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Bridgend County Borough Council



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**Cyfarwyddiaeth y Prif Weithredwr / Chief  
Executive's Directorate**

Deialu uniongyrchol / Direct line /: 01656 643148 /  
643147 / 643694

Gofynnwch am / Ask for: Michael Pitman

Ein cyf / Our ref:

Eich cyf / Your ref:

**Dyddiad/Date:** Thursday, 29 August 2019

Dear Councillor,

**CABINET COMMITTEE CORPORATE PARENTING**

A meeting of the Cabinet Committee Corporate Parenting will be held in the Committee Rooms 2/3, Civic Offices Angel Street Bridgend CF31 4WB on **Wednesday, 4 September 2019 at 10:00.**

**AGENDA**

1. Apologies for Absence  
To receive apologies for absence from Members.
2. Declarations of Interest  
To receive declarations of personal and prejudicial interest (if any) from Members/Officers in accordance with the provisions of the Members' Code of Conduct adopted by Council from 1 September 2008.
3. Approval of Minutes 3 - 10  
To receive for approval the minutes of 29/05/19
4. Care Inspectorate Wales ( CIW - Formerly CSSIW ) Inspection of Residential Homes 11 - 86
5. Feedback On Care Leavers Who Attend University 87 - 92
6. Approval Of The Statements Of Purpose For Residential Services 93 - 224
7. Urgent Items  
To consider any other item(s) of business in respect of which notice has been given in accordance with Part 4 (paragraph 4) of the Council Procedure Rules and which the person presiding at the meeting is of the opinion should be reason of special circumstances be transacted at the meeting as a matter of urgency.

Yours faithfully

**K Watson**

Head of Legal and Regulatory Services

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Councillors:

MC Clarke  
N Clarke  
HJ David  
DK Edwards  
J Gebbie

Councillors

T Giffard  
CA Green  
RM James  
D Patel  
CE Smith

Councillors

CA Webster  
DBF White  
PJ White  
HM Williams  
RE Young

MINUTES OF A MEETING OF THE CABINET COMMITTEE CORPORATE PARENTING HELD IN COMMITTEE ROOMS 2/3, CIVIC OFFICES ANGEL STREET BRIDGEND CF31 4WB ON WEDNESDAY, 29 MAY 2019 AT 10:00

Present

Councillor PJ White – Chairperson

|            |           |             |            |
|------------|-----------|-------------|------------|
| MC Clarke  | N Clarke  | HJ David    | DK Edwards |
| J Gebbie   | CA Green  | D Patel     | CE Smith   |
| CA Webster | DBF White | HM Williams | RE Young   |

Apologies for Absence

T Giffard

Officers:

|                        |  |
|------------------------|--|
| Susan Cooper           | Corporate Director - Social Services & Wellbeing |
| Mark Galvin            | Senior Democratic Services Officer - Committees  |
| Lindsay Harvey         | Corporate Director Education and Family Support  |
| Laura Kinsey           | Head of Children's Social Care                   |
| Elizabeth Walton-James | Group Manager Safeguarding and Quality Assurance |

195. DECLARATIONS OF INTEREST

None.

196. APPROVAL OF MINUTES

RESOLVED: That the Minutes of a meeting of the Cabinet Committee Corporate Parenting dated 6 March 2019, be approved as a true and accurate record.

197. CHILD PRACTICE REVIEW

The Head of Children's Social Care introduced a report, that provided Committee with information in respect of the most recent Child Practice Review from Bridgend.

Following this introduction, the Group Manager, Safeguarding and Quality Assurance then gave a power point Presentation for the benefit of Members, that covered the following key areas of the covering report.

In 2013, Child Practice Reviews replaced what were known as Serious Case Reviews (SCR). This new process stems from the Care and Social Services Inspectorate Wales report published in October 2009 - Improving Practice to Protect Children in Wales: An Examination of the Role of Serious Case Reviews. This work was pivotal to where we are today, and concluded that action was required to replace the SCR process which had become ineffective in improving practice and inter-agency working.

The guidance sets out arrangements for multi-agency Child Practice Reviews when a significant incident has occurred where abuse or neglect of a child is known or suspected.

The overall purpose of reform of the review system is to promote a positive culture of multi-agency child protection learning and reviewing in local areas. The Regional

Safeguarding Children's Board is responsible for ensuring that reviews are carried out effectively. Future reviews concerning any Bridgend children will come under the Cwm Taff Morgannwg Children's Safeguarding Board.

Concise Reviews: a 'concise' Child Practice Review is carried out in cases where abuse or neglect of a child is known or suspected and the child has:-

- died; or
- sustained potentially life threatening injury; or
- sustained serious and permanent impairment of health or development; and the child was neither on the child protection register nor a looked after child on any date during the 6 months preceding –
- the date of the event referred to above.

Extended Reviews: an 'extended' Child Practice Review is carried out in cases where abuse or neglect of a child is known or suspected and the child has:-

- died; or
- sustained potentially life threatening injury; or
- sustained serious and permanent impairment of health or development; and the child was on the child protection register and/or was a looked after child (including a care leaver under the age of 18) on any date during the 6 months preceding –
- the date of the event referred to

She further explained that on 17 April 2019 Bridgend County Borough Council published a Child Practice Review. The review commenced January 2018 and was commissioned by the Western Bay Safeguarding Children's Board following the identification of concerns where the above criteria for a 'concise review' was met. This review relates to a 9 week old child who died during the night whilst co sleeping with his parents.

The subject of this review was a 9 week old child who died in November 2017 whilst co-sleeping with his parents. Following an inconclusive post-mortem examination and a coroner's inquest concluding an open verdict, the death was viewed as a result of Sudden Infant Death Syndrome (S.I.D.S)

Between 2008 and 2017 there were 10 referrals received in respect of the child's mother who was under 18 years of age at the time of the child's birth due to family instability, homelessness, substance misuse and mental health issues. The review highlighted that significant information in respect to these issues was not shared between professionals particularly between health professionals.

There were 9 historical referrals received in respect of the child's father when he was a child. The father was also "Looked After" for short periods due to his mother's poor mental health and domestic abuse within the family.

Whilst there was nothing to suggest the infant's death could have been prevented, there was evidence within the timeframe that the young family may have benefited from a pre-birth assessment and targeted support services.

At the time of the infant's death, the young family were living in private rented accommodation and, their family support structure was unclear. They were not receiving any local authority intervention and home conditions were noted to have deteriorated.

The Group Manager, Safeguarding and Quality Assurance confirmed that the themes highlighted from the review were:-

- The GP did not share relevant information around the mother's mental health with health colleagues and the extent of family support available to the parents was also not adequately explored.
- The mother was not assessed in her own right as a child and the assessment of the child did not consider the wider risk factors about the parent's experiences e.g. parental domestic abuse, mental health, lack of family support.
- There was no specific risk assessment undertaken to consider the above matters.
- Referrals were dealt with in isolation and focused on housing being the dominant factor.
- There was no report to the Police by agencies about the mother having under age sex.

The implementation of actions recommended within the report will be reported into both the Cwm Taf and the Western Bay Child Practice Review Management group. In addition BCBC will convene team based learning events for practitioners and the findings will also be incorporated into core safeguarding training for employees.

A Member made the point that improved lines of communication between partners may prevent situations such as the above arising.

The Corporate Director – Social Services and Wellbeing and the Leader in turn, advised that key partners were working closely and that improved engagement had taken place between key stakeholders particularly since the different agencies had installed the WCCIS IT System. This had led to a marked improvement to methods of information being shared between organisations who work together to look after the most vulnerable in society, such as the young and elderly, including those who have experienced problems in their lives.

**RESOLVED:** That the Cabinet Committee noted the report and accompanying presentation.

198. **APPROACHES TO CONSULTATION AND ENGAGEMENT WITH CARE LEAVERS**

The Corporate Director – Social Services and Wellbeing submitted a report, that provided Committee with an update in respect of the approaches being used within the local authority to engage and consult with care leavers. The report also provided an update on the Care Inspectorate Engagement event which took place with care leavers in November 2018.

In conjunction with this item, representatives from Voices From Care Cymru (VFCC) were present at the meeting to give a power point presentation. This organisation provided organised events through which engagement with young people was encouraged, more particularly those that were in/leaving a care environment. The organisation was also supported by an Advisory Group that covered different regions of Wales, with a contingency of members on this group being care leavers.

The Chairperson then invited Ms. Deborah Jones, Chief Executive and Chris Dunn, Programmes Manager from VFCC, to present their submission.

The presentation covered the following themes:-

**Introduction:**

- The organisation worked with Care Experienced Young People from across Wales;
- The organisation was led by young people;
- It provided opportunities for young people to influence decisions about their lives and also the lives of care experienced young people on a national basis;
- It looked to build a strong care experienced community;
- Services included – participation; influencing and wellbeing;
- The organisation was based in Cardiff; established in 1990 and had a staffing compliment of 13

### **Organisation Values:**

#### Being Young-Person Led

Everything VFCC does is guided by care experienced children & young people. Our Board of Trustees is split between young people and professionals and we regularly consult children and young people on issues that are important to them.

#### Equality For Everyone In Care

We believe that care experienced children & young people should have the same chances and opportunities as their non-care experienced peers. They should not have to face stigma, discrimination and barriers in life because of their care experience.

#### Creating A Care Family

VFCC provides the opportunity for care experienced children & young people to meet, grow, learn and develop long lasting friendships.

#### Being Aspirational

VFCC wants care experienced children & young people to be everything that they can be. We want to inspire them and nurture their potential.

#### Celebrating Individuality

VFCC is a unique organisation and we recognise and celebrate the individuality and diversity of the children & young people we work with. We see that the different backgrounds, experiences and views of care experienced children & young people help us to develop as an organisation and better represent the wider care population

### **Key Initiatives:**

1. Regional Groups;
2. Local Participation Groups;
3. National Advisory Groups;
4. Proud to Be Me;
5. CareDay Event;
6. Summer Celebration;

7. When I Am Ready Project; and
8. Sing Proud Choir

VFCC influenced work such as Siblings Relationships; Passports (ie supporting ID), Supporting Young Mums and providing a Corporate Parenting role.

The representatives advised Members that the top 3 topics young people shared with VFCC were:

- The stigma of being care experienced
- Support avenues when leaving care
- Emotional wellbeing issues

Support mechanisms such as the above, helped prevent individuals needing CAHMS support, etc.

### **VFCC aspirations for the Care System**

1. "What would I do if this were my child?"
2. "Aspirational"
3. "Inspirational"
4. "Nurturing"
5. "Holistic"
6. "Focus on Emotional Wellbeing"
7. "A United approach"
8. "Hopes and Dreams"
9. "To develop the person not a statistic"

The Chairperson thanked the representatives from VFCC for attending and giving such an interesting and informative presentation.

The Corporate Director – Social Services and Wellbeing advised the VFCC representatives that she was looking forward her team engaging with their organisation going forward.

She added that that the Social Services and Children's Services teams were doing a considerable amount of good work in the support of young people and carers, though there was room for improvement still.

She confirmed that the 16 Plus team worked with people in care up to the age of 25 and provided effective support to individuals within this age range in order to provide support for their differing needs.

The Corporate Director – Social Services and Wellbeing added that BCBC always conducted a Risk Assessment of a young person, prior to them being placed into any care situation. She added that there were also a number of projects in place to avert a person being placed in care where this was preventable. She further added that young people were supported through the Council's Emotional and Wellbeing Strategy that was work in progress.

Bodies such as the Cabinet Committee Corporate Parenting and Overview and Scrutiny Committees also regularly monitored the effectiveness of support mechanisms that the Authority had in place for young people, particularly those that were considered as

vulnerable. Work with health colleagues also assisted in the continued development of avenues of support, she added.

A Member asked how the care system in Wales compared to that in England and certain wider European countries.

The Chief Executive, VFCC advised that there was increased care arrangements in place in Wales when compared to England (on a pro rata basis), as here in Wales organisations that provided care support were very risk averse. She was unsure how the comparison was with European countries outside the UK though she could find this out and come back to the Member(s) with some information outside of the meeting.

A Member made the point that there was an insurance issue to consider when dealing with people placed in residential care. This was due to the fact that there was currently no legislation in place in Wales or the wider UK, that allowed for persons in care to be physically restrained with any force. Therefore, both those young people and carers were at a level of risk due to this. Policy and guidance needed to be introduced here she felt.

The Chief Executive of VFCC advised that she would discuss this with their Trustees and also link in with the Care and Social Services Inspectorate on this issue as she agreed that this could give rise to a potential serious situation.

The Leader concluded debate on this item, by advising that he, the Chief Executive and the Cabinet Member – Communities had recently met with the Chief Commander of Police, to discuss key relevant organisations working more closely together, with the view of ensuring that young people are kept safe. BCBC wished for young people to have their say also more than perhaps they may have had in the past, and to more take their views on certain issues on board. He added that it would be beneficial he felt, if a representative of South Wales Police and Cwm Taf Health Authority (and representatives from other health partners) were invited to a future meeting of the Committee to discuss improving lives of young people, particularly those that were in the care system.

The Chairperson thanked the representatives from VFCC for attending today's meeting and providing such an interesting and informative presentation.

**RESOLVED:** That the report and accompanying presentation be noted and should it be in line with the wishes, feelings and requirements of the young people (of Bridgend), the Care Leaver's Forum be re-established in July 2019, and that a report be presented to a future meeting of the Cabinet Committee Corporate Parenting outlining progress on this issue.

199. **LOOKED AFTER CHILDREN - NATIONAL TECHNICAL GROUP**

The Corporate Director – Social Services and Wellbeing presented a report, in order to inform the Cabinet Committee of the work being undertaken by Welsh Government to develop reduction expectation plans with each local authority across Wales.

The report also described the process in place to take this forward and the local activity underway to progress this.

A presentation on the local headline data/key findings contained in the preparatory framework documents was attached at an Appendix to the report. This had been shared with Welsh Government



The report confirmed, that as at March 2018, there were 6,407 looked after children in Wales. This was an 8% increase on the previous year. Over the past 15 years, the number of looked after children has increased by 34%; this increase cannot be attributed to austerity alone.

In 2018, the number of children starting to become looked after decreased by 2%, however the number of children leaving the care system also decreased by 10%.

National data also highlights some other noteworthy patterns. For example, 24.6% of looked after children are placed out of county (1,575) and 5% are placed outside Wales (320). There will be good reasons why some of these children are placed out of area (e.g. placement with family or friends or the development of regional approaches to specialist provision), but it is recognised that others are placed further afield because there is no suitable provision locally. Some of the underlying issues have begun to be addressed through the National Fostering Framework, the Children's Residential Care Task and Finish Group and other work strands within the Improving Outcomes for Children programme. However, Welsh Government also wants to take this opportunity to explore with local authorities the factors that influence decision making around out of county and cross-border placements, to ensure that more children can be placed closer to home where this is in their best interests. It was confirmed that there were more LAC in Wales than in England, however, there was no concrete evidence that could fully confirm this.

The Corporate Director – Social Services and Wellbeing, advised that Welsh Government would like to work in partnership with local authorities across Wales to better understand the context in which organisations are working and to co-produce realistic and bespoke reduction expectation plans which focus on safely reducing the numbers of children in care whilst continuing to improve outcomes for those already in or leaving care. This will require close analysis of existing data at a local, regional and national level to help better understand the pressures within the system and how these can be best relieved.

A visit to Bridgend County Borough Council took place on 10<sup>th</sup> May 2019 where officials from Welsh Government met with the Chief Executive, Corporate Director of Social Services and Wellbeing, Cabinet Member for Social Services and Wellbeing, Corporate Director of Education and Family Support, Head of Children's Social Care, Head of Education and Family Support, and colleagues from legal.

A conversation framework developed from this that covered the following themes:-

- Reducing the need for, and number of, children entering care;
- Looking to provide positive, stable placements (including details of key questions on this issue);
- Enhancing exit strategies that better enable exit from care;
- Managing the business;
- Co-production of Bespoke Targets

When all the visits have been completed, an overarching report will be collated and shared with a technical group established, prior to it being presented to the First Minister. The overarching report, will highlight the key messages and also identify some actions to be taken forward nationally. The technical group will also be considering monitoring and review.

A Member referred to page 62 of the report and instances of repeat pregnancies. She asked how these can be prevented in respect of young women.

The Head of Children's Social Care, advised that there was a project called Reflect that had been in place around the last 12 months initiated by Welsh Government based on a model in England. This initiative attempted to encourage young women to pause and think of the consequences and responsibilities attached to becoming pregnant, for example if they were too young to be able to sufficiently care for a child, due to reasons for example, of being unemployed and not having their own home etc. The Project also stressed preventative measures they could turn to to prevent pregnancy, such as contraception. A report on this Project could be submitted to a future Committee meeting she felt.

The Chairperson considered it important to monitor the numbers of LAC in the County Borough going forward.

The Corporate Director – Social Services and Wellbeing advised that the situation regarding LAC had been stable in Bridgend for some time, and numbers were actually starting to slowly reduce. Out of County/Out of Wales placements were also reducing she added.

The Head of Children's Social Care added that there was also attempts being made to reduce Court Order Looked After Cases.

The Leader asked why there was an increase in the percentage of LAC within the age range of 5 to 9 years old, particularly due to the good work that had taken place which had led to a reduction of a third of young people coming into the care system during the last few years.

The Head of Children's Social Care advised that this was going to be looked into by herself and the Head of Education and Family Support, as there was no apparent reason substantiating the above increase.

The Deputy Leader asked if there was any data that confirmed not only the number of children who had entered the care system, but if their parents/guardians had also.

Officers advised that they would look into this and collate the appropriate data accordingly, and provide the Member with this outside of the meeting.

**RESOLVED:** That the Cabinet Committee noted the information contained in the report.

200. **URGENT ITEMS**

None.

The meeting closed at 12:30

## BRIDGEND COUNTY BOROUGH COUNCIL

### REPORT TO CABINET COMMITTEE CORPORATE PARENTING

4<sup>TH</sup> SEPTEMBER 2019

#### REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

#### CARE INSPECTORATE WALES ( CIW - Formerly CSSIW ) INSPECTION OF RESIDENTIAL HOMES

##### 1. Purpose of Report

- 1.1 To present to the Cabinet Committee the reports and associated publication of the Action Plans following the inspection reports regarding Sunnybank (December 2018), Bakers Way (January 2019) and Harwood house (February 2019).

##### 2 Connection to Corporate Improvement Objectives/Other Corporate Priorities

- 2.1 This report links to the following Corporate Plan priorities:-

- **Helping people to be more self-reliant** – taking early steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services.
- **Smarter use of resources** – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

##### 3. Background

- 3.1 Care Inspectorate Wales (CIW) are responsible for inspecting all regulated care and support services, including Children's Homes, in Wales. Inspections consist of four key stages, inspection planning and preparation; the inspection visit; feedback; and reporting. During the process, inspectors will make judgements as to how well the service is performing under four core themes, Well-being; Care and Support; Environment; and Leadership and Management.
- 3.2 In the case of Children's Homes, CIW will make annual inspections as part of their rolling programme. There are two main types of inspection:
- **Full Inspections:** During a full inspection CIW will check that providers are providing a service according to the law. They will also check that the service is meeting the conditions of their registration and operating in line with their Statement of Purpose.
  - **Focused Inspections:** These normally happen when concerns are raised or to follow up on areas of improvements identified at previous inspections. This type of inspection may only look at some aspects of a service.
- 3.3 All CIW inspections are unannounced, although in exceptional circumstances, they may contact the service a day or so in advance to minimise disruption or distress.

#### 4. Current situation / proposal.

4.1 The CIW full inspection reports are attached at **Appendices 1, 2 and 3.**

##### **Summary of findings**

4.2 Sunnybank **Appendix 1**

The overall assessment stated that:

*‘Overall, young people are encouraged to pursue activities that interest them and maintain contact with family and friends. They are supported to attend and engage in education. Their physical and emotional wellbeing is promoted. Young people’s safety is met at the home and they can be confident that regular checks are carried out to ensure they are safe. Staff receive support through regular supervision and training.’*

4.3 However, it was reported that:

*‘Consideration and improvement is required regarding the compatibility of young people and the arrangements for young people to contribute to or have sight of their placement plans. Additionally, improvement is required regarding the quality assurance systems to ensure they are robust to make certain young people’s wellbeing is paramount and any shortfalls are identified and rectified swiftly.’*

4.4 Areas of non-compliance were identified but notices were not issued as they were not deemed to have an immediate or significant impact on young people using the service. The areas referred to were delays in updating risk assessments/personal plans and placement matching and a lack of management oversight of these issues.

4.5 The recommendations for improvement can be found in Section 5.3 of the report in Appendix 1.

4.6 Bakers Way **Appendix 2**

The overall assessment stated:

*‘Overall, we found that children are cared for by staff who want the best for them and have good relationships with the staff team. Children are encouraged to be active and their admission to the home is done sensitively at the child and family’s pace. Staff communicate and adapt to suit each child’s needs. The environment is in the process of being refurbished to enhance children’s experience when staying at Bakers Way.’*

4.7 However, it was reported that:

*‘Improvement is needed in relation to safeguarding systems and quality assurance to ensure they are robust to make certain children’s wellbeing is paramount and any shortfalls are identified and rectified swiftly.’*

4.8 Areas of non-compliance were identified but notices were not issued as they were not deemed to have an immediate or significant impact upon the children using the service. The areas referred to were delays in updating/following risk assessments

and personal plans, staffing levels and a lack of management oversight of these issues.

4.9 The recommendations for improvement can be found in Section 5.3 of the report.

4.10 Harwood House **Appendix 3**

Areas of non-compliance of the Regulation and Inspection of Social Care (Wales) Act 2016 were identified and notices were issued in the following areas:

**Regulation 6** – The service has not been carried out with sufficient care and competence;

**Regulation 26** – The service is not provided in a way which ensures that individuals are safe and protected;

**Regulation 29** – Appropriate use of control and restraint.

The aspects of performance and service delivery that needed to improve were promptly explored and addressed through, for example, training and changes to systems and procedures.

4.11 The notices were all responded to within timescales and the detail of these can be found at **Appendix 7**.

4.12 The recommendations for improvement can be found in Section 5.3 of the report.

### **Recommendations and Next Steps**

4.13 Action Plans were developed in response to the recommendations made by CIW and are attached at **Appendices 4, 5 and 6**. These continue to be monitored by the Responsible Individual through their routine visits under Regulation 73 of the Regulation and Inspection of Social Care (Wales) Act 2016.

### **5. Effect upon Policy Framework and Procedure Rules**

5.1 There is no impact on the Policy Framework and Procedure Rules.

### **6. Equality Impact Assessment**

6.1 There are no equality implications in this report.

### **7. Wellbeing of Future Generations (Wales) Act 2015 Implications**

7.1 The implementation of the duties and responsibilities under the Social Services and Wellbeing (Wales) Act 2014 (SSWBA) supports the promotion of two of the seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the well-being goals of a Healthier and more equal Bridgend and Wales are supported.

7.2 The Well-being of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide

how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report:

- Long term: The residential provision has been assessed to meet the needs of the current and future looked after children population.
- Prevention: The new 52 week unit (Harwood House) enables children with complex needs to remain living in the county whilst Bakers Way provides respite to support disabled children and young people to remain living within their families. The statements of purpose will support the other residential provisions to run effectively meeting the needs of Looked After Children BCBC. Maple tree house provides accommodation which enables children with complex needs to remain in the community. The multi-disciplinary team facilitates the return of children who are currently placed outside of county. The wrap around support package helps to reduce and prevent 'long term' residential care episodes, transitioning to a return to families or foster care.
- Integration : Children and young people have homes in the county borough facilitating familial contact and education provision being provided locally, supporting and maintaining their community and ethnic links.
- Collaboration: All of the units have strong links to health, education, police and other local community services to meet the holistic needs of children and young people placed. The units work in close collaboration with other departments within the Local Authority as well to meet service user needs.
- Involvement : Each of the residential units have independent rota visits undertaken, are inspected by Care Inspectorate Wales and review feedback from children and young people and their families through meeting or evaluation forms.

## **8. Financial Implications**

- 8.1 Whilst there are no direct financial implications, the report highlights that the authority is working hard to transform services at a time when there are medium term financial savings to be delivered.

## **9. Recommendation**

- 9.1 It is recommended that the Cabinet Committee receives and approves the updated Action Plan.

**Susan Cooper**  
**Corporate Director, Social Services and Wellbeing**  
**September 2019**

## **10. Contact officer**

**Name:** Laura Kinsey  
**Title:** Head of Children's Social Care, Social Services and Wellbeing  
**Tel:** 01656 642314  
**Email:** laura.kinsey@bridgend.gov.uk

## **11. Background Documents**

None



## Inspection Report on

**Sunny Bank**

**PORTHCAWL**

### **Date of Publication**

**11 December 2018**

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## **Description of the service**

Sunnybank provides care for four young people of either gender between the ages of 8 and 17 years. The provider is Bridgend County Borough Council, there is a manager in post who is registered with Social Care Wales and the responsible individual is Laura Kinsey. The home is situated in a residential area of Porthcawl and is close to a range of amenities.

## **Summary of our findings**

### **1. Overall assessment**

Overall, young people are encouraged to pursue activities that interest them and maintain contact with family and friends. They are supported to attend and engage in education. Their physical and emotional well being is promoted. Young people's safety is met at the home and they can be confident that regular checks are carried out to ensure they are safe. Staff receive support through regular supervision and training. However, consideration and improvement is required regarding the compatibility of young people and the arrangements for young people to contribute or have sight of their placement plans. Additionally, improvement is required regarding the quality assurance systems to ensure they are robust to make certain young people's well-being is paramount and any shortfalls are identified and rectified swiftly.

### **2. Improvements**

We did not identify any significant improvements, although we concluded that the service continues to provide positive experiences for young people.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Compatibility
- Quality assurance

# 1. Well-being

## Summary

Young people are supported to have their voice heard but overall this could be further promoted. They are encouraged and supported to partake in activities which matter to them and keep in contact with people who are important to them.

## Our findings

Young people are supported to have their voice heard in some aspects of their care; but overall this could be improved. Young people's feedback regarding whether they have their voice heard at the home was mixed. We saw evidence that one young person was supported by a member of staff to make a complaint. One young person told us they knew how to make a complaint but when they requested a complaints form they were advised that there would be a delay in receiving it and a further delay in receiving a response. The home was unable to provide us with the complaints log despite evidence in young people's records that complaints had been made. We recommended that a robust system is put in place to ensure that the service is able to capture all complaints; Records should indicate how the complaints were concluded and details of responses from young people and their comments should indicate if they agree with the outcome of the complaint. House meetings took place monthly, some young people informed us they chose not to attend but we saw the agenda reflected a balance between staff's priorities and those of the young people with requests being followed up. We were told a copy of the house minutes and agenda was placed up on the wall for young people following each meeting, however, we did not see this during the inspection. Young people are encouraged to attend their looked after children (LAC) reviews, some chose not to and some said they attended sometimes. We saw advocacy support was utilised by some young people with positive outcomes being achieved as a result. One young person had been supported to make their voice heard regarding dissatisfaction relating to their care plan. Young people have a choice about the food they eat, we saw one young person had chosen to cook and was supported to prepare beef wellington on the day of our inspection. Young people also had the opportunity to enter a competition to name a new home within the service, one of the young people at the home won and had therefore named the new home. Young people are generally aware of how to raise matters that are important to them; however the system that reviews and monitors complaints needs to be improved to ensure that the provider is aware of issues raised by young people and how they are dealt with.

Young people are able to participate in the things that matter to them but their plans for independence could be improved. Young people were all engaged in activities which were important to them and they enjoyed. Staff transported young people to attend their chosen activities and participated where this was requested. Staff also sought out chosen activities they knew young people would be able to gain experiences from. We saw throughout the

home various collages of days out with staff of activities including a caravan holiday, Burnham-on-sea and Thorpe park. Additionally, young people chose to do things independently in their 'free time' and this included meeting with friends or going for food to Cardiff and catching public transport. One young person loves to cook and was supported by staff to cook various meals which the home enjoyed together and we observed during inspection. Staff told us young people are encouraged to undertake independence skills including keeping their rooms tidy, cooking and laundry. However, we did not see any independence plans in place actively monitoring progress. We therefore recommended an independence plan be formulated to assist with preparing young people with living independently. Young people are supported to enhance their experiences by the activities available to them and to do things they enjoy but there was limited plans in place regarding planning for independence.

Young people are supported to maintain contact with family and friends. Staff supported young people with a variety of arrangements outlined in the young people's care plans, including facilitating family contact. We saw and were told by staff that family are able to visit the home where this was agreed with the placing authority and there was evidence of positive partnership working with family members. We were told that young people have been supported to dispute contact arrangements with the help of an advocate. Therefore, young people are fully able to maintain contact with the people who are important to them.

## **2. Care and Development**

### **Summary**

Young people's education is actively encouraged and their health needs are met. They enjoy positive relationships with staff. Record keeping needs improvement to ensure key documents contain up to date information.

### **Our findings**

Young people can learn and develop to their full potential. All young people living at Sunnybank were accessing an educational provision which was secured prior to them being placed at the home. Staff told us that their school attendance was very good. Staff understood young people's education progress and where there were areas of development, staff printed off work sheets to support them. We saw the home had purchased maths, English and science workbooks and a DVD to assist with subjects being covered in school for the young people to have access to. One young person had recently experienced an overnight stay at a university; this was to assist with helping them to decide whether university is the right future choice for them. We saw some young people's educational achievements in the form of certificates in their files. There were educational facilities at the home, including young people having access to a range of books and a computer. The home was soon to be installing Wi-Fi and receiving further computer equipment including an iPad to assist with young people accessing educational apps. We saw the manager had attended a meeting with the school during the inspection to discuss positive ways to support one young person's behaviour and we saw regular communication between the school and the home via email or telephone discussions. Young people's education is encouraged and they have access to support and facilities to assist their learning.

Young people experience good health and diet. We saw they had been registered with the local GP surgery, and had attended routine health appointments, dental checks and visits to the optician as required. Young people had access to services to support their individual needs and some had support from the Child and Adolescent Mental Health Service (CAMHS). We saw a health assessment in one young person's file with actions points which had been addressed. We found weekly menu planning took place with young people which reflected their choices and, on the whole, offered a varied diet. We saw records of food eaten by them and the weekly menu which evidenced a good range of foods. We saw a chalkboard up in the kitchen with the food for the week of inspection, it included sausage and mixed vegetables, spaghetti bolognaise, chicken curry, breaded fish, jacket potato and peas. Young people's health needs are prioritised and they are offered and eat a nutritious diet.

Young people have positive relationships with staff. We observed young people return from school and they were greeted warmly, with staff asking how their day had been. One young person had had a cookery lesson and had prepared food for staff to try. Relationships between staff and young people were observed to be positive with warm interactions noted. We were informed and saw records which indicated the service keeps in touch with some young people after they have left the home to maintain positive relationships. All young people told us via questionnaires that they get on well with staff. One young person said they found it hard that staff swapped shifts everyday. Young people have good relationships with staff who care about them.

