Business As Usual.

**2.4 Elected Member Scrutiny and Challenge:**

The Lead member for Children and Families has a key role in supporting and scrutinising work across the directorate. Updates and briefings about the residential estate are therefore provided by the DCS and Head of Children’s Social Care to the Lead Member on a regular basis. The Corporate Parenting Panel collates and scrutinises qualitative and quantitative information received from a range of sources about children’s homes, including Regulation 44 visitor reports (**See 7.6)**. Training is also taking place to support more robust involvement of the Corporate Parenting Panel members, linked to each of our children homes. **(See 8.5).**

**2.5 Summary**

**Appendix III** provides a summary flow chart of the governance arrangements.

**3. What Does Quality Assurance Involve?**

**3.1 Definition of Quality Assurance**

Quality assurance describes all of the activity that contributes to continuous service improvement. It enables the organisation to satisfy itself that children are safe, statutory requirements are being complied with, agreed practice standards are being met and positive outcomes for children are being achieved.

Quality assurance is about asking a series of questions, beginning with: **How do we know that we are having a positive impact on children and families’ lives?”**

This involves:

* Celebrating and sharing good practice and asking ourselves **what is working well?**
* Where we have information that indicates that interventions are not working, it also involves finding out **why** and asking ourselves **what needs to change to help us improve.**
* When we have made changes we then need find out **has the work had the desired impact?**

Quality assurance is a continual and dynamic process. It is an improvement cycle by which standards are set, impact is monitored, and information is used to improve practice and standards in our homes. This involves:

* Setting practice standards so that service provision can be judged
* Ensure service provision is of a consistently high standard
* Supporting continuous improvement and developing practice
* Improving outcomes for children
* Promoting a proactive and reflective approach to the measurement of quality and impact of service provision and delivery.

Leaders and managers of children’s homes in West Sussex therefore need to be familiar and conversant with the Quality Standards[[1]](#footnote-1), Regulations[[2]](#footnote-2) and Ofsted grading criteria[[3]](#footnote-3) as a minimum.

**4 Principles**

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The following principles guide our overall quality assurance and practice in our children’s homes:

* Ensuring the welfare of children placed in our homes is our paramount concern.
* Ensuring high standards of care and practice to create an environment and culture where children thrive and can maximise their life chances.
* In order to achieve high standards of care and practice, all staff work in an open and transparent manner. They are receptive to feedback from colleagues, managers, children, parents and relatives of those children placed in the home, external visitors and other professionals.
* All staff working at the home are committed to continuous improvement. They ensure that their training is up to date and are open to new ideas. They encourage good practice and learn skills from other social care and education settings that may be transferable to improve outcomes for the children in their care.
* Quality assurance is everyone’s business. Everyone involved with or visiting our children’s homes has a key role to play in our quality assurance processes.

**5 Quality Assuring Practice of West Sussex Children’s Homes**

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The routes for quality assuring WSCC children’s homes broadly fall into four distinct areas:

* Internal monitoring, scrutiny and quality assurance from within each establishment including feedback from children and their families
* External monitoring, scrutiny and quality assurance provided by the independent Regulation 44 visitor for each establishment;
* External monitoring, scrutiny and quality assurance provided by the wider organisation in WSCC; and
* Scrutiny and challenge provided by Ofsted, as the external Regulator.

**6. Internal Monitoring & Quality Assurance Carried Out By Each Home**

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**6.1 Day to Day Responsibilities:**

The Guide to the Children’s Homes Regulations including the quality standards[[4]](#footnote-4), supported by the Care Standards Act 2000, clearly states that *‘ … most of the Regulations are drafted to make the ‘registered person’ accountable – this means the registered provider or registered manager depending on how the home is organised, run and managed …’. that where the Registered Provider (West Sussex) is an organisation or a local authority, a person known as the ‘Responsible Individual’ represents the organisation to Ofsted and is the ‘responsible and accountable individual’ for meeting the statutory requirements.*

Each home will also have a ‘Registered Manager’ who is registered in their own right. The responsibility for the day to day operation, management and conduct of each home rests with the Registered Manager. In turn he/she has a responsibility to escalate any concerns, or relevant information to the appropriate line manager and ultimately the Responsible Individual.

Given the level of responsibility placed on the Registered Manager it is vital that robust mechanisms are in place for them to systematically monitor, scrutinise and quality assure practice within each home.

The Registered Manager, and management team, within each establishment should create a culture where high standards of care and practice are the expected norm. In practice, this should include:

* Daily checks and scrutiny of practice on areas including; sanctions, physical interventions and significant incidents; medication handovers, food preparation and hygiene, and health/safety issues etc. In addition, it is essential to ensure there is a formal handover record highlighting any significant events and incomplete tasks from each shift.
* Ensuring that all safeguarding documentation including incidents, allegations, accidents, restraints and missing person’s records are monitored. This should include the Registered Manager signing off records within 24 hours.
* Case file audits being completed on a monthly basis as delegated by the Registered Manager.
* Delegated individuals should audit certain aspects of the home including fridge temperatures, grounds and premises, fire and health/safety issues etc. on a weekly basis
* Monthly management scrutiny and quality assurance. This should include reviews of incidents, physical interventions, missing episodes, staffing rotas and sickness/absence, all records/logs, visitors to the home, Regulation 44 reporting and recommendations etc. Monthly meetings with the Service Lead for Residential Services and the Registered Managers. This should provide a useful forum to benchmark standards, agree peer reviews, provide challenge, and moderate practice issues (such as thresholds for physical intervention). It can also allow a space to reflect on Ofsted findings, Regulation 44 activity, consider trends, local intelligence and actions required, learning from good practice, research and developmental issues.
* Focused deep dive audits arising out of the findings of any of the above can be completed on issues such as physical intervention, children going missing, PEPs and health planning, and administration of medication. These should be completed by the Service Lead for Residential Services in collaboration with Registered Managers. An annual schedule of deep dive audits will be maintained by the Quality Assurance Team.

**6.2 Monitoring of Regulation 40 Notifications:**

The Registered Manager is responsible for monitoring all notifications to ensure that they are consistent with the statutory requirements and notifying the Responsible Individual. Any issues of concern should be immediately identified and reported to the Responsible Individual. A detailed summary of all notifications must be also included in the Regulation 45 Report.

