



## **Amicus – Response and Action Plan to Jasmine Ofsted Inspection – November 2022.**

Our home Jasmine House was inspected on 14<sup>th</sup> and 15<sup>th</sup> November 2022. The outcome of this inspection was 'Requires Improvement', this is after many years of previous 'Outstanding' or 'Good' judgements. We are disappointed with the outcome and feel we really are very good in terms of our practices and outcomes for children, however we understand that there are areas in which we can of course develop and improve.

We have responded to Ofsted in terms of the inspection report, findings and process of the inspection and how it was carried out. This was done at draft stage and we had no response to our comments prior to the final version of the report being published. We then also gave our responses to the requirements issued and action we have taken in relation to this and have had no response either. We are aware this will no likely be followed up in the next inspection. The information we give below has also been submitted to Ofsted giving our views, experience, and responses. The Inspection of Jasmine took place a week after our full School Inspection in which we received a 'Good' with Outstanding features, which was are very pleased about. Our homes and school work very closely together and follow the same model and practices. Our School Ofsted inspection report is also attached.

As per our feedback to Ofsted, in terms of the inspection process for our home Jasmine, it did feel like the Inspector was coming in with pre-conceived ideas of Amicus and a judgement already in mind – this was felt and experienced by many of the staff and those around for the two days of the inspection. It felt like there was no room for creative and reflective thinking and to showcase our work and the children's responses and observing relationships between children and staff.

Although not mentioned in the report, there were some concerns we raised with regards to how the inspection was carried out and areas picked up on. For example, when the Inspector came to the home she noticed that there was laundry piled at the top of the stairs ready to take down for washing. The Inspector expressed she found this concerning and had taken photos on her phone of the laundry which she showed the Responsible Individual. The Inspector felt this pile of washing was from several days. It was explained it was one days washing, that the Cleaners when they left (after the children went to school) had emptied the children's linen baskets and stripped their beds and put on the landing to help and for the Therapeutic Childcare Practitioners to then take downstairs to be washed. It was also bedding day so the pile was much bigger than usual as this included all the children's bedding. It had been difficult morning transitioning the children to school so this hadn't been taken downstairs yet when the Inspector arrived. The Inspector also queried why we wash all the children's clothes together and felt this was very institutionalised an said she would have expected this to be done separately. We explained how we would have felt it was the other way round and that just like in a family home would, we wash the children's clothes together and then it gets sorted out in to their own individual piles and folded and put away. We feel this is an example of the how there seemed no openness to our model and way of working and the context behind things and having a very linear view.

In all other inspections we have had, as well as focusing on paperwork and recording, a large part of the inspection has usually been spent also on observing practice between staff and children and spending time with the children and at times also having dinner with them if around. Over the two days the Inspector only spent approximately 1hr 10 mins with the children. We voiced this was a shame in the feedback at the end of the inspection and said how we would have liked her to have spent more time seeing the routines of the home and interactions between staff and children and so the children also could spend some time with her. The Inspector voiced that this was due to the amount of paperwork she had to get through and the delay in some of this reaching her and how she had needed to triangulate the paperwork. We fed back how we had also hoped her observations and spending time with the children would also form more of that triangulation and expressed our disappointment at this and how we felt we weren't able to showcase other areas of our work and practice, but accepted however at the end this was the/ her reasoning. The children post inspection also commented on how little time the Inspector spent with them.

There are of course some points from the inspection that we need to learn and develop from and this is largely on our recording and evidencing, which we have already implemented action points in relation to this, but we do feel our practices and care for the children and attachments with them and them with us is very good. Some of the children have verbalised and written about this also and said how much they value their relationships at Amicus and how safe they feel (we presented evidence of this also at the time).

We of course continue to develop and progress and want to ensure we offer the best possible care and outcomes for our children and will ensure all the requirements are met and are maintained.