Young people cannot always be confident records are kept up to date. Young people each had a personal plan and risk assessments in place. However, they did not always contain up to date information about their complex needs or how staff are to manage the risks each of them posed. The staff were able to tell us about each young person's needs and we saw direct work had been undertaken with them relating to certain risk taking behaviours. Additionally, staff were able to access up to date information about the young people via the local authority's database. However, there was no evidence staff had read the documents because they had not signed them. Additionally, we did not see evidence of arrangements in place for young people to contribute or have sight of their placement plans. One young person told us "*staff don't understand me*" and they were unhappy that they were not sure what their goals were. Therefore, we advised the manager that young people would benefit from more of an active involvement of their plans so it is clear what they are working towards and particular attention is paid to their plans being more outcome focussed. Staff told us about the individual progress each young person had made since living at Sunnybank. However, risk assessments and personal plans need to contain up to date information which evidences they are regularly reviewed to ensure young people are safeguarded. Where there were incidents, records did not evidence that a de-brief was undertaken with staff or young people. We recommended that de-briefs should be routinely conducted. These records should be available so as to allow young people the opportunity to reflect on the incident and express their views. Young people are cared for by staff who support them to manage their behaviours. However, documentation requires regular review to ensure the information is up to date and that staff fully understand how best to manage young people's behaviours, to keep them safe and to evidence their goals to achieve positive outcomes.

### **3. Environment**

#### **Summary**

Young people live in a clean and suitable environment to meet their needs. Regular checks of the physical environment, including health and safety matters, are undertaken, to ensure that the home is well-maintained and provides a safe environment.

#### **Our findings**

Young people live in a clean, suitable environment. We saw young people's bedrooms, they were well furnished, providing adequate storage space, and each bedroom had been personalised, according to individual taste, with photos, soft furnishing and decorative items. There was a large kitchen and a separate dining room where staff told us they all ate together each day, both had chalk paint sections, the dining area chalk board was used for achievements or well wishes and the kitchen board was used to display the weekly menu. There were communal areas for young people to spend time together or to enable them to have privacy. There was a 'learning room' which was space for young people to do their homework, which had a cupboard of books and a computer. A large lounge was well decorated, had large sofas, TV and a goldfish. The home benefited from a laundry room for young people to access if they wished. The bathrooms and toilets were clean and well decorated. Photographs of the young people were seen on display throughout the home. One young person told us they felt the home was outdated. Young people are cared for in an environment which meets their needs.

There are systems in place to ensure health and safety checks are conducted. Records we viewed evidenced that measures were in place to ensure health and safety checks were carried out. There was evidence that the emergency lighting, fire extinguishers and fire alarms were checked at regular intervals. The last fire evacuation drill was conducted in October 2018 with evidence of the young people being involved but there was no record of the time the drill was conducted. There was a recent fire risk assessment completed in April 2018. Young people's safety is met at the home and they can be confident that regular checks are carried out to ensure they are safe.

Young people are kept safe from unauthorised entry. Visitors to the home cannot gain entry without warning. Identification was requested on our arrival to the home and a record of our arrival was recorded in the visitor's book. Therefore, young people can be confident they are safe from unauthorised visitors.

## 4. Leadership and Management

### Summary

Young people can be reassured that staff receive regular supervision and tell us they feel supported. Consideration is required regarding compatibility of young people. Additionally, the quality assurance system needs to be more robust to identify and rectify shortcomings.

### Our findings

Young people are cared for by staff who are supported through regular supervision meetings, team meetings and training, although the managers supervision could be improved. As the last recorded supervision meeting was April 2018. Staff told us they received regular supervision and could request more informal support if required. Staff files we viewed evidenced that supervision took place monthly and meetings provided opportunities for staff to reflect on practice, discuss any personal matters and professional development. Staff appraisals had taken place in June 2018. On the whole, team meetings were seen to take place monthly, evidencing good staff attendance. However, there were no minutes available for June, July and August 2018. One staff member told us they *“love it here”* and have *“a really good team”* and felt they had received the necessary training to be able to effectively care for the young people. Another staff member wrote in their questionnaire that they were *“a close team, supportive of each other and always prioritise the welfare and happiness of the children”* and another wrote they had *“good management”*. We viewed a sample of staff training which confirmed that staff had undertaken core training and refresher training as required including safeguarding and physical intervention. Young people can be confident that staff feel supported and are cared for by staff who are suitably trained and feel supported by managers.

Consideration is needed regarding the procedure and matching of young people to ensure the young people already residing at the home take priority. Decision making regarding young people's admission to the home required careful consideration. A detailed impact assessment was completed by the manager for a recent admission. The assessment demonstrated a young person would not be a positive match alongside the other young people already living at the home and would pose a risk. Regardless of this, the admission was made which caused a negative impact on the other young people; this was evidenced in the documentation at the home including a young person making a complaint and from discussions with staff. Staff told us this was not a positive match and the young person should not have been placed. Staff told us this was subsequently recognised and the young person moved and returned to reside back to the original placement. We informed the manager that a notice of non compliance would have been issued had the young person still been in placement due to the negative impact. Additionally, there was no impact assessment available for the most recent admission to the home. The presenting behaviours of the young person was not, in detail, considered alongside the other young people's presenting behaviours or how they would be a good match without it being at the

detriment of the existing group of young people living at the home. The responsible individual needs to take account for the manager and team's knowledge of the current group of young people living at the home. Where a decision is made to override the manager's decision regarding a placement despite a negative impact assessment, then a robust assessment and risk assessments should be in place. Young people cannot be confident appropriate decisions will be made regarding the compatibility of young people being placed alongside them.

There are quality assurance systems in place but these could be more robust. A system was in place for monthly monitoring visits which were undertaken by senior management from the local authority. The visits considered and reported on various aspects of the running of the home including, the environment, records, sanctions, accidents, complaints and staffing. In a sample of six months only one visit involved seeing one young person due to them being in school during the visits. There was no evidence that staff had been spoken to. There were limited actions with only two of the six reports containing any actions. The reports would benefit from greater analysis to demonstrate how the findings impact on the outcomes for young people. We read the last Quality of Care report May 2017 to April 2018, this was a detailed report outlining what the service had achieved in the twelve months and highlighting the service objectives for 2018/19. The report did not evidence any consultation with parents, young people, social workers or other professionals and how these impacted on the running of the service and outcomes for young people. Management oversight of records could also be improved including the signing of records to evidence records had been read and agreed. We concluded that overall the systems established for reviewing and monitoring the quality of care given to young people did not meet legislation. Young people cannot be confident there is a robust quality assurance system in place to identify and address shortfalls.



## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

The service was notified that it was not meeting regulatory requirements in relation to the recording of physical interventions, Regulation 17(d)(f), as the recordings did not always include the length of time of the intervention and a reflective account to inform future practice.

This was partly achieved at inspection. Records we viewed did include the length of time the intervention but a de-brief/reflective account was not consistently available which is recommended below.

### **5.2 Areas of non compliance at this inspection**

- Regulation 66 - Supervision of management of the service: This is because the responsible individual has not ensured proper oversight of the management, quality, safety and effectiveness of the service. This is because risk assessments and personal plans did not always include up to date information and were not consistently updated after incidents to provide appropriate guidance to staff to keep young people safe. Additionally, decision making regarding the placement and compatibility of young people had not fully taken into account the existing group of young people already living at the home nor the manager's knowledge of the group of young people residing at the home. The service lacked management oversight regarding these matters and there was an absence of a robust quality assurance system.

We did not issue a notice of non compliance on this occasion, as there was no immediate or significant impact upon the young people using the service.

### **5.3 Recommendations for improvement**

- Ensure the admission documentation is completed in line with the home's policy.
- Ensure all young people's behaviours are outlined in their risk assessments and personal plans. Additionally, review the risk assessments procedures with particular regard to formalising the system whereby staff are required to sign the record to indicate that they have read and understand any amendments.
- Undertake an audit of the case file for each child using the service to ensure that key documents are in place and up to date.

- Ensure young people being admitted to the home do not have a detrimental impact on the young people already living at the home as their needs should take priority. This should take account of the manager's knowledge of the current group of young people living at the home.
- The home's records to consistently make reference to 'young people' as opposed to 'residents' and 'home' instead of 'unit'.
- Independence plans are drawn up for young people and increased opportunities for the development of independence skills are made available.
- Ensure placement plans are more outcome focused and evidence that young people have been involved in reviewing and are aware of their content.
- Manager and Responsible Individual to develop a system to improve their oversight of records.
- All complaints need to be recorded in one place with records indicating the outcome.
- Monitoring visits need to be more robust and should include a discussion with the staff on shift, the young people and other professionals where possible.
- Ensure young people and staff are de-briefed after incidents with a record of this to be available.

## 6. How we undertook this inspection

This was a full unannounced inspection undertaken in accordance with the CIW inspection framework.

The following sources of information were used to inform this report:

- One unannounced visit to the home on the 19 October 2018 and a further announced visit on the 23<sup>rd</sup> October 2018.
- We reviewed information about the home held by CIW.
- Observations of interactions between the staff and the young people.
- We spoke with one young person and received questionnaires from three young people.
- We spoke with the registered manager and members of staff on duty.
- We received three questionnaires from members of staff.
- We looked at a range of documentation held at the home including the Statement of Purpose and Children's Guide.
- Examination of records relating to safety of the premises.
- We viewed the premises, including the communal areas and the young people's bedrooms.
- We viewed a sample of general documentation held at the home including staff supervision records and documentation relating to the placement of young people in the home.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

|   |                                    |
|---|------------------------------------|
| <b>Type of care provided</b>                                      | <b>Care Home Service</b>           |
| <b>Registered Manager(s)</b>                                      | <b>Karl Culpeck</b>                |
| <b>Registered maximum number of places</b>                        | <b>4</b>                           |
| <b>Date of previous Care Inspectorate Wales inspection</b>        | <b>03/08/2017 &amp; 11/08/2017</b> |
| <b>Dates of this Inspection visit(s)</b>                          | <b>19/10/2018 &amp; 23/10/2018</b> |
| <b>Operating Language of the service</b>                          | <b>English</b>                     |
| <b>Does this service provide the Welsh Language active offer?</b> | <b>Working towards</b>             |
| <b>Additional Information:</b>                                    |                                    |



**Inspection Report on**  
**Bakers Way Short Breaks Service**  
**BRIDGEND**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**  
**This report is also available in Welsh**

**Date of Publication**

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## **Description of the service**

Bakers Way is a children's home which provides short breaks to children and young people resident in Bridgend County Borough who have a learning disability and / or a physical disability. The home can accommodate five children aged 0-18 years at any one time. It is operated by the Local Authority and is not registered to accept emergency placements. There is a manager in post who is registered with Social Care Wales and the responsible individual is Laura Kinsey. The home is in a residential area on the outskirts of Bridgend.

## **Summary of our findings**

### **1. Overall assessment**

Overall, we found that children are cared for by staff who want the best for them and have good relationships with the staff team. Children are encouraged to be active and their admission to the home is done sensitively at the child and family's pace. Staff communicate and adapt to suit each child's needs. The environment is in the process of being refurbished to enhance children's experience when staying at Bakers Way. Improvement is needed in relation to safeguarding systems and quality assurance to ensure they are robust to make certain children's well-being is paramount and any shortfalls are identified and rectified swiftly.

### **2. Improvements**

We did not identify any significant improvements, although we concluded that overall the service continues to provide positive experiences for children and a valuable break for parents and carers.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Safeguarding systems
- Quality assurance
- Records

# 1. Well-being

## Summary

Children are cared for by staff who want the best for them, have good relationships and communicate with them in a way they understand. The home's systems could be improved to ensure children are always protected from harm. Children are encouraged to be active during their stay at Baker's Way.

## Our findings

Children enjoy positive relationships with staff. The staff present during our visit spoke positively, with care and concern and of wanting the best outcomes for the children. We observed the children when they arrived at Bakers way after school and positive initial interactions were observed. We heard praise and interactions with staff were warm and caring. We found staff to be patient and they had a good understanding of each child and how to ensure that their behaviour was supported. One parent we spoke with told us they feel staff "*understand X as well as I do*" and the changes that are implemented at home are carried on at the service because of the good communication they have with each other. The parent explained "*X enjoys coming and always asks to come*". We looked at questionnaires received for the service from parents during our inspection and some feedback included, "*X loves the staff and the social interaction*" and "*X is always greeted with a lovely welcome and receives the care he needs during X's stay*" and "*I don't worry at all as all X's needs are being met*" and "*he loves all the staff and children in Bakers Way and that makes me happy*". Children are looked after by staff who are caring and want the best for them.

On the whole, children are kept safe and protected from harm but systems could be more robust. The service had sent out adapted feedback questionnaires to children using the service and we looked at a sample, the majority of children said they felt safe staying at Bakers Way but one child said they did not. Staff we spoke with informed us they were familiar with the safeguarding policy, and what process they would follow should they need to raise a safeguarding concern. Staff also confirmed they had received safeguarding training and of the files we sampled we could see staff had attended a safeguarding children's course. Body maps were completed when marks were observed on children during their stay. A senior or manager on shift viewed these to sign them off if they were in agreement with the actions, however, these lacked detail regarding the actions taken. Therefore, body maps would benefit from more detail regarding the incident and what actions had been taken by staff in response, to provide a rationale for the decision-making. We saw information was uploaded on to the corporate system for social workers to access. On an individual basis, we found that on the whole, young people had risk assessments in place and there was evidence some had been reviewed and were followed by staff. Although staff informed us they had read children's files and they appeared to have a good



understanding of children's individual needs, staff did not consistently sign them to evidence they had read them. Additionally, some incidents had occurred which made reference to staffing ratios not being in line with children's plans and subsequently were not reflected in children's risk assessments. We also viewed a record that indicated there was a delay in information being shared with the social worker and there was a lack of recorded evidence that information regarding an incident had been shared with parents. Therefore, we recommended that risk assessments are consistently amended accordingly to reflect changes in children's behaviour, staff work in accordance with children's plans and information is always shared with the social worker and parents in a timely manner and is fully recorded.

The manager informed us of an incident which had occurred resulting in potential harm to a child, which was reported by the child's parent. The manager told us that guidance was sought and as a result, it was agreed that staffing levels would be increased to prevent future occurrence. The manager gave assurances that placement plans and risk assessments would be updated to reflect potential risks and how staff were to manage potential incidents prior to the child's planned next stay at the home. However, the manager explained that although the staffing ratio had increased, any changes to documentation had not occurred despite the child having had another stay at the service. The manager advised that staff were alerted to future practice within a team meeting; however, the team meeting took place subsequent to the child having stayed. Staff told us and some records evidenced that adequate supervision and staffing levels were not consistently in place which could place children at risk. The service is required to develop a system to monitor and review risks; these should be updated in a timely manner with records indicating that all staff have read and understood any updates. Additionally, a de-brief with staff is undertaken promptly and actions following this are fully recorded. We conclude that currently children cannot always be confident that there are robust systems in place to ensure their needs are consistently met and they are safeguarded.

Children are encouraged to be active. We saw that children played outside in the garden which had various play equipment suited to children's needs. Additionally, there was an indoor play room and a sensory room to allow children time to relax. The children had access to a mini-bus which allowed them to be taken out to enjoy community activities or go for a walk. Children's physical activity was dependent on their individual needs and these were catered for; staff told us and some children's records confirmed that generally the children prefer to be outdoors keeping busy. One young person said in their questionnaire when asked about what makes them happy at the home "*I like using the garden hoover*" and "*they let me go places*". Children are cared for by staff who support them to be physically active.

## 2. Care and Development

### Summary

Children's introduction to the home is positive. We saw evidence of good communication between parent's and carers, social worker's and the home; information shared enabled the service to appropriately meet the individual needs of the children during their stay. Children are treated with respect and valued and are able to communicate with staff using various methods including PECS (Picture Exchange Communication System). Staff are prepared well for each young person coming to stay.

### Our findings

Children's admission to the home is done with sensitivity but compatibility of children's needs could be improved. Children's needs and preferences were understood because care was taken in the admissions process before they began overnight stays. Detailed referrals were seen in children's files, alongside social work assessments outlining the need for short breaks. Staff gathered detailed information from parents/carers during the introductory visits. The manager explained they try to gather as much information from parents/carers as possible because they said "*I want it to feel like home*". Parents/carers assisted with the completion of comprehensive 'profiles' on their child which included information about their likes, dislikes and character which helped to provide a picture of the child's personality. Plans for first visits or overnight stays were developed in consultation with the family and included tea visits or visits with families as appropriate and at the child's pace. One parent told us they were shown around on their initial visit and their child had two tea visits before staying overnight. However, the manager advised that the child had six tea visits before their first stay. However, we saw evidence that the presenting behaviours of one young person had not been considered, in detail, alongside the other young people's presenting behaviours or how they would be a good match without it being at the detriment to either of the children staying at the home. Overall, we found that children and families can be confident admissions are thoughtfully undertaken at the child's pace; but a recorded analysis about compatibility would ensure the process is more robust for the future.

Importance is placed on children being valued, treated with respect and individuality. Staff we spoke with told us they used a variety of methods to communicate with children who had little or no verbal communication depending on the children's preferences. Communication methods included PECS and an iPad. Children's files included information regarding the way they made their needs and wishes known and staff we spoke with confirmed this. We viewed a menu which offered a variety of meals and reflected individual preferences of the children. Staff told us that children could choose an alternative meal if they preferred. Overall, evidence indicates that children are valued and treated with respect; they are supported to make decisions and choices about their care.

Children are cared for by staff who prepare well for their arrival. We saw staff greet the children on their arrival with genuine warmth and communicated with them in a familiar and individual way. Children responded well to the staff and guided them to their preferred activity. Staff told us they arrived on shift in advance of the children arriving to allow them time to prepare, discuss what meals to prepare based on children's preferences and what activities they intended to engage in that evening. Children are cared for by staff who are well prepared to ensure children receive a positive stay.

### **3. Environment**

#### **Summary**

Children are cared for in an environment which meets their needs. The premises provides adequate space both internally and externally to meet the needs of the children receiving a short break. There are health and safety measures in place to ensure the home is safe but a system could be developed to prevent delays on reviewing and conducting necessary health and safety checks.

#### **Our findings**

Children are cared for in suitable accommodation but it is currently being developed to improve accessibility. At the time of inspection, the home was undergoing building works to enhance the environment. The service intended to close for several weeks whilst work was on-going and parents had been informed. Additionally, the service was not operating to full capacity due to the on-going work and the need to use a downstairs bedroom as a lounge. The manager showed us the current work and the plans included having a new kitchen and utility room, widening doors and a new play-room on the ground floor. The décor and furniture were in good order, with specific furniture specifications to meet the needs of the children. Bedrooms were spacious and colourful, each being different, which some children had a preference for during their stay. The bathroom had mould in the shower area and therefore it is recommended a deep clean is undertaken to ensure the removal of mould. Additionally, consideration of a fridge to be purchased for the medication to be stored separately because it was currently being stored in the main fridge in a locked box. Children are cared for in appropriate accommodation, which with the planned improvements will be easily accessible for all.

Children can be reassured that the home has suitable facilities for their needs. We saw that there was a large soft play-room upstairs with a ball pit. The manager told us that following consultation with parents and for equality purposes they intended to develop a similar room downstairs for easier access for children who were less mobile. Currently one of the ground floor bedrooms had sensory resources which all children had access to during the day. One bedroom had the option of two beds; however, none of the young people shared a bedroom. Externally, there was a small enclosed garden which incorporated various play equipment including a large swing, ground level roundabout and trampoline which were accessible to the children. Sensory play was promoted by a mud kitchen. The home provides suitable indoor and outdoor opportunities for children to play and develop.

On the whole, children are supported to stay in a safe environment. We saw that generally health and safety audits of the physical environment were regularly undertaken. We were shown the home's maintenance records. Children each had Personal Emergency Evacuation Plans in place but the sample we saw were out of timescales for their six

monthly review date, last completed in June 2017. Fire evacuations drills were conducted monthly but it was not clear which staff and young people took part; therefore, a record of who was present would be beneficial. Weekly testing of fire alarms was undertaken and monthly tests for the fire extinguishers and intercom system. However, the intercom was not being used at the time of inspection and had been replaced with baby monitors to record sound due to on-going building and maintenance work. PAT testing was also due and the manager was in the process of following this up; the last test was completed in June 2017. The entrance to the premises was safe from unauthorised access as we were only able to gain entry by ringing the bell. We were asked for identification and asked to sign the visitor's book with times of arrival and departure and saw that there was a record kept of visitors. Children and young people are cared for in premises which are safe and secure.

## 4. Leadership and Management

### Summary

Children benefit from a staff team who receive regular supervision, appraisal and attend team meetings. Staff receive a range of training to assist with caring for the children who stay at Baker's Way. However, quality assurance systems could be improved.

### Our findings

Overall, children benefit from a service where staff receive support through supervision and appraisal. Staff told us that supervision generally takes place monthly but some staff advised there are times when this is delayed. One staff member we spoke with told us they "*feel supported*" and they received supervision every month but could receive informal support if needed too. Another staff wrote in their questionnaire "*I feel we have a great team and always feel valued by the management and staff*". We viewed a sample of supervision records which confirmed on the whole, staff received regular formal one to one supervision in accordance with the home's statement of purpose. Of the six sample files we viewed, there were some months there was no recorded evidence that four staff had received supervision. Where supervision sessions did not take place within the agreed timescale, the reason for the delay should be recorded. Supervision allows staff to discuss various agenda items, including, personal support, performance and practice, professional development, training and a discussion regarding the children. Staff had all received an annual appraisal in June 2018 and samples of these were viewed which identified areas of development and included staff training. On the whole, children are supported by a staff team who receive support through supervision.

Children are cared for by a staff team where monthly team meetings take place. Staff we spoke with confirmed that they attended monthly team meetings. We saw a rota displayed for the upcoming meetings for the year; an agenda was put up for staff to contribute to prior to the meeting. We saw a sample of team meeting minutes and saw there was good staff attendance. Agenda items included health and safety matters, fire instruction, training and a discussion regarding the children using the service. The manager informed us that team meetings are used to share information with staff about changes to young people's plans. We saw a communication book was used to share information outside of team meetings but a more robust system is required to ensure any vital information is shared with all staff in a timely manner to ensure information is not missed. Children can be confident there are opportunities for staff to discuss and receive support as a team.

Complaints procedures could be improved. We were told about two complaints that had been made regarding the standard of care children had received as highlighted above within this report. However, the manager advised they were not formal complaints and therefore were not recorded in the designated complaints file but had been dealt with and resolved. Additionally, Care Inspectorate Wales (CIW) were not notified of the incidents.

There needs to be a clearer audit of recorded discussions and decisions following incidents. Therefore, it was recommended that all complaints are recorded in one place to assist with keeping track of all complaints and the outcome, in addition to notifying CIW in line with legislation. Children can be confident that the manager will respond to complaints made but the recording system of such requires improvement.

Children can be reassured that overall staff receive regular training but there was a mixed response regarding staff feeling equipped to do their role. One staff member wrote in their questionnaire "*there is always support if needed and the training we have is excellent*". The training matrix we viewed was not up to date, therefore, we recommended a system of recording staff training to ensure mandatory and refresher training was not missed. We sampled staff files which recorded individual training records, staff told us and documents confirmed a full range of training attended by staff including Team Teach (behaviour management), safeguarding, diabetes, complex health needs, moving and handling as well as refresher courses. The manager and staff explained that staff also received specialist training from the community nursing team for children with complex needs. Some staff we spoke with told us that this was basic training and sometimes they felt out of their depth because children's health needs are more complex and the number of children they are expected to support on shift with additional needs. Staff advised they raised this with management and we saw some evidence of this. They also explained that, at times, staff from other homes within the service covered shifts who were not able to support children with complex needs because they did not have the training, therefore, core staff felt this had a strain on them. The manager told us there had been staff shortages at times due to sickness or staff turnover; in the event of not being able to appropriately cover shifts, given the complex needs of the children the child's stay would be cancelled or the manager would stay on shift if required. However, the manager explained this had not occurred. Some staff told us they had not received any formal PECS training from Bridgend County Borough Council but some staff had already received this training in previous roles. Overall, children are cared for by staff who receive a range of training to suit the needs of children including specialist training. However, consideration of a regular review of the staffing systems in place would allow staff to feel more confident and to ensure that all staff including those from another service have the appropriate training to meet the needs of the children.

There are quality assurance systems in place but these could be more robust. A system was in place for monthly monitoring visits which were undertaken by senior management from the local authority. However, we found that this system was inconsistent; in visits being undertaken, some visits did not take place in line with legislation. We requested a sample of the last three monthly monitoring visits and were sent January, February and March 2018. Neither of the visits involved seeing children due to the service being closed or they were in school. There was no evidence that staff had been spoken to. There were only two recommendations regarding the environment recorded, one of which was highlighted on two consecutive months. We read the last Quality of Care report April 2017 to March 2018. The report identified what the service had achieved in the last twelve months and

areas of improvement moving forward, including structural work, to make the home more accessible and a play area downstairs for children to use who are unable to get upstairs. The report made reference to consultation with parents, children and social workers but did not include, in detail, the findings and how these impacted on the running of the service and outcomes for children. Management oversight of records could also be improved including the signing of records to evidence they had been read and agreed. We concluded that overall the systems established for reviewing and monitoring the quality of care given to children did not meet the requirements of the regulations. People cannot be confident that there is a robust system for monitoring and reviewing the quality of care children receive at Baker's Way, or which effectively identifies and addresses shortcomings leading to efforts for continuous improvement.



## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

No non compliances were identified at the previous inspection.

### **5.2 Areas of non compliance at this inspection**

- Regulation 66 - Supervision of management of the service: This is because the responsible individual has not ensured proper oversight of the management, quality, safety and effectiveness of the service. They have failed to consistently ensure that the needs of the children are met and that they are properly safeguarded. This is because risk assessments and personal plans were not consistently updated after incidents to provide appropriate guidance to staff to keep children safe. Staff were not always following children's plans and the staffing levels were not always maintained to the agreed ratio placing children at risk. The service lacked management oversight of all of these matters and there was an absence of a robust quality assurance system.

We did not issue a notice of non compliance on this occasion, as there was no immediate or significant impact upon the children using the service.

### **5.3 Recommendations for improvement**

- Body maps would benefit from more detail regarding the incident and what actions had been taken by staff in response to provide a rationale for the decision making.
- The home is required to make a record of staff and young people who are present during a fire evacuation drill.
- Undertake an audit of the case file for each child using the service to ensure that key documents are in place and up to date.
- The sensory bedroom should only be used when the bedroom is not occupied to allow children to have complete ownership and privacy of their bedroom space when they stay at the home.
- Review the risk assessments procedures with particular regard to formalising the system whereby staff are required to sign the record to indicate that they have read and understood any amendments.
- Children's supervision levels need to be maintained by staff at all times to ensure children are kept safe.

- Any incidents need to be written up promptly and shared with parents and social services in a timely manner.
- All complaints need to be recorded in one place with records indicating the outcome.
- The service needs to notify CIW of incidents in line with legislation.
- Compatibility of children's needs should be recorded with an analysis which demonstrates that consideration has been given to appropriate matching of all children at each stay.
- Monitoring visits need to be more robust and should include a discussion with the staff on shift and with the children where possible, or at least observing the children with staff. In addition to parents, carers and other stakeholders where possible.
- PEEPS for children need to be reviewed in line with the service's own policy.
- Staff to receive training in PECS to assist with supporting children who stay at Bakers way.
- The service is required to evidence that there is management oversight in relation to what actions are taken in the event of staff shortages. The impact of temporary staff capacity to cover shifts whilst meeting the complex needs of children are also considered.
- Managers monitor and review the support given to the core staff team in ensuring they feel supported at all times to carry out their role effectively.
- Where supervision sessions do not take place within the agreed timescale, the reason for the delay should be recorded.
- Following incidents, records should indicate that staff receive a debrief and agreed decisions are documented regarding a way forward.
- Consideration of a fridge to be purchased for the medication to be stored separately.

## 6. How we undertook this inspection

This was a full unannounced inspection undertaken in accordance with the CIW inspection framework.

The following sources of information were used to inform this report:

- One unannounced visit to the home on the 28 September 2018.
- We reviewed information about the home held by CIW.
- Observations of interactions between the staff and the children.
- We spoke with the registered manager and members of staff on duty.
- We looked at a range of documentation held at the home including the Statement of Purpose and Children's Guide.
- Examination of records relating to safety of the premises.
- We viewed the premises, including the communal areas and the children's bedrooms.
- We spoke with one parent.
- We contacted Bridgend's Disability Team and left a message but did not receive a response.
- We received four questionnaires from staff and one questionnaire from one young person.
- We viewed a sample of general documentation held at the home including staff supervision records and documentation relating to the placement of children in the home.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

|   |  |
|---|--|
| <b>Type of care provided</b>                                      | <b>Care Home Service</b>                 |
| <b>Registered Manager(s)</b>                                      | <b>Debra Evans</b>                       |
| <b>Registered maximum number of places</b>                        | <b>5</b>                                 |
| <b>Date of previous Care Inspectorate Wales inspection</b>        | <b>26/6/17;<br/>27/6/17;<br/>11/7/17</b> |
| <b>Dates of this Inspection visit(s)</b>                          | <b>28/09/2018</b>                        |
| <b>Operating Language of the service</b>                          | <b>Both</b>                              |
| <b>Does this service provide the Welsh Language active offer?</b> | <b>Working towards</b>                   |
| <b>Additional Information:</b>                                    |  |



## Inspection Report on

**Harwood House**

**BRIDGEND**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

### **Date of Publication**

**22 February 2019**

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## **Description of the service**

### **Summary of our findings**

Harwood House is a children's home operated by Bridgend County Borough Council. The home can accommodate up to three children aged 8-19 years who have a learning disability. There is a manager in post who is registered with Social Care Wales and the responsible individual is Laura Kinsey. The home is located in a residential area of Bridgend.

### **Summary of our findings**

#### **1. Overall assessment**

Children's individual needs are understood and the service strives to ensure these are provided for and met; there is evidence that children are achieving good outcomes. They are given opportunities to enjoy themselves and learn new skills.

Staff are committed to the children in their care but not properly supported or equipped with the necessary training to meet their complex needs. Safeguarding and behaviour management practice and training requires urgent attention to ensure children's welfare.

Staff were not always clear what was expected of them and management oversight of the service was not always evident. The systems in place to review and monitor the service do not demonstrate a commitment to service improvement.

#### **2. Improvements**

This was the first post registration inspection.

#### **3. Requirements and recommendations**

Section five of this report sets out the action service providers need to take to ensure they meet their legal requirements and recommendations to improve the quality of the service provided. These relate to safeguarding, behaviour management, the recording of children's wishes and views, management oversight and quality assurance systems.

## **1. Well-being**

### **Summary**

Children and young people experience caring, supportive relationships with staff who know them well. They are able to express their likes and dislikes, and exercise choice as to how they spend their time.