**6.3 Regulation 45 Reviews**

The Registered Manager must complete a review of the quality of care provided for children at least every six months, giving due consideration to the statutory requirements outlined earlier. The box below outlines the requirements of Regulation 45 reviews. All reports are written by Registered Managers and must be signed and approved by the Responsible individual. Reports are also presented to the Quality Assurance sub-group of the Operational Residential Improvement Board to ensure that concerns and issues are appropriately acted upon and escalated where necessary to the Strategic Residential Improvement Board in order to inform the improvement plan. A copy of the report will be sent to Ofsted by the Service Lead for Residential Services, within 28 days of completion.

Regulation 45 – (1) The registered person must complete a review of the quality of care provided for children (‘a quality of care review’) at least once every 6 months.

(2) In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating –

1. The quality of care provided for children;
2. The feedback and opinions of children about the children’s homes, it’s facilities and the quality of care they receive in it; and
3. Any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children

(3) After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review.

(4) The registered person must –

1. Supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed; and
2. Make a copy of the quality of care review report available on request to a placing authority

(5) The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff.

**6.4 Promoting Culture of Learning across the Residential Estate:**

A proactive culture, which views residential services as important and beneficial to the lives of vulnerable children is vital. Managers should therefore promote and share learning as part of their quality assuring practice. This can be achieved via;

* Monthly Registered Managers meetings;
* learning and improvement workshops;
* Buddying and mentoring; and
* Peer auditing.

**7. External Monitoring & Quality Assurance by the Independent Regulation 44 Visitor**

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**7.1 The Role and Purpose of the Regulation 44 function**

The role and remit given to the Regulation 44 visitor provides a unique opportunity to quality assure and shape standards and practice in a children’s home.

The box below provides a summary of Regulation 44.

Regulation 44 of the Children’s Homes Regulations 2015 states;

(1) The registered person must ensure that an independent person visits the children’s home at least once each month.

(2) When the independent person is carrying out a visit, the registered person must help the independent person—

(a) if they consent, to interview in private some of the children, their parents, relatives and persons working at the home as the independent person requires; and

(b) to inspect the premises of the home and such of the home’s records (except for a child’s case records, unless the child and the child’s placing authority consent) as the independent person requires.

(3) A visit by the independent person to the home may be unannounced.

(4) The independent person must produce a report about a visit (“the independent person’s report”) which sets out, in particular, the independent person’s opinion as to whether—

(a) children are effectively safeguarded; and

(b) the conduct of the home promotes children’s well-being.

(5) The independent person’s report may recommend actions that the registered person may take in relation to the home and timescales within which the registered person must consider whether or not to take those actions. ………..

**7.2 Appointment of the Regulation 44 visitor**

Regulation 43 and 44 set out details explaining how children’s homes should ensure they appoint the most appropriate person to conduct visits.

In West Sussex there is a contract with Aidhour Limited to provide this service. Completed reports are sent to the Quality Assurance Officer for Residential Services and a quarterly overview report compiled for the Operational Residential Improvement Board with initial oversight by the Quality Assurance sub-group.

The contract monitoring is led by the Children’s Services Contract Management Team and informed by the overview report from the Quality Assurance Officer.

***7.3* Planning and Conducting the Regulation 44 Visit (including reporting periods)**

Visits will take place in each calendar month and will be a mix of announced and unannounced. The time and date of the visit will vary from month to month and should take into account when children will be present so as to provide an opportunity for the visitor to meet with them. Reports will reflect on the time period between visits e.g. a visit is conducted on the 15th February 2018, with the next visit conducted on the 10th March 2018; the visit in March will be known as the *March visit* and will reflect on the reporting period *15/02/18 – 10/03/18*.

Visits also need to be conducted with some sensitivity to the needs of the children living in each home. For example the visitor may need to be alert to bedtime routines, contact visits with family or special events which may impact on the effectiveness of the visit.

The visitors are expected to prepare for their visit by ensuring that they are cited on the recommendations made from the previous visit in order for them to be able to monitor progress.

On arrival at the home, the visitor should show their identification and state the nature of the visit. They should also:

* Ascertain how many children are present in the home and ask that they are informed of the visit;
* Ascertain how many staff are on duty at the time of the visit and ask that they are informed of the visit;
* Explain how they intend to carry out the visit; and
* Find out whether there is anything happening at the time which may impact on the progress of the visit.

The visitor should not look around the bedrooms alone and should not enter the children’s bedrooms without their permission. However, all bedrooms should be examined at least once every three months, and staff will need to support the visitor in achieving this, in collaboration with children. A child may be asked to show the visitor around the home as this may provide an opportunity for talking privately with the child in order to gain their views about the quality of the home.

***7.3.1 Areas to be examined***

**Appendix II** provides the report template. This shows the areas to be examined. This is in the process of being updated

***7.3.1.1 The Report Template and Records***

The report template provides a guide, and as such, is not exhaustive; it allows scope to ask questions, be curious and exercise a level of independent monitoring, scrutiny and challenge which can provide a unique perspective on the quality of care in the home.

3. The following records should be examined by the Regulation 44 visitor as follows:

* Child protection / Safeguarding incidents/concerns
* Sanctions/reparations
* Physical Interventions
* Complaints and compliments
* Significant incidents and notifications to Ofsted under Regulation 40
* Children going missing and records relating to response, prevention, intervention and care planning
* Children subject to exploitation and records relating to identification, response and intervention

To ensure the visitor is able to reach an overall view regarding the operation of the home, they may choose to review a range of other records which might include:

* Record of children’s meetings
* Staff meetings
* Staff supervisions
* Medication administration, stock checks and homely remedies
* Compliance with fire regulations, and alarm tests
* Health and safety records
* Children’s files
* Risk assessments
* Staff training and appraisals
* Menus
* Management monitoring documents e.g. Regulation 45 reports and weekly/monthly reporting, audit, thematic reviews or evaluations, trend analysis of specified topics
* Any other documentation as is considered necessary in order to form a view about the quality of care being provided in the home.