We have submitted the Requirement Action Form to Ofsted and our responses to the requirements are as follows:

Statutory requirement	Action taken	Date completed
<b>12: The protection of children standard</b>	<p>This came up in our inspection with regards to an allegation made by a child during a physical intervention that he was being 'squished' and us not reporting this. Our reasoning being at the time that staff confirmed their positioning and reassured the child he was not being squished and there were witnesses who confirmed this also.</p> <p>We have reviewed and revised our allegations policy and liaised with LADO on the children we currently have in placement who have allegations protocols in place and gone through these again with LADO and the child's social worker and also reviewed the risk of allegations with other children in the home and discussed this also with LADO and their social worker regardless of whether they have an allegation's policy in place. We have explained to staff that if a child says that an adult has hurt or harmed them in any way even if there are others witness to this and it is clear this did not take place, that this is still recorded and reported to our internal Safeguarding team who will then notify LADO and the child's social worker and a Regulation 40 notification will be made to Ofsted.</p>	16/11/2022

	<p>All of our staff are familiar with our Safeguarding Policies, this forms part of other induction and they receive regular refreshers and any revisions of policies are sent to staff for them to read and ensure they follow as part of their practice. Safeguarding is a static agenda point in people's Supervision and this is a space where their knowledge can be tested and Safeguarding issues or concerns discussed. Staff are of course aware to not wait until Supervision to discuss Safeguarding concerns and know the process to report any concerns and how this needs to be done without delay.</p>	
<p><b>13: The leadership and management standard</b></p>	<p>We do believe that the children's welfare is promoted by managers and staff and it is at the very core of what we do and our therapeutic practices. The children voice that they feel safe at Jasmine and have good strong attachments with the adults and managers caring for them.</p> <p>We carefully recruit and select our staff to ensure they have the qualifications and experience required. Staff come to us at different levels of their career and with different experience. Staff all receive induction training which covers mandatory training. This includes Level 3 safeguarding training and other safeguarding trainings such as PREVENT and Safer Recruitment and Online Safety. We have improved how we evidence the completion of staff training as this let us down at the time of inspection – some staff had completed the training but this was not evidenced on our training matrix. We have revised our Training Matrix so it is simpler and ensured that all staff members have their training logged (date undertaken) on the matrix and that this is reviewed regularly and refreshed when required (normally at least 3 yearly).</p> <p>We hold lots of internal training and workshops around working therapeutically with traumatised children and have reviewed how we can improve our evidencing of these sessions and what they covered and including this to staff training files.</p> <p>Those staff who do not yet hold the required Level 3 Diploma in Residential Childcare are on the course and those who weren't enrolled have now been enrolled to commence the course. Prior to this inspection we only registered and funded staff on the level 3 Diploma once they passed their probationary period. We have no altered this, so that staff sign and agree to the training and expectations around this and are enrolled when they commence employment. We had one member of staff who was considered out of time scales for qualifying according to the regulations. This member of staff was a full time worker and had moved to being a bank worker during the summer, therefore he was carrying out reduced hours. He has struggled with completing the course and there is a support plan and clear timescales in place to help him achieve this.</p>	<p>18/11/2022</p>

The Registered Home Manager has the required Level 5 Diploma in Leadership and Management for Residential Child Care.

Our organisational structure also has a Therapeutic Home Manager too for Jasmine. This role has been incredibly difficult to recruit for after the post being vacant for a long time and being supported by the Therapeutic Home Manager of our new home (which we are waiting to be registered) in the interim. We successfully recruited a Therapeutic Home Manager who will work closely with the Registered Home Manager and the rest of the team and we believe will stabilise the management team now at Jasmine. This new manager commenced their role at the beginning of December.

As part of our organisational structure and growth we have created a new role of Training and Development Officer. This role will help support the managers in ensuring staff training needs are met and that training is well planned, booked and evidenced.