### **Our findings**

Children's communication needs are understood, but more could be done to evidence that children have a voice. None of the children were able to communicate verbally but a variety of other methods were used to allow them to communicate their wishes to staff. One young person had a 'switch', which they could use to signal a choice of two activities, and staff were also supporting the children to use sign language. We saw a 'sign of the week' on display which all staff were helping the child to learn and was relevant to the festive season. One child was bilingual and we saw a list of common English words and phrases with the Welsh version alongside which staff used to maintain familiarity with some Welsh words in the home. There was evidence that children could exercise choice for example in how they spent their time or the food they ate. The manager informed us that some staff had completed training in working with children with communication difficulties but further training was being sourced via the local school. Social stories were used frequently to prepare children for a variety of events. We saw a good example of a social story being used to prepare a child for a medical appointment. We were shown a bank of resources for staff to access.

There were a number of references in documents to children being unable to contribute due to being "non verbal" and having limited ability to use other communication methods. House meetings did not take place as due to the children's needs these would not be meaningful. However, we discussed with the manager whether other ways could be developed to consult with children about their care experience, particularly as this aspect was also missing from the reports of the monitoring visits we viewed. We noted that there was a young person's version of the independent living skills activity sheet but these were generally completed by staff. There was a Children's Guide to the service, however this appeared to be a generic document for children's homes and not suitable to the needs of children living in Harwood House. Children's rights are promoted, however we discussed with the manager the need to be more creative in establishing children's wishes and views.

There was evidence of children achieving good outcomes and receiving warm, responsive care. We saw a number of references in documentation to evidence that their day to day care was good and references to the need to ensure that children are well presented and encouraged to take pride in their appearance. Children had made progress in a number of areas of their lives since living in Harwood House. We witnessed kind, good humoured interactions between the staff and children. Staff we spoke with described themselves as "being all for the children" and "passionate" about their jobs. Staff described the



environment as being like a family home. All the children were attending school daily and records indicated that their health needs were met. Staff were clearly proud of the children's numerous achievements in terms of their behaviours and social skills. Children receive care in a way which is likely to build their self esteem.

Children's contact with family and other significant people is promoted. Staff supported a variety of arrangements of the children's contact with parents and extended family members. This ranged from contact in Harwood House to contact at family members' homes and was sometimes supervised or with a care worker present to provide additional support. Children were also seen to be supported to maintain relationships with the people who cared for them before they lived in Harwood House. Consideration was given to ensuring that contact was safe and meaningful. Children maintain relationships with people who are important to them.

Children's participation in activities has been inconsistent. Each child had a structured weekly plan as routine and predictably were important for them. Staff knew how children liked to spend their time both in and out of the home and those we spoke with told us that they tried to occupy the children's time but also allow them to relax at home if they indicated that is what they wanted. Activities in the home ranged from sensory play, watching TV or DVD's and baking. Outside the home children enjoyed going swimming regularly, trips out to the beach or to 'Folly Farm', shopping, going on walks, and attending after school or sports clubs. Records evidenced that children participated in a range of activities, however, we also noted in documentation, reference to children being unable to do activities due to staff shortages. There was also a reference to a referral to an advocacy service to ensure that one child's access to activities was not compromised because of the ratio of staffing required. We discussed this with the manager and were assured that measures were now in place to minimise the risk of this happening in the future. Overall we concluded that children have access to a range of social and leisure opportunities.

## **2. Care and Support**

### **Summary**

Training and practice around safeguarding and behaviour management requires urgent attention. Children and young people are cared for by staff that have a good understanding of their needs and how best to care for them, however documentation was not always up to date and did not evidence that staff had read and understood changes and updates.

### **Our findings**

Attention is required to ensure that responses to safeguarding concerns are robust and timely. Prior to the inspection, a child had sustained an injury which was not managed appropriately. We were also concerned that there was a delay in updating a child's case file in response to some developing behaviour. We asked for a copy of the home's safeguarding policy and were provided with Bridgend's Corporate Safeguarding policy which was a generic and high level document. This was not compliant with legislation in terms of its fitness for purpose. The manager informed us that the provider did offer a number of safeguarding training courses some of which were relevant to the particular needs of children living in the home. However the training matrix we were given showed that in practice, few staff had completed courses beyond the mandatory e learning training and it was not clear how frequently this should be refreshed. Although staff told us that they understood the procedures they should follow, a child had sustained a non accidental injury and no cause had been identified through enquiries carried out under section 47 of the Children Act. Children's risk assessments had not been updated to reflect possible explanations or strategies put in place to minimise the risk. Children's plans and strategies identified that they should all be supervised on a one to one basis at all times; some staff told us they were worried because they recognised that on occasions they might have to leave a child unattended to support a colleague dealing with another matter. They were concerned that this was not always acknowledged by senior management. We were told that a management review and a learning event was planned by senior management in relation to the incident. We recommended that as well as these actions, an urgent review of training is undertaken to include assurance that all staff receive training relevant to the needs of children living in the home, and safeguarding training is provided as a matter of priority where gaps are identified in individual training plans. Staff should also be provided with detailed practice guidance. Children cannot be reassured that the staff who care for them are properly trained and supported to safeguard them from harm.

Children and young people's needs were reviewed regularly, however records did not evidence that all staff had read and understood updated documents. Children had personal plans based on information received prior to placement. These were then reviewed in line with statutory Looked After Children (LAC) reviews. Key workers also completed monthly key worker reports. These covered the children's holistic needs and included actions taken in response to needs, outcomes and whether any further action was indicated. Further detailed guidance for staff was included in risk assessments and individual behaviour management plans. Although we saw guidance from the manager for staff in the

communications book to read updated documentation, those we viewed had not been signed by staff to indicate they had been read and understood. We were told that each child's behaviour management plan was reviewed in detail in every team meeting so that staff could contribute to updating and amending them from their knowledge of what has worked for the children and to consider new outcomes to work towards. However, we discussed with the manager that one child's behaviour management strategy document should have been updated at least on an interim basis when a repeat of potentially concerning behaviour had been noted. The manager was aware of this issue and told us that it was planned that this would be discussed at the next team meeting and the child's plan updated accordingly. Overall children and young people receive purposeful care from a staff team who are knowledgeable about their needs but documents which guide staff responses must be updated on a more timely basis.

Children are encouraged to develop independence skills. It was a particular priority for the manager that children were encouraged to develop the skills, and given experiences that would allow them to have a level of independence appropriate to their capabilities and potential. The manager and staff were proud of the progress children had made in terms of self-care skills with for example children previously unable, now sitting at the table to eat and using a knife and fork. Children were also seen to have made good progress in terms of their personal care skills. Each child had an individual independent living skills assessment and one of the senior members of staff had responsibility for planning appropriate independent living skills tasks for them. The staff team were expected to implement these with the aim of continuous development of skills at the child's pace. One young person had independence skills integrated within their weekly activity plan. Children are encouraged to reach their potential.

Behaviour management practice and recording should be reviewed as a matter of urgency. We were provided with a training matrix which indicated that only half the members of staff working in the home had attended the training required to equip them with both preventative and reactive behaviour management approaches. This meant that some members of staff were restraining children without training in this area; putting the children and themselves at risk. We were told that some training had been offered some months previously but the notice had been too short to find staff cover for any staff from the home to attend the course. We also found that the corporate documents used for incident reporting were not fit for purpose as they had been designed to record accidents. Children's views were not sought following incidents of physical restraint but we recommended to the manager that other methods for gaining these should be considered and at the least detailed observations of the child's behaviour and demeanour should be recorded as an alternative. Care needed to be taken with language as one child removing food from other children's plates was described in reports as "stealing" which infers the behaviour was naughty or wilful whereas with patience and consistent messages from staff, the behaviour had stopped. In another instance a child was described as being "left to their own devices", and given that one explanation for a child sustaining an injury was that they had been left unattended, we raised this with the manager. Children cannot be reassured that measures of control are safe, suitable and recorded appropriately.

### **3. Environment**

#### **Summary**

Harwood House provides a safe environment for children. It is a small home but comfortably furnished and with necessary amenities. There are systems in place to ensure their health and safety but these require greater management oversight.

#### **Our findings**

Children and young people are cared for in an environment that is suited to their needs and is safe. The home was seen to be secure with locked gates, front and back doors. We were asked for our identification when we arrived.

Although suitably furnished, and containing all necessary facilities, the home was painted the same neutral colour throughout and appeared rather bare. Accepting that the children's needs might prevent the putting up of pictures and photos consideration could be given to other ways to create a homely feel. To the interior, the property consisted of a lounge and a lounge/diner which allowed for children to have some space and time away from each other if they chose. It was nearing Christmas when we inspected, and the home had been decorated accordingly. We viewed young people's bedrooms which were personalised to their tastes and contained as many or few of their personal belongings and possessions as they wanted. The kitchen was well equipped and overall the home was in good repair, and appeared clean and tidy throughout.

Outside, the property had a garden where young people could spend time playing or participating in other outdoor activities. One staff member was responsible for the garden and told us how the children had been involved in growing flowers, herbs and vegetables earlier in the year. We concluded that the interior and exterior of the home is suitable for the needs of the children living there.

There are systems in place to ensure that health and safety requirements are met, however the checks required are not always undertaken. We sampled a range of documentation and saw evidence that checks on fire safety equipment and emergency lighting had not been undertaken weekly in accordance with what we were informed were expected timescales. Fire alarms had not been tested weekly in accordance with the home's statement of purpose. Fire evacuation drills had not always been undertaken monthly as specified in the home's statement of purpose or last Quality of Care Report dated September and March 2018 respectively. Records showed the time the drill had taken place, but we advised the manager that records indicated that one child did not appear to have been present for a fire drill since moving into the home. Children had PECS versions of evacuation procedures which we were told staff regularly went through with the children.

Visual checks on the condition and safety of the premises were carried out monthly and we were told that any maintenance jobs were carried out promptly. Although documentation

showed that health and safety tasks, including cleaning jobs assigned to night staff were routinely carried out, the picture regarding day staff was inconsistent. We discussed with the manager the gaps in the records of fire safety and health and safety checks and a lack of evidence of management oversight of the completion of the range of checks. . Young people live in a home where there are structures to ensure the home is clean and safe however the manager should undertake a review of systems and structures to ensure that the children's home environment is consistently clean and safe.

## 4. Leadership and Management

### Summary

Overall we found that staff were committed, knowledgeable about the children's needs and circumstances and enjoyed their work. However there was a lack of management oversight in a number of areas including staff training, and the structure in place for monitoring and improving the quality of the service were not adequate.

### Our findings

Management oversight of the service was lacking. The manager of Harwood House also managed a second local authority home, spending approximately half the working week in each home and with senior staff expected to be responsible for the day-to-day running of the home as appropriate. We discussed with the manager that there were a number of areas that might indicate that this arrangement was not working as well as it could:

- Oversight of health and safety systems
- Risk assessments and behaviour management plans not always reflecting behaviours of concern.
- Oversight that staff had read and understood changes to behaviour management plans and risk assessments.
- Incomplete records in 'measures of control' record book.
- Sanctions records not signed by the manager.

Children cannot be confident that the home is consistently and efficiently organised and run in a manner that delivers the best possible care.

Staff are not always clear what is expected of them and this was a contributory factor to a dip in staff morale when we visited. Primarily this appeared to be because of the safeguarding incident referred to earlier and staff being unclear as to how they could carry out their range of responsibilities while maintaining the level of supervision outlined in children's care and support plans. We also noted that records of sanctions, incidents and physical interventions were not recorded in a consistent fashion, and that this had also been highlighted in two monitoring visit reports we read. We were told that there were no clear guidelines for staff about these matters but a service review and learning event was in the planning stage and it was hoped that this would address these issues and provide clarity for staff.

Staff have not been equipped with the skills and knowledge to care for and support children safely. We were provided with a training matrix which showed that there were gaps in people's training in key areas of safeguarding, working with children with autism and

learning disabilities, and in approved and accredited behaviour management techniques. Children cannot be confident that they will be cared for by staff who are trained and competent to meet their complex needs.

There are systems in place to monitor service quality. However, there is no evidence that these provide a robust overview of the quality of the service or support service improvement. This was because:

- A suitable annual review of the quality of care provided by the service had not been completed. The last report was completed by the manager under the Care Standards Act in May 2018. This did not cover the matters required by legislation at that time or provide a clear plan for the improvement of the service going forward. The home had since been registered under new legislation, and a quality of care review was not yet due. However there was no evidence that the previous quality of care report was considered in either the manager's supervision records or the monitoring visits to the service.
- Monthly monitoring visits were previously carried out by managers of other local authority homes. These were found to be inadequate as they did not provide evidence or detail and did not include those matters required.
- Monitoring visits did not include an update on actions from the previous visit but we noted from the content that similar issues were highlighted in August and September 2018 and had still not been addressed when we inspected.
- The responsible individual had carried out a monitoring visit in October 2018 but the manager had not received a copy two months later.
- Although the manager informed us that they received supervision with the responsible individual monthly, they did not receive a copy of the record of the meetings.
- We were provided with a business plan which was not dated or updated and planned actions had not taken place.

People cannot be reassured that children's well-being is promoted through the arrangements in place to monitor and improve the quality of the service.

## 5. Improvements required and recommended following this inspection

### 5.1 Areas of non compliance from previous inspections

This was the service's first inspection.

### 5.2 Areas of non compliance from this inspections

During this inspection, we identified areas where the registered person is not meeting the legal requirements and this is resulting in potential risk/and or poor outcomes for children. Therefore we have issued a non compliance notice in relation to the following:

**Regulation 6-** The service has not been carried on with sufficient care and competence

**Regulation 26-** The service is not provided in a way which ensures that individuals are safe and protected.

**Regulation 29 –** Appropriate use of control and restraint.

Details of the actions required are set out in the non compliance notices attached.

**Regulation 19-** information about the service. This is because the written guide to the service is not in a format that reflects the needs and understanding of the children who use the service.

We did not issue a notice of non compliance on this occasion, as there was no immediate or significant impact upon the children using the service.

### 5.3 Recommendations for improvement

- The manager should ensure that each child living in the home has the opportunity to practice fire evacuation procedures.
- Review recording procedures with particular regard to formalising the system whereby staff are required to sign records such as behaviour management strategies and risk assessments to indicate that they have read and understood any amendments.
- The manager should ensure that the child's voice is consistently recorded in records and documents, and where children are not able to communicate verbally, more creative ways should be developed to ensure that their rights are upheld.
- Monitoring visits need to be more robust and should include a discussion with the staff on shift and with the children where possible, or at least observing the children with staff. In addition to parents, carers and other stakeholders where possible.



- Managers monitor and review the support given to the core staff team in ensuring they feel supported at all times to carry out their role effectively.
- The manager must ensure that the systems to ensure people's health and physical safety are implemented fully and that there is proper management oversight that this is happening.

## 6. How we undertook this inspection

This was an unannounced inspection undertaken as part of CIW's programme of inspections. We made one unannounced visit to the home on 13 December 2018 from 9.35 a.m. to 16.20 p.m. and by arrangement from 9.30 a.m. to 12.30 p.m. on 6 December 2018. There were three young people living in Harwood House on the day of inspection.

The following methodology was used:

- We reviewed information about the home held by CIW.
- We observed interactions between the staff and the young people.
- We spoke with the registered manager and members of staff on duty.
- We reviewed two young people's case files.
- We looked at a range of documentation held at the home including the Statement of Purpose and monthly monitoring reports.
- Examination of records relating to safety of the premises.
- We viewed a sample of records and a selection of policies.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

|   |  |
|---|--|
| <b>Type of care provided</b>                                      | <b>Care Home Service</b>   |
| <b>Service Provider</b>   | <b>Bridgend County Borough Council</b>   |
| <b>Manager</b>  | <b>Debra Evans</b>   |
| <b>Registered maximum number of places</b>                        | <b>3</b>   |
| <b>Date of previous Care Inspectorate Wales inspection</b>        | <b>Not applicable</b>  |
| <b>Dates of this Inspection visit(s)</b>                          | <b>13/12/2018</b>  |
| <b>Operating Language of the service</b>                          | <b>English</b>   |
| <b>Does this service provide the Welsh Language active offer?</b> | This is a service that is working towards providing an 'Active Offer' of the Welsh language. |
| <b>Additional Information:</b>                                    |  |



## **Care Inspectorate Wales**

### **Regulation and Inspection of Social Care (Wales) Act 2016**

## **Non Compliance Notice**

### **Care Home Service**

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

**The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.**

Further advice and information is available on CSSIW's website  
[www.careinspectorate.wales](http://www.careinspectorate.wales)

**Harwood House**

BRIDGEND

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|   |                                     |
|---|-------------------------------------|
| <b>Care and Development</b>   | <b>Our Ref: NONCO-00007164-PHBP</b> |
| <b>Non-compliance identified at this inspection</b>   |                                     |
| <b>Timescale for completion</b>   | <b>29/03/19</b>                     |
| <b>Evidence</b>   |                                     |
| <b>Description of non-compliance/Action to be taken</b>   | <b>Regulation number</b>            |
| Appropriate use of control and restraint  | 29(2)<br>29(3)                      |
| <ul style="list-style-type: none"> <li>- The registered person is not compliant with regulation 29- Control or restraint must not be used unless it is carried out by staff who are trained in the method of control or restraint used.</li> <li>- This is because not all members of staff had completed training in Team Teach which is the approved approach used by the provider to manage children's behaviour including techniques for restrictive physical intervention.</li> <li>- The evidence:<br/><br/> We carried out an inspection of the home on 13 December 2018 we were provided with a training matrix which showed that only seven out of fourteen members of staff had completed the approved training.<br/> We were told that staff who had received appropriate and approved training were "showing" the staff who had not been trained, the techniques and strategies they should use in managing children's challenging behaviour.<br/> There was no system for ensuring that a child subject to restraint had an opportunity to express their wishes and views (as far as they were able). where this was not possible because of the child's needs, a record should be made regarding any injuries and their presentation and demeanour.</li> <li>- The impact on people using the service is that children's well-being is potentially being compromised because staff are not trained in techniques designed to promote positive behaviour and reduce the need for a restrictive physical intervention.</li> </ul> |                                     |

|  |                                     |
|--|-------------------------------------|
| <b>Leadership and Management</b>   | <b>Our Ref: NONCO-00007162-BCLH</b> |
| <b>Non-compliance identified at this inspection</b>  |                                     |
| <b>Timescale for completion</b>  | <b>29/03/19</b>                     |
| <b>Evidence</b>  |                                     |
| <p>The registered person is not compliant with regulation 6 : Requirements in relation to the provision of the service.</p> <p>This is because the service has not been provided with sufficient care and competence having regard to the statement of purpose, the quality assurance structure is not robust and there is a lack of management oversight in a number of areas.</p> <p>- The evidence:</p> <p>We carried out an inspection of the home on 13 December 2018</p> <p>The home is not operating in accordance with it's statement of purpose because staff have not attended the training outlined in the document, particularly in regard to safeguarding, safeguarding of children whose needs make them particularly vulnerable, communication with children with disabilities, behaviour management/restraint. Not all staff had completed the core training outlined in the statement of purpose</p> <p>The home is not also not operating in accordance with the statement of purpose in regards to fire precautions. We sampled a range of documentation and saw evidence that checks on fire safety equipment and emergency lighting had not been undertaken weekly in accordance with what we were informed were the expected timescales. Fire alarms had not been tested weekly in accordance with the home's statement of purpose. Fire evacuation drills had not always been undertaken monthly as specified in the home's statement of purpose or last Quality of Care Report dated September and March 2018 respectively.</p> <p>There was limited evidence of staff having read and understood key documents such as behaviour management strategies and risk assessments.</p> <p>The manager informed us that although she received regular supervision she did not receive a record of this- rather the responsible individual and herself made separate notes.</p> <p>Some staff had not received any training on working with children with autistic spectrum disorder when all children living in the home have this condition.</p> <p>Some staff had attended training on autism but this was on an e learning basis, and there was no further or more advanced training available.</p> <p>Only 2 staff had completed signalong training and there was no evidence of staff being trained in using PECS (which are the two communication approaches used in the home according to the statement of purpose).</p> <p>Staff were not clear what to record and where. There was no written guidance and the incident reporting format was not fit for purpose. Staff were unclear as to how they could carry out their range of responsibilities while maintaining the level of supervision outlined in children's care and support plans. We also noted that records of sanctions, incidents and physical interventions</p> |                                     |

were not recorded in a consistent fashion, and that this had also been highlighted in two monitoring visit reports we read.

There was a lack of management oversight in a number of areas:

- Oversight of health and safety systems
- Risk assessments and behaviour management plans not always reflecting behaviours of concern.
- Oversight that staff had read and understood changes to behaviour management plans and risk assessments.
- Incomplete records in 'measures of control' record book.
- Sanctions records not signed by the manager.

The arrangements for the monitoring, reviewing and improving the service were not suitable. This is because the manager had not received a copy of the report of the last monitoring visit by the responsible individual two months after the visit, there is no evidence of the actions required to improve the service and no clear link between the different parts of the service quality systems i.e the reports of the review of the quality of service, manager's supervision and business plan.

There is insufficient evidence of children being consulted in the delivery of care and improvements to the service.

The impact on people using the service is that children's well-being is potentially compromised by living in a home where they cannot be assured they will be cared for and supported by staff with the knowledge and skills to meet their needs. The arrangements for the monitoring, reviewing and improving the service are not suitable. People cannot be reassured that children's well-being is promoted through the arrangements in place to monitor and improve the quality of the service or that the home is consistently and efficiently organised and run in a manner that delivers the best possible care.



|   |                                     |
|---|-------------------------------------|
| <b>Well-being</b>   | <b>Our Ref: NONCO-00007163-VGBJ</b> |
| <b>Non-compliance identified at this inspection</b>   |                                     |
| <b>Timescale for completion</b>   | <b>29/03/19</b>                     |
| <b>Evidence</b>   |                                     |
| <b>Description of non-compliance/Action to be taken</b>   | <b>Regulation number</b>            |
| The service has not been provided in a way which ensures that individual are safe from harm.  |                                     |
| <p>- The registered person is not compliant with regulation 26. The service provider must provide the service in a way which ensures that individuals are safe.</p> <p>- This is because staff had not received adequate training, procedures were not followed on one occasion and the home's safeguarding policy was not fit for purpose.</p> <p>- The evidence:</p> <p>We carried out an inspection of the home on 13 December 2018.</p> <p>We were provided with a training matrix which indicated that not all staff had completed safeguarding training.</p> <p>The manager was not clear how often safeguarding training was required to be refreshed. Only three members of staff had completed safeguarding training specifically for working with children with disabilities within the past two years.</p> <p>The home's safeguarding policy was not adequate as it was generic. It did not include the needs of children with the complexities of those living in the home and did not include guidance on individual roles and responsibilities relevant to the staff working in the home.</p> <p>Child protection procedures were not followed in respect of an injury sustained by a child in October 2018. We were informed that there was a possible explanation but if that was the case no child's risk assessment or behaviour management document reflected this.</p> <p>In another case a child had displayed some behaviours of concern. However their behaviour management strategies and risk assessment documents had not been reviewed and amended in a timely fashion to reflect this.</p> <p>The impact on people using the service is that children's well-being is potentially compromised by living in a home where the arrangements for keeping them safe are inadequate because staff do not have the guidance and training required to ensure that they are protected from harm.</p> |                                     |

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# Bridgend County Borough Council

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### Action Plan in response to CIW Inspection of Bakers Way

| REQUIREMENTS  | ACTIONS   | TIMESCALES | DESIRED OUTCOME                            | METHOD OF MEASUREMENT            | Outcome   | LEAD OFFICER |
|---|---|------------|--|----------------------------------|-----------|--------------|
| Regulation 66 – Supervision of management of the service: This is because the responsible individual has not ensured proper oversight of the management, quality, safety and effectiveness of the service. They have failed to consistently ensure that the needs of the children are met and that they are properly safeguarded. This is because risk assessments and personal plans were not consistently updated after incidents to provide appropriate guidance to staff to keep children safe. Staff were not always following children's plans and the staffing levels were not always maintained to the agreed ratio, placing children at risk. The service lacked management oversight of all of these matters and there was an absence of a robust quality assurance system. | RI visit are scheduled for the year with an independent manager carrying out monthly assurance checks | Jan 2019   | Quality insurance is monitored effectively | Positive overview of the service | Completed | LK/SD/DE     |
|   |   |            |  |                                  |           |              |

| REQUIREMENTS   | ACTIONS   | TIMESCALES    | DESIRED OUTCOME   | METHOD OF MEASUREMENT  | Outcome   | LEAD OFFICER                            |
|--|---|---------------|---|--|-----------|---|
| <b>RECOMMENDATIONS FOR IMPROVEMENT</b>   |   |               |   |  |           |   |
| Body maps would benefit from more detail regarding the incident and what actions had been taken by staff in response to provide a rationale for the decision making.                 | Management oversight to include a conclusion and rationale for decision making. Management to monitor content/quality of reporting<br><br>Body maps are used as a matter of course and all relevant parties are made aware with the decision making clarified | Feb 2019      | To have more detail with regards to decision making on injury/bruising of children.                     | Manger/Senior Oversight.   | Completed | Debra Evans                             |
| The home is required to make a record of staff and young people who are present during a fire evacuation drill.  | The senior responsible for monitoring the fire file has been engaged in discussion to ensure an understanding of what's expected.   | Immediately   | For the required information to be completed every fire drill   | The seniors roles and responsibilities will be monitored through the supervision process.                            | Completed | Debra Evans                             |
| Undertake an audit of the case file for each child using the service to ensure that key documents are in place and up to date.   | Keyworkers have responsibility to update their key children's files.  | Immediately   | All files are up to date. A process is in place where files are audited through the supervision process | Seniors/managers to do an audit of the file through team supervisions checking that all documentation is up to date. | Completed | Debra Evans and Senior Residential Team |
| The sensory bedroom should only be used when the bedroom is not occupied to allow children to have complete ownership and privacy of their bedroom space when they stay at the home. | Building works have been undertaken to provide a sensory area. The bedroom in question is no longer used as a sensory room.   | November 2018 | Each child in residence will have ownership of the room they occupy.                                    | No bedroom is a sensory room   | Completed | Debra Evans                             |
| Review the risk assessments procedures with particular regard to formalising the system whereby staff  | Speak to team in Team meeting and highlight the importance of read and  | Immediately   | Risk assessments are signed by all staff. When risk assessment are                                      | When reviewing files in supervisions   | Completed | Debra Evans and Senior                  |

| REQUIREMENTS   | ACTIONS   | TIMESCALES  | DESIRED OUTCOME   | METHOD OF MEASUREMENT   | Outcome   | LEAD OFFICER                               |
|--|---|-------------|---|---|-----------|--|
| are required to sign the record to indicate that they have read and understood any amendments.               | <p>signing R/A.</p> <p>Team agreed to read all documents prior shift and check read and signed.</p> <p>Team agreed once updating files to write in communications book that staff need to read and sign.</p>  |             | completed staff are advised through the communication log to read and sign. This is monitored through supervision   | <p>Seniors/managers to check if they have been signed by the staff team.</p> <p>Messages to be written in the communications book for staff to read and sign.</p> |           | Residential Workers.                       |
| Children's supervision levels need to be maintained by staff at all times to ensure children are kept safe.  | Discuss with the staff in team meetings the required levels of supervision for each young person using the service, taking in to account their individual plans.  | Immediately | Supervision levels are maintained at all times. Staff are clear of the level of supervision required by each young person using the service   | Incident reports to monitor any issues. Levels of supervision required for each young person to be discussed in staff supervisions.                               | Completed | Debra Evans and Senior Residential Workers |
| Any incidents need to be written up promptly and shared with parents and social services in a timely manner. | <p>Discuss in team meetings the required response to incidents and who should be notified. A record of speaking with parents to be recorded in section 7 of children's files.</p> <p>Senior/Manager to check on the recordings of section 7 once incident is completed.</p> | Immediately | All information is shared in a timely manner Incident reports are up loaded to WCCIS, whoever completes the paperwork emails the management team and there is a process to ensure all relevant parties are informed | Manger Oversight  | Completed | Debra Evans                                |

| REQUIREMENTS  | ACTIONS  | TIMESCALES                                      | DESIRED OUTCOME  | METHOD OF MEASUREMENT  | Outcome   | LEAD OFFICER                               |
|---|--|---|--|--|-----------|--|
| All complaints need to be recorded in one place with records indicating the outcome.  | Develop a system to record complaints, which clearly outlines responses/outcomes   | March 2019                                      | Complaints are recorded appropriately. All staff to be clear of the process of responding to any complaints.   | Manger oversight   | Completed | Debra Evans                                |
| The service needs to notify CIW of incidents in line with legislation.  | Send staff team a copy of the CIW notifications criteria.<br><br>Add Seniors to be admin of CIW Online.  | March 2019                                      | All incidents that meet the criteria are sent to CIW. All the management team now have access to CIW notifications   | Manger oversight   | Completed | Debra Evans                                |
| Compatibility of children's needs should be recorded with an analysis which demonstrates that consideration has been given to appropriate matching of all children at each stay.  | To implement a procedure that shows the compatibility of children alongside the bookings.<br><br>Manager and Senior staff to consider compatibility of all young people using the service. | To be implemented from next booking. April 2019 | To show that consideration has been taken regarding the capability of children using the short breaks service. Management team to consider each referral in respects of placement matching and a compatibility when completing the booking form.   | Once a referral has been completed. Manger or senior, to complete capability assessment. | Completed | Debra Evans/<br>Senior Residential         |
| Monitoring visits need to be more robust and should include a discussion with the staff on shift and with the children where possible, or at least observing the children with staff. In addition to parents, carers and other stakeholders where possible. | To discuss with other managers when they are completing monitoring visits.   | Immediately                                     | That a more robust system is in place for monitoring the service. Keeping the manager informed on any short fallings within the service. RI visit are scheduled for the year with an independent manager carrying out monthly quality assurance checks new paperwork has been developed to consider all aspects of the service | Comprehensive quality assurance checks are in place. RI monitoring visits are scheduled  | Completed | Debra Evans                                |
| PEEPS for children need to be reviewed in line with the service's own policy.   | Send an email to all keyworkers to explain their role and what is required when updating a child file.   | Immediately                                     | That all Peep fall in line with service policy. The PEEPS are scheduled in line with the 6 monthly review for consideration  | Through supervisions.  | Completed | Debra Evans and Senior Residential Workers |

| REQUIREMENTS   | ACTIONS  | TIMESCALES              | DESIRED OUTCOME  | METHOD OF MEASUREMENT   | Outcome   | LEAD OFFICER                               |
|--|--|-------------------------|--|-------------------------|-----------|--|
|  | Inform staff in team meeting of requirements. Regular audit checks to be carried out during supervision to make sure that PEEP's are reviewed in line with policy.   |                         |  |                         |           |  |
| Staff to receive training in PECS to assist with supporting children who stay at Bakers Way.   | To arrange through Herosnsbridge School training on PECS and communication methods.  | By end of February 2019 | All staff have appropriate training on communication.                              | Manger/Senior oversight | Completed | Debra Evans and Senior Residential Workers |
| The service is required to evidence that there is management oversight in relation to what actions are taken in the event of staff shortages. The impact of temporary staff capacity to cover shifts whilst meeting the complex needs of children are also considered. | Casual Workers from herosnbridge school to be taken on as part of the staff team, as they all the relevant training to deal with complex needs.<br><br>The rota is managed by the management team with an Identified senior having direct oversight.<br><br>If necessary the cancellation process to be followed when staff shortages cannot be managed. | Immediately             | The service is staffed to meet need.   | Manger/Senior oversight | Completed | Debra Evans and Senior Residential Workers |
| Managers monitor and review the support given to the core staff team in ensuring they feel supported at all times to carry out their role effectively.   | Supervisions to be completed on a monthly basis.   | Immediately             | The staff team are supported at all times, Supervision is scheduled and undertaken | Manger/Senior oversight | Completed | Debra Evans and Senior Residential Workers |
| Where supervision sessions do not take place within the agreed timescale, the reason for the delay should be recorded.   | Complete a template of the supervisions not taking place and give the reasons why.   | Immediately             | Record of missed supervisions are kept and sufficient reasons for delays           | Manger/Senior oversight | Completed | Debra Evans and Senior Residential Workers |

| REQUIREMENTS   | ACTIONS   | TIMESCALES  | DESIRED OUTCOME   | METHOD OF MEASUREMENT   | Outcome   | LEAD OFFICER                               |
|--|---|-------------|---|-------------------------|-----------|--|
| Following incidents, records should indicate that staff receive a debrief and agreed decisions are documented regarding a way forward. | <p>When incident reports are completed and sent to senior staff, it's to be logged in the communications book. Once actions have been reviewed then senior/managers to feedback information through communication book.</p> <p>All incidents to be discussed in team meetings and give feedback verbally.</p> | Immediately | All staff are debriefed when there is an incident and desired outcomes recorded | Manger/Senior oversight | Completed | Debra Evans and Senior Residential Workers |
| Consideration of a fridge to be purchased for the medication to be stored separately.  | Fridge to be bought to store medication separately.   | Jan 2019    | Medication is kept separately and away from main fridge                         | Manger/Senior oversight | Completed | Debra Evans and Senior Residential Workers |