***7.3.1.2 Premises/furniture and fittings***

The visitor should look around the building and the garden/grounds on each visit. The report should consider;

* Any damage or outstanding repairs
* Any unsafe equipment that needs replacing or repairing
* Storage of hazardous equipment or chemicals e.g. garden shears, bleach
* Any reporting of defects and delays in receiving a response from the relevant services department
* Health and safety issues.

The report should comment on the general standards of accommodation, the furniture and fittings and the level of homeliness provided. A distinction needs to be drawn between issues that need to be addressed over a longer period or have implications for the capital programme and those that should be resolved more speedily.

***7.3.1.3 Education and health***

The visitor should discuss with the Manager on duty the arrangements for the education of each young person of school age and school/education problems encountered. This should also include discussion about training or employment opportunities offered and being taken up by those children who have left school. The report should identify;

* Any child who is not attending school, training or employment
* The reasons for this
* Any alternative arrangements that have been made and actions to resolve the situation

The visitor should ascertain what the arrangements are for children to access health and medical care, including GP services, dental care, hearing and sight tests as well as more specialist advice such as sexual health, substance use or mental health services. The report should provide an overview of the level of health care provided and identify any unmet need that exists, with particular reference to cultural needs and those arising from a disability.

***7.3.1.4 Community relations***

The visitor should discuss with staff the relationship between the home and the local community including immediate neighbours, links with local community groups and the use of local facilities. This should include links with local schools, police, and include making contact with the Police Liaison Officer. The report should identify;

* Any incidents that have occurred or complaints that have been received and action taken
* Any activities undertaken in the local community, for example fund raising or voluntary work

***7.3.1.5 Consultations***

The visitor will always ensure that there is an opportunity for discussion with the children and staff, as well as any parents and visitors who may be present. There should also be the opportunity for individuals to raise matters in private. Such consultation should take account of communication needs of children and their parents and interviews conducted accordingly including the provision of an interpreter if and when needed. The report should record comments in such a way that it does not identify individuals.

Other consultations are possible and on an annual basis, at minimum, all staff should be formally offered the opportunity to participate in a simple survey. Social workers who place children in the homes should also be offered the opportunity to comment on the quality of provision in the home. Parents/carers should also be offered a formal opportunity to provide feedback to the independent Regulation 44 visitor.

**7.4Monthly Reporting Expectations of Regulation 44 Visitors**

1. See **Appendix II** for the standard report template.

The report should comment on;

* How well children are helped and protected
* The overall experience and progress of children in the home
* The impact and effectiveness of the management of the home
* An overall impression of the home

Reports should be anonymised to the extent that only the initials of children and staff are used. The only full names that should appear on any report are that of the Regulation 44 visitor, the Responsible Individual and the Registered Manager.

Reports should be written in plain English, not use jargon, acronyms or abbreviations (unless explained). The use of colloquialisms should be avoided. Where opinion is provided, this should be stated as such. Content should be based on evidence and where there may be speculation this should be clearly stated.

Visits provide a monthly snapshot of life in the home, the experience of children and staff, and the effectiveness of management. As such, the independent person may not feel it necessary to inspect and scrutinise all documentation on each visit; a random dip sampling of specific areas may be entirely appropriate and proportionate as a means for measuring effectiveness of the home. Triangulating this dip sample, through other documentation, and discussions, is a legitimate way to conduct the visit. For example, examining a 4 - 6 month trend analysis of physical interventions (provided through the Registered Managers monthly scrutiny report or Regulation 45 report) may prompt scrutiny of a percentage of physical intervention documents during one Regulation 44 visit, which may prompt closer inspection of a behaviour management plans, key work sessions, discussions with children – in order to then form a judgement about the effectiveness of the home.

The report should be headed with the name of the establishment as well as the Ofsted unique reference number, as set out in the attached report template.

Clear recommendations, where necessary, should be made. These should be specific, measurable, achievable, realistic and targeted (SMART). Recommendations should be prioritised using the following categories;

* High – action to be taken within the next 24 hours
* Medium – action to be taken within the next 5 working days
* Low – action to be taken within the next 20 working days/before the next Regulation 44 visit

Subsequent visits and reporting should check on progress and report, either way. If no action has been taken the recommendation follows through to the next report. If, as a result of this successive visit i.e. 2 months after the recommendation was made, action has still not been taken; the matter should be referred to the Responsible Individual within four working days.

Reports should be completed, in draft, and returned to the Registered Manager within 4 working days of the visit.

The Registered Manager is provided with an opportunity to comment on accuracy and fairness of the report content. If amendments are needed (due to factual inaccuracies) these should be returned to the Regulation 44 visitor within 48 hours of the draft report being received.

The final, and agreed, report should be submitted to the Responsible Individual, the named Quality Assurance Officer, the Contracts Manager, and the Service Lead for Residential Services within the following 48 hours of receipt any amendments finalising the report.

The final report is to be sent to Ofsted and the Quality Assurance officer by the Regulation 44 visitor on day of receipt.

**7.6 Quarterly Reporting *by Regulation 44 Visitors***

In addition to the monthly reporting a summary report should be provided on a quarterly basis by the visitor. This will be informed by the monthly reports. This provides the visitor with an opportunity to aggregate their findings, consider patterns, undertake a trend analysis on specific topics such as physical interventions or missing episodes, and highlight a summary of recommendations and good practice in each establishment. It should be seen as a useful opportunity for the visitor to reflect on their visits. This report does not need to be submitted to Ofsted, as there is no regulatory requirement for the Regulation 44 visitor to complete such a report. It is however good practice and it should provide WSCC with reassurance about how effectively it is fulfilling its corporate parenting responsibilities. As such, Elected Members of the Corporate Parenting Panel should also receive a copy.

A copy for the template for this report can be found in **Appendix III – this is being amended currently**

***7.7* Reporting Expectations within West Sussex County Council**

Regulation 44 reports (monthly and quarterly)) will be quality assured via the following mechanisms;

* The Service Manager for Residential Services
* The Responsible Individual

The Quality Assurance Officer.