We continue to improve our monitoring and review systems and will be ensuring that our daily Monitoring Meetings are consistent and their purpose and outcome clear. As part of our restructure we will be recruiting for a Homes Administrator for each home. We currently have one person in this role across two homes. This will help support the Home Manager and staff with the monitoring and reviewing of paperwork and in data collation, trends and analysis, which we will then use to further improve our services and practices and have a deeper understanding of the children

We have also restructured our Senior Management Team, changing the role of Service Manager to Head of Therapeutic Residential Care so that there is defined focus on the homes and support to the managers along with the RI. We have recruited someone for this role and they commence on 3<sup>rd</sup> January.

Currently we have a mixture of hard copy / paper files and online / electronic records. We are looking to streamline our recording and how we monitor and review and have looked in to online recording systems and have purchased Clear Care which we will be setting up / customising templates to meet our needs and training staff on how to use. We are aware this will be a big task, but feel that long term this will have a really positive impact on how we record and triangulate documents and monitor progress and outcomes for our children. The hope is that this will also simplify our recording systems and reduce time also.

We also use our Regulation 45 'Quality of Care' Reports to self-evaluate and review our practices, care and therapeutic work with the children. This is done through observations,

	<p>monitoring and analysis of records and feedback and discussions with children, staff and Social Workers.</p> <p>All of our findings and feedback is then used to think about how we can further develop and improve our practices and quality of care and feeds in to our Home Improvement and Development Plan, which is a live document and constantly reviewed.</p>	
<p><b>14: The care planning standard</b></p>	<p>Every child prior to admission undergoes an Assessment visit where we carefully assess whether we can meet the child's needs based on the information provided by the child's Placing Authority and our own observations of the child and discussions with their current parents/ carers. This is to see if we feel they would be a good match for the current child group and whether they would be receptive to our therapeutic model and whether we feel we can meet their needs.</p> <p>We ask every child's placing authority prior to admission for a copy of the LA Care Plan, Care Order, latest risk assessments, significant incidents, CLA Review minutes, health assessment, EHCP and any psychological and health reports.</p> <p>This requirement was unmet as at the time of inspection we did not have one child's Local Authority Care Plan (most recent admission) in place despite this being requested on numerous occasions to the Social Worker and escalated to their manager. This was evidenced to the Inspector. The child really needed to move promptly to Amicus as his previous placement had broken down. We therefore we accepted him after carrying out an assessment visit and impact risk assessment and then from having the following documents from his local authority; Court Care Plan, LA Children's Services and NHS partnership trust Consultation Summary and Care Plan, CAFCASS Case Analysis, Family Group Conference Minutes, Incident reports, minutes of professionals meetings, copy of his Care Order, Risk Assessments, CLA Review minutes, Health Report which feeds in to Care Plan from LA. All of these documents were part of forming the Care Plan and we agreed with the Local Authority we therefore had a good idea of his Care Plan and needs / expected outcomes to be able to work with the child.</p> <p>We had been continually requesting the Care Plan that was outstanding and I believe we done everything we could to chase this up (for example taking this higher than the social worker). The staff at the time of the inspection were unable to speak about the Care Plan as they had not seen it as it had not been received by the local authority still. However, we have our own Therapeutic Placement Plans for each child in which we use information from the local authority documents and also from our own observations and experiences from the child. The staff were aware of our own internal Therapeutic Placement Plan. The child concerned at the time of inspection had his own Therapeutic Placement Plan in place which had been</p>	<p>15/11/2022</p>