# Bridgend County Borough Council

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### Action Plan in response to CIW Inspection of Sunny Bank Community Home

|    | REQUIREMENTS  | ACTIONS  | TIMESCALES                                | DESIRED OUTCOME  | METHOD OF MEASUREMENT   | OUTCOME                           | LEAD OFFICER        |
|----|---|--|---|--|---|-----------------------------------|---------------------|
| 1. | <p>Regulation 66 - Supervision of management of the service:</p> <ul style="list-style-type: none"> <li>This is because the responsible individual has not ensured proper oversight of the management, quality, safety and effectiveness of the service.</li> </ul> | <ul style="list-style-type: none"> <li>Risk assessment will be updated as a standard practice every 3 months. If a new risk is identified this will be updated within 1 week. A senior member of staff has been given specific responsibility to monitor and update risk assessments to improve oversight. Risk assessments will be presented at staff meetings and disseminated via email to ensure all staff are able to comment and acknowledge their content.</li> <li>Personal Plans will take account of the young person's Care Plan. They will be completed on admission with a young person and staffs wishes and comments taken into account. They will be reviewed on a 3 monthly basis, unless there are new developments that require planning. A senior member of staff has been given specific responsibility to monitor and review the plans.</li> </ul> | <p>December 2018</p> <p>December 2018</p> | <p>Risk assessments are accurate, current and provide necessary guidance on risk management.</p> <p>Personal Plans will reflect the needs of the young person and take account of their wishes and feelings.</p> | <p>The manager to have oversight on a monthly basis as to their accuracy, Reg 32 visits and RI visits to monitor they are relevant and in place.</p> <p>The manager to have oversight on a monthly basis as to their accuracy, Reg 32 visits and RI visits to monitor they are relevant and in place.</p> | <p>Completed</p> <p>Completed</p> | <p>KC</p> <p>KC</p> |

|    | REQUIREMENTS   | ACTIONS   | TIMESCALES                               | DESIRED OUTCOME  | METHOD OF MEASUREMENT   | OUTCOME          | LEAD OFFICER              |
|----|--|---|--|--|---|------------------|---------------------------|
|    |  | <ul style="list-style-type: none"> <li>New referrals will be vetted as to their appropriateness through the newly developed admission process. They will take into consideration young people already accommodated to minimise the impact.</li> <li>A quality assurance system will be developed with the Team Manager of placements taking over the Reg 32 visits, the RI visits have been set to monitor the provision</li> </ul> | <p>December 2018</p> <p>January 2019</p> | <p>Young people accommodated together have little or no impact on each other.</p> <p>Greater oversight will be achieved through a more robust system</p> | <p>Keyworking reports, LAC reviews, Social work visits, Reg 32 visits, RI visits will assess each young person's placement and identify any issue that may be present.</p> <p>Reports will outline the effectiveness and appropriateness of the service</p> | <p>Completed</p> | <p>SD/KC</p> <p>SD/LK</p> |
|    | <b>GOOD PRACTICE RECOMMENDATIONS</b>   |   |  |  |   |                  |                           |
| 2. | Ensure the admission documentation is completed in line with the home's policy.  | The admission process to be followed with new documentation being opened for each new admission to minimise the risk of current paperwork being over written.   | December 2018                            | All young people accommodated have the necessary documentation in place  | Management oversight, Reg 32 and RI visits to monitor   | Completed        | KC                        |
| 3. | Ensure all young people's behaviours are outlined in their risk assessments and personal plans. Additionally, review the risk assessments procedures with particular regard to formalising the system whereby staff are required to sign the record to indicate that they have read and understand any | Risk assessments and Personal plans will be presented at staff meetings and disseminated via email to ensure all staff are able to comment and acknowledge their content.   | December 2018                            | Staff team have over sight of all relevant paperwork   | Management oversight, Reg 32 and RI visits to monitor   | Completed        | KC                        |

|    | REQUIREMENTS   | ACTIONS   | TIMESCALES    | DESIRED OUTCOME  | METHOD OF MEASUREMENT   | OUTCOME   | LEAD OFFICER |
|----|--|---|---------------|--|---|---|--------------|
|    | amendments.  |   |               |  |   |   |              |
| 4. | Undertake an audit of the case file for each child using the service to ensure that key documents are in place and up to date.   | The management team have been given specific responsibility to audit each young person's file to ensure they are accurate and current.  | December 2018 | All files are accurate and up to date  | Management oversight, Reg 32 and RI visits to monitor   | Completed   | KC           |
| 5  | Ensure young people being admitted to the home do not have a detrimental impact on the young people already living at the home as their needs should take priority. This should take account of the manager's knowledge of the current group of young people living at the home. | New referrals will be vetted as to their appropriateness through the newly developed admission process. They will take into consideration young people already accommodated to minimise the impact. | December 2018 | Young people accommodated together have little or no impact on each other.     | Keyworking reports, LAC reviews, Social work visits, Reg 32 visits, RI visits will assess each young person's placement and identify any issue that may be present. | Completed   | SD/KC        |
| 6  | The home's records to consistently make reference to 'young people' as opposed to 'residents' and 'home' instead of 'unit'.  | Discussion have already taken place within staff meetings to implement a consistent approach to recording in a less institutional way. The recording will be monitored by the management team       | February 2019 | Recording present a more caring terminology                                    | Management oversight, Reg 32 and RI visits to monitor   | Completed   | KC           |
| 7  | Independence plans are drawn up for young people and increased opportunities for the development of independence skills are made available.  | A member of staff with a background in transition work is developing a system to support any young person who requires transition to independence   | March 2019    | Appropriate materials are in place to support transition to independence work. | Management to ensure the system is in place   | Materials are in place, Senior Residential Worker is drawing up appropriate plans | KC           |

|    | <b>REQUIREMENTS</b>  | <b>ACTIONS</b>  | <b>TIMESCALES</b> | <b>DESIRED OUTCOME</b>   | <b>METHOD OF MEASUREMENT</b>   | <b>OUTCOME</b> | <b>LEAD OFFICER</b> |
|----|--|---|-------------------|--|--|----------------|---------------------|
| 8  | Ensure placement plans are more outcome focused and evidence that young people have been involved in reviewing and are aware of their content.             | Personal Plans will take account of the young person's Care Plan. They will be completed on admission with a young person and staffs wishes and comments taken into account. They will be reviewed on a 3 monthly basis, unless there are new developments that require planning. | December 2018     | Each young person's plan is fit for purpose and evidences desired outcomes   | Management oversight, Reg 32 and RI visits to monitor                | Completed      | KC                  |
| 9  | Manager and Responsible Individual to develop a system to improve their oversight of records.  | The oversight of systems has been improved with specific senior staff being given accountability of specific areas, this will be overseen on a monthly basis by the manager. RI visits have been scheduled in advance to monitor the service                                      | December 2018     | Greater oversight of the service is achieved   | Management oversight, Reg 32 and RI visits to monitor                | Completed      | KC/LK               |
| 10 | All complaints need to be recorded in one place with records indicating the outcome.   | An electronic file has been set up all staff have been made aware of the complaints process, a new child/young person information sheet has been developed and displayed for reference.   | December 2018     | Complaints are recorded and stored in one place, staff and individuals using the service are clear of the processes. | Management oversight, Reg 32 and RI visits to monitor                | Completed      | KC                  |
| 11 | Monitoring visits need to be more robust and should include a discussion with the staff on shift, the young people and other professionals where possible. | Monitoring visits will be undertaken by the Team manager of placements. This will give greater independent oversight into the service. RI visits have been scheduled in advance.  | February 2019     | A more robust system of monitoring the service will be achieved.   | Visits take place and reports written                                | Completed      | SD/KC               |
| 12 | Ensure young people and staff are de-briefed after incidents with a record of this to be available.  | A consistent approach to recording incidents and process of debrief to be developed. Staff to be trained in understanding the process   | March 2019        | All staff are clear on how to recorded and debrief following incidents.  | Effective debriefs are carried out with constant paperwork in place. | Completed      | KC                  |

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# Bridgend County Borough Council

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### Action Plan in response to CIW Inspection of Harwood House

| REQUIREMENTS  | ACTIONS  | TIMESCALES | DESIRED OUTCOME  | METHOD OF MEASUREMENT   | Outcome   | LEAD OFFICER |
|---|--|------------|--|---|---|--------------|
| <p><b>Reg 5.2 Areas of non-compliance from this inspection.</b></p> <p><b>Regulation 6</b> – The service has not been carried on with sufficient care and competence.</p> | <p>All staff require following Training:</p> <ul style="list-style-type: none"> <li>• Safeguarding Children with disabilities.</li> <li>• PECS</li> </ul> <p>Certain staff require following training:</p> <ul style="list-style-type: none"> <li>• Team Teach</li> <li>• ASD</li> </ul> | 29.03.2019 | <p>All current staff have or are receiving Team Teach training</p> <p>All staff apart from any new starters have completed PECS</p> <p>All</p> <p>All current staff have complete Safeguarding children with disabilities</p> <p>All current staff have completed ASD training</p> <p>New recruitment has been undertaken and will require training to be arranged as a priority</p> | <p>All staff has been informed of the training and all contracted staff are booked on to complete the training. There are casual workers who have been unable to complete the training due to other work commitments it has been explained to these individuals that they won't be able to work within the service until they have completed this training.</p> <p>Procedures to regularly review to makes sure staff are</p> | <p>Completed by core staff team</p> <p>Completed by 2 Casuals that hadn't completed on first inspection</p> | Debra Evans  |

| REQUIREMENTS  | ACTIONS   | TIMESCALES | DESIRED OUTCOME   | METHOD OF MEASUREMENT  | Outcome         | LEAD OFFICER |
|---|---|------------|---|--|-----------------|--------------|
| <p><b>Regulation 26</b> – The service is not provided in a way which ensures that individuals are safe and protected.</p> | <p>Child protection procedures which under pin the safeguarding policy to be written to guide staff. Body charts to be made to highlight any injuries found. Step by step guidance on reporting to be written.</p> <p>Written Guide to be updated to reflect the needs of the children in the service</p> |            | <p>Safeguarding guidance in respects of children with disabilities has been updated, Body flow charts are used in respects of any injuries and there is a flow chart to respond to any concerns</p> | <p>aware of protocols.</p> <p>Management Oversight and regular reviews of safeguarding procedures</p>  | Completed       |              |
|   |   |            |   | <p>Staff following Team Teach training will consider their responses to incidents and this will be supported via risk assessments and Behaviour management plans</p> | Completed       |              |
| <p><b>Regulation 29</b> – Appropriate use of control and restraint.</p>   |   |            | <p>All staff to have Team Teach Training</p>  | <p>On acceptance of referral manager/senior team to investigate the</p>  | Working towards |              |
| <p><b>Regulation 19</b> – Information about the service. This is because the</p>  |   |            |   |  |                 |              |



| REQUIREMENTS   | ACTIONS   | TIMESCALES  | DESIRED OUTCOME   | METHOD OF MEASUREMENT  | Outcome   | LEAD OFFICER |
|--|---|-------------|---|--|-----------|--------------|
| written guide to the service is not in a format that reflects the needs and understanding of the children who use the service. No non-compliance notice issued on this occasion as no immediate or significant impact upon the children using the service. |   |             | The nature of the young people who access the service would require an individual tailored guide dependant on their capacity. PECS is currently used along with social stories to assist with understanding | young person's capacity. Then create an individual guidance to the service in line with their capacity.<br><br>Will produce an example that may be used for a new refferal |           |              |
| <b>RECOMMENDATIONS FOR IMPROVEMENT</b>   |   |             |   |  |           |              |
| The manager should ensure that each child living in the home has the opportunity to practice fire evacuation procedures.   | Fire procedures work to be set up for all young people so they understand the fire drills.<br><br>Each child is to be present with fire drills are being completed. | June 2019   | All children to have the opportunity to practise fire drills  | Through management oversight through supervisions. Monthly Audit Checks to be put in place to ensure these systems have been followed.                                     | Completed | Debra Evans  |
| Review recording procedures with particular regard to formalising the system whereby staff are required to sign records such as behaviour management strategies and risk assessments to indicate that they have read and understood any amendments.        | Senior residential workers have the responsibility of checking r/s and BMP have been signed   | Immediately | All staff are aware of changes and actions for children.  | During Supervision Management oversight the work has been complete. All sent by emails with read receipts as an extra monitoring system.                                   | Completed | Debra Evans  |

| REQUIREMENTS  | ACTIONS   | TIMESCALES  | DESIRED OUTCOME  | METHOD OF MEASUREMENT   | Outcome         | LEAD OFFICER |
|---|---|-------------|--|---|-----------------|--------------|
| The manager should ensure that the child's voice is consistently recorded in records and documents, and where children are not able to communicate verbally, more creative ways should be developed to ensure that their rights are upheld.                 | <ul style="list-style-type: none"> <li>To look at ways of recording the children's voice more.</li> <li>To visit other local services for idea sharing.</li> </ul>  | June 2019   | The children's voice and wishes are viewed.  | Through supervisions and team meetings  | Working towards | Debra Evans  |
| Monitoring visits need to be more robust and should include a discussion with the staff on shift and with the children where possible, or at least observing the children with staff. In addition to parents, carers and other stakeholders where possible. | <ul style="list-style-type: none"> <li>New manager to come into the service and complete the monitoring visits. Monitoring visits are now carried out by an independent Manager alongside the RI visits. New paperwork has been introduced to cover all aspects of the service</li> </ul> | Immediately | Monitoring visits are now carried out by an independent Manager alongside the RI visits. New paperwork has been introduced to cover all aspects of the service | Management oversight<br>Monthly Audit Checks to be put in place to ensure these systems have been followed.                                   | Completed       | Debra Evans  |
| Manager monitor and review the support given to the core staff team in ensuring they feel supported at all times to carry out their role effectively.   | Regular supervisions and team meetings to be held.  | Immediately | Team meetings and supervision are taking place. Staff are encouraged to raise ideas/concerns as appropriate  | Management oversight<br>Monthly Audit Checks to be put in place to ensure these systems have been followed.                                   | Working towards | Debra Evans  |
| The manager must ensure that the systems to ensure people's health and physical safety are implemented fully and that there is proper management oversight that this is happening.  | <ul style="list-style-type: none"> <li>Regular Monitoring visits</li> <li>Role of fire safety has been given to a Senior Residential worker.</li> </ul>   | Immediately | The home is a safe environment for the children<br><br>A senior Residential Worker has oversight of all Health & Safety  | Management oversight, by overseeing work in supervisions. Monthly Audit Checks to be put in place to ensure these systems have been followed. | Completed       | Debra Evans  |

| REQUIREMENTS | ACTIONS | TIMESCALES | DESIRED OUTCOME   | METHOD OF MEASUREMENT | Outcome | LEAD OFFICER |
|--------------|---------|------------|---|-----------------------|---------|--------------|
|              |         |            | procedures. These are then audited monthly by the manager |                       |         |              |

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## Updates in Response to Non-Compliance Notices issued in CIW Inspection – Harwood House, Bridgend

|  |                                       |
|--|---------------------------------------|
| <b>Care and Development</b>  | <b>Our Ref: NONCO – 00007164-PHBP</b> |
| <b>Non-compliance identified at this inspection</b>  |                                       |
| <b>Timescale for completion</b>  | <b>29/03/19</b>                       |
| <b>Update – 26.03.19</b>   |                                       |
| <b>Description of non-compliance / Action to be taken</b>  | <b>Regulation number</b>              |
| Appropriate use of control and restraint.  | 29 (2)<br>29 (3)                      |
| <ul style="list-style-type: none"> <li>• The Registered Manager and all permanent staff have completed Team Teach training. There are 3 casual members of staff who were unable to attend the scheduled sessions; however, these staff will not be used until they have completed the training.</li> <li>• A revised Incident Reporting document has been produced alongside the updated Safeguarding Policy. The document ensures that staff consider the impact of the incident on the child and utilise various communication strategies to elicit the child's wishes and feelings, as far as is practicable.</li> </ul>  |                                       |
| <b>Leadership and Management</b>   | <b>Our Ref: NONCO – 00007162-BCLH</b> |
| <b>Non-compliance identified at this inspection</b>  |                                       |
| <b>Timescale for completion</b>  | <b>29/03/19</b>                       |
| <b>Update – 26.03.19</b>   |                                       |
| <b>Description of non-compliance / Action to be taken</b>  | <b>Regulation number</b>              |
| The carrying on of the home with sufficient care and competence.   |                                       |
| <ul style="list-style-type: none"> <li>• All staff members have completed bespoke training on Safeguarding Children with Disabilities which emphasised the reporting and recording of incidents, to ensure all staff are clear about the processes and procedures that need to be followed.</li> <li>• All fire checks are now carried out in line with the Statement of Purpose, however at the time of the annual review, this section will be reconsidered and revised if appropriate.</li> <li>• All staff are aware of and have read the key documents that underpin their practice. Specific focus was paid to this during the Safeguarding training and is monitored and reinforced by the Registered Manager during staff supervision and team meetings.</li> <li>• Arrangements are in place for the Registered Manager to receive electronic copies of their monthly supervision notes.</li> </ul> |                                       |

- To date all but two members of staff (due to sickness on the day) have received specialist ASD training. There has been training arranged for both of the staff members for 1<sup>st</sup> April 2019. All staff are trained in PECS. The Registered Manager is completing her final day on 29<sup>th</sup> March 2019.
- Training surrounding recording and reporting incidents has been delivered as part of the bespoke Safeguarding training delivered in February 2019.
- New Incident Recording forms have been implemented which outline detail of the child's voice after an incident and more details with regards to the preamble and incident.
- Forms and processes have been developed to encourage staff to capture the 'voice of the child'. This will be further embedded during a team development day, which will consider the principle of children's rights in the wider context.
- The senior residential workers have been given clear expectations of their roles and responsibilities and a senior checklist file has been produced so that auditing of health and safety checks and responsibilities can be overseen by the manager.
- An internal central drive is in place which all Local Authority Responsible Individuals, Registered Managers and relevant support staff have access to. This contains all quality assurance documentation, statements of purposes etc.

**Wellbeing**

**Our Ref: NONCO – 00007163-VGBJ**

**Non-compliance identified at this inspection**

**Timescale for completion**

**29/03/19**

**Description of non-compliance / Action to be taken**

**Regulation number**

The service has not been provided in a way which ensures that individuals are safe from harm.

**Update – 26.03.19**

- A revised Incident Reporting document has been produced alongside the updated Safeguarding Policy. The document ensures that staff consider the impact of the incident on the child and utilise various communication strategies to elicit the child's wishes and feelings, as far as is practicable.
- All staff members have completed bespoke training on Safeguarding Children with Disabilities which emphasised the reporting and recording of incidents, to ensure all staff are clear about the processes and procedures that need to be followed.
- Regarding the incident in October 2018, specialist safeguarding training has been undertaken by all staff members and the matter has also been addressed via the development of body maps and flowcharts to enable staff to feel confident in taking appropriate action.

## BRIDGEND COUNTY BOROUGH COUNCIL

### CABINET COMMITTEE CORPORATE PARENTING

4<sup>th</sup> September 2019

#### REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

##### FEEDBACK ON CARE LEAVERS WHO ATTEND UNIVERSITY

#### 1. Purpose of Report

- 1.1 To provide the committee with an overview in respect of the care leavers currently attending university or who plan to attend university, their experiences and support provided from the local authority.
- 1.2 To receive a presentation from young people about their experiences of attending university and ambitions for the future.

#### 2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

This report assists in the achievement of the following corporate priorities:-

- **Supporting a successful economy** – taking steps to make the county a good place to do business, for people to live, work, study and visit, and to ensure that our schools are focussed on raising the skills, qualifications and ambitions of all people in the county.
- **Helping people to be more self-reliant** – taking early steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services.

#### 3. Background

- 3.1 On the 6<sup>th</sup> March 2019 the Corporate Parenting Committee received a report regarding the Policy on University Support Packages for Care Leavers. This subsequently received Cabinet approval on 19<sup>th</sup> March 2019. A key priority for Bridgend County Borough Council (BCBC) is to ensure that those young people who aspire to attend higher education are able to achieve this and that once they are attending courses that their support needs are fully met.
- 3.2 The policy was developed to ensure appropriate levels of financial support, fairness and consistency to its care leavers, so that they are not disadvantaged financially but also encouraged to take some financial responsibility for their own education and future. The key areas of the policy are;
  - The student pays their tuition fee of £9,000 per year through a repayable loan. BCBC provides the student with a weekly incentive payment during term time (e.g. £25 per week).

- The student pays for their accommodation and living costs during term time through loans/grants.
  - Any additional maintenance / discretionary payments made to individuals are based on an individual assessed need basis.
- 3.3 Care leavers are now supported to apply for loans and grants to pay for their tuition fees whilst the local authority provides them with a weekly allowance and a bursary in addition to the grants they are entitled to access. Students are not expected to start repaying the loan until they are in full time employment and receiving a salary which enables them to do this without compromising them financially. The repayment of such a loan would not commence until the individual is in receipt of an annual income of £25,000 a year. This allows greater independence and financial security by enabling the student to manage a weekly allowance giving them the flexibility to manage monies for food and social activities.

#### **4. Current situation / proposal**

- 4.1 Within Childrens Social Care the 16+ team support care leavers during a transitional period in their life encouraging them to be aspirational and to plan for their future. This planning is completed through direct work that the social workers and personal advisors (PAs) undertake with young people. This work includes close liaison with school /college tutors and Careers Wales. Once a plan is agreed with the young person this is formalised in a Looked After Children's (LAC) Review or Pathway Planning review if the young person is aged over 18 years.
- 4.2 The Cardiff University and First Campus Confident Futures Project is accessed by care experienced young people and care leavers ages 14 to 19 years aiming to raise aspirations and confidence. The sessions run monthly from October through to April on an annual basis. They are administered at Cardiff University and consist of group as well as individual support by Cardiff University Students. The workshops are aimed at supporting care experienced young people with their existing studies as well as any applications to university. It is open to all young people regardless of their academic ability, as the aim is also to increase confidence and self-esteem for care experienced young people. In the last academic year 3 students from Bridgend have attended these sessions with staff from the 16+ team providing transport and support. The University is currently considering the development of satellite mentoring sessions within localities, as it recognises that travel can be the barrier that prevents some young people from attending.
- 4.3 Confident Futures Summer School is a yearly summer school which aims to raise aspirations, devote one-to-one time with young people who are looked after to mentor them about the next stage of their academic life, to have some taster sessions from University lecturers/professors and to find out what University social life is like. Participants spend time and stay in student accommodation with current undergraduate and postgraduate students and have academic taster sessions with experts in their chosen fields. Sessions include advice on personal statements writing, mock interviews, budgeting and talks from support services. There are also taster sessions for



opportunities outside of study, including societies and sports clubs. Finally they experience a mock graduation. All of our care experienced young people who are considering applying for University are encouraged to attend. The Summer School that took place on the 9<sup>th</sup> and 10<sup>th</sup> July 2019 was attended by 6 participants from Bridgend Schools, 5 of whom are open to the 16+ team. The feedback we have had from one care experienced young person was that they “really enjoyed the 2 days, meeting new friends was important and they are going to stay in touch, missed home but happy to stay and get involved, would want to do confident futures again”.

- 4.4 If a young person makes the decision that they wish to attend University they can receive support from their current educational establishment in respect of completing their Universities and Colleges Admission Service (UCAS) application. In addition they receive support from their PA to complete their application, in particular their personal status information. On their application a care experienced young person is able to indicate to UCAS their status as being care experienced. Ticking this box means that the University can ensure that the young person can access the support they are entitled to. This will often include finance, accommodation and pastoral support services. It also allows admission staff to consider a care leavers achievements and potential within the context of them being a looked after child.
- 4.5 Every year, from April onwards the 16+ team support existing and potential University students with applications for student finance for the next academic year. They also support students to visit, choose and secure their accommodation although foster carers often undertake these roles with young people who are in their care. The principle is that the support that would normally be offered by a parent is mirrored by Bridgend Council where it is required by the young person. In each University there is a named point of contact for care leavers, who is responsible for supporting care leavers in that establishment. Not all young people wish to engage with this named person but they can be a valuable source of support for some individuals.
- 4.6 There are currently 9 young people who are attending University with the courses they are attending including MSc, MA, BA, HND & PGCE. This compares to figures in previous years of;

| <b>Academic Year</b> | <b>Number of care leavers attending University at the start of the academic year</b> |
|----------------------|--|
| <b>2014/15</b>       | <b>2</b>   |
| <b>2015/16</b>       | <b>6</b>   |
| <b>2016/17</b>       | <b>5</b>   |
| <b>2017/18</b>       | <b>10</b>  |
| <b>2018/19</b>       | <b>11</b>  |

Our current figures indicate that 3 Young people will be entering University from September 2019 bringing the total to 12, which demonstrates that we are continuing to increase the number of young people who attend University. Care leavers who have recently graduated from University have achieved qualifications in an MA, BA and BSC. For

example, there is a young person who has just qualified with a degree in Social Work from Cardiff Metropolitan University.

- 4.7 The majority of our young people in University have chosen to live in their own independent accommodation. However, if a young person wished to return to their 'When I am Ready' Placement outside of term time we are able to arrange this. The 16 + team support young people in respect of their accommodation and whilst it is ultimately the young person who has the final say, professionals involved will try to guide them to make the best possible choice when considering their needs.
- 4.8 The young person's PA will regularly check in with the young person and the team are acutely aware that the young people are at an age where they wish to be independent and may also feel the stigma of being a care experienced young person. The team work hard to get the balance right in terms of being supportive, allowing independence to develop, whilst trying to ensure they are available to the students when required. University can be a time when some young people choose to disengage from the 16+ team. Whilst this is understandable it can also increase the risks if a young person begins to struggle in University, which is why our PA's will always continue to attempt to keep in touch. Even if a young person does choose to leave their course, this does not mean it is the end of their further education career. The team have successfully supported young people to change courses during the academic year or to reapply for the following year. For example, a young person who withdrew from their course this year has been supported to return again in the next academic year.
- 4.9 Managing finances continues to be an area which young people can struggle with, particularly when they become independent for the first time. Our policy promotes the students personal financial investment in their own education and by encouraging them to make applications for loans and grants places them on a similar platform as the majority of other students. However, in recognition of the Local Authority's corporate parenting role, the policy enables BCBC to make discretionary payments to students who may find themselves in times of hardship depending on their personal circumstances. The Council have also been able to use the St David's Day fund to provide support with rent, bonds, equipment and course materials.

## **5. Effect upon Policy Framework & Procedure Rules**

- 5.1 There is no impact on the Policy Framework and Procedure Rules.

## **6. Equality Impact Assessment**

- 6.1 This report is concerned with information rather than policy or decision making therefore, an equality impact assessment is not applicable.

## **7. Well-being of Future Generations (Wales) Act 2015 Implications**

- 7.1 The implementation of the duties and responsibilities under the Social Services and Wellbeing (Wales) Act 2014 (SSWBA) supports the promotion of two of the seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend.

By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the wellbeing goals of a Healthier and more equal Bridgend and Wales are supported.

7.2 The Well-being of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report:

- Long Term – Social Services is demand led and the SSWBA focuses on sustainable prevention and wellbeing outcomes for the future. As a corporate parent the Local Authority has responsibility to support care leavers up until the age of 25. It is during the key years of 16-25 that a robust package of support to care leavers can have a significant impact on improving outcomes for care leavers in the short, medium and long term.
- Prevention – By offering care leavers robust support packages throughout university, the Local Authority are able to ensure that there is a reduction in the number of young people who choose to leave their courses.
- Integration – The implementation of the SSWBA requires local authorities to work with partners. This report evidences consultation with care leavers, and with the third sector.
- Collaboration– The key stakeholders are the care leavers, and the providers of Higher education. The 16+ team work closely with care leavers in respect of their plans for higher education, and have also built up positive relationships with higher education providers across South Wales.
- Involvement – The key stakeholders are the people who use social care. There is considerable engagement including surveys, stakeholder meetings, feedback forms and the complaints process. The provision of accessible information and advice helps to ensure that the voice of adults, children and young people is heard.

## **8. Financial Implications**

8.1 The financial implications in relation to the University financial policy was considered by this committee on the 6<sup>th</sup> March 2019 and was approved by cabinet on the 19<sup>th</sup> March 2019. There are no additional financial implications in respect of this report.

## **9. Recommendation**

9.1 That committee notes the report and supports the work that has been done to date in this area and the continuation of this support.

**Susan Cooper**  
**Corporate Director, Social Services and Wellbeing**  
**September 2019**

**10. Contact Officer**

|                       |   |
|-----------------------|---|
| <b>Name</b>           | Iain McMillan                                   |
| <b>Title</b>          | Group Manager Case Management & Transition      |
| <b>Email</b>          | Iain.McMillan@bridgend.gov.uk                   |
| <b>Tel No</b>         | 01656 642376                                    |
| <b>Postal Address</b> | Civic Offices, Angel Street, Bridgend, CF31 4WB |

**Background documents**

- 6/03/19 – Corporate Parenting Report – Policy on University Support Packages for Care Leavers
- 19/03/19 – Cabinet Report – Policy on University Support Packages for Care Leavers

## BRIDGEND COUNTY BOROUGH COUNCIL

### REPORT TO CORPORATE PARENTING COMMITTEE

4<sup>TH</sup> SEPTEMBER 2019

#### REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

#### APPROVAL OF THE STATEMENTS OF PURPOSE FOR RESIDENTIAL SERVICES

##### 1. Purpose of report

1.1 The purpose of this report is to provide Members with the revised statements of purpose for the current residential services provision in Bridgend County Borough Council. It is a requirement under the Council's constitution that these are presented to the Corporate Parenting Committee to approve.