The Quality Assurance Officer will also be responsible for collating information from Regulation 44 visits for all homes on a monthly, basis, providing appropriate overview reports. These will be explored in detail at the Quality Assurance sub-group of the Operational Residential Improvement Board. These reports will also be presented to the Children and Families management Team, contract monitoring meetings, the Strategic Residential Improvement Board and the Quality and Development Board, as required.

**8. External monitoring & Quality Assurance by the wider system within WSCC**

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WSCC children’s homes operate within a wider local authority landscape and form part of the local authority’s offer to children looked after. As such it is important that the wider system contributes to the support and quality assurance role in a meaningful way. This can be achieved in a number of ways;

**8.1The Service Lead for Residential Services:**

* Accountable for the overall achievement of a service, meeting directorate and corporate objectives by developing a range of policies and plans covering an area of technical or professional specialism and approving a significant range of formulated policies and business strategies in a specialist or technical area.
* Managing the integration and co-ordination of generally related or similar groups or services to deliver an effective Service.
* Taking the professional lead on assigned technical areas of specialism, determining, evaluating and managing performance standards to meet defined performance indicators and achieve corporate objectives. This will include the responsibility of the service impact on the operation of the organisation as a whole, through professionally based programmes/systems.
* The direct responsibility for a budget (typically around £3.0 million) and/or contribution to decision making on projects or other externalised expenditure (typically around £30.0 million).
* Effective forward planning and resource management to ensure the successful delivery of service provision and directorate and corporate objectives; typically planning on a time horizon of a number of years with an awareness of ‘the bigger picture’ across the organisation.
* Identifying and defining innovative solutions and resolving challenging technical and management problems without guidance, through the application of detailed expert, technical and complex advice. This will include evaluating, constructing and negotiating solutions to changeable situations.
* The development and maintenance of highly effective relationships in the business area and across the organisation, including managing the links and relationships with other parts of the organisation in order to achieve objectives.
* Effective communication of complex technical or specialist information to a range of audiences, including outside of the organisation, in a highly proficient, professional manner. Advising others on updates and implications to changes in specialist area and the delivery of specialist advice to the Chief Executive’s Board and the Cabinet.

**8.2 The *Responsible Individual and delegated responsibilities:***

Regulation 26 sets out details in respect of the fitness of the Responsible Individual. For WSCC the Responsible Individual is the Residential Service Lead. This post-holder must reassure themselves that standards and conduct in each of the homes is of a high standard and that there is sufficient oversight of practice and management. Given this, the post-holder will need to rely on robust reporting practices from the Regulation 44 visitor, internal management activities e.g. Regulation 45 review of the quality of care reports, delegated officer activities and reporting, and Ofsted inspections. In addition to this, the Responsible Individual may commission other quality assurance activities, such as thematic reviews, deep dive audits, and learning audits.

The Responsible Individual needs to be seen as just that; to take an overview about the quality and standards of care in each establishment and act accordingly should concerns or situations of interest arise.

The Responsible Individual will visit each home as and when they wish to, however as a minimum expectation they should visit once a year.

**8.3 The Quality Assurance Officer**

The Quality Assurance Officer will undertake the following tasks:

* collate information from Regulation 44 reports **(see section 7 above)**
* undertake audits in all homes to ensure compliance with regulations and progress against the improvement plan. Co-ordinate peer audits across the service.
* Complete thematic audits as directed by the Operational and Strategic Residential Improvement Boards
* Meet on a quarterly basis with QA representative from AidHour
* Consult with all key stakeholders including parent /carers (**See 8.6)**
* Offer induction sessions to all new staff around expectations and requirements of the service/to support managers to maintain practice standards
* Strengthen links with colleagues from Child Disability teams and Health colleagues (CLA Nurses) to share good practice
* Evaluate anonymous feedback box in staff rooms in all services for QA to review during monthly audits.
* Offer drop-in sessions in all homes for frontline staff for consultation on record keeping and case file maintenance
* Support managers by providing advice, guidance and where appropriate training for staff and elected members.
* Link with any groups of children and young people who are supporting inspection processes internally such as ARC, or SEND Young Inspectors

***8.4* Human Resources Service:**

WSCC children’s homes benefit from the support and infrastructure that being part of a large local authority can bring. The workforce in any institution can be its greatest asset as well as presenting significant challenges. As such, human resource input into staffing related issues is vital. Appropriate scrutiny, vetting and selection of staff needs is the highest priority, particularly given our homes are often working with the most vulnerable children. Ongoing support for staffing issues in children homes is also fundamental to the smooth running of the homes. This includes support for care staff but also administrative and domestic staff. The Regulation 44 visitor is well placed to provide commentary about the quality and efficacy of administration duties, in maintaining children’s records and keeping up with the high demands of recording which is required in any children’s homes. Internal management monitoring should also provide a commentary about the quality of support provided by the human resources service.

**8.5Corporate Parenting Panel and Elected Members:**

The Corporate Parenting Panel (CPP) receives a copy, and discusses every Ofsted inspection report for each WSCC establishment.

The CPP receives the quarterly Regulation 44 reports, for each home on a rolling basis for scrutiny and challenge.

The Service Lead for Residential Services submits to the CPP, the WSCC Children’s homes annual Report, in April of each year.

Elected Members wish to reassure themselves about the quality of care in WSCC children’s homes and have a role to play in providing another source of quality assurance.

It has also been agreed that West Sussex will enhance its elected member engagement in the operation of residential homes for children by ensuring the following:

* Individual elected members are identified to link with each of the children’s homes.
* Each nominated member will accompany the relevant Regulation 44 visitor on two of the Regulation 44 visits each year.
* Members are provided with electronic copies of all Regulation 44 visits to their nominated home and may contact the Regulation 44 visitor, or their manager, if they have queries or concerns arising from the reports.
* Reports are provided to the Corporate Parenting Panel summarising key issues identified in the visits over the preceding 6 months
* Members have the opportunity to develop their relationship with the relevant home and to visit with the agreement of the manager at other times which are suitable for both staff and residents. This should be agreed with the Service Manager for Residential Services in advance.
* Visits undertaken without the independent Visitor do not form part of the Regulation 44 process.
* Training will be provided for new nominated elected members

**8.6 Parents and carers who maintain parental responsibility and care of their children who are placed in WSCC homes:**

Whilst not part of the county infrastructure, parents and carers of children placed in our homes, and who still have parental responsibility, are seen as a vital source of feedback about the quality of care provided. Seeking feedback from parents and carers promotes a transparent, and respectful, way of operating, but also is more likely to promote better outcomes for children if the parents/carers feel engaged in the process of continuing care for their children.