	<p>agreed by his placing authority, a Therapeutic Day document (detailing the day to day care and routines of the child), Health Plan and Risk Assessments, all of which his local authority had been consulted with and this shared.</p> <p>The local authority was chased again and urged the importance at the time of the Ofsted inspection explaining it had come up that we had still not received this from them. They then finally sent this across and apologised to us for the delay in this taking so long. This was forward to the Inspector the next day with the emails received from the LA.</p> <p>We can now confirm that the child's Care Plan is now in place on his file and our Therapeutic Placement Plan integrates into the Care Plan and show how we are working to meet his needs and outcomes. We have not had to change anything in the Therapeutic Placement Plan as we had used the documents from the local authority we already had such as the court Care Plan, LA Children's Services and NHS partnership trust Consultation Summary and Care Plan and Health Report all fed into and contributed to the Care Plan.</p> <p>Social Workers are kept up to date and consulted upon in terms of our we are working towards and in accordance to the child's Care Plan and with regards to any changes to and progress to the child's Therapeutic Placement Plan.</p> <p>Care Plan for all the other children in the home were already on their file and staff aware of these and their Therapeutic Placement Plans created to take into account the LA Care Plan and how we work with this and the outcomes for the child.</p>	
<p><b>21: Privacy and access</b></p>	<p>This requirement came about due to the locking of external doors and this not being clearly recorded / evidenced. At Jasmine we have our external locks linked to an automatic electronic locking system that is linked to the fire alarms. The external doors are locked but can be opened by pressing a green exit button by the door which it at child height. Due to the very young age of the children we feel it is important that the home is secure for their own safety and wellbeing – just like in a normal family home and therefore we lock the front and back door. At time when the children present as highly anxious or if we feel there will be risk to their safety and wellbeing then we at times we may override the locks so they can't be opened by the green exit button. However the locks would still be automatically unlocked when the fire alarm sounds and if the children had really wanted to leave the home then by sounding the alarms the external doors would open. We appreciate that recording of when we need to override the system could be clearer and this is always done for a minimal amount of time as possible.</p>	<p>16/11/2022</p> <p>And adding to additional paperwork in children's placement plans and risk assessments around practices – 07/12/22</p>

	<p>Since the inspection we have made it clear in each Child's Therapeutic Placement Plan that this is part of working practices to ensure the safety and wellbeing of children where required. This has also been added to the children's risk assessments also and the children's consent forms which the social worker signs to say / confirm they are in agreement with and understand our practices and have read our Monitoring and Surveillance Policy.</p> <p>Children have access to all other areas of the home and even when the external locks are overridden, children can still leave by sounding the fire alarm and the door will automatically then open. Due to the children's vulnerability and trauma and young chronological and emotional age (we have children as young as 5 years old) we feel our practices are reasonable and appropriate to ensure and protect the safety and wellbeing of the children, but appreciate or recording and evidence around this can improve and we have put measures in place to ensure this.</p> <p>The children have also openly spoken about wanting the doors to be locked externally, especially at night-time and have voiced this makes them feel safer and have been worried about who may enter their home. The children are all reassured that no one can access the home from the outside. At times of high anxiety, the children test the boundaries around the external door locks and may present risky behaviours in which there are concerns for their safety and wellbeing – in these instances we may decide to override the external locking system (with doors still releasing if the fire alarm sounds) and this would be carried out for the minimal amount of time possible. It is always done in the best interests of the child and to protect their safety and wellbeing.</p>	
<p><b>35: Behaviour management policies and records</b></p>	<p>We are aware there have been occasions where we have not always met the timescales for recording of physical interventions of children. However records are complete and there has been no detriment to the children.</p> <p>We have reminded managers and staff of the regulatory timescales required for the completion of physical intervention records and feel confident we are already improving in this area.</p> <p>At the time of inspection in the feedback there was a misinterpretation around the consequence of PIs and the inspector saying staff taking this literally as a consequences/ sanction (consequence is our terminology at Amicus instead of sanctions) rather than this being the outcome of the PI - for example the child was kept and felt safe and behaviours de-escalated.</p> <p>Post inspection we viewed the recording of children's physical interventions and couldn't see a section where we write about</p>	<p>16/11/2022</p>

the consequence of physical interventions (looking at records post the previous inspection in March 2022). We queried with our inspector whether this was something therefore that came up in her discussions with staff? The inspector responded via email post inspection giving a screen shot of one of our physical intervention records where we can see this is from a Physical intervention dating back from 15<sup>th</sup> February – before our previous inspection which was 2 & 3 March 2022. Since that Inspection we had stopped using that version of the form as there was the odd occasion where the word ‘consequence’ for the PI had been misinterpreted (one being the example the inspector gave in the email – but not many more than that occasion). We used revised versions of the Physical Intervention form from March 2022, so the Inspector would have seen since our previous inspection there were no further issues with this as the heading was changed to **‘Were the techniques used considered to be effective? (describe why)’**. We explained this to the Inspector in our reply but did not receive a response in return and feel it is a shame that previous records looked at in the prior inspection have been included in this inspection when we had made changes since that inspection and that has not been commented on or seemed to be recognised.