##### 2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

2.1 This report assists in the achievement of the following corporate priorities:-

1. **Helping people to be more self-reliant** – taking early steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services.
2. **Smarter use of resources** – ensuring that all its resources (financial, physical, human and technological) are used as effectively and efficiently as possible and support the development of resources throughout the community that can help deliver the Council's priorities.

##### 3. Background

3.1 Bridgend County Borough Council currently has four children's residential homes delivering services to children and young people aged 0-19 years:

- Maple tree House provides a service for children and young people aged 8-17 years who require a period of assessment to establish a long term placement plan. The assessment period is 6 months. Maple tree house also has two emergency beds which provide accommodation for up to 28 days.
- Sunny Bank provides a medium term to long term service for children and young people aged 8-15 years who display complex needs and have been assessed as requiring a residential placement.
- Bakers Way provides a short break service to disabled children and young people young people aged 0-18 years.
- Harwood House provides a medium to long term 52 week residential service for up to three children and young people aged 8 – 18 years with complex needs, including a learning disability. However continuing provision will be considered for young people aged up to 19 years who continue in educational placements.

#### **4. Current situation/proposal**

4.1 The introduction of The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) came into force on the 2<sup>nd</sup> of April 2018. The purpose of the Act was to build on the success of regulation in Wales and reflected the changing world of social care. It places service quality and improvement at the heart of the regulatory regime and strengthens protection for those who need it. Regulation will move beyond compliance with minimum standards, and focus more on the quality of services and the impact which they have on people receiving them.

4.2 Each Local Authority is now issued with a certificate of registration as opposed to individual services being registered. This means that all of Statements of Purpose are presented in a more uniform way. A guide to compiling a statement of purpose was provided under the above act by Care Inspectorate Wales (April 2019).  
**Appendix 5**

4.3 In the Autumn of 2018 all of our services were registered to meet the requirements of the new legislation. Each in-house service provision has its own statement of purpose which is attached as an Appendix as follows:

**Appendix 1** – Maple Tree house

**Appendix 2** – Sunny Bank

**Appendix 3** – Bakers Way

**Appendix 4** – Harwood House

4.4 The statements of purpose have now been subjected to their first full review and the changes to the statements are described below:

- A new template has been developed for the Statement of Purpose (SoP) for Maple Tree House, Sunny Bank, Bakers Way and Harwood House, which incorporates Bridgend CBC branding and, whilst containing the same themes as the previous template, the removal of the tabular formatting is designed to be easier to read. Photographs have been added to the SoP's to provide some visual representation of each setting. Some of the standardised wording in each SoP around language and communication; training; supervision; and governance and quality assurance has been updated to ensure currency.
- Maple Tree House: An extension to the length of stay in the emergency unit from up to 72 hours to up to 28 days (in line with interim revision carried out in February 2019).

#### **5. Effect upon policy framework and procedure rules**

5.1 There is no impact on the policy framework and procedure rules.

#### **6. Equality Impact Assessment**

6.1 There are no equality impacts arising from this report.

#### **7. Well-being of Future Generations (Wales) Act 2015 implications**

7.1 The implementation of the duties and responsibilities under the Social Services and Wellbeing Act (Wales) (SSWBA) 2014, in turn, supports the promotion of two of the

seven goals of the Well-Being of Future Generations (Wales) Act 2015 within the County Borough of Bridgend. By promoting an environment that maximises people's physical and mental well-being and by supporting children, young people, adults and their carers and families to fulfil their potential no matter what their circumstances, the wellbeing goals of a healthier and more equal Bridgend and Wales are supported.

7.2 The Well-being of Future Generations (Wales) Act 2015 provides the basis for driving a different kind of public service in Wales, with five ways of working to guide how the Authority should work to deliver wellbeing outcomes for people. The following is a summary to show how the five ways of working to achieve the well-being goals have been considered in this report:

- Long term: The residential provision has been assessed to meet the needs of the current and future looked after children population.
- Prevention: The new 52 week unit (Harwood House) enables children with complex needs to remain living in the county whilst Bakers Way provides respite to support disabled children and young people to remain living within their families. The statements of purpose will support the other residential provisions to run effectively meeting the needs of Looked After Children BCBC. Maple tree house provides accommodation which enables children with complex needs to remain in the community. The multi-disciplinary team facilitates the return of children who are currently placed outside of county. The wrap around support services assists in the prevention of long term residential care episodes, short term intervention to enable child to return home, placement with family or foster care.
- Integration : Children and young people have homes in the county borough facilitating familial contact and education provision being provided locally, supporting and maintaining their community and ethnic links.
- Collaboration: All of the units have strong links to health, education, police and other local community services to meet the holistic needs of children and young people placed. The units work in close collaboration with other departments within the Local Authority as well to meet service user needs.
- Involvement : Each of the residential units have independent rota visits undertaken, are inspected by Care Inspectorate Wales and review feedback from children and young people and their families through meeting or evaluation forms.

## **8. Financial implications**

8.1 There are no financial implications arising from this report.

## **9. Recommendation**

9.1 Members to note the content of the report and approve the statement of purpose for each of the residential services provision.

**Susan Cooper**  
**Corporate Director Social Services and Wellbeing**  
**September 2019**

**10 Contact officer:** Karin Henderson  
Interim Principal Officer  
**Telephone:** (01656) 642309  
**Email:** Karin.henderson@bridgend.gov.uk

**11 Background documents:**

- CIW – Guide to compiling a statement of purpose. **Appendix 5.**



**Bridgend County Borough Council**  
**Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr**

**MAPLE TREE HOUSE  
LOCAL AUTHORITY  
CHILDREN'S RESIDENTIAL HOME**



**STATEMENT OF PURPOSE**

Maple Tree House  
110 Merthyr Mawr Road,  
Bridgend  
CF31 3NY

TEL: 01656 652257

Responsible Individual: Laura Kinsey  
Registered Manager: Sian Morgan-Jones

The Responsible Individual is a senior officer at Bridgend County Borough and has been designated to undertake this role by the Corporate Director for Social Services and Wellbeing.

The manager of Maple Tree House is registered with Social Care Wales.

## **Section 1: Location and description of the service**

Maple Tree House is a one-storey building within a residential area, close to the town centre of Bridgend.

Maple Tree House is centrally located within the Bridgend County Borough, which allows for ease of access to resources the Borough has to offer such as education provision, leisure centres, parks and beaches. The central bus and train station are within walking distance.

Examples of facilities and resources include:

- Education provision – ten comprehensive schools and a Further Education College.
- Employment – Careers Wales, Job Centre Plus, employment agencies.
- Health provision – Cwm Taf Morgannwg health services, hospital and GP provision and Child and Adolescent Mental Health Services. Dental and Optical services. Third sector support organisations e.g. DASH (Drug & Alcohol Self-Help).
- Maple Tree House makes use of local GP practices, where possible, young people stay registered with their own GP and Dentist.
- Youth Services. Young people can access Local Authority youth support services, workers offer support with mental and emotional health, housing and educational all tailored to individual need.
- Leisure provision – HALO leisure centres, swimming pools and libraries. YMCA, Scouts and Guides, Armed Forces Cadets and many clubs and groups e.g. martial arts, gymnastics.
- Housing – Local Authority Housing Services and Housing Associations.

Maple Tree House consists of a four-bedroom assessment facility with a separate two bedroom emergency provision. The emergency service is located at the front of the building and has a separate entrance. The door has a coded lock that releases automatically if the fire alarm is activated. In addition to the bedrooms, there is a shared

bathroom, lounge/kitchen area, plus a staff bedroom. The assessment facility has a shared lounge, kitchen/ dining room and bathroom facilities, the four bedrooms and a staff bedroom.



The main entrance is at the side of the building where visitors can access the designated office area. Maple Tree House has a driveway with parking at the front and lawn areas surrounding the building.

## **Section 2: About the service provided**

Maple Tree House provides care and support for up to six children / young people within the age range 8 – 17 years (mixed gender) at any one time. This consists of four placements within the assessment facility and two within the emergency provision.

Admissions to Maple Tree House are made via referrals from the Councils social care teams. The Placements team co-ordinate planned admissions during office hours, out of hours placements are managed by senior staff and the Emergency Duty Team.

### Service Aims

Maple Tree assessment service can provide children / young people aged 8-17 years with intensive placements up to a maximum of six months. The care and support package will focus on therapeutic interventions to stabilise the child's / young person's behaviour, work on improving any risk taking behaviours, re-integrate to education, training or employment where necessary and identify the most suitable long-term move on placement.

The emergency provision offers short-term specialist support for children / young people who are experiencing difficult circumstances and who are in immediate need

of care and support, for a period of up to 28 days. During their stay an assessment will be carried out which will inform decisions with regard to suitable move on options. These could include potential reunification with family members, or a placement in the assessment unit for those who have more complex needs that need to be explored further.

### Objectives

- To undertake assessment and provide therapeutic intervention by appropriately qualified staff. Models of intervention will assist to stabilise the child's / young person's behaviour to facilitate a return home or where this is not possible to a suitable alternative long-term placement.
- To have in place for each child / young person a care and support plan and a behaviour management plan so that any challenging behaviour is consistently managed. Wherever possible, unless there is risk of harm, staff will use de-escalation techniques providing trauma informed care and support.
- To support young people's education, training or employment, to maximise opportunities.
- Vocational outreach workers will support young people who are not in full time education or employment, working in line with the young person's education plan.
- Staff will work in partnership with young people, carers and parents/persons with parental responsibility.
- To provide outreach support to children / young people, families and foster carers.

### **Section 3: How the Service is provided**

Maple Tree House has a staff team who are dedicated to providing a supportive experience for children and young people.

Maple Tree House offers a therapeutic environment for children and young people, using a trauma informed approach to provide the most effective support possible. Enabling them to understand their individual circumstances, develop resilience and self-care skills.

Maple Tree assessment service can provide children / young people aged 8-17 years with intensive placements up to a maximum of six months. The care and support package will focus on therapeutic interventions to stabilise the child's / young person's behaviour, work

on improving any risk taking behaviours, re-integrate to education, training or employment where necessary and identify the most suitable long-term move on placements.

Young people aged 16+ will be supported to prepare for independence and during their transition to their identified long term placement. In addition leaving care services are provided by the Local Authority 16+ team who will work with young people who are eligible for leaving care provision to support them in the transition to adulthood this includes, for example housing, education, employment and financial supports.

Maple Tree House offers outreach service to those young people living in the community having moved into a long term placements or accommodation and whom still require further support. Staff will also offer support to young people, families or foster carers where there is disruption, the aim will be to stabilise placements to prevent breakdown. Assistance will be provided by outreach workers to young people living independently, workers will be flexible with times to cater for the young people's emotional and physical needs.

Service provision includes:

- Provision for assessments and therapeutic interventions.
- Access to advice from the local Child and Adolescent Mental Health Service.
- Provision of a package of support to promote the best possible outcomes for children/young people within their educational and training setting.
- Implement approaches for children / young people who are not in education, training or employment to support them towards and into education, training or employment, including the direct provision of Agored Cymru validated qualifications.
- A vocational outreach service which offers emotional support and assistance in the physical move on and settling period into independent living.
- Key worker (residential child care workers) allocated to all children / young person.
- Access to a Health Visitor can provide direct services to young people and advice to staff.
- Supporting access to advocacy services provided by an independent service offering impartial advice and guidance.
- Provision of Outreach Support.

### *Outreach support*

Residential Care Workers offer an outreach service for children / young people and their families at home or in foster placements to encourage stability within placements. The outreach service can also be utilised to offer young people who have recently moved into independent living, providing emotional and physical support.

Maple Tree House has a team of staff who bring their own learned experiences to the service, such as teaching and counselling skills, art therapy and mindfulness work. This is integrated into the work we undertake with the young people.

Vocational Outreach Workers (VOW) based at Maple Tree House offer skill development, learning opportunities and activities to children and young people who have a range of complex needs, on an individual or group basis. This includes developing educational and therapeutic packages; supporting children and young people to develop personal relationships and positive self-image; integrating children and young people into the community and enabling access to community based services.

#### Admission, care and support planning and review

Admissions to Maple Tree House are made via referrals from the Councils social care teams. The Placements team co-ordinate planned admissions during office hours, out of hours placements are managed by senior staff and the Emergency Duty Team.

Planned referrals are considered by the manager or a senior residential worker. They will complete an impact assessment specifically looking at the suitability of the referral in relation to the personal details (age, disability, gender, ethnicity, religion and belief, sexual orientation) and the care and support needs of children/young people already living in the home.

Decisions to provide a placement are based on a thorough consideration of the needs of the child/young person, their “match” with the other children and young people living at Maple Tree House, and a judgement on the ability of the home to meet their needs within the terms of the Statement of Purpose, and the prevailing circumstances at the time. Age will be given careful consideration due to the range of ages permitted in the Statement of purpose.

There will be an opportunity for an introductory visit by the young person, parents, carer and social worker, to consider whether this is a viable placement. Where a placement is offered, a pre-admission planning meeting will determine the placement plan for the young person.

The referral and admission process will seek to engage the young person and his/her parents/carers positively and collaboratively in a partnership approach.

Young people and their families (where possible and appropriate) will be encouraged to visit Maple Tree House prior to admission. Staff will provide visitors with verbal and written information about the service available, the expectations of the young person and the obligations and responsibilities of staff. After an informal visit, should the social

worker, young person and/or parent/carers wish to pursue a placement the social worker will provide Maple Tree House with the required pre admission documents.

During the time spent at Maple Tree House, staff will work with the young person and others to achieve the well-being outcomes identified in the plan. A formal review of the care and support plan will take place in line with the Social Services & Well-being (Wales) Act 2014 (Part 6 Code of Practice (Looked After and Accommodated Children)).

Staff will prepare and support the young person for their discharge from Maple Tree House and to move into their identified placement. This is managed through a transition process which is individually tailored for each young person.

#### Standard of Care and Support children and young people will receive and experience at Maple Tree House

Maple Tree House has a suitably qualified, experienced and skilled staff team dedicated to providing an excellent experience for children / young people during their stays. There is a good ratio of staff to children/young people so that individual attention can be given to each child/young person whilst they are living at Maple Tree House.

The service will provide a therapeutic environment for children and young people, enabling them to deal with their individual circumstances, developing their resilience and self-care skills, support post 16 year olds who are preparing for independence and supporting their transition to their identified long term placement. This work will be underpinned by the young person's care and support plan and pathway plan.

Maple Tree House will provide an outreach service to those young people living in the community having moved into a long term placements or accommodation and still require further support. Staff will also offer support to young people, families or foster carers where there is disruption, the aim will be to stabilise placements to prevent breakdown. Assistance will be provided by outreach workers to young people living independently, workers will be flexible with times to cater for the young people's emotional and physical needs.

#### Promotion of Health Needs

On admission each child / young person has a health assessment undertaken by the designated Health Visitor and is registered with one of the local Doctors, Dentists and Opticians, unless there is a preference to remain registered with their existing practice. All children / young person will have an annual statutory health review and also a six monthly dental check as well as any immunisation needs. They are assisted to develop a well-balanced diet and encouraged appropriately and sensitively in the

importance of personal hygiene if this is neglected. Where appropriate, use is made of the Child and Adolescent Mental Health Service. Each young person follows a health education programme, which deals with HIV/AIDS, sexually transmitted diseases and sex and sexuality.

There is a 'No Smoking' policy in accordance with current legislation and in line with Bridgend County Borough Council's policy. The young people are actively discouraged from smoking; there is no facility for smoking in Maple Tree House for young people, visitors or staff.

### Education

Maple Tree House strives to ensure that all the children and young people cared for are aware of the benefits of receiving a full education, training or employment package.

We endeavour to promote this, by establishing good professional relationships with the schools, colleges and training providers our young people attend. Alternatively, we will assist young people to access work experience opportunities and support them in their career choices.

Homework can be completed in the young person's own bedroom, or, if preferred, in a room set aside for the use of the young people. Maple Tree House contains WiFi and there is access to a computer or laptop and a range of books (both reference and leisure). Staff will be available to assist with homework and revision.

Maple Tree House offers Agored Cymru qualifications for young people. The units follow the format of the independent programme and allow young people to improve their CV's for the future.

Additional assistance to support young people's educational achievement is sought from the Council's Education & Family Support Vulnerable Groups service.

### Leisure and Activities

We encourage all the young people to pursue individual activities, as well as organised group recreation and leisure programmes. Halo cards for use of the Leisure centres are offered to all the young people.

Opportunities will be provided for young people to identify and organise trips/activities independently and with staff. Staff will ensure activities are safely organised and trips are suitable for all age groups and abilities.



There is an independence programme available for the young people which has been developed by staff, a cultural based programme with the aim of developing positive experiences that young people can take with them, inclusive of educational experiences.

### Safeguarding Children at Risk

Putting the wishes, needs and well-being of the child / young person first, is our primary consideration. This includes staff being alert to any potential or suspected abuse or risk of abuse or harm.

Maple Tree House aims to actively involve children and young people in decisions about the care and support they receive and is committed to promoting the rights of the children and young people as set out in the United Nations Convention on the Rights of the Child.

Staff members at Maple Tree are provided with training in safeguarding children at risk.

Bridgend CBC has a Corporate Safeguarding Policy which is updated in line with changes to legislation and guidance.

Staff are made aware of their responsibilities to report children / young people where there is a safeguarding risk and follow legislation statutory guidance: Social Services and Well-being (Wales) Act 2014 and Working Together to Safeguard People and the Children Act 1989.

Where concerns are suspected staff will follow internal safeguarding procedures. Where the child / young person has a Care and Support Protection Plan, staff will follow any agreed actions and support the child / young person to achieve their personal outcomes.

Staff will continually liaise with other professionals to meet child's / young person's well-being outcomes the young person. The young person's social worker and personal advisor are expected to attend monthly review meetings to provide updates regarding the young person's wellbeing, progression towards independence and the transitional process.

### Contact with Parents, Persons with Parental Responsibility, Relatives or Friends

Parents / carers and other relatives are welcome to visit Maple Tree House at any time unless legal restrictions are in place. Friends are welcome to come to Maple Tree

House during the evenings weekends and holidays, but are not allowed to stay overnight.

Undesirable friendships would be discouraged or managed; discussions will be held at a planning meeting when the suitability of these relationships would be considered.

Children and young people can use their own rooms, the meeting room, the lounge or the garden for visitors, depending on choice, suitability and availability.

### Behaviour management

Staff at Maple Tree House will assist young people to develop socially acceptable behaviour by responding constructively to unacceptable behaviour and using relationships with young people to nurture respect.

Children and young people will be faced with the consequences of their actions within a climate of maximum staff support. A safe environment will be maintained on the basis of good personal and professional relationships between the staff and the children /young people. It is not seen as a negative concept but as a way of enabling the children /young people to self-regulate their emotions and develop self-control and self-discipline.

Children and young people will be provided with intensive staff engagement and support through key working and access to other support networks. Staff will utilise a variety of approaches and tools to work with the children and young people.

Where appropriate the children/young people will work through an individually designed programme to help them develop socially acceptable behaviour.

Integrated working arrangements between Maple Tree House and Sunny Bank are in place to provide an enhanced service that will address problems and issues with children/young people. To achieve this:

- There is a single point of contact in both services.
- Access to professional advice and guidance.
- Quick response to crisis situations.
- Have a reciprocal understanding of intervention techniques and roles of other professions.
- Work together to address the complex issues of children/young people within this service.
- Be open with colleagues and exercise discretion, trust and sensitivity in establishing and operating within multi -agency teams.
- Provide help and support closer to the point of contact.

When children/young people display behaviour that in any family or group environment would be considered undesirable some form of relative sanction may be needed.

When a sanction is required, staff will discuss it with the child / young person where their views are acknowledged and recorded.

Sanctions that will not in any circumstances be used are:-

- Withdrawal of food and drink.
- Restriction or refusal of visits.
- Requirement to wear inappropriate or distinctive clothing.
- The use, or withholding of medication or medical treatment.
- Confinement to a room or area within the home.

The use of restraint at Maple Tree House is limited to extreme circumstances and only used to prevent likely injury to the young person or others, or likely serious damage to property. In this case physical restraint will follow the Bridgend County Borough Council Policy and Guidance, and be in accordance with a specially developed plan. The minimum of force necessary will be used and all cases of restraint will be formally recorded.

Staff will use a restorative approach with young people when the timing is perceived as beneficial to discuss the behaviour and its effects on others.

### Anti-bullying

Maple Tree House recognises and affirms the right of all children and young people to live in an environment free from bullying and harassment. We aim to provide a culture that positively encourages acceptable behaviour and reduces or prevents the likelihood of bullying taking place.

Any risk assessments undertaken as part of the admissions process will highlight whether the child / young person may be a victim or perpetrator of bullying.

On admission the child/ young person receives an induction pack, a member of staff will explain our zero tolerance to bullying and our complaints procedure. All children / young people are expected to sign up to the anti-bullying policy and abide by the contract. All reported incidents will be fully investigated. Staff will offer appropriate support and reassurance to a child/young person who has been bullied. And will respond in ways that seek to influence the behaviour of the perpetrator of the bullying.

Staff will use a restorative justice approach and any conflict or confrontation between residents and staff will be resolved using these mediation skills.

Staff are vigilant about all aspects of bullying and ultimately a young person's placement could be jeopardised and considered unsuitable should they refuse to comply and bullying behaviour persists. They are also aware that bullying may constitute a significant risk of harm and if so safeguarding procedures will be followed.

#### Procedures for dealing with unauthorised absence

Children and young people must have the opportunity to feel cared for and protected at all times. As a Corporate Parent, the Local Authority has a duty to safeguard and promote the well-being of any child/young person, taking appropriate action as/when necessary. South Wales Police will respond immediately to any referral made by a statutory or voluntary agency that follows Joint Protocol for children absent without authority who are looked after and the All Wales Protocol for children who run away or go missing from home or care.

Children and young people absent themselves for a variety of reasons - in response or reaction to their personal situations or other contributing circumstances.

A child/young person under 18 years of age is absent without authority whenever they have left the placement without agreement or failed to return at a previously agreed time. In the event of a child/young person being absent from the home without authority, staff will use the pre placement risk assessment and the current risk assessment to establish the level of concern. The following categories of absence will be assigned to the situation.

#### ***Absent without authority (low level of concern)***

Some children/young people absent themselves for a short period and then return. Such children/young people may be testing boundaries and are not necessarily considered to be at a high level of risk. Young people who fall within the category of "absent without authority" will be the subject of continuous risk assessment whilst they remain absent. The outcome of this risk assessment will determine the reporting to the police, however, for this level the child/young person will not be reported as missing to the police.

During their absence, circumstances may change and staff will need to be in a position to respond accordingly and effectively. Staff at the service will take all reasonable and practical steps to establish the whereabouts or destination of the child/young person or persons with whom they may associate. If the location of the child/young person is known, the staff from the service will collect them if safe to do so. However, there may be occasions where it thought that there are specific issues of safety or public order difficulties in returning the child/young person back to the unit that assistance from the Police may be sought.

### ***Missing children (medium to high level of concern)***

As detailed above a child/young person may be categorised as “missing” when they are absent from Maple Tree House residential service and

(a). the child/young person’s location is not known and the reason for the absence is not known and/or

(b) there is cause for concern because of their vulnerability and/or

(c) there is potential danger to the public and/or

(d) the child/young person is looked after as a result of direction by the Court or is subject to police protection.

#### *Action to be taken in the event of an absence:*

If a child/young person fails to return to Maple Tree at the agreed time, a risk assessment is undertaken in conjunction with the Emergency Duty Team and if appropriate the child/young person will be either deemed absent without authority or missing.

Required documentation will be completed and sent to the Responsible Individual, one sent to the relevant senior manager within Children’s Social Care at Bridgend County Borough Council and the other placed on the child/young person’s personal file.

If the child/young person remains missing after forty-eight hours consultation will take place with a relevant senior manager as to further action. This could entail a request to the police to use publicity. This situation will be monitored and reviewed on a daily basis for as long as the child/young person is missing. All unauthorised absences are recorded in the child/young person’s file.

#### Religious Observance

Children/young people have the choice to follow their own particular beliefs and can be supported to attend places of worship locally or in the closest provision that meets their needs.

#### Language and communication needs for people using the service

Bridgend County Borough Council is committed to treating Welsh and English on an equal basis when carrying out its public business and to meeting the requirements of The Welsh Language Standards Regulations 2017.

Language is at the heart of safe care and to achieving good quality care outcomes. The service is committed to meeting the language and communication needs of the children and young people who access Maple Tree House. We ensure the methods used to engage with and gain the views of individuals using the service are appropriate to their age, level of understanding and take into account any specific condition or communication need (in line with Regulation 76)

Our statement of purpose is available in Welsh and English. Personal documentation and general information about Maple Tree House can be provided in Welsh. Language preference is identified and recorded on the child's care and support plan and Maple Tree House endeavours to provide services that reflect the child's language needs.

Staff are supported to take up opportunities provided by the Local Authority to develop their Welsh language skills. Staff are encouraged to use Welsh with the children / young people and family members who wish to communicate in Welsh.

## **Section 4: Staffing Arrangements**

Maple tree has a team of care staff providing 24 hr support 7 days a week. There are always two staff on duty and two staff sleep in.

Staff at Maple Tree House either hold or are working towards the required qualification to practise within a regulated service and to register as a Social Care Worker with Social Care Wales. These requirements are set out within the Social Care Wales document: 'Qualification framework for social care and regulated childcare in Wales'. The qualifications detailed below are limited to those required, although many staff members hold other qualifications in addition.

*The Staff Team.*

### *a) Numbers & Qualifications of Staff*

#### **One Registered manager**

NVQ Level 4 Caring for Children & Young People

NVQ Level 4 Management

#### **4 Senior residential care workers**

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

QCF Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Advanced Practice) Wales and Northern Ireland

## **8 Residential child care workers**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

### **1 x Business support officer**

Chartered Institute of Personnel Development Diploma

### ***b) Staffing Levels***

Residential Manager 37 hrs per week Mon- Friday

Seniors child care workers 37 hrs per week working as part of a rota which includes weekend working.

The staffing structure is as follows:-

- Residential Manager x 37 hours
- Two senior residential workers x 74 hours
- Eight part-time Residential child care workers x 204 hours (4x 24 and 4x 27)
- One part time business support officer x 18.5 hours

### ***c) Specialist Staff***

Two vocational outreach workers, working from Maple tree.

### ***d) Deployment of staff at service***

The staff team work on a rolling eight week rota, with a minimum of two staff and a maximum of three staff on duty at all times.

The rota also accommodates for the provision of sleeping in duties.

### ***f) Supervision Arrangements***

The Social Services and Wellbeing Directorate of the Local Authority is committed to the supervisory process and sees the quality of supervision as directly supporting the focus of frontline practice and service provision on what matters to people and the outcomes they would like to gain from a range of interventions.

Supervision has an essential role in the effective management of staff performance and practice and is a primary means by which staff are supported to evidence accountable practice.

Regular, planned and competent supervision is both a right and a requirement for all members of staff. The Social Services and Well-being Directorate has developed a Supervision Policy and Guidelines. Supervision usually takes place once every 4 – 6 weeks for most staff groups in line with the policy.

Staff participate in annual appraisals, which provides them with the opportunity to review and discuss previous and current performance as well as their views and future development needs. There is an expectation that actions identified and agreed in appraisal are reviewed in supervision.

### ***g) Staff Training***

Training is an essential part of developing the practice of our staff and to support the delivery of good quality care. All staff receive ongoing training appropriate to their role. All staff will complete an induction. Our induction follows the All Wales Induction Framework for Health and Social Care. Staff will also complete the Corporate Induction Framework. Once staff have completed their induction, they are put forward for the required Health and Social Care Award.

Staff have access to a programme of training provided by Bridgend CBC which may include areas such as Safeguarding Children at risk, Neglect, Paediatric First Aid, Manual Handling, Medication Awareness and Administration, Managing Behaviour, and Recording skills.

Other training is available provided by Bridgend CBC to meet identified development and service needs and may include, for example; Child Sexual Exploitation, Life Journey work, Attachment, Child Development.

Managers have access to a programme of training focusing on the development of leadership and management skills. The programme is co-ordinated on an annual basis, based on an analysis of training and development needs. Bridgend CBC is fostering a coaching and mentoring approach to management and this is a key focus of the programme.

## **Section 5: Facilities & Services**

### **a) Number of single and shared rooms**

Six single rooms used by the young people and three staff bedrooms rooms. No ensuite rooms.





b) Number of dining areas two x communal dining areas



c) Number of communal areas = 5



**d) Specialist bathing facilities**

None

**e) Specialist equipment**

None

**f) Security arrangements in place and use of CCTV**

There are no facilities available at Maple Tree House for the surveillance of the young people other than through the daily supervision by the staff team. Should there be any issues of risk shown by a young person to themselves or others, Maple Tree House will provide a wakeful cover throughout the night. There are alarms on all exterior doors in-case of movement throughout the night. There is no CCTV.

**h) Access to outside space and facilities at this service**

Children and Young People have access to a garden which has a lawned area.

Maple Tree House offers a comprehensive range of services to young people. The facilities offered are in line with the service provided but limited to some extent by the structure of the building and the fact that the young people are encouraged to use the facilities in the community as part of their independence programmes.

Within Maple Tree House children have access to:

- TV's DVD, computer with internet access and electronic gaming equipment.
- A varied assortment of sports equipment, board and table games and books.
- Laundry facilities.
- Newspapers and magazines are purchased for the young people upon request, representing their individual interests.

## **Section 6: Governance and Quality Assurance Arrangements**

### Quality Assurance

The Responsible Individual for the service reports directly to the Statutory Director of Social Services. The Responsible Individual will visit the service at least once every quarter and will ensure the quality, safety and standard of service is maintained at all times and meets regulatory requirements in line with the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations relating to Parts 3 to 20 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The Responsible Individual will establish and maintain arrangements for monitoring, reviewing and, where necessary, improving the quality of care and support provided by the service. This will include a system for reviewing the quality of care and support at least every six months, resulting in the preparation of a report to the service provider, which will inform the statement of compliance and service provider's annual return.