Parents and carers have formal opportunities to provide feedback through the statutory review process for their children with the Independent Reviewing Officer. However in addition to this, there should be opportunities for informal feedback. Regulations and Quality Standards support this approach and effectiveness can be judged via the Regulation 44 & 45 reporting, Ofsted inspections but also regular questionnaires and surveys conducted by the Quality Assurance Officer.

**8.7 Social workers and other professionals working with children placed in the homes:**

Placing social workers, and other professionals who may be involved in children’s lives (nurses, police, and educational advisers), should be approached to provide feedback wherever possible. At statutory reviews for children looked after they should be asked for their views about the child’s care and encouraged to provide compliments or make complaints, where appropriate.

***8.8* Complaints, Compliments and Advocacy:**

The complaints manager attends the Registered Manager’s meeting on a quarterly basis to advise staff, review complaints and compliments and identify any serious concerns or unresolved complaints. Registered Managers also have the facility to contact the Complaints department for immediate advice and consultancy as individual issues arise. The Complaints officer also attends staff meetings at all children’s homes on a minimum annual basis to ensure staff are confident at recognising and identifying complaints appropriately.

**8.9 Children placed in the homes:**

Children placed in our homes should be fully involved in their care arrangements. Active participation and engagement about the quality of care being provided promotes better outcomes. Seeking the views of children on a daily basis, informally, as well as via the statutory review process, should therefore be seen as standard practice. Homes should encourage children’s views throughout all of their processes e.g. residents meetings; activity choices; suggestion boxes; complaints and compliments.

The Regulation 44 & 45 reporting and Ofsted inspection visits should provide a commentary about the effectiveness of seeking children’s views about the quality of care in the home.

**9. Scrutiny, challenge & quality assurance provided by Ofsted**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Ofsted is the Office for Standards in Education, Children’s Services and Skills. Ofsted inspects and regulates services that care for children and young people. Under the Care Standards Act 2000 Ofsted has powers to regulate and inspect children’s social care services including children’s homes.[[5]](#footnote-5),[[6]](#footnote-6) As well as setting out Ofsted’s powers to register, inspect and, where necessary, enforce compliance with the Act and relevant regulations, it also defines a children’s home.

The frequency of inspections is set out in regulations.[[7]](#footnote-7) All registered children’s homes will have a minimum of one inspection in a year (between 1 April and 31 March – the inspection period).

All inspections will be unannounced. In most instances, inspections will alternate between a full inspection and an interim inspection.[[8]](#footnote-8)

A **full inspection** is carried out usually at least once annually. This inspection is conducted against the grade criteria and will result in a set of graded judgements. The inspector will normally be on site for up to two days.

An **interim inspection** may be carried out once annually. The focus of this inspection is on the effectiveness of the home and the progress and experiences of children and young people since the most recent full inspection. The judgement will be made on a three-point scale: improved effectiveness; sustained effectiveness; or declined in effectiveness. The inspector will normally be on site for one day.

Where the children’s home provides education, Ofsted inspect its educational provision once every three years.

If there is an incident, a complaint or concerns, Ofsted may conduct:

* a **monitoring inspection** – Ofsted may also carry out monitoring visits to review any building work, to ensure that the design and layout remains suitable for achieving the aims and objectives set out in the children’s home’s statement of purpose or, where they wish to gather information on a particular aspect of care or service provision, monitor specific issues or compliance with a notice.

4.4.8. Further information about the inspection framework for children’s homes can be found by following the link:

<https://www.gov.uk/government/publications/inspecting-childrens-homes-framework>

Once the report from the Ofsted inspection has been agreed it is important that all relevant parties have sight of it. This should include the Responsible Individual, the Regulation 44 visitor, the Service Manager for Residential Services and the Corporate Parenting Panel and the Quality Assurance Officer. The Responsible Individual, in discussion with the Registered Manager should ensure an appropriate action plan is devised in order to remedy any deficits or areas for development. Progress on the action plan should be monitored by the above individuals on a regular basis, but this should also be shared with the Regulation 44 visitor, who may also comment on progress.

The scrutiny and challenge provided by both the Regulation 44 visitor and the Corporate Parenting Panel in monitoring progress on actions following an Ofsted inspection is an important feature of quality assuring provision and practice in WSCC children’s homes.

**10. Appendices**

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**Appendix I - Membership and Terms of Reference**

**Appendix II – Regulation 44 Monthly Template**

**Appendix III – Residential Governance Arrangements**

**Appendix - Membership and Terms of Reference.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Terms of Reference**

**Strategic Residential Improvement Board**

1. **Purpose**

The Strategic Residential Improvement Board role is to set the overall strategic direction of the Children’s Residential Estate whilst ensuring the activities to stabilise the residential estate is maintained and barriers removed where necessary.

The activities that will need to be undertaken to achieve this will be:

* Provide strategic oversight of the activities within the programme to stabilise the estate;
* Provide an overarching strategic direction for the residential estate to establish the future direction;
* Ensure barriers and blockers reported by the project board are overcome (where necessary) to allow work to continue at the required pace;
* Review outcomes based upon the original objectives
* Provides a forum for lessons that have been learnt through the improvement plan

1. **Membership**

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Role** |
| Kim Curry | Executive Director for Children’s, Adults, Families, Health and Education | Chair |
| Annie MacIver | Director of Children and Family Services | Deputy Chair |
| Sarah Daly | Head of Children’s Social Care | Practice |
| Karen Wells | Head of Market Development | Strategic Market View |
| Julie Lawrence | Strategic Finance Lead | Finance |
| Helen Johns | Head of Inclusion | Education |
| Jamie McGarry | Head of HR Business Partnering ＆ Organisational Change | HR |
| Jeremy Rigby | Head of Facilities Management | FM |
| Elaine Sanders | Property Services Manager | Property |
| Jane Vickers | Senior Communications and Engagement Manager | Comms |
| Nicola Scullard | Project Manager – Children’s Social Care | PM |

1. **Governance**
   1. The Strategic Residential Improvement Board will report to the Q&D board on a quarterly basis of progress made against the original objectives, along with clear expectations of what will be achieved within the next quarter.
   2. The Strategic Residential Improvement Board will also report to ELT as required.
   3. The Strategic Residential Improvement board will receive regular updates from the Residential Project Board to ensure pace is maintained and there is clear and appropriate oversight of all activities.
   4. The Residential Project Board and Working Groups have their own ToR.
2. **Quorum**

A quorum shall exist of the Chair (or deputy), plus minimally 3 members.