The Home Manager or Deputy follow up with staff the physical intervention and consider this also in their Manager’s comments. Often though this is individually and not as a group as the manager may not always be around straight after the physical intervention and it maybe hard to get those staff together again depending on their rot/shifts. Debriefs are part of our usual practice after a Physical Intervention and at the end of the shift, where the staff will think together about the incident and due to our open culture, support and challenge each other where necessary and reflect on practices. A Manager may not necessarily be present for this as it is done with those on shift – but is written in the debrief comments of our physical intervention forms. The Manager then reviews the discussions had in the debrief / conversation’s with staff as a group at that time and uses this information in their follow up / Individual conversations (if the same staff can’t meet all together) to write their managers comments and conclusions. We are adapting our practices, so this is clear and have ensured it is clearer how a manager leads the official debrief for the incident and this achieved within timescales.

Discussions are also had with the children post incident to hear their views and experiences. Where children refuse to engage in conversation around the incident, we have explained to staff how it is still important that an attempt was made to engage their child and to record their response – even if it was to say they wouldn’t engage. Staff are aware of the timescales with regards to this needing to take place and it maybe follow up (dated) conversation takes place when the child is able to engage or comments from informal conversations are added.



	<p>The inspector writes that children are ‘kept away from each other due to their behaviours’. This is not the case and was explained. This is part of our therapeutic intervention that children may have time away and apart from the group depending on their needs. For some children it takes time to integrate fully into the group and they may have periods where they have individual adult support. Our aim to try and integrate into the group as much as possible but this is always done based on the needs of the child and what they can manage. We provided the Inspector with a whole document on our practices around this, about individual and group work and when and why this may take place. This is also written in the children’s Therapeutic Days and Therapeutic Placement Plans and since the inspection we are making this even more explicit. It feels there has been some confusion around the understanding of why this is in place and it seems it has been perceived as a behavioural response / consequence instead, despite our evidence to support.</p> <p>In terms of our consequences for children we always look to improve our practices and recording on these. As part of our Therapeutic Community model, the children with adults guidance have been part of deciding main consequences for certain behaviours in the home. There is a large focus on reparation as part of our practices. We ensure that any consequences given are reasonable, proportionate and necessary and are reviewed and monitored with the timescales. Staff and managers have been reminded of this.</p>	
<p><b>37: Other records</b></p>	<p>This related to our rotas. We commented on this in our draft report as this was new information to us. We queried what the inspector was referring to here or which particular shift /? This felt like new information and were surprised to see this comment in the report. At the time of the inspection the inspector asked if there were any occasions if there were only two staff on in the home and we explained this isn’t often but there was on the Saturday coming up and that we were trying to find cover for this. The rota was updated as soon as we were able to source another member of staff to support that shift but we were unable to add at the time as we didn’t know who was going to be able to cover. On the day of the inspection, we had more people in the home than on the rota to help provide support and emotional containment. This was not added in advance but was updated on the rota the following day to reflect the additional number of staff who were in the home. The Senior managers and managers support and is captured on the rota in the row above the staff shifts and hours, like wise any school staff supporting in the home on our bank team is clearly added (at the bottom of the rota). We wondered if this was missed on viewing the rota as feel these are well reflected in terms of who was on and when. We did not receive a response from Ofsted when raising this in our comments on our draft report.</p>	<p>15/11/2022</p>