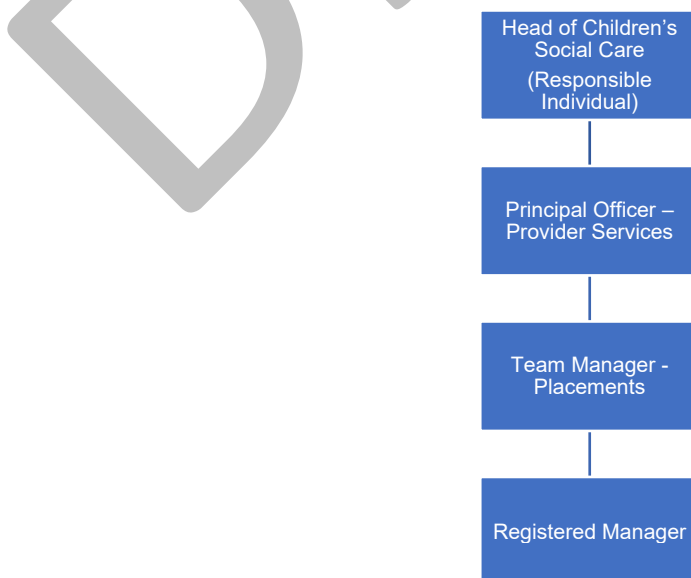
During the visit, the Responsible Individual will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

The Team Manager - Placements is responsible for the line management of the Registered Manager. The Team Manager – Placements reports to the Principal Officer – Provider Services, who reports directly to the Responsible Individual.

Visits are also carried out on a monthly basis by a team manager from within Children's Social Care. The manager shall interview, with their consent and in private, the children and young people accommodated, their parents, relatives and persons working at the home in order to form an opinion of the standard of care provided in the home.

They will inspect the premises of the home, its daily log of events and records of any complaints; and prepare a written report on the conduct of the home. The visiting officer will provide a copy of the report which will be stored at the Maple Tree House, a copy will also be provided to the Responsible Individual.

### Management Structure



A full range of policies and procedures are available to staff. All staff are aware of their responsibilities under the Code of Professional Practice for Social Care.

Records are kept in line with data protection legislation and all data is handled subject to the Directorate Fair Processing/Privacy statement:

(<https://www.bridgend.gov.uk/media/3891/fair-processing-statement-social-services-and-wellbeing.pdf>).

Any individual with concerns over the way BCBC handles their personal data may contact the Data Protection Officer at the Council or the Information Commissioner.

Data Protection Officer, Bridgend County Borough Council, Information Office, Civic Offices, Angel Street, Bridgend CF31 4WB. E-mail [foi@bridgend.gov.uk](mailto:foi@bridgend.gov.uk) . Telephone 01656 643565

Information Commissioner's Office – Wales, 2nd Floor Churchill House, Churchill Way, Cardiff CF10 2HH Telephone: 02920 678400 Fax: 02920 678399 Email: [wales@ico.org.uk](mailto:wales@ico.org.uk) Website: <https://ico.org.uk/>

Staff working in the service are supported to raise any concerns that they may have in relation to service provision. Any concerns will be thoroughly investigated and acted upon as necessary. Bridgend County Borough Council has in place a Whistleblowing Policy to afford staff the necessary protection to report malpractice or other concerns.

## Complaints

Ideally, any complaints should initially be raised directly with the service in the first instance, where the registered manager or senior staff member will try to resolve it immediately. However, if this is not possible, there are two stages to the complaints process:

### **Stage 1 – Local Resolution**

We will acknowledge complaints within two working days of its receipt. The complainant will be contacted within 10 working days of the date of acknowledgement by the person looking into the complaint and they will offer to meet with the complainant face-to-face or can discuss the complaint over the telephone. The discussion will ensure that we understand the complaint and what the complainant would like to happen.

When the complaint has been resolved, we will write to the complainant within five working days of the date that the complaint was resolved.

## Stage 2 – Formal Investigation

If the complaint has not been resolved at Stage 1, the complainant can request that the complaint be investigated by a person who is independent of the Council.

If the request is granted, we will write to the complainant with a formal written record of the complaint (as we understand it) within five working days of the date of the request.

Before the investigation can start, the complainant will be asked to confirm that our understanding is correct and also to confirm what they would like to happen. The date on which the detail of the complaint is agreed will be the 'start date' for the complaint investigation.

A response to the complaint investigation should be sent to the complainant within 25 working days of the 'start date'. If this is not possible, we will write to them and tell them why there is a delay and when they are likely to receive the response. This will be as soon as possible after the 25 working day deadline and no later than 6 months from the date we received the complaint.

In our response we will:

- Summarise the complaint;
- Describe the investigation undertaken;
- State whether the complaint is upheld, partially upheld or not upheld;
- Explain what action will be taken (if any);
- Apologise where appropriate;
- Enclose a copy of the Independent Investigator's Report. (If there is a specific reason why we do not provide this, we will why);
- Offer the complainant an opportunity to meet with us to discuss the response and the Independent Investigator's Report.
- Advise how the complainant can refer the complaint to the Public Services Ombudsman for Wales if they are still not satisfied with the outcome of the complaint.

Complainants may also contact Care Inspectorate Wales (CIW) directly to make a complaint. Please note CIW are unable to investigate complaints or resolve disagreements between people and their service providers, but, where the above

complaints process has been exhausted, CIW may consider the issues and look at them during the inspection process.

Feedback from Complainants: we want to hear from complainants about their experience of using our complaints procedure. They can do this by completing and returning our feedback questionnaire. This will only take a few minutes of their time and will provide us with valuable information to ensure that we handle complaints as effectively as possible.

## **Useful Contacts**

Complaints Office,  
Bridgend County Borough Council  
Directorate of Wellbeing  
Civic Offices  
Bridgend. CF31 4WB.

Tel: 01656 642253  
E:mail:social.services@bridgend.gov.uk

Children's Commissioner for Wales  
Oystermouth House  
Charter Court, Phoenix Way  
Llansamlet  
Swansea, SA7 9FS

Tel: 0808 801 1000  
Fax: 01792 765601  
Email: post@childcomwales.org.uk

Care Inspectorate Wales (South West Wales)  
Government Buildings  
Picton Terrace  
Carmarthen, SA31 3BT

Tel: 0300 7900 126  
Email: CIW.Carmarthen@gov.wales

Public Services Ombudsman for Wales  
1 Ffordd yr Hen Gae  
Pencoed  
Bridgend, CF35 5LJ

Tel: 0300 790 0203  
Fax: 01656 641199  
Email: ask@ombudsman-wales.org.uk

## Anti-Discriminatory Practice

Staff at Maple Tree House strive to maintain and encourage appropriate and positive relationships based upon honesty and mutual respect with every person they have contact with. To this end anyone receiving our service is expected to treat staff and others similarly in line with professional and personal boundaries. Expectations of behaviour for both staff and young people are clearly understood and negotiated by those living and working at Maple Tree House including exercising appropriate control over young people in the interests of their own welfare and the protections of others.

In day to day decision making, staff demonstrate an appropriate balance between:

- Each young person's wishes and preferences
- The needs of individual young people
- The needs of the group of young people resident at the time, and
- The protection of others (including the public) from harm.

Bridgend County Borough Council has a policy on anti-discriminatory practice. Children's rights are respected in line with The United Nations Convention on the Rights of the Child. Cultural sensitivity is essential so that consideration is given to different religious beliefs and cultural traditions for different racial, ethnic and cultural groups. Staff need to guard against myths and stereotypes, both positive and negative.

Maple Tree House has a manual of policy and procedures which can be accessed upon request. It is continually being revised and updated as required.

### Consultation

Maple Tree House is committed to working in partnership with young people and parents to maximise the opportunities and outcomes for the young person.

The consultation process begins at the earliest opportunity and takes place through:

- a. Pre-admission planning and visits to Maple Tree House by the young person and parents / carers and social worker.
- b. Formal planning and review via the Social Services & Well-being (Wales) 2014 statutory review framework for Looked After and Accommodated Children. Key working, young people's meetings and evaluation exercises.
- c. Informally through daily interaction with staff where important views and opinions are noted within the personal recording sheets.

Maple Tree House promotes the involvement of parents/carers where possible and is proactive in maintaining telephone contact to inform parents of significant events and to involve them in decision making.

Maple Tree House empowers young people to express their views and opinions and make personal choices through:

1. Provisions as detailed in Part 6 Code of Practice (Looked After and Accommodated Children) Social Services and Well-being (Wales) Act 2014.
2. Young people's meetings.
3. Key working sessions.
4. Daily interactions with staff members.

### Health and safety

Health and safety checks are carried out within set guidelines, this includes:

- Fire safety checks
- Environmental checks
- Legionella management checks

There is also a schedule of maintenance undertaken which covers:

- The heating system
- Electrical wiring
- Water storage tanks
- PAT testing



**Bridgend County Borough Council**  
**Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr**

**SUNNY BANK – LOCAL AUTHORITY  
CHILDREN’S RESIDENTIAL HOME**



**STATEMENT OF PURPOSE**

Sunny Bank Community Home  
31 Pant Morfa,  
Porthcawl  
Bridgend  
CF36 5EN

TEL: 01656 782914

Responsible Individual: Laura Kinsey  
Registered Manager: Karl Culpeck

The Responsible Individual is a senior officer at Bridgend County Borough and has been designated to undertake this role by the Corporate Director for Social Services and Wellbeing.

The manager of Sunny Bank is registered with Social Care Wales.

## **Section 1: Description of the Location of the Service**

Sunny Bank is a detached two storey house with space for four young people to be accommodated. Sunny Bank is located in the coastal town of Porthcawl and is well established within the community. The town itself is small and compact and therefore has to rely on facilities and services throughout the authority.

Sunny Bank offers a range of services to children/young people. Children/young people are encouraged to use facilities in the community as part of promoting social inclusion.

Facilities and services in the locality:

- Education provision – ten comprehensive schools and a Further Education College.
- Employment – Careers Wales, Job Centre plus, employment agencies.
- Health provision – Cwm Taf Morgannwg health services, hospital and GP provision and Child and Adolescent Mental Health Services. Dental and Optical services. Third sector support organisations e.g. DASH (Drug & Alcohol Self-Help).
- Leisure provision – HALO leisure centres, swimming pools and libraries. YMCA, Scouts and Guides, Armed Forces Cadets and many clubs and groups e.g. martial arts, gymnastics, coastal areas and green sites.
- Housing – Local Authority Housing Services and Housing associations.

Sunny Bank makes use of a GP practice nearby, where possible, young people stay registered with their own GP and Dentist.

## **Section 2: About the service provided**

A) Range of needs we can support

Sunny Bank provides four placements of varying lengths to children/young people of either sex and in the age range 8 to 17 years (at the time of admission) who (for

whatever reason) cannot live with their own immediate or extended family. Staff are skilled at supporting placements for those who are particularly vulnerable and present with varying needs. Staff work with children/young people through an intensive approach which could include therapeutic intervention and behaviour modification. The approach is to work in partnership with children / young people, parents/carers and professionals to stabilise the child/young person in order that they successfully move on to a more permanent placement.

### Service Aim

At Sunny Bank we are committed to offering a stimulating, safe caring environment that promotes a holistic approach to all aspects of the child/young person's life.

### Objectives

- Providing children/young people with an individualised package of support that focuses on their assessed needs.
- Offering children/young people therapeutically informed interventions to assist them in achieving personal well being
- Assisting children/young people to explore their own issues and experiences and work through any emotions and feelings which may become a barrier to a stable placement and future accommodation.
- Providing appropriate levels of support that recognise, value and encourage children/young people to maintain personal skills and competencies and promote their confidence and self esteem
- Providing a comprehensive package of educational support to promote the best possible outcomes for children/young people within their educational setting
- Working closely with families or substitute families to ensure that when children/young people return home or go to other suitable placements, adequate support via a transition plan is given to both the young person and their family to ensure success.
- Provide age appropriate independent living programmes to assist young people to be able to develop the necessary skills to enable them to, if appropriate, live independently.

### **Section 3: How the Service is provided**

Sunny Bank has a suitably qualified, experienced and skilled staff team dedicated to providing an excellent experience for children during their stay. There is a good ratio of staff to children/young people so that individual attention can be given to each child/young person whilst they are living at Sunny Bank.

Sunny Bank will provide:

- A purposeful care programme which is well-designed and executed, and based on individual assessed needs for each child/young person accommodated.
- Sunny Bank will develop a partnership approach to working with parents/carers.
- A Key Working system providing a member of staff with specific responsibilities for each child/young person.
- The promotion and development of social and self-care skills.
- A system to enable partnership support for a successful move to long-term/permanent placement.
- Through a robust transition process, support to achieve a successful move on to a longer term placement or rehabilitation within their own family.
- Transport to visit families and promotion of contact.
- Encouragement to children/young people to lead a normal and independent life and to participate in local community facilities. The home will create an atmosphere in which young people are encouraged to make decisions of their own choice in a safe environment.
- Support to enable children and young people to have a voice, choice and control whilst respecting their personal dignity and emotional wellbeing.
- Signposting to counselling, advocacy and mediation.

#### Admission, care and support planning and review

Admissions are planned; social workers are required to present a request for a child/young person to be placed at Sunny bank to the Accommodation and Permanence Panel, who will assess whether it is appropriate to make a referral to Sunny Bank. Once a referral is received it will be considered by the Manager or a senior residential worker. They will

complete an impact assessment specifically looking at the suitability of the referral in relation to the personal details (age, disability, gender reassignment, race, religion and belief, sex, sexual orientation) and care and support needs of children/young people already living in the home.

Decisions to provide a placement are based on a thorough consideration of the needs of the child/young person, their “match” with other residents and a judgement on the ability of the home to meet their needs within the terms of the Statement of Purpose, and the prevailing circumstances at the time. Children’s ages will be given careful consideration due to the wide range permitted in the Statement of purpose. All discussions are focussed on how an individual’s well-being outcomes can be met.

There will be an opportunity for an introductory visit by the young person, parents, carer and social worker, to consider whether this is a viable placement. Where a placement is offered, a pre-admission planning meeting will determine the placement plan for the young person.

The referral and admission process will seek to engage the young person and his/her parents/carers positively and collaboratively in a partnership approach.

Young people and their families (where possible and appropriate) will be encouraged to visit prior to admission. Staff will provide visitors with verbal and written information about the service available, the expectations of the young person and the obligations and responsibilities of staff. After an informal visit, should the social worker, young person and/or parent/carers wish to pursue a placement the social worker will provide Sunny Bank with the necessary pre admission documents.

During the time spent at Sunny Bank, staff will work with the young person and others to achieve the well-being outcomes identified in the plan. A formal review of the care and support plan will take place in line with the Social Services & Well-being (Wales) Act 2014 (Part 6 Code of Practice Looked After and Accommodated Children).

#### Standard of Care and Support provided at Sunny Bank

The home will work in partnership with the child/young person and their parents or persons with parental responsibility.

Each child/young person will have a personal plan, based on general and specific needs and this plan will be regularly reviewed and updated.

Children/young people will be treated in as ‘ordinary’ a way as possible and be encouraged to take a full part in local community life.

Children/young people will be treated in such a way that ensures their race, gender, religious and cultural needs are taken into account.

Children / Young People will be supported to access advocacy services provided by an independent service offering impartial advice and guidance.

Staff will access other professional networks where available and appropriate in order to meet the child's/young person's needs as comprehensively as possible. These include social workers, the child's/young person's school and the Vulnerable Groups service, representatives of the Health Service and the Looked After Children Nurse / Health Visitor, Child and Adolescent Mental Health Service and the Youth Offending Service.

The service is committed to providing an environment which promotes the child's/young person's growth, maturation, self-respect and personal dignity

A primary function of the service is to look after children/young people who present with varying needs, which may include challenging behaviour. Each young person will have an individual plan to help them modify their behaviour.

A variety of approaches will be used to enable this to be achieved: The child/young person will:-

- Be encouraged and assisted to set their own limits and boundaries.
- Be encouraged and assisted to consider the consequences of their actions with maximum staff support.
- Be cared for through a programme, which attempts to modify some aspects of their behaviour where appropriate.
- Be offered every support and encouragement to value and benefit from all educational opportunities.
- Be assisted to resolve issues with families and attempt successful rehabilitation home.
- Be encouraged and assisted to learn respect for and co-operate with others by purposeful involvement in decision making in the life of the home through children's/young people's meetings.

### Behaviour Management

Staff at Sunny Bank will assist young people to develop socially acceptable behaviour by responding constructively to unacceptable behaviour and using relationships with young people to nurture respect.

Children and young people will be faced with the consequences of their actions within a climate of maximum staff support. A safe environment will be maintained on the basis of good personal and professional relationships between the staff and the children /young people. It is not seen as a negative concept but as a way of enabling the children /young people to self-regulate their emotions and develop self-control and self-discipline.

Children and young people will be provided with intensive staff engagement and support through key working and access to other support networks. Staff will utilise a variety of approaches and tools to work with the children and young people.

Where appropriate the children / young people will work through an individually designed programme to help them develop socially acceptable behaviour.

Integrated working arrangements between Maple Tree House and Sunny Bank are in place to provide an enhanced service that will address problems and issues with children/young people. To achieve this:

- There is a single point of contact in both services.
- Access to professional advice and guidance.
- Quick respond to crisis situations.
- Have a reciprocal understanding of intervention techniques and roles of other professions.
- Work together to address the complex issues of children/young people within this service.
- Be open with colleagues and exercise discretion, trust and sensitivity in establishing and operating within multi -agency teams.
- Provide help and support closer to the point of contact.

#### Promotion of Health Needs

On admission each young person has a health assessment undertaken by the Health Visitor supporting the Safeguarding teams and is registered with one of the local Doctors, Dentists and Opticians, unless there is a preference to remain registered with their existing practice. All young persons have an annual statutory health review and also a six monthly dental check as well as any immunisation needs. They are assisted to develop a well-balanced diet and encouraged appropriately and sensitively in the importance of personal hygiene if this is neglected. Where appropriate, use is made of the Child and Adolescent Mental Health Service. Each young person follows a health education programme, which deals with HIV/AIDS, sexually transmitted diseases and sex and sexuality.

There is a 'No Smoking' policy in accordance with current legislation and in line with Bridgend County Borough Council's policy. The young people are actively discouraged from smoking; there is no facility for smoking in Sunny Bank for young people, visitors or staff.

## Education

Sunny Bank strives to ensure that all the young people cared for are aware of the benefits of receiving a full education, training or employment package.

We endeavour to promote this, by establishing good professional relationships with the schools, colleges and training providers our young people attend. Alternatively, we will assist young people to access work experience opportunities and support them in their career choices.

Homework can be completed in the young person's own bedroom, or, if preferred, in a room set aside for the use of the young people. Sunny Bank has Wi-Fi and there is access to computers or a laptop and a range of books (both reference and leisure). Staff will be available to assist with homework and revision.



Additional assistance to support young people's educational achievement is sought from the Vulnerable Groups service.

## Leisure and Activities

We encourage all the young people in our care to pursue individual activities, as well as organising group recreation and leisure programmes. Halo cards for use of the facilities in the local recreation centre are offered to all the young people.

Opportunities will be provided for young people to identify and organise trips/activities independently and with staff. Staff will ensure activities are safely organised and trips are suitable for all age groups and abilities.

There is an independence programme available for the young people which has been developed by staff, a cultural based programme with the aim of developing positive experiences that young people can take with them, inclusive of educational experiences.



Staff at Sunny Bank will assist young people to develop socially acceptable behaviour by responding constructively to unacceptable behaviour and using relationships with young people to nurture respect.

When a sanction is required, staff will discuss it with the young person where their views are acknowledged and recorded.

Sanctions that will not in any circumstances be used are:-

- Withdrawal of food and drink
- Restriction or refusal of visits
- Requirement to wear inappropriate or distinctive clothing
- The use, or withholding of medication or dental treatment
- Confinement to a room or area within the home.

The use of restraint at Sunny Bank is limited to extreme circumstances and only used to prevent likely injury to the young person or others, or likely serious damage to property. In this case physical restraint will follow the Bridgend County Borough Council Policy and Guidance, and be in accordance with a specially developed individual plan. The minimum of force necessary will be used and all cases of restraint will be formally recorded.

Staff will use a restorative approach with young people when the timing is perceived as beneficial to discuss the behaviour and its effects on others.

### Safeguarding Children at Risk

Putting the wishes, needs and wellbeing of the child / young person first, is our primary consideration. This includes staff being alert to any potential or suspected abuse or risk of abuse or harm.

Sunny Bank aims to actively involve children and young people in decisions about the care and support they receive and is committed to promoting the rights of the children and young people as set out in the United Nations Convention on the Rights of the Child.

Staff members at Sunny Bank are provided with training in safeguarding children at risk.

Bridgend CBC has a Corporate Safeguarding Policy which is updated in line with changes to legislation and guidance.

Staff are made aware of their responsibilities to report children at risk and follow legislation statutory guidance: Social Services and Well-being (Wales) Act 2014 and Working Together to Safeguard People and the Children Act 1989.

Where concerns are suspected staff will follow internal safeguarding procedures. Where the child / young person has a Care and Support Protection Plan, staff will follow any agreed action and support the child / young person to achieve their personal outcomes

Staff will continually liaise with other professionals to meet the welfare of the young person. The young person's social worker and personal advisor are expected to attend monthly review meetings to provide updates regarding the young person's wellbeing, progression of independence and the transitional process.

### Anti-bullying

Sunny Bank recognises and affirms the right of all children and young people to live in an environment free from bullying and harassment. Sunny Bank aims to provide a culture that positively encourages acceptable behaviour and reduces or prevents the likelihood of bullying taking place.

Any risk assessments undertaken as part of the admissions process should highlight whether the child / young person may be a victim of perpetrator of bullying.

On admission the child/ young person receives an induction pack, a member of staff will explain our zero tolerance to bullying and Sunny Bank's complaints procedure. All young people are expected to sign up to the anti-bullying policy and abide by the contract. All reported incidents will be fully investigated. Staff will offer appropriate support and reassurance to a child/young person who has been bullied. And will respond in ways that seek to influence the behaviour of the perpetrator of the bullying.

Staff will use a restorative justice approach and any conflict or confrontation between residents and staff will be resolved using these mediation skills.

Staff are vigilant about all aspects of bullying and ultimately a young person's placement could be jeopardised and considered unsuitable should they refuse to comply and bullying behaviour persists. They are also aware that bullying may constitute a significant risk of harm and if so that safeguarding procedures should be followed.

### Contact with Parents, Persons with Parental Responsibility, Relatives or Friends

Parents and other relatives are welcome to visit Sunny Bank at any time unless legal restrictions make this impossible. Friends are welcome to Sunny Bank during the evenings weekends and holidays, but are not allowed to stay overnight.

Undesirable friendships would be discouraged or managed; discussions will be held at a planning meeting when the suitability of these relationships would be considered.

## Procedures for dealing with unauthorised absence

Children and young people must have the opportunity to feel cared for and protected at all times. As a Corporate Parent, the Local Authority has a duty to safeguard and promote the welfare of any child/young person, taking appropriate action as/when necessary. South Wales Police will respond immediately to any referral made by a statutory or voluntary agency that follows Joint Protocol for children absent without authority who are looked after and the All Wales Protocol for children who run away or go missing from home or care.

Children and young people absent themselves for a variety of reasons - in response or reaction to their personal situations or other contributing circumstances.

A child/young person under 18 years of age is absent without authority whenever they have left the placement without agreement or failed to return at a previously agreed time. In the event of a child/young person being absent from the home without authority, staff will use the pre placement risk assessment and the current risk assessment to establish the level of concern. The following categories of absence will be assigned to the situation.

### ***Absent without authority (low level of concern)***

Some children/young people absent themselves for a short period and then return. Such children/young people may be testing boundaries and are not necessarily considered to be at a high level of risk. Young people who fall within the category of “absent without authority” will be the subject of continuous risk assessment whilst they remain absent. The outcome of this risk assessment will determine the reporting to the police, however, for this level the child/young person will not be reported as missing to the police.

During their absence, circumstances may change and staff will need to be in a position to respond accordingly and effectively. Staff at the service will take all reasonable and practical steps to establish the whereabouts or destination of the child/young person or persons with whom they may associate. If the location of the child/young person is known, the staff from the service will collect them if safe to do so. However, there may be occasions where it thought that there are specific issues of safety or public order difficulties in returning the child/young person back to the unit that assistance from the Police may be sought.

### ***Missing children (medium to high level of concern)***

As detailed above a child/young person may be categorised as “missing” when they are absent from Sunny Bank residential home and

(a) the child/young person’s location is not known and the reason for the absence is not known and/or

(b) there is cause for concern because of their vulnerability and/or

(c) there is potential danger to the public and/or

(d) the child/young person is looked after as a result of direction by the Court or is subject to police protection.

### **Action to be taken in the event of an absence:**

If a child/young person fails to return to the Home at the agreed time, a risk assessment is undertaken in conjunction with the Emergency Duty Team and if appropriate the child/young person will be either deemed absent without authority or missing.

Required documentation will be completed and sent to the Responsible Individual, one sent to the relevant senior manager within Children's Social Care at Bridgend County Borough Council and the other placed on the child/young person's personal file.

If the child/young person remains missing after forty-eight hours consultation with take place with a relevant senior manager as to further action. This could entail a request to the police to use publicity. This situation will be monitored and reviewed on a daily basis for as long as the child/young person is missing. All unauthorised absences are recorded in the child/young person's file.

### Religious Observance

Children/young people have the choice to follow their own particular beliefs and can be supported to attend places of worship locally or in the closest provision that meets their needs.

### Language and communication needs for people using the service

Bridgend County Borough Council is committed to treating Welsh and English on an equal basis when carrying out its public business and to meeting the requirements of The Welsh Language Standards Regulations 2017.

Language is at the heart of safe care and to achieving good quality care outcomes. The service is committed to meeting the language and communication needs of the children who access Sunny Bank. We ensure the methods used to engage with and gain the views of individuals using the service are appropriate to their age, level of understanding and take into account any specific condition or communication need (in line with Regulation 76).

Our statement of purpose is available in Welsh and English. Personal documentation and general information about Sunny Bank can be provided in Welsh. Language preference is identified and recorded on the child's care and support plan and Sunny Bank endeavours to provide services that reflect the child's language needs.

Staff are supported to take up opportunities provided by the Local Authority to develop their Welsh language skills. Staff are encouraged to use Welsh with the children and family members who need to communicate in Welsh.

## **Section 4: Staffing Arrangements**

Sunny Bank has a team of care staff providing 24 hr support 7 days a week. There are always a minimum of two staff on duty and two staff sleep in.

Staff at Sunny Bank either hold or are working towards the required qualification to practise within a regulated service and to register as a Social Care Worker with Social Care Wales. These requirements are set out within the Social Care Wales document: 'Qualification framework for social care and regulated childcare in Wales'. The qualifications detailed below are limited to those required, although many staff members hold other qualifications in addition.

### The Staff Team

#### **a) Numbers & Qualifications of Staff**

##### **One Residential Manager**

NVQ Level 4 Caring for Children & Young People

NVQ Level 4 Management

##### **2 Senior Residential Workers**

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

QCF Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Advanced Practice) Wales and Northern Ireland

##### **2 Shift Leaders**

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

## **6 Residential Workers**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

## **1 Business Support Officer**

Relevant experience appropriate to the role

### **b) Staff Levels**

The Residential Manager works Monday to Friday, with the two Senior Residential Workers 37 hrs per week working as part of a rota which includes weekend working.

The staffing structure is as follows:-

- 1x Residential Manager working 37 hours a week Monday to Friday
- 2x Senior Residential Workers working 37 hours a week on average on a rota basis
- 2x Shift Leaders working 37 hours a week on average on a rota basis
- 6x part-time Residential Workers 2x 24 hours per week and 4x 27per week on average on a rota basis
- 1x part time Business support officer working 18.5 hours per week

### **c) Specialist Staff**

Sunny Bank have access to the two Vocational Outreach Workers (VOW) who are based at Maple Tree House.

The Vocational Outreach Workers (VOW) offer skill development, learning opportunities and activities to children and young people who have a range of complex needs, on an individual or group basis. This includes developing educational and therapeutic packages; supporting children and young people to develop personal relationships and positive self-image; integrating children and young people into the community and promoting access to community based services.

### **d) Deployment of staff at service**

The staff team work on a rolling eight and six week rota (depending on roles), with a minimum of two staff and a maximum of three staff on duty at all times. The rota also accommodates for the provision of sleeping in duties.

## Arrangements for Supervision, training and development of employees

The Social Services and Wellbeing Directorate of the Local Authority is committed to the supervisory process and sees the quality of supervision as directly supporting the focus of frontline practice and service provision on what matters to people and the outcomes they would like to gain from a range of interventions.

Supervision has an essential role in the effective management of staff performance and practice and is a primary means by which staff are supported to evidence accountable practice.

Regular, planned and competent supervision is both a right and a requirement for all members of staff. The Social Services and Well-being Directorate has developed a Supervision Policy and Guidelines. Supervision usually takes place once every 4-6 weeks for most staff groups in line with the policy.

Staff participate in annual appraisals which provides them with the opportunity to review and discuss previous and current performance as well as their views and future development needs. There is an expectation that actions identified and agreed in appraisal are reviewed in supervision.

### Staff Training

Training is an essential part of developing the practice of our staff and to support the delivery of good quality care. All staff receive ongoing training appropriate to their role. All staff will complete an induction. Our induction follows the All Wales induction framework for health and social care. Staff will also complete the Corporate Induction Framework. Once staff will have completed their induction they are put forward for the required Health and Social Care Award.

Staff have access to a programme of training provided by Bridgend CBC which may include areas such as Safeguarding Children at risk, Neglect, Paediatric First Aid, Manual Handling, Medication Awareness and Administration, Managing Behaviour, and Recording skills.

Other training is available provided by Bridgend CBC to meet identified development and service needs and may include, for example; Child Sexual Exploitation, Life Journey work, Attachment, Child Development.

Managers have access to a programme of training focusing on the development of leadership and management skills. The programme is co-ordinated on an annual basis, based on an analysis of training and development needs. Bridgend CBC is fostering a coaching and mentoring approach to management and this is a key focus of the programme.

## Section 5: Facilities & Services

### a) Number of single and shared rooms

Four single rooms used by the young people and two staff bedrooms rooms which are shared amongst the team. No ensuite rooms.

### b) Number of dining areas

One x dining areas



### c) Number of communal areas

Three communal areas



### d) Specialist bathing facilities

None



### **e) Specialist equipment**

None

### **f) Security arrangements in place and use of CCTV**

There are no facilities available at Sunny Bank for the surveillance of the young people other than through the daily supervision by the staff team. There are alarms on interior doors upstairs in-case of movement throughout the night. There is no CCTV.

### **g) Access to outside space and facilities at this service**

Sunny Bank offers a comprehensive range of services to young people. The facilities offered are in line with the service provided, the home is situated close to the coast so has access to beaches and coastal paths, there are also small lakes near the home with a wide range of wild fowl and fish, the environment supports outdoor activities.



The facilities within the home and services at Sunny Bank consist of:

- A TV and DVD.
- A varied assortment of sports equipment, board and table games and books and a selection of DVD's, an X-Box and games
- A large garden and lawn.
- Computers with internet access.
- Laundry facilities.
- Room for access visits.
- Newspapers and magazines are purchased for the young people upon request, representing their individual interests.

## **Section 6: Governance and Quality Assurance Arrangements**

### **Quality Assurance**

The Responsible Individual for the service reports directly to the Statutory Director of Social Services. The Responsible Individual will visit the service at least once every quarter and will ensure the quality, safety and standard of service is maintained at all times and meets regulatory requirements in line with the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations relating to

Parts 3 to 20 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The Responsible Individual will establish and maintain arrangements for monitoring, reviewing and, where necessary, improving the quality of care and support provided by the service. This will include a system for reviewing the quality of care and support at least every six months, resulting in the preparation of a report to the service provider, which will inform the statement of compliance and service provider's annual return.