Additional members and managers may be asked to attend on agreement of the Chair.

1. **Frequency of Meetings**

The group will meet on a monthly basis, aligned with the Residential Project Board to ensure succinct updates.

1. **Supporting Documents**

Proposed Governance

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**Appendix II – Regulation 44 Monthly Template**

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| --- | --- | --- | --- |
| **Executive Social Work Management Services**  **Regulation 44 Visit**  **(Name of Children’s Home)**  **Independent Person’s Report for: (Month of visit)**  **By: (Name of Regulation 44 Visitor)**  **AIDHOUR ASSOCIATE**  **Date of visit: (date)**  **The Independent Person’s Report**  Report as per Regulation 44 (4), *The Children’s Homes (England) Regulations 2015*:  Visits by the Independent Person must form an opinion as to whether (I) children accommodated at the children's home are effectively safeguarded; and (ii) the conduct of the children's home promotes the well-being of the children accommodated there.  Not all sections of this report may be completed at this visit – the independent person will make an overall opinion.  © Aidhour Ltd 2017 | | | |
| **Name of Home** |  | **Ofsted URN** |  |
| **Unannounced /**  **Announced** |  | **Date of last visit** |  |
| **Time of arrival** |  | **Time of departure** |  |
| **Name of registered manager** |  | **Name of responsible individual** |  |
| **Initials of young people resident at the time of the visit** |  | **Previous Regulation 44 reports sent to placing authorities by the Home** |  |
| **Admissions/discharges** |  | **Initials of staff on duty/status** |  |
| **Permission to view young people’s files** |  | **New staff and leavers since last period** |  |
| **Conditions of registration** |  | **Date report sent to registered manager** |  |

|  |  |
| --- | --- |
| **Recommendations from the previous regulation 44 visit:** | **Actions taken by the registered manager:**  Carry forward any unmet recommendations. |
|  |  |
|  |  |
| **Actions required from the most recent Ofsted inspection:** | **Actions taken by the registered manager:** |
|  |  |
|  |  |
|  |  |

The quality and purpose of care standard (Regulation 6)

|  |  |  |
| --- | --- | --- |
| **Physical Condition of the Home.** | | |
| Internal condition | |  |
| External condition | |  |
| **Interviews with staff at the home.** | | |
| Initials | Job role | Comments |
|  |  |  |
|  |  |  |
|  |  |  |
| **Interviews with parents, carers, professionals and stakeholders**. | | |
| Status | Initials/ role | Comments |
| Parents |  |  |
| Professionals |  |  |
| **Other** |  |  |
| **Independent Person’s evaluation / follow up actions as a result of the premises inspection and interviews:** | | |
|  | | |

The children’s views, wishes and feelings standard (Regulation 7)

|  |  |  |
| --- | --- | --- |
| **Interview with all young people present.**  With the consent of the placing authority and verbal or written consent of the young person/s present. | | |
| Initials | Interviewed  y/n | Comments |
|  |  |  |
|  |  |  |
|  |  |  |
| **Independent Person’s evaluation / follow up actions as a result of the above interviews:** | | |
|  | | |

3. The education standard (Regulation 8)

|  |  |  |  |
| --- | --- | --- | --- |
| **How does the home ensure that young people make measurable progress towards achieving their educational potential and are helped to do so?** | | | |
| Initials | Attendance % or good/fair/poor | PEP/IEP/EHC Review date | Relevant educational plan notes |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Independent Persons evaluation of educational progression from their starting point:** | | | |
|  | | | |

Enjoyment and achievement standard (Regulation 9)

|  |
| --- |
| **How do young people take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, cultural, intellectual, physical and social interests and skills. What activities have young people enjoyed?** |
|  |
| **Independent Persons evaluation of how the home promotes young people’s ability to enjoy and achieve in a way that meets their needs development and choices:** |
|  |

|  |
| --- |
| **How are the health and well-being needs of young people are met, how they receive advice, services and support in relation to their health and well-being and how they are helped to lead healthy lifestyles.** |
|  |
| **Independent Persons evaluation of how the home acknowledges health and well-being needs and promotes healthy lifestyles:** |
|  |

The positive relationships standard (Regulation 11)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please include how young people are helped to develop, and to benefit from, relationships based on mutual respect and trust; an understanding about acceptable behaviour; positive responses to other young people and adults; and contact arrangements.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **How are young people consulted?**  Are their views, wishes and feelings taken into account in the running of the home as well as their individual plans of care? | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Behaviour consequences / sanctions/ rewards.** | | | | | | | | | | | | | |
| Young person’s initials | Date | | | Overview of records | | | | | | | | Has the manager signed this off? | |
|  |  | | |  | | | | | | | |  | |
|  |  | | |  | | | | | | | |  | |
|  |  | | |  | | | | | | | |  | |
| **Independent Persons evaluation of effectiveness of consequences / sanctions to encourage positive behaviour:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Independent Persons evaluation of effectiveness of rewards to encourage positive behaviour:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Use of restrictions of movement and liberty.** | | | | | | | | | | | | | |
| Young person | | Reference no. | | | Date | Intervention used in line with restraint policy? | | | | Was young person’s reflection completed and signed? | Risk assessment updated? | | Has manager signed this off? |
|  | |  | | |  |  | | | |  |  | |  |
|  | |  | | |  |  | | | |  |  | |  |
|  | |  | | |  |  | | | |  |  | |  |
| **Independent Persons evaluation of use of restrictions of movement or liberty:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Allegations against staff.** | | | | | | | | | | | | | |
| Date | | | Reference no. | | | | Young person | | Outcome/conclusion | | | | |
|  | | |  | | | |  | |  | | | | |
|  | | |  | | | |  | |  | | | | |
|  | | |  | | | |  | |  | | | | |
| **Independent Persons evaluation of how allegations have been managed this period:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Complaints / compliments.** | | | | | | | | | | | | | |
| Date | | | | Complaint or Compliment | | | | Comments | | | Response / action taken by the home | | |
|  | | | |  | | | |  | | |  | | |
|  | | | |  | | | |  | | |  | | |
|  | | | |  | | | |  | | |  | | |
| **Independent Person’s evaluation of the effectiveness of managing complaints and compliments, including resolutions and final outcomes, how well has this been achieved/managed:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