	<p>We continue to ensure our rotas are an accurate account of who is in and working in the homes and these are working documents and regularly updated.</p> <p>In addition to the rotas staff are required as per their Contract of Employment to submit monthly Hours Worked Forms by the 7<sup>th</sup> of the month for the previous month just gone. This provides an accurate account / record of hours worked by staff and when and where these took place. These were available to view at the time of the inspection. Staff continue to submit these monthly and they are used also in our processing of payroll.</p>	
<p><b>40: Notification of a serious event</b></p>	<p>We felt we had been proactive in making Regulation 40 notifications, but it came up in the inspection that we had not reported everything where it was considered by Ofsted to be 'an allegation of abuse against the home or a person working there'</p> <p>We have amended our practices here to include anything a child may say around the potential re an adult harming / hurting them, if there are witnesses to say this is not the case or it was said by a child at a time of high anxiety – such as when they are in a physical intervention.</p> <p>Previously we had only forward information we felt was an allegation to LADO and then to Ofsted. The incident the inspector highlights was regarding during a hold with a child when the child said 'you are squishing me/sitting on me' and then also claimed he 'banged his nose'. In the holds the adults and evidenced also in recording, adults checked the hold and witnessed each other's techniques and confirmed to the child that he was being held safely and that no one was squishing or sitting on him and also checked with him post intervention and had follow up conversations in which the child didn't comment any further on this and understood why he needed to be held and confirmed he felt he was being held safely. We did not feel this met the threshold for an allegation of harm and therefore that is why we didn't refer - but are happy to in future and have since amended our practices post inspection to ensure this is the case.</p> <p>We met with LADO on 6<sup>th</sup> Dec and had a conversation about that incident and similar ones when children are in physical interventions and things they say and what is witnessed and discussed this in relation to the children's trauma also. LADO confirmed that in their mind/ LADO protocol – if a child is saying 'they are getting squished/sat on' in a physical intervention – that this in itself is not an allegation. What makes an allegation is if harm has taken place and the four points as referred to for the threshold which are if an adult has:</p>	<p>16/11/2022</p>

	<ul style="list-style-type: none"> <li>• Behaved in a way that has harmed a child, or may have harmed a child;</li> <li>• Possibly committed a criminal offence against or related to a child; or</li> <li>• Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children.</li> <li>• Behaved or may have behaved in a way that indicates they may not be suitable to work with children.</li> </ul> <p>LADO spoke about how if a child had been harmed and this was noticed after a physical intervention or if he states/has stated at any time that 'x adult hurt me' (in this or that way) – that this is what constitutes an allegation. Our DSL and Home Manager explained that this was their understanding also and that therefore no allegations have been made as far as we are aware at all in physical interventions or outside of them and that therefore there had been no need to refer to LADO for this child at this time in their mind. We talked about how this child's level of threat can feel high and that he often needs 2-3 adults in a physical intervention which means that there are plenty of witnesses and adults working together to safely contain him times of distress.</p> <p>We explained to LADO however that as per Ofsted guidance and regulations we will be referring any cases like this to LADO as an allegation of abuse by a staff member and will notify the child's social worker also and await their response and also make notification to Ofsted under Regulation 40. We have done this post inspection already on several occasions and LADO's response has been that the 'allegations' do not meet their allegations threshold and therefore have been logged as a consultation.</p> <p>Staff are aware of what they need to report and who to and understand the reasons why and how this gets followed up and the agencies involved. As said previously in our response to these recommendations. Staff receive a great deal of support and supervision and Safeguarding is a static agenda point for discussion. We ensure staff are well supported in safeguarding concerns or incidents, including allegations and that also the child's voice is heard but also context taken into account with regards to their presentation and trauma and witnesses of the incident and make this clear also in our notifications.</p> <p>The children's Social Workers are informed of any allegations the children make and we work with them and other agencies on any next steps required.</p>	
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We feel confident we provide excellent care, support and outcomes to the vulnerable and traumatised children in our care and work hard to evidence this. We hope to be able to be given the opportunity for this to be show cased in our next inspection and

taken into consideration and also see the improvements made in evidencing this as part of our therapeutic work.

January 2023