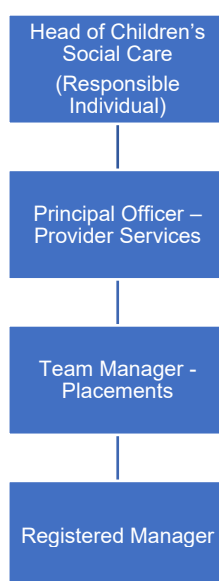
During the visit the Responsible Individual will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

The Team Manager - Placements is responsible for the line management of the Registered Manager. The Team Manager – Placements reports to the Principal Officer – Provider Services, who reports directly to the Responsible Individual.

Visits are also carried out on a monthly basis by a team manager from within Children's Social Care. The manager shall interview, with their consent and in private, the children and young people accommodated, their parents, relatives and persons working at the home in order to form an opinion of the standard of care provided in the home.

They will inspect the premises of the home, its daily log of events and records of any complaints; and prepare a written report on the conduct of the home. The visiting officer will provide a copy of the report which will be stored at the home, a copy will also be provided to the Responsible Individual.

### Management Structure



A range of policies and procedures are available to staff and reviewed to ensure currency. All staff are aware of their responsibilities under the Code of Professional Practice for Social Care.

Records are kept in line with data protection legislation and all data is handled subject to the directorate Fair Processing/ Privacy statement

(<https://www.bridgend.gov.uk/media/3891/fair-processing-statement-social-services-and-wellbeing.pdf>).

Any individual with concerns over the way BCBC handles their personal data may contact the Data Protection Officer at the Council or the Information Commissioner.

Data Protection Officer, Bridgend County Borough Council, Information Office, Civic Offices, Angel Street, Bridgend CF31 4WB. E-mail [foi@bridgend.gov.uk](mailto:foi@bridgend.gov.uk) . Telephone 01656 643565

Information Commissioner's Office – Wales, 2nd Floor Churchill House, Churchill Way, Cardiff CF10 2HH Telephone: 02920 678400 Fax: 02920 678399 Email: [wales@ico.org.uk](mailto:wales@ico.org.uk) Website: <https://ico.org.uk/>

Staff working in the service are supported to raise any concerns that they may have in relation to service provision. Any concerns will be thoroughly investigated and acted upon as necessary. Bridgend County Borough Council has in place a Whistleblowing Policy to afford staff the necessary protection to report malpractice or other concerns.

## Complaints

Ideally, any complaints should initially be raised directly with the service in the first instance, where the registered manager or senior staff member will try to resolve it immediately. However, if this is not possible, there are two stages to the complaints process:

### **Stage 1 – Local Resolution**

We will acknowledge complaints within 2 working days of its receipt. The complainant will be contacted within 10 working days of the date of acknowledgement by the person looking into the complaint and they will offer to meet with the complainant face-to-face or can discuss the complaint over the telephone. The discussion will ensure that we understand the complaint and what the complainant would like to happen.

When the complaint has been resolved, we will write to the complainant within 5 working days of the date that the complaint was resolved.

### **Stage 2 – Formal Investigation**

If the complaint has not been resolved at Stage 1, the complainant can request that the complaint be investigated by a person who is independent of the Council.

If the request is granted, we will write to the complainant with a formal written record of the complaint (as we understand it) within 5 working days of the date of the request.

Before the investigation can start, the complainant will be asked to confirm that our understanding is correct and also to confirm what they would like to happen. The date on which the detail of the complaint is agreed will be the 'start date' for the complaint investigation.

A response to the complaint investigation should be sent to the complainant within 25 working days of the 'start date'. If this is not possible, we will write to them and tell them why there is a delay and when they are likely to receive the response. This will be as soon as possible after the 25 working day deadline and no later than 6 months from the date we received the complaint.

In our response we will:

- Summarise the complaint;
- Describe the investigation undertaken;
- State whether the complaint is upheld, partially upheld or not upheld;
- Explain what action will be taken (if any);
- Apologise where appropriate;
- Enclose a copy of the Independent Investigator's Report. (If there is a specific reason why we do not provide this, we will why);
- Offer the complainant an opportunity to meet with us to discuss the response and the Independent Investigator's Report.
- Advise how the complainant can refer the complaint to the Public Services Ombudsman for Wales if they are still not satisfied with the outcome of the complaint.

Complainants may also contact Care Inspectorate Wales (CIW) directly to make a complaint. Please note CIW are unable to investigate complaints or resolve disagreements between people and their service providers, but, where the above complaints process has been exhausted, CIW may consider the issues and look at them during the inspection process.

Feedback from Complainants: we want to hear from complainants about their experience of using our complaints procedure. They can do this by completing and

returning our feedback questionnaire. This will only take a few minutes of their time and will provide us with valuable information to ensure that we handle complaints as effectively as possible.

## **Useful Contacts**

Complaints Office,  
Bridgend County Borough Council  
Directorate of Wellbeing  
Civic Offices  
Bridgend. CF31 4WB.

Tel: 01656 642253  
E:mail:social.services@bridgend.gov.uk

Children's Commissioner for Wales  
Oystermouth House  
Charter Court, Phoenix Way  
Llansamlet  
Swansea, SA7 9FS

Tel: 0808 801 1000  
Fax: 01792 765601  
Email: post@childcomwales.org.uk

Care Inspectorate Wales (South West Wales)  
Government Buildings  
Picton Terrace  
Carmarthen, SA31 3BT

Tel: 0300 7900 126  
Email: CIW.Carmarthen@gov.wales

Public Services Ombudsman for Wales  
1 Ffordd yr Hen Gae  
Pencoed  
Bridgend, CF35 5LJ

Tel: 0300 790 0203  
Fax: 01656 641199  
Email: ask@ombudsman-wales.org.uk

### Anti-Discriminatory Practice

Staff at Sunny Bank strive to maintain and encourage appropriate and positive relationships based upon honesty and mutual respect with every person they have contact with. To this end anyone receiving our service is expected to treat staff and others similarly in line with professional and personal boundaries. Expectations of behaviour for both staff and young people are clearly understood and negotiated by those living and working at Sunny Bank, including exercising appropriate control over young people in the interests of their own welfare and the protections of others.

In day-to-day decision making, staff demonstrate an appropriate balance between:

- Each young person's wishes and preferences
- The needs of individual young people
- The needs of the group of young people resident at the time, and
- The protection of others (including the public) from harm.

Bridgend County Borough Council has a policy on anti-discriminatory practice. Children's rights are respected in line with The United Nations Convention on the Rights of the Child as referred to earlier. Cultural sensitivity is essential so that consideration is given to different religious beliefs and cultural traditions for different racial, ethnic and cultural groups.

Sunny Bank has a manual of policy and procedures which can be accessed upon request. It is revised and updated as required.

### Consultation

Sunny Bank is committed to working in partnership with young people and parents to maximise the opportunities and outcomes for the young person.

The consultation process begins at the earliest opportunity and takes place through:

- a. Pre-admission planning and visits to Sunny Bank by the young person and parents / carers and social worker.
- b. Formal planning and review via the Social Services & Well-being (Wales) 2014 statutory review framework for Looked After and Accommodated Children. Key working, young people's meetings and evaluation exercises.
- c. Informally through daily interaction with staff where important views and opinions are noted within the personal recording sheets.

Sunny Bank promotes the involvement of parents/carers where possible and is proactive in maintaining telephone contact to inform parents of significant events and to involve them in decision making.

Sunny Bank empowers young people to express their views and opinions and make personal choices through:

1. Provisions as detailed in Part 6 Code of Practice (Looked After and Accommodated Children) Social Services and Well-being (Wales) Act 2014.
2. Young people's meetings.
3. Key working sessions.

4. Daily interactions with staff members.

#### Health and safety

Health and safety checks are carried out within set guidelines, this includes:

- Fire safety checks
- Environmental checks
- Legionella management checks

There is also a schedule of maintenance undertaken which covers:

- The heating system
- Electrical wiring
- Water storage tanks
- PAT testing

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**BAKERS WAY – LOCAL AUTHORITY  
CHILDREN’S SHORT BREAK SERVICE**



**STATEMENT OF PURPOSE**

2A Bakers Way  
Bryncethin  
Bridgend  
CF32 9RJ

TEL: 01656 720509

Responsible Individual: Laura Kinsey  
Residential Manager: Debra Evans

The Responsible Individual is a senior officer at Bridgend County Borough and has been designated to undertake this role by the Corporate Director for Social Services and Wellbeing.

The manager of Bakers Way is registered with Social Care Wales.

## **Section 1: Description and Location of the Service**

Bakers Way Short Breaks Home is situated on the outskirts of Bridgend, close to the M4 and the McArthur Glen Outlet Village. It is within easy reach of many attractions. Our minibus is used to take children/young people on outings to a wide-range of recreational, outdoor and activity settings.

The provision is based within two residential properties that were combined to make one large home creating suitably sized accommodation to meet the needs of the children who access our service.

Many children who come to Bakers Way attend Heronsbridge School and close links are maintained between Bakers Way and Heronsbridge. Minibuses and taxis are arranged to bring children directly to Bakers Way from school and to take them to school in the morning.

There are many facilities on offer in the town of Bridgend and surrounding area including:

- 
- Leisure Centres and Swimming Pools.
- Coastal and Beach Areas.
- Country Parks.

## **Section 2: About the service provided**

### **A) Range of needs we can support**

The primary focus of this service is to support children with a disability and their families to enjoy appropriate and safe respite care to support them to remain living together. The service can offer a respite placement for children with complex medical needs who are cared for by appropriately trained staff.

## **Service Aim**

To provide a high quality short breaks service to disabled children and young people aged from birth to eighteen years, who live in the Bridgend County Borough. A maximum of 5 children will attend at any one time and the service will address their individually assessed care and support needs, support their families, and promote their access to community services and facilities.

## **Objectives**

- To assess each child/young person's needs before the service starts, developing and regularly reviewing a care and support plan for each child / young person.
- To schedule stays for children/young people who are matched for their compatibility, where possible.
- To introduce children/young people to Bakers Way at their pace, through a series of tea-time visits, prior to longer stays.
- To clearly define the service to be provided through a written agreement with the child's parents/carers.
- To meet each child's emotional, social, behavioural, health and developmental needs during their stay, in a way that ensures their dignity and promotes self-reliance.
- To offer children and young people the opportunity to socialise and to develop their independence outside their immediate family.
- To promote the inclusion of disabled children and young people in mainstream activities in an anti-discriminatory way.
- To provide parents or carers with a break from their caring responsibilities, assuring parents or carers that their children are happy and well cared for.
- To work in partnership with parents/carers/families, so that the timing, frequency and duration of a short break best assists the child and their family.
- To consult with children, parents, carers, social workers and other professionals so that the service continually adapts and develops.
- To resolve issues for children/young people and parents promptly.

## **Section 3: How the Service is provided**

The service is provided through:

- A suitably qualified, experienced and skilled staff team dedicated to providing an excellent experience for children during their stays.
- A high ratio of staff to children so that individual attention can be given to each child/young person during their stay meeting their assessed care and support needs.

- A purposeful care programme during stays which is well-designed and executed, and based on individuals assessed needs.
- A partnership approach to working with parents.
- A Key Working system where a member of staff with special responsibilities is allocated to each child/young person.

### Admission, care and support planning and review

Children are referred to Bakers Way by the Local Authority Disabled Children's Team and each child / young person has an allocated worker from that team who visit Bakers Way and who oversee the arrangements for the child to ensure they are working effectively.

Being away from home, for however short a period of time, can be difficult and could generate anxiety for disabled children and their families. To ensure continuity of support between home and Bakers Way, with minimum stress for the child/young person, their family and the service itself, effective care planning is fundamental to a successful outcome.

A Short Break will be offered under the following circumstances:-

- The child/young person's need for a short break has been comprehensively assessed by a social worker.
- Bakers Way has been approached to ascertain that it has the resources to meet the child/young person's needs.
- An impact and risk assessment has been completed so that the Manager of Bakers Way is fully aware of what the expectations of the service are to provide care and support for the child/young person.

### **Arranging the Placement**

Prior to using any service, the Disabled Children's Team will undertake a full assessment of the kind of practical help or support the disabled child/young person needs and a short break referral would be made to the service. It is the responsibility of the social worker from the Disabled Children's Team to discuss the child/young person's needs, and offer information to the family on the service available through Bakers Way.

Information for parents/carers is available in a leaflet format. The Children's Guide in DVD format provides information about Bakers Way which is suitable to the level of understanding of the profile of children who would likely use our service. There is also a Children's/young person's guide in a leaflet format.

The admission paperwork includes a 'Child Profile' being undertaken with the child/young person and his/her family and a risk assessment and details of any other services currently being provided. This helps to build up a clear overall picture of the child/young person's support needs in a variety of settings. This profile is completed by the child/young person's parent/carer. The information is returned to the manager or senior at Bakers Way and the profile is used to plan with the child/young person, their parent/carers, and child/young person's social worker, the details of the placement. The information will be stored in a personal file in a locked cabinet.

All children and young people also have an individual risk assessment that is reviewed every 6 months. If the child/young person poses a risk to other children using the service and/or the service itself, a more detailed risk assessment will be carried out. This will indicate, more precisely, the support needs of the child/young person, and any additional specialist support that may be necessary. Risks identified with behaviour will lead to the completion of a behaviour management plan, which sets out how the risk will be managed. To ensure consistency of approach, Bakers Way works closely with Heronsbridge School and utilises existing behaviour management plans. Multi agency working with other professionals is also important to ensure continuity of approach.

When the child/young person, his/her family/carers have agreed with the offer of the service at Bakers Way, a Placement Agreement is agreed and signed prior to the child/young person commencing placement.

The agreement takes place between: -

- Child/young person to the extent that is possible.
- Parent/ Carer.
- Social worker.
- Manager or Senior Staff member of the service who will identify the aims/goals for the child/young person for the next year.

### **Introduction process**

Following the initial introductory visit to Bakers Way. The child/young person begins with visits at teatime to which their family is invited to attend. A child will usually have six tea visits and those progress at the child/young person's individual pace. Arrangements for the child/young person to have a planned initial overnight stay will then commence.

Appropriate levels of staffing will be planned in accordance with the needs of the individual child/ young person.

## **Care and support planning and review.**

During the time the child / young person attends Bakers Way, staff will work with the child / young person and others to achieve the well-being outcomes identified in the care and support plan. A formal review of the care and support plan will take place in line with the Social Services & Well-being (Wales) Act 2014.

The placement will be monitored and reviewed regularly in line with statutory guidance and the child / young person's legal status. Short breaks for disabled children/young people may be made under either section 37 (Part 4) or section 76(1)(c) (Part 6) of the Social Services & Well-being (Wales) Act 2014.

The Key-worker, or Manager, will prepare a report for the review and attend. The review can take place at Bakers Way, at the home of the parents or at another appropriate venue. Children/young people will be encouraged and supported to attend and participate in their review.

If at any stage there are issues of concern or changes of circumstances, a review meeting can be convened at an earlier stage.

## **Standard of Care and Support provided at Bakers Way**

The care provided to disabled children and young people at Bakers Way is based on the principles contained in the Social Services and Well-being (Wales) Act 2014, Children Act, 1989 and 2004 especially that:

Disabled children are children first, and their disability is a secondary, albeit a significant issue.

The following approach is adopted:

- Children/young people at Bakers Way are treated as individuals and will be provided with staff support according to their individual needs.
- The pattern/amount of short breaks is determined with the child/young person, their social worker/care manager, family and Bakers Way worker.
- The service provided by Bakers Way is in response to the identified needs and planned outcomes as detailed in the individual care plan of the child/young person.
- Young people have support in preparing for adulthood, again determined by their individual needs.

Children/young people are encouraged as far as possible to: -

- Discuss and agree activities.
- Choose where they would like to sleep.

- Choose toys and learning materials.
- Shop, cook and develop domestic living skills.
- Show consideration to other children/young people, their property, rights and choices.
- Share any concerns they may be feelings during their stay.
- Take up opportunities to access community based activities.

### *Outreach Service*

Bakers Way provides an Outreach Service once a week for young people between the ages of 11-18 (this does not include an overnight stay). This service supports young people with their transition into adulthood by teaching them independent skills. Each young person has an individual assessment before starting the service, Bakers Way will provide activities and tasks for them tailored to support the development of independence skills so that they achieve their personal outcomes.

### **Arrangements made to protect and promote the health needs of the children/young people in Bakers Way**

Many children/young people have specific health needs. Efforts are made pre-placement to understand and address these needs in discussion with the social worker and parents/carers; and where relevant health professionals. Therefore, ensuring, each child/young person's individual health needs are appropriately met.

Some children's/young person's health needs may require specialist health interventions during their stays. Careful consideration will be given to whether staff are sufficiently trained and competent to carry these out, and if not, arrangements will need to be made to address these needs through appropriate health care services, in order for children/young people to receive a service at Bakers Way.

Staff at Bakers Way can be provided with in-house training by health colleagues with reference to specific health needs, which includes the administration of medication. Such training is monitored and reviewed by Bakers Way manager and health colleagues to ensure competency and compliance for all staff.

All medication which accompanies the child / young person is recorded and kept in its original packaging in a locked cabinet. Medication is given according to the prescribed dosage. Records are kept of all medication, which is signed and countersigned by staff when administered to the individual child and when medication is returned home. A copy is kept on the individual child's / young person's file.

In the first instance, if a child/young person becomes ill or overly distressed, parents/carers would be contacted and asked to collect their child. Emergency Services would be contacted if necessary.

### **Arrangements for the promotion of the education of children**

Each child attends his or her own appropriate school. Arranged transport collects them from and returns them to Bakers Way during their stay.

Staff at Bakers Way read and complete the school communication book, which comes with each child. Information is shared between school, home and Bakers Way, this ensures a co-ordinated approach to the child's/young person's education is taken to meet needs and minimise any confusion for them.

Staff will provide advice and assistance to any child who has homework. Children have the use of i-pads on to which educational apps have been downloaded. If necessary advice can be sought from school, so that children's learning can be supported informally at Bakers Way, as well as the provision providing stimulating and rewarding activities.

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## **Arrangements to promote children's/young person's participation in hobbies, recreational, sporting and cultural activities**

Parents/carers normally send in advance any special request for their child's participation in any sporting or cultural activities. As a matter of good practice staff at Bakers Way would endeavour to respond to any request, however short the notice.

We have a range of toys, books, games and learning materials available to children/young people.

Bakers Way has a sensory room with a range of equipment to provide sensory stimulation to children/young people whilst at Bakers Way.

Bakers Way has its own mini-bus, which has a tail-lift for children/young people who use wheelchairs, so staff can transport the children/young person to different venues, enabling them to access a range of social and recreational opportunities, when children/young people are receiving respite.

## **Arrangements for Religious Instruction**

Children and young people stay for brief periods. Parents are expected to make their own arrangements for worship but arrangements would be made in accordance with the care and support plan, as appropriate.

## **Arrangements made for contact**

Some of the children/young people that come into Bakers Way have limited communication skills. Some have issues in relation to being able to communicate their anxieties about being separated from their family and that which is familiar to them.

Staff will be sensitive to their emotional needs and feelings, giving comfort and reassurance when needed.

Families would be contacted and encouraged to ring up at any time to check on their child's welfare. Children would have the use of the telephone to contact their family, day or night and staff will assist them.

Children/young people are enabled to visit family or friends who are in hospital when staying at Bakers Way.

Contact will only be prevented when a court order exists which prohibits contact.

## **Type of accommodation and sleeping arrangements**

Bakers Way is a Short Breaks Service which accommodates up to five children per short break. There are two downstairs bedrooms which are wheelchair accessible and three upstairs bedrooms. There is a minimum of one member of staff to sleeping and one staff member to be awake throughout the night.

### **Details of any specific therapeutic techniques used and arrangements for their supervision**

Staff use therapeutic techniques as detailed in the child / young person's care and support plan. Advice and guidance is available from a relevant professionals e.g. specialist nursing services.

### **Behaviour Management**

Some children/young people present concerning behaviours which may place themselves or others at risk. These would be identified via a Risk Assessment undertaken by the social worker and provided within the referral to Bakers Way. In situations whereby a child/young person presents concerning/challenging behaviour, an individual behaviour management plan, will be completed by Bakers Way staff in conjunction with parents/carers, and social worker. This behaviour management plan will include a description of the presenting behaviour, first signs of agitation and what triggers the child to present the behaviour. A detailed plan of preventative and responsive strategies; for staff to use with the child to ensure firm boundary settings and a consistent approach.

A copy of the plan is kept on the child/young person's individual file and discussed in team meetings. This is updated following any incident of challenging behaviour.

Bakers Way will involve all children/young people in decision-making as far as possible. This will hopefully result in incidents of challenging/concerning behaviour being managed safely and effectively. Boundaries are clearly discussed and explained to the children/young people and parents/carers during the introductions to the placement.

Low level sanctions are used in accordance with individual behaviour management plans at Bakers Way. This includes boundary setting and distraction/diffusion techniques.

Sanctions that will not in any circumstances be used are:-

- Withdrawal of food and drink

- Restriction or refusal of visits
- Requirement to wear inappropriate or distinctive clothing
- The use, or withholding of medication or medical treatment
- Confinement to a room or area within the home.

The use of restraint at Bakers Way is limited to extreme circumstances and only used to prevent likely injury to the child / young person or others, or likely serious damage to property. In this case physical restraint will follow the Bridgend County Borough Council Policy and Guidance, and be in accordance with a specially developed individual plan. The minimum force necessary will be used and all cases of restraint will be formally recorded.

A restorative approach/work is also applied where possible with the child / young person.

### **Safeguarding Children at Risk**

Staff members at Bakers Way are provided with training in safeguarding children at risk which is updated as part of a rolling programme. Bakers Way has a clear flow chart 'Reporting a Child Protection Concern' advising staff of the processes to follow

Bridgend has a Corporate Safeguarding Policy which is updated in line with changes to legislation and guidance. There is also practice guidance 'Safeguarding Children and Young People with Disabilities' to assist with staff's awareness in respects of the risks to children with disabilities.

Staff are made aware of their responsibilities to report children at risk and follow legislation statutory guidance: Social Services and Well-being (Wales) Act 2014 and Working Together to Safeguarding People and the Children Act 1989.

Children / young people at Bakers Way are provided with short stays. Most are living at home and are ordinarily the responsibility of their parents/carers, who maintain parental responsibility for their child/young person whilst they are receiving a short break stay at Bakers Way.

Many of the children/young people receiving the service at Bakers Way have communication difficulties, and it is recognised that disabled children/young people can be more vulnerable to abuse/neglect. Bakers Way staff, therefore, are continually alert to any expression, verbal or non-verbal or any other signs, that a child/young person may be experiencing abuse.

### **Anti-Bullying**

Bakers Way recognises and affirms the right of all children and young people to live in an environment free from bullying and harassment. Bakers Way aims to provide a culture that positively encourages acceptable behaviour and reduces or prevents the likelihood of bullying taking place,

Any risk assessments undertaken as part of the admissions process should highlight whether the child / young person may be a victim of perpetrator of bullying.

Care is taken to match groups of children/young people to ensure compatibility of age, personalities and behaviours. Careful planning can eliminate possible friction between individuals and avoid any unnecessary conflict. However, if bullying does occur staff would take immediate action to stop the behaviour, protect the individuals and address the behaviour if the child/young person continues bullying. Parents and others will be informed as appropriate and engaged more fully if the behaviour persists.

Staff are vigilant about all aspects of bullying and ultimately a young person's placement could be jeopardised and considered unsuitable if bullying behaviour persists. They are also aware that bullying may constitute a significant risk of harm and if so that safeguarding procedures should be followed.

#### Action to be taken in the event of an absence

The majority of children who stay at Bakers Way are restricted, for their safety and welfare, to the house and garden area, which are secured by a keypad security system inside the premises, and garden gates, which are locked.

Children and young people must have the opportunity to feel cared for and protected at all times. As a Corporate Parent, the Local Authority has a duty to safeguard and

promote the welfare of any child/young person, taking appropriate action as/when necessary. South Wales Police will respond immediately to any referral made by a statutory or voluntary agency that follows Joint Protocol for children absent without authority who are looked after and the All Wales Protocol for children who run away or go missing from home or care.

A child/young person under 18 years of age is absent without authority whenever they have left the placement without agreement or failed to return at a previously agreed time.

If a child/young person absents themselves from Bakers Way or from the care of member of staff whilst outside of the home, a risk assessment is undertaken in conjunction with the Social Worker or out of hours the Emergency Duty Team, giving consideration to their individual needs and vulnerabilities.

In terms of vulnerability, the child / young person may have additional or complex health needs, and/or a life-limiting condition, or be subject to Deprivation of Liberty Safeguards (DoLs) so time will be of the essence in locating them. If considered an emergency then the Police should be contacted. Family / Carers will be kept fully informed.

The relevant documentation will be completed and copies are set sent to the Responsible Individual, one sent to the relevant senior manager within Children's Social Care at Bridgend County Borough Council and the other placed on the child/young person's personal file.

### Religious Observance

Children/young people have the choice to follow their own particular beliefs and can be supported to attend places of worship locally or in the closest provision that meets their needs.

### **Language and communication needs for children and young people using the service**

Bridgend County Borough Council is committed to the treating Welsh and English on an equal basis when carrying out its public business and to meeting the requirements of The Welsh Language Standards Regulations 2017.

Language is at the heart of safe care and to achieving good quality care outcomes. The service is committed to meeting the language and communication needs of the children / young people who access Bakers Way. We ensure the methods used to engage with and gain the views of individuals using the service are appropriate to their age, level of understanding and take into account any specific condition or communication need (in line with Regulation 76)

Our statement of purpose is available in Welsh and English. Personal documentation and general information about Bakers Way can be provided in Welsh. Language preference is identified and recorded on the child's care and support plan and Bakers Way endeavours to provide services that reflect the child's language needs.

Staff are supported to take up opportunities provided by the Local Authority to develop their Welsh language skills. Staff are encouraged to use Welsh with the children and family members who need to communicate in Welsh.

Due to the complex needs of the children/young people, Bakers Way/social workers/families will identify their communication needs on admission and we will work with the children to develop ways of meeting those needs. Bakers Way uses a range of methods to communicate and engage with children who are non-verbal.

## **Section 5: Operating hours and staffing arrangements**

Bakers Way provides an Outreach Service one day a week between the hours of 3pm-10pm. Bakers Way operates the respite service from Wednesday to Saturday. Overnight stays are from 3.30pm-9.00am school days and 2.30pm-11am on weekends and school holidays. Bakers Way is closed on a Sunday evening and all day Monday. The business support officer works 4 days a week across Bakers Way and Harwood House.

### **A) Numbers & Qualifications of Staff**

Staff at Bakers Way either hold or are working towards the required qualification to practise within a regulated service and to register as a Social Care Worker with Social Care Wales. These requirements are set out within the Social Care Wales document: 'Qualification framework for social care and regulated childcare in Wales'. The qualifications detailed below are limited to those required, although many staff members hold other qualifications in addition.

The Staff Team:

#### **1 Registered Manager**

Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Residential Management) Wales and Northern Ireland

Level 5 Diploma in Leadership for Health and Social Care (Children and Young People)

Level 3 Diploma in Health and Social Care (Children and Young People) Wales and Northern Ireland

## **2 Senior Residential Workers**

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework) working towards Level 5 Diploma in Leadership for Health and Social Care (Children and Young People)

## **9 Residential Workers**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

## **2 Night Care Workers (20 hours)**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

## **Casual Residential Care Workers**

Casual workers are engaged to cover staff sickness and leave. These staff will be Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

## **Business Support Officer**

Relevant experience appropriate to the role

## **b) Staff Levels**

Residential Manager x 37 hours (shared with Harwood House)

Two Senior Residential Workers x 33 hours

Two Residential Workers x 28 hours

Three Residential Workers x 18 hours

Four Residential Workers x12

Two Night Care Workers x 20 hours

Casual Residential workers

Administrative Assistant (4 days per week shared with Harwood House)

The manager works between Bakers Way and Harwood House throughout the week. In the manager's absence there are senior residential workers completing office hours and deputising in the manager's absence. All staff are aware that the manager and the Responsible Individual will be available by phone for support and can go to the service if needed.

### **c) Specialist Staff**

There are no specialist staff employed at Harwood House. However, the service has access to support from Heronsbridge School and from other specialist professionals e.g. Health staff

### **d) Deployment of staff at service**

All staff are deployed within Bakers Way Short Breaks service

9 staff are deployed for the day shifts running on an am/pm rota.

One member of staff is deployed on a night shift. One member of staff will sleep in.

Casual staff are deployed within all areas of work days or nights to meet the children/young people's needs.

Ratios of staff: the children / young people will be supported by at a minimum of 4 to 5 carers, the ratio will be increased as specified in individual child's/young person's care and support plan. At night-time there will be two staff in residence, one undertaking sleep in duties and one waking night. If an individual care and support plan specifies that they need one to one support during the night then consideration will be taken into increasing to two waking night staff.

All Staff have appropriate checks undertaken by Human resources.

### **e) Arrangements for delegated staff**

All Staff in Bakers Way are required to work providing specialised care for children and young people. When staff are inducted into Bakers Way they receive training to meet the needs of the children/young people within their probation period.

All Staff are aware of the individual care and support plans for the children/young people we provide short breaks for and these are read by staff prior to the start of each of the child / young person's visit.

The rota in Bakers Way is completed on a four weekly basis making sure that it takes into consideration the children/young people who are having their overnight stays and the level of care they need. When the rota is being completed, Bakers Way makes



sure that the staff on shift have the necessary skills so they can meet the individual children/young people's needs.

There are two senior residential workers in Bakers Way and the rota has been designed that so there is a senior on each shift (apart for a Saturday am shift) to make any decisions for the children/young people.

In the absence of a senior residential worker, a permanent member of staff has the ability to make decisions with guidance from the residential manager. As the residential manager works across Bakers Way and Harwood House, if they are not present in the service then they can be contacted via email or phone.

If the residential manager is not in work then the staff are able to contact either of the two other Childrens residential care managers who work for Bridgend County Borough Council or contact the Responsible Individual for advice and guidance and they would always be made aware of any presenting issues that arise.

#### **f) Arrangements for Supervision**

The Social Services and Wellbeing Directorate of the Local Authority is committed to the supervisory process and sees the quality of supervision as directly supporting the focus of frontline practice and service provision on what matters to people and the outcomes they would like to gain from a range of interventions.

Supervision has an essential role in the effective management of staff performance and practice and is a primary means by which staff are supported to evidence accountable practice.

Regular, planned and competent supervision is both a right and a requirement for all members of staff. The Social Services and Wellbeing Directorate has developed a Supervision Policy and Guidelines. Supervision usually takes place once every 4-6 weeks for most staff groups in line with the policy.

Staff participate in annual appraisals which provides them with the opportunity to review and discuss previous and current performance as well as their views and future development needs. There is an expectation that actions identified and agreed in appraisal are reviewed in supervision.

#### **g) Staff Training**

Training is an essential part of developing the practice of our staff and to support the delivery of good quality care. All staff receive ongoing training appropriate to their role.

All staff will complete an induction. Our induction follows the All Wales induction framework for health and social care. Staff will also complete the Corporate Induction Framework. Once staff will have completed their induction they are put forward for the required Health and Social Care Award.

Staff have access to a programme of core training provided by Bridgend CBC which may include Safeguarding Children at risk, Epilepsy and administration of Midazolam, Complex Health Training, Paediatric First Aid, Manual Handling passport, Medication Awareness and Administration, Behaviour management and Communication for non-verbal children.

Other training is available provided by Bridgend CBC to meet identified development and service needs and may include, for example; Child Sexual Exploitation, Attachment and Child Development. In addition, staff access training related to caring for a child with a disability and on specific conditions for example autism. Health colleagues provide advice and guidance on managing specific conditions for example peg feeding.

Managers have access to a programme of training focusing on the development of leadership and management skills. The programme is co-ordinated on an annual basis, based on an analysis of training and development needs. Bridgend CBC is fostering a coaching and mentoring approach to management and this is a key focus of the programme.

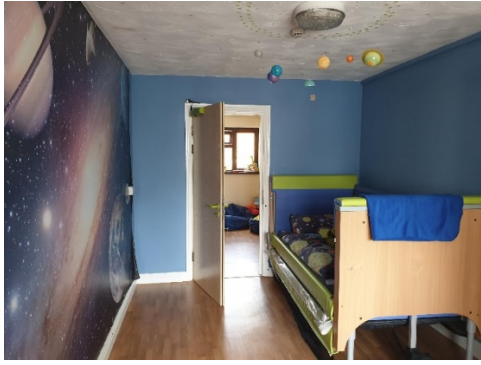
## **Section 6: Facilities & Services**

Bakers Way is large adapted property, previously two semi-detached houses.

Bakers Way has a fitted kitchen, a utility/laundry room, a garden to the rear containing specialist equipment and an upstairs office.

### **a) Number of single and shared rooms**

3 children/young people's bedrooms: The bedrooms are well equipped with toughened furniture offering plenty of storage and a work space area where school/homework can be completed. Individually decorated suited to specific individual needs and allowing some choice.



**b) Number of rooms with en suite facilities**

None. Staff have their own bathroom facility to use separately from the children.

**c) Number of dining areas**

One Dining area in the lounge

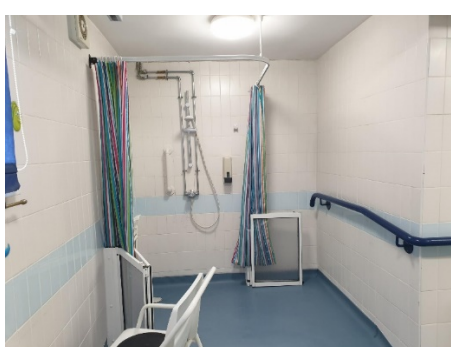
**d) Number of communal areas**

One spacious lounge, One downstairs play room and one upstairs soft play room.



**e) Bathrooms**

One ground-floor bathroom – with shower, hoist and other specialist equipment. One upstairs children's bathroom with no specialised equipment.



## f) Specialist equipment

Mobile hoist, Safe Space bed and two domiflex beds.

On the ground floor there is sensory room equipped with sensory stimulating toys. Specialised swing in the garden for children to use who have a physical disability. An upstairs room has been developed into a soft play area.



## g) Access to outside space and facilities at Bakers Way

Bakers Way provides:

- Safety and security within a comfortable and pleasant home-like environment
- Range of individually decorated and furnished bedrooms suited to specific individual needs, therefore allowing some choice
- Bathroom and toilet facilities on both floors adapted to cater for specific individual needs
- Aids and equipment suitable for those children / young people with physical disabilities
- Specialist bed's for children with physical disabilities
- Laundry facilities
- Individualised menus and provision to meet special dietary requirements
- A soft play room
- A room furnished with sensory equipment
- A large secure garden area with recreational equipment such as swing, roundabout, trampoline, wooden castle, play house and mud kitchen.
- Toys, games and books suitable for all ages and both genders
- Televisions, DVD's, music centre, game consoles, tablet and iPad.
- A mini-bus for trips for social and recreational purposes.

At the front of the property Bakers Way has its own drive way. Both front doors of Bakers Way have key pad locking systems, due to complex needs of the children / young people that use the service. The back door of the property has thumb locks fitted as per regulatory requirements.

Other agencies/services:

- Supporting access to advocacy services provided by an independent service offering impartial advice and guidance.
- Transport to and from school for term-time overnight stays
- Advice from community nursing, paediatric Speech and Language and Occupational Therapy and physiotherapy services, so that the team can provide a specialised service for special health or caring needs. Bakers Way also liaise with Heronsbridge School for support with the continuity of care for the children/young people.

#### **h) Security arrangements in place and use of CCTV**

##### **Surveillance**

All bedrooms are connected to a central PA system, which will alert staff of movement, the system has both audible and visual indicators of noise. This system is fully adjustable to suit the requirements of each child. Independent mobile monitors are also available to staff.

#### **i) Fire precautions/procedures**

A Fire Alarm and smoke detection system is in operation throughout the premises. Self-closing doors are connected to the alarm system. Fire-fighting equipment is installed in the form of fire-blankets and extinguishers and an evacuation 'Resqumat'. All members of staff undertake the Fire Prevention Course and are familiar with emergency procedures.

Fire drills are planned when the children / young people are present. To alleviate any distress or panic, we advise the children/young people that an alarm may go off shortly, reassuring them that there is no need to panic and explaining to them what course of action they need to take.

Fire Drills take place monthly, whilst the alarms are tested weekly. All equipment is checked on an annual basis. The Health and Safety Officer together with the Residential Manager also carry out annual Safety Fire Risk assessments.

In the event of a fire, staff will follow the written procedures of the house, the fire service would have already been contacted and parents would be notified to collect their children.

Should staff be unable to contact families, then arrangements are in place to take the children to another Social Services' establishments.

## **Section 7: Governance and Quality Assurance Arrangements**

### **Quality Assurance**

The Responsible Individual for the service reports directly to the Statutory Director of Social Services. The Responsible Individual will visit the service at least once every quarter and will ensure the quality, safety and standard of service is maintained at all times and meets regulatory requirements in line with the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations relating to Parts 3 to 20 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

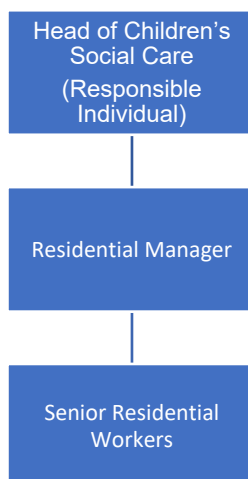
The Responsible Individual will establish and maintain arrangements for monitoring, reviewing and, where necessary, improving the quality of care and support provided by the service. This will include a system for reviewing the quality of care and support at least every six months, resulting in the preparation of a report to the service provider, which will inform the statement of compliance and service provider's annual return.

During the visit the RI will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

Visits are also carried out on a monthly basis by a team manager from within Children's Social Care. The manager shall interview, with their consent and in private, the children and young people accommodated, their parents, relatives and persons working at the home in order to form an opinion of the standard of care provided in the home.

They will inspect the premises of the home, its daily log of events and records of any complaints; and prepare a written report on the conduct of the home. The visiting officer will provide a copy of the report which will be stored at the home, a copy will also be provided to the Responsible Individual.

### **Management Structure**



A range of policies and procedures are available to staff. All staff are aware of their responsibilities under the Code of Professional Practice for Social Care.

Records are kept in line with data protection legislation and all data is handled subject to the directorate Fair Processing / Privacy statement (<https://www.bridgend.gov.uk/media/3891/fair-processing-statement-social-services-and-wellbeing.pdf>). Any individual with concerns over the way BCBC handles their personal data may contact the Data Protection Officer at the Council or the Information Commissioner.

Data Protection Officer, Bridgend County Borough Council, Information Office, Civic Offices, Angel Street, Bridgend CF31 4WB. E-mail [foi@bridgend.gov.uk](mailto:foi@bridgend.gov.uk) . Telephone 01656 643565

Information Commissioner's Office – Wales, 2nd Floor Churchill House, Churchill Way, Cardiff CF10 2HH Telephone: 02920 678400 Fax: 02920 678399 Email: [wales@ico.org.uk](mailto:wales@ico.org.uk) Website: <https://ico.org.uk/>

Staff working in the service are supported to raise any concerns that they may have in relation to service provision. Any concerns will be thoroughly investigated and acted upon as necessary. Bridgend County Borough Council has in place a Whistleblowing Policy to afford staff the necessary protection to report malpractice or other concerns.

## Complaints

Ideally, any complaints should initially be raised directly with the service in the first instance, where the residential manager or senior staff member will try to resolve it immediately. However, if this is not possible, there are two stages to the complaints process:

## Stage 1 – Local Resolution

We will acknowledge complaints within 2 working days of its receipt. The complainant will be contacted within 10 working days of the date of acknowledgement by the person looking into the complaint and they will offer to meet with the complainant face-to-face or can discuss the complaint over the telephone. The discussion will ensure that we understand the complaint and what the complainant would like to happen.

When the complaint has been resolved, we will write to the complainant within 5 working days of the date that the complaint was resolved.

## Stage 2 – Formal Investigation

If the complaint has not been resolved at Stage 1, the complainant can request that the complaint be investigated by a person who is independent of the Council.

If the request is granted, we will write to the complainant with a formal written record of the complaint (as we understand it) within 5 working days of the date of the request.

Before the investigation can start, the complainant will be asked to confirm that our understanding is correct and also to confirm what they would like to happen. The date on which the detail of the complaint is agreed will be the 'start date' for the complaint investigation.

A response to the complaint investigation should be sent to the complainant within 25 working days of the 'start date'. If this is not possible, we will write to them and tell them why there is a delay and when they are likely to receive the response. This will be as soon as possible after the 25 working day deadline and no later than 6 months from the date we received the complaint.

In our response we will:

- Summarise the complaint;
- Describe the investigation undertaken;
- State whether the complaint is upheld, partially upheld or not upheld;
- Explain what action will be taken (if any);
- Apologise where appropriate;
- Enclose a copy of the Independent Investigator's Report. (If there is a specific reason why we do not provide this, we will why);
- Offer the complainant an opportunity to meet with us to discuss the response and the Independent Investigator's Report.
- Advise how the complainant can refer the complaint to the Public Services



Complainants may also contact Care Inspectorate Wales (CIW) directly to make a complaint. Please note CIW are unable to investigate complaints or resolve disagreements between people and their service providers, but, where the above complaints process has been exhausted, CIW may consider the issues and look at them during the inspection process.

Feedback from Complainants: we want to hear from complainants about their experience of using our complaints procedure. They can do this by completing and returning our feedback questionnaire. This will only take a few minutes of their time and will provide us with valuable information to ensure that we handle complaints as effectively as possible.

### **Useful Contacts**

Complaints Office,  
Bridgend County Borough Council  
Directorate of Wellbeing  
Civic Offices  
Bridgend. CF31 4WB.

Tel: 01656 642253  
E:mail:social.services@bridgend.gov.uk

Children's Commissioner for Wales  
Oystermouth House  
Charter Court, Phoenix Way  
Llansamlet  
Swansea, SA7 9FS

Tel: 0808 801 1000  
Fax: 01792 765601  
Email: post@childcomwales.org.uk

Care Inspectorate Wales (South West Wales)  
Government Buildings  
Picton Terrace  
Carmarthen, SA31 3BT

Tel: 0300 7900 126  
Email: CIW.Carmarthen@gov.wales

Public Services Ombudsman for Wales  
1 Ffordd yr Hen Gae  
Pencoed  
Bridgend, CF35 5LJ

Tel: 0300 790 0203  
Fax: 01656 641199  
Email: ask@ombudsman-wales.org.uk

### **Policy on anti-discriminatory practice**

Staff at Bakers Way strive to maintain and encourage appropriate and positive relationships based upon honesty and mutual respect with every person they have contact with. To this end anyone receiving our service is expected to treat staff and others similarly in accordance with professional and personal boundaries. Expectations of behaviours for staff and children/young people are clearly understood and negotiated by those living and working at the home, this includes appropriate control over children/young people in the interests of their own welfare and the protection of others.

Disabled children are at significant risk of experiencing discrimination. Staff members are especially alert to practices which disadvantage disabled children/young people and seek to redress them, where possible.

Bridgend County Borough Council has a policy on Anti-discriminatory practice. Children/young person's rights are respected in line with the United Nations Convention on the Rights of the Child as referred to earlier. Cultural sensitivity is essential so that consideration is given to different religious beliefs and cultural traditions for different racial, ethnic and cultural groups.

#### **Arrangements for consultation with children about the operation of the home**

The home holds a monthly children/young people meeting where everybody is able to contribute and offer suggestions to ensure the home remains a happy place to stay. The home is committed to empower children/young people, to have their say and their views and opinions are heard in a positive manner.

Staff are alert to the child's/young person's wishes, feelings and needs. These can be expressed verbally and non-verbally; and staff consistently respond in a sensitive and appropriate manner.

Children/young people are encouraged to participate in planning activities and care within the home and in the wider community during their placement, taking into account individual preferences. This ensures that the day-to-day operation of the home is responsive to the needs and views of the children/young people who receive the service.

The service will annually send out quality assurance questionnaires to children/young people resident, parents/carers and social workers. On leaving the service there will be a leaving/exit interview/questionnaire completed. This will be in the child's/person preferred choice of language/communication levels.

## Health and safety

Health and safety checks are carried out within set guidelines, this includes:

- Fire safety checks
- Environmental checks
- Legionella management checks

There is also a schedule of maintenance undertaken which covers:

- The heating system
- Electrical wiring
- Water storage tanks
- PAT testing

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**Bridgend County Borough Council**  
**Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr**

**HARWOOD HOUSE – LOCAL AUTHORITY  
CHILDREN’S RESIDENTIAL HOME**



**STATEMENT OF PURPOSE**

Harwood House  
Ewenny Road  
Bridgend  
CF31 3HS

TEL: 01656 652257

Responsible Individual: Laura Kinsey  
Registered Manager: Debra Evans

The Responsible Individual is a senior officer at Bridgend County Borough and has been designated to undertake this role by the Corporate Director for Social Services and Wellbeing.

The manager of Harwood House is registered with Social Care Wales.

## **Section 1: Description of the Location of the Service**

Harwood House is a three bedroomed house, refurbished in 2017, which is situated in the grounds of Heronsbridge School in Bridgend, close to the town centre and Bridgend College. It is within easy reach of many attractions for children/young people and the minibus is used to take children / young people on trips to a wide-range of recreational settings.

There are many facilities on offer in the town of Bridgend and surrounding area including: -

- Leisure Centres and Swimming Pools.
- Coastal and Beach Areas.
- Country Park.
- Cinema.
- Soft play area and Trampoline Park.
- 3 recreation/fitness centre.
- Ten pin bowling.
- Gymnastics club.
- Youth clubs.
- Library.
- Sea/Army/Air Cadets.
- Child and Adolescent Mental Health Clinic.
- Doctors and Dental Surgeries.
- Bus and train services.

## Section 2: About the service provided

### A) Range of needs we can support

Harwood House can support three young children/young people (mixed gender) within the age range of 8-19 with complex needs, which include a learning disability or a disability diagnoses such as Autism. We are not able to provide accommodation for children in wheelchairs due to design of the home.

Referrals are received from the Local Authority Disabled Childrens Team; we will also consider referrals from other Local Authorities. Each referral is looked at carefully taking into consideration the individual needs and the match with the children / young people already resident at Harwood.

#### Service Aim

At Harwood House we are committed to providing a high quality 52 week residential service for up to three children/young people with complex needs, including a learning disability, aged from eight to nineteen years (nineteen age limit applies to any young person with Additional Learning Needs.) Children/young people are usually enrolled in Heronsbridge School.

The service is located within the grounds of this school enabling ease of access to the school for the children/young people. In addition, fostering a close liaison between staff and a shared understanding of the complex needs of the children/young people and consistency of approach in working with the children/young people which support better outcomes.

The service enables children/young people with complex needs who are unable to reside with their families to continue to attend their specialist school and remain living locally to their family, friends and school.

#### Objectives

- To assess each child/young person's needs before the service commences, to develop an individualised package of care and support that focuses on their needs and to review it regularly.
- To introduce children/young people to Harwood House at their pace, through a series of familiarisation and tea-time visits, prior to moving in.

- To offer children and young people interventions to assist them in achieving their personal outcomes. To meet each child/young person's emotional, social, behavioural, health and developmental needs during their placement, in a way that ensures their dignity and promotes self-reliance.
- To provide a homely relaxed environment within which children/young people are encouraged to achieve their personal goals and individual potential.
- To support all children/young people to make good use of all community based resources, thereby promoting social and economic inclusion.
- To provide a comprehensive package of educational support to promote the best possible outcome for the children/young people.
- To assess the child/young person's level of life skills and to develop these skills through an individual living skills assessment programme. Providing support through transition planning through to adult social care.
- To consult with children/young people, parents, carers, social workers and other professionals so that the service continually adapts and develops.
- To resolve issues for children/young people and parents promptly, and to address concerns wherever possible, with the residential manager and social worker.

### **Section 3: How the Service is provided**

- A suitably qualified, experienced and skilled staff team dedicated to providing an excellent experience for children /young people during their stays.
- A high ratio of staff to children/young people so that individual attention can be given to each child/young person during their stay.
- A purposeful care programme which is well-designed and executed, and based on individual assessed needs.
- A partnership approach to working with parents/carers.
- To promote contact with the child/young person and their parents/carers and any significant persons in their lives.



- A Key Working system allocating a member of staff to assume specific responsibilities for a particular child/young person.
- Independence living skills assessment and development programme.
- Transition process to support a successful move into adulthood.
- Provision of transport to visit families and promotion of contact.
- Recreational activities, as approved by Bridgend County Borough Council Social Services Guidelines.
- Encouraging children/young people to lead a normal and independent life and to participate in local community facilities. The home creates an atmosphere in which young people are encouraged to make decisions of their own choice in a safe environment.
- Enabling children and young people to have a voice, choice and control whilst respecting their personal dignity and emotional wellbeing.
- Facilitating access to specialist advocacy provision via an independent agency.

**a) Arrangements for admission, assessment, planning and review.**

Harwood House provides a long-term residential service for a maximum of three children/young people with complex learning disabilities. The service provides support to young people within the age range 8-19 years.

It is envisaged that children and young people will attend Heronsbridge School. However consideration will be given to referrals received for children/young people who attend other educational provision.

Referrals route is via Local Authority Social Care Teams. The Local Authority Accommodation and Permanence Panel will make an initial determination as to the suitability of the referral. Once the panel has given approval the referral will be sent to the Residential Manager for consideration.

The individual needs of each child/young person referred to the service will be robustly assessed. Staff will engage with the child/young family, their family/carers, social worker and other professionals in establishing whether Harwood House can fully meet their needs.

An impact assessment will be completed by the manager or a senior residential worker to determine the suitability of the referral in relation to the children/young people already placed and their compatibility.

Decisions to place are based on assessed needs of the child/young person ensuring the service is able to accommodate the placement safely whilst meeting regulatory requirements.

Pre admission visits and discussions will have taken place prior to the child/young person being placed. The service will complete a placement agreement with the child/young person's family/carer, which sets out clearly, what support the service will offer ensuring clear identification of 'what matters' to the child/young person's whilst meeting their assessed needs according to their care and support plan. The referral and admission policy will seek to engage the child/young person and his/her parents/carers positively and collaboratively in a partnership approach.

Families are encouraged to visit the home as part of an active policy to encourage the facilitation of placement choice, as well as the child/young person's ongoing placement plan.

We adopt a person centred approach and work to support the child/young person to achieve their personal outcomes. We encourage and support each child/young person to reach their full potential and to make their own choices in order to live fulfilled lives. We offer a stimulating, safe, caring environment that promotes a holistic approach to all aspects of the child/young person's life.

The service will work with the children/young people to help them understand and contribute to their care and support plan. We establish strong working relationships with other multi-disciplinary professionals involved in supporting the child/young person.

During the placement, staff will assist and support the child/young person whilst working closely with their families/carers to contribute and achieve better outcomes for the young person. Staff will support and assist the transition process of the child/young person prior to discharge into adult services provision or to their own home. This process is managed via the transition panel.

We ensure children/young people are provided with accurate and accessible information which promotes the rights, responsibilities and the choices of children and young people. Such information is provided in the child/young person's preferred format and language.

A formal review of the care and support plan will take place in line with the Social Services and Well-being (Wales) Act 2014, Part 6 Code of Practice Looked After and Accommodated Children).

Within this process the role of the staff is to assist in the completion of the consultation documents and to advocate on behalf of the child/young person to assist with meeting their needs, whilst giving an informed view point about the child/young person's progress whilst placed at Harwood House.

Before their sixteenth birthday, young people will have a Pathway planning meeting; this will look at the ways in which the service can assist the young person when they leave residential care.

### **b) Standard of Care and Support you will receive and experience at Harwood House**

The care provided to disabled children and young people at a 52 week home is based on the principles contained in the Social Services and Well-being (Wales) Act 2014 and Children Act 1989

Disabled children are children first, and their disability is a secondary, albeit a significant issue.

The approach is to adopt the following principles:

- Children/young people at Harwood House are treated as individuals and will be provided with staff support according to their individual assessed needs.
- The service provided by Harwood House is responsive to the identified needs and planned outcomes as detailed in the individual care plan of the child/young person.
- Young people have support in preparing for adulthood through an individualised independence living skills and development programme.
- Children/young people are encouraged as far as possible to: -
  - Discuss and agree activities.
  - Choose toys and learning materials.
  - Shop, cook and develop daily life skills.
  - Show consideration to other service-users, their property, rights and choices.
  - Share any concerns they may be feeling during their stay.
  - Take up opportunities to access community based activities.
- Children/young people will be treated in such a way that ensures their racial, gender, religious and cultural needs are taken into account.
- The home is committed to providing an environment which promotes the child/young person's growth, maturation, self-respect and personal dignity.

## **Arrangements made to protect and promote the health of the children/young people in Harwood House**

Many children/young people have specific health needs. Pre-placement discussions take place to understand and address these needs in discussion with the social worker, parents/carers and multidisciplinary professionals. This ensures each child /young person's individual health needs are appropriately met from the point of admission.

Some children's/young people's health needs may require specialist health interventions during their placement. Staff will be upskilled through specialist or bespoke training to support children and young people within the accommodation as and when required. Specialist training is provided by Health Colleagues.

We will aim to meet the needs of the children/young people placed as assessed by the Looked After Children's Nurse/Health Visitor and Community Paediatrician. Throughout the child/young person's placement the Looked After Children Nurse/Health Visitor continues to remain involved and consults with staff in the carrying out of individual health plans. This assistance is specialised and provides a useful resource for promoting:

- Immunisation and screening.
- Communication for Non Verbal Children.
- Nutrition and diet.
- Exercise and rest.
- Personal hygiene.
- Sexual health.
- The harmful effects of alcohol, smoking and substance misuse.
- The impact of HIV/AIDS and other blood borne viruses.

Staff will liaise with the Child and Adolescent Mental Health Service, Occupational therapists and Speech and Language Therapists team supporting children/young people in clinical consultations.

Staff will endeavour to assist each child/young person upon admission to register with one of the local doctors, dentist and opticians, unless they chose to remain with their own registered GP practice. All children and young people are expected to have an annual statutory health assessment. They are provided with a well-balanced diet, which takes into account their personal choices.

## **Arrangements for the promotion of the education of children**

Staff will take and meet the child/young person from the school to walk back to their accommodation. If not enrolled at Heronsbridge then transport will be arranged. Opportunities are provided for a short verbal handover to take place between accommodation staff and class teacher/assistant regarding the day's events of the

child/young person attendance or any other matters that need to be addressed. This enables an integrated approach. The children/young people have school communication books where the education staff write information about the child/young person's day. Harwood House will then respond back in these books on how the child/young person evening has been so a robust handover can be given so we can work closely with education. Staff will also share information concerning the child/young person whilst being accommodated in placement with education colleagues.

If a child/young person does not attend Heronsbridge School the same systems as above will be put in place to ensure that there is continuity between Harwood House and their education placement.

Staff will support and assist a child/young person to complete any homework they receive from school. Children have the use of i-pads (educational apps have been downloaded on them). Advice is sought from school, so that children's learning can be supported informally as well as providing stimulating and rewarding activities.

### **Arrangements to promote children's/young person's participation in hobbies, recreational, sporting and cultural activities**

Children/young people at the home are actively encouraged and fully supported to continue with or take part in suitable activities and hobbies. These may include after school clubs, local clubs, gymnastics, swimming, youth clubs etc. The children/young people are also offered staff supervised activities; e.g., Cinema, leisure centres, outdoor pursuits, walks in local gardens, parks and beaches.

The home has its own transport so that staff can convey the children/young people as needed, thus enabling them to access a range of social and recreational opportunities.

In accordance with Bridgend County Borough Council policy the appropriate risk assessments are completed as necessary according to the activity being considered.

### **Arrangements for Religious Instruction**

Children/young people have the choice to follow their own particular beliefs and can be supported to attend places of worship locally or in the closest provision that meets their needs.

### **Arrangements made for contact**

Children/young people residing at Harwood House are enabled to have contact with their parents/carers as agreed by their social worker, unless legal considerations

preclude this. Children and young people have a choice of rooms to use during visits from their relatives and friends.

Some of the children that live in Harwood House have limited communication skills. Some have issues in relation to being able to communicate their anxieties about being separated from their family and that which is familiar to them. Staff will be sensitive to their emotional needs and feelings, giving comfort and reassurance when needed.

### **Type of accommodation and sleeping arrangements**

Harwood House provide a home for three children/young people at any given time. At night there is one member of staff undertaking sleeping in duties and one member staff undertaking wakeful duties.

### **Details of any specific therapeutic techniques used and arrangements for their supervision**

Harwood House will provide each child with individualised services and interventions through the delivery of their care and support plans which will be routinely reviewed in accordance with statutory timescales. If the children's care and support plans identify that their assessed need is to have specialist therapeutic techniques then we will use outside agencies to support the home. For example Child and Adolescent Mental Health (CAMHS.)

### **Policy on Behaviour Management/use of restraints**

Some children/young people present concerning behaviours, which may place themselves or others at risk. These would be identified via a Risk Assessment undertaken by the social worker/care manager and provided with the referral to Harwood House. In situations whereby a child/young person presents concerning/challenging behaviour, an individual behaviour management plan will be completed by the residential manager in conjunction with parents/carers and social worker. This behaviour management plan will include a description of the presenting behaviour, first signs of agitation and what triggers the child to present the behaviour.

A detailed plan of preventative and responsive strategies for staff to use with the child to ensure firm boundary settings and a consistent approach is delivered safely. A copy of the plan is kept on the child/young person's individual's file and discussed in team meetings. This is updated following any incident of challenging behaviour and will be reviewed after the every staff team meeting.

Harwood House staff will involve all children in decision-making as far as possible using communication tools if necessary. This will hopefully result in incidents of challenging/concerning behaviour being managed safely and effectively. Boundaries are clearly discussed and explained to the children/young people and parents/carers during the introductions to the placement.

Low level sanctions are used in accordance with individual behaviour management plans at Harwood House. This includes boundary setting and distraction/diffusion techniques. A restorative approach/work is also completed where possible with the child.

A record of any sanction is kept on individual children's files and recorded in Harwood House sanction book.

Sanctions that will not in any circumstances be used are:-

- Withdrawal of food and drink.
- Restriction or refusal of visits.
- Requirement to wear inappropriate or distinctive clothing.
- The use, or withholding of medication or medical treatment.
- Confinement to a room or area within the home.

Physical restraint is only used as a last resort and if there is clear evidence, or genuine belief that a child/young person's actions may lead to physical injury which will harm them and/or others. In this case physical restraint will follow the Bridgend County Borough Council policy and guidance, and be in accordance with a specially developed individual plan. The minimum of force necessary will be used and all cases of restraint will be formally recorded. Staff will be trained in appropriate methods of behaviour management.

### **Safeguarding Children at Risk**

Staff members at Harwood House are provided with training in safeguarding children at risk. Harwood House has a clear flow chart 'Reporting a Child Protection Concern' advising staff of the processes to follow.

Bridgend has a Corporate Safeguarding Policy which is updated in line with changes to legislation and guidance. There is also practice guidance 'Safeguarding Children and Young People with Disabilities' to assist with staff's awareness in respects of the risks to children with disabilities.

Staff are made aware of their responsibilities to report children at risk and follow legislation statutory guidance: Social Services and Well-being (Wales) Act 2014 and Working Together to Safeguarding People and the Children Act 1989.

Children/young people living at Harwood House may have communication difficulties, and it is recognised that disabled children/young people can be more vulnerable to abuse/neglect. Harwood House staff, therefore, are continually alert to any expression, verbal or non-verbal or any other signs, that a child/young person may be experiencing abuse.

### **Anti-Bullying**

Harwood House recognises and affirms the right of all children and young people to live in an environment free from bullying and harassment. Harwood House aims to provide a culture that positively encourages acceptable behaviour and reduces or prevents the likelihood of bullying taking place.

Any risk assessments undertaken as part of the admissions process should highlight whether the child / young person may be a victim of perpetrator of bullying.

Care is taken to match groups of children/young people to ensure compatibility of age, personalities and behaviours. Careful planning can eliminate possible friction between individuals and avoid any unnecessary conflict. However, if bullying does occur staff would take immediate action to stop the behaviour, protect the individuals and address the behaviour if the child/young person continues bullying. Parents and others will be informed as appropriate and engaged more fully if the behaviour persists.

Staff are vigilant about all aspects of bullying and ultimately a young person's placement could be jeopardised and considered unsuitable if bullying behaviour persists. They are also aware that bullying may constitute a significant risk of harm and if so that safeguarding procedures should be followed.

### **Action to be taken in the event of an absence**



The children/young people who stay at Harwood House are restricted, for their safety and welfare to the house and garden area. A secured keypad system is in place to ensure access in and out of the premises are monitored and controlled safely. Adequate staffing levels ensure that children/young people are supervised or monitored at all times. Deprivation of Liberty is considered for each individual young person bearing in mind their needs and any risks.

Should some impulsive behaviour result in a child/young person running away, and cannot be located, as a Corporate Parent, the Local Authority has a duty to safeguard and promote the welfare of any child/young person, taking appropriate action as/when necessary. The following relevant people would be informed immediately:-

- Police.
- Parent/person with parental responsibility.
- Social worker/Emergency social worker out of hours.
- Care Inspectorate Wales.

The South Wales Police will respond immediately to any referral made by a statutory or voluntary agency that follows the policy and procedures. Harwood House follows the All Wales Missing Child Protocol.

The relevant documentation will be completed and copies are set sent to the Responsible Individual, one sent to the relevant senior manager within Children's Social Care at Bridgend County