The protection of children standard (Regulation 12)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **How are children and young people protected from harm and enabled to keep themselves safe - this includes the awareness of staff; the regular monitoring of child protection policies, risk and behaviour management plans.** | | | | | | | | | |
|  | | | | | | | | | |
| **Significant incidents of child protection / safeguarding:** | | | | | | | | | |
| Young person | Date | Regulation 40 notification/s made? | Were necessary policies followed? | | | Risk and behaviour management assessment updated? | | Comments / signed off by manager? | |
|  |  |  |  | | |  | |  | |
| **Other incidents of significance:** | | | | | | | | | |
| Young person | Date | Regulation 40 notification/s made? | Were necessary policies followed? | | | Risk and behaviour management assessment updated? | | Comments / signed off by manager? | |
|  |  |  |  | | |  | |  | |
|  |  |  |  | | |  | |  | |
| **Incidents of young people being absent or missing from home:** | | | | | | | | | |
| Young person | Date | Regulation 40 notification/s made? | Duration of episode.  AWA or MFC? | | If MFC, 72-hour return interview completed? | Risk and behaviour management assessment updated? | | Comments / signed off by manager? | |
|  |  |  |  | |  |  | |  | |
|  |  |  |  | |  |  | |  | |
| **How well were the incidents managed?** | | | | | | | | | |
|  | | | | | | | | | |
| **Records of single separations – for secure children’s homes**  How well were the incidents managed? | | | | | | | | | |
|  | | | | | | | | | |
| **Risk – child sexual exploitation.** | | | | | | | | | |
| How many young people are at risk of child sexual exploitation? Are all young people risk assessed/CSE screened - dates? | | | | |  | | | | |
| Are all staff trained to meet the needs of the young people? | | | | |  | | | | |
| What risk management processes are in place? | | | | |  | | | | |
| **Independent Persons evaluation of actions taken by the home to safeguard young people this month:** | | | | | | | | | |
|  | | | | | | | | | |
| **Safer recruitment.** | | | | | | | | | |
| Schedule 2 documents including:  Disclosure and Barring Service checks up to date | | |  | | | | | | |
| New staff members | | |  | | | | | | |
| Agency staff | | |  | | | | | | |
| **Health and safety checks** | | | | | | | | | |
| Liability insurance – annual | | |  | | | | | | |
| Gas / oil certificate / boiler- annual | | |  | | | | | | |
| Electrical installation certificate - 5 yearly | | |  | | | | | | |
| Portable appliance testing - 3 yearly | | |  | | | | | | |
| LOLER – manual handling equipment | | |  | | | | | | |
| Health & safety checks – monthly. | | |  | | | | | | |
| COSHH | | |  | | | | | | |
| Asbestos | | |  | | | | | | |
| Legionella | | |  | | | | | | |
| Fire tests -Weekly | | | Fire alarm call point test  Weekly:  Emergency lighting tests:  Door closure test:  Fire doors check:  CO detector test:  Means of escape checked:  Fire plan:  Last service:  Emergency response plan  Fire and Rescue report | | | | | | |
| Firefighting equipment | | | Weekly fire extinguishers checked:  Weekly fire blanket checked:  Last service: | | | | | | |
| Fire drill / evacuation  Three times a year minimum to include one-night time drill | | | Date: |  | | | Staff present: | |  |
| Time taken: |  | | | Young people present: | |  |
| Do any young people have PEEPs? | | |  | | | | | | |
| Have all staff received fire and H&S training? | | |  | | | | | | |
| Location risk assessment - annual | | |  | | | | | | |
| Fire risk assessment - annual | | |  | | | | | | |
| Young people’s individual risk assessments | | | Last review dates: | | | | | | |
| Generic risk assessments/ risk management plan | | | Building:  Activities:  Food hygiene inspection | | | | | | |

The leadership and management standard (Regulation 13)

|  |  |  |  |
| --- | --- | --- | --- |
| **Does the registered person enable, inspire and lead a culture in relation to the children’s home that helps young people aspire to fulfil their potential and promotes their welfare?** | | | |
|  | | | |
| **Consultation:** | | | |
|  | Evidence of consultation | Comments either positive or constructive received this month? | |
| Young People |  |  | |
| Parents/Carers |  |  | |
| Staff |  |  | |
| Other (S/W, IRO, YOT etc.) |  |  | |
| **Leadership and management** | | | |
| Regulation 45 | | |  |
| Statement of purpose | | |  |
| Children’s Guide | | |  |
| Rotas | | |  |
| Staff supervisions and appraisals | | |  |
| Workforce strategy plan | | |  |
| Daily log / diary of events | | |  |
| Staff meeting | | |  |
| Staff training | | |  |
| Policies and procedures | | |  |
| Room search log | | |  |
| Schedule 4 documents | | |  |
| **Independent Person’s evaluation of leadership and management in the home:** | | | |
|  | | | |

The care planning standard (Regulation 14)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please describe whether young people receive effectively planned care in or through the children’s home and have a positive experience of arriving at or moving on from the home.** | | | | | | | |
|  | | | | | | | |
| Young person’s file checked: | Care/pathway plan LA | Placement plan LA | Placement match /impact assessment | Schedule 3 – Reg 36 | In-house  placement  plan. Date reviewed | Date of last LAC/CIN  review | LAC/CIN  review  minutes  on file |
|  |  |  |  |  |  |  |  |
| Details of other information on file:  Pocket money records: | | | | | | | |
| **Independent Persons comments/ analyses of above young person’s planned care and progress:** | | | | | | | |
|  | | | | | | | |
| **Case files check:** | | | | | | | |
| Placement plans:  Pathway plans: | | | | | | | |
| Engaging with the wider system to ensure the young person’s needs are met (Regulation 5)  Ensure the manager and staff are proactive in supporting the young person and that they can provide evidence that, like a good parent, they are effective in bringing together and communicating with professionals to support the young people in the home  Comments / Evaluation: | | | | | | | |
|  | | | | | | | |
| **Summary**  as | | | | | | | |
| **Concluding statements and observations by the visitor.** | | | | | | | |
|  | | | | | | | |
| **Young Person’s suggestions** | | | | | | | |
|  | | | | | | | |
| **Independent Person overall opinion (Reg 44 [4] CHR 2015):** | | | | | | | |
| Signed:  Date: | | | | | | | |

**ACTION PLAN**

| Recommendation / Independent Persons Comment/Area of Good Practice suggestions  Reference to Regulations – where necessary  (Independent Person to complete) | Action Plan/How will we improve / Who will do it?  (Manager to complete) | Comments  (Manager to complete) | Target date  (Manager to complete |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Any other comments the Manager wishes to add in response to the narrative of the report: -**

|  |  |  |
| --- | --- | --- |
| **Comment** | **Managers response** | **Target date**  **(if applicable)** |
|  |  |  |
|  |  |  |
|  |  |  |

Signed:

Regulation 44 Independent Person Date:

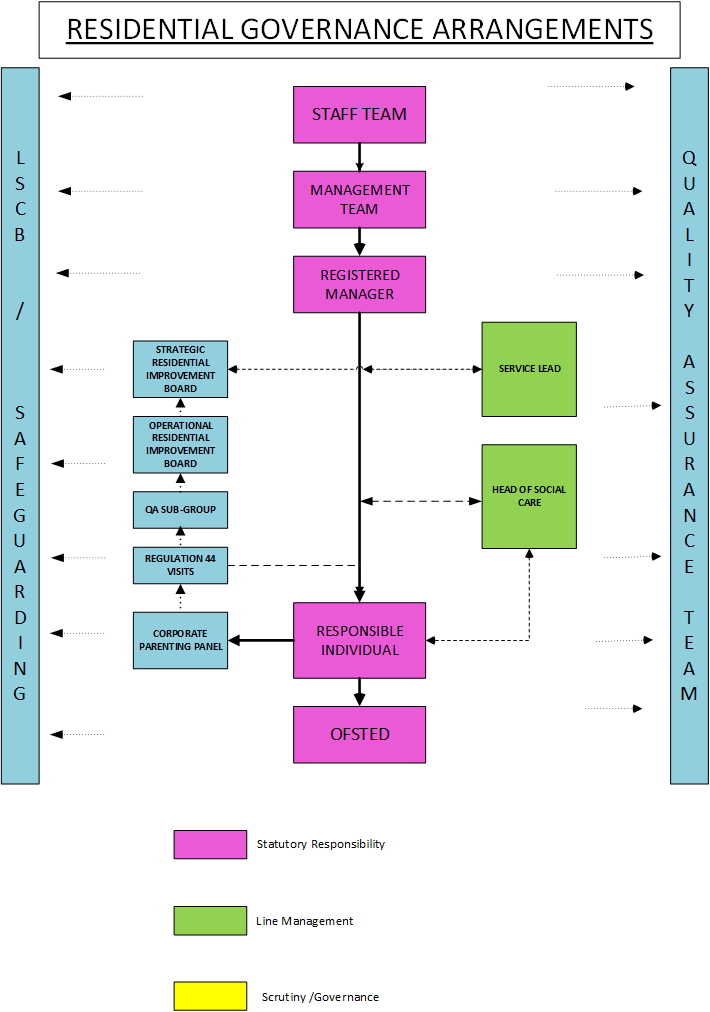
Signed: Date:

**RESPONSIBLE INDIVIDUAL COMMENTS**

| Regulation 44.5 The independent person’s report may recommend actions that the registered person may take in relation to the home and time scales within which the registered person must consider whether or not to take those actions and why.  There will also be areas of good practice to consider. | | Leadership and Management (Regulation 13) | | |
| --- | --- | --- | --- | --- |
| Recommendation / Comment | Action Plan/How will we improve / Who will do it?  (Manager to complete) | | Comments  (Responsible Individual to complete) | Target date  (Responsible Individual to complete) |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |

**Appendix III – Residential Governance Arrangements**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



1. Guide to the Children’s Homes Regulations including the quality standards, April 2015, Department for Education [↑](#footnote-ref-1)
2. The Children’s Homes Regulations (England) 2015 [↑](#footnote-ref-2)
3. Inspections of Children’s Homes framework for inspection, April 2015, Ofsted [↑](#footnote-ref-3)
4. The Guide to the Children’s Homes Regulations including the quality standards, April 2015, Department for Education [↑](#footnote-ref-4)
5. Section 5(1A) of the Care Standards Act 2000 provides that HMCI is the registration authority for children’s homes and other establishments and agencies to which Part 2 of that act applies. The functions were transferred to Ofsted under section 148 of the Education and Inspections 2006. [↑](#footnote-ref-5)
6. The Care Standards Act 2000; [www.legislation.gov.uk/ukpga/2000/14/contents](http://www.legislation.gov.uk/ukpga/2000/14/contents) [↑](#footnote-ref-6)
7. Her Majesty’s Chief Inspector of Education, Children’s Services and Skills (Fees and Frequency of Inspections) (Children’s Homes etc.) Regulations 2015; [www.legislation.gov.uk/uksi/2015/551/contents](http://www.legislation.gov.uk/uksi/2015/551/contents/made) [↑](#footnote-ref-7)
8. Different patterns of inspection may occur where homes have been judged inadequate or where homes are not currently operating. [↑](#footnote-ref-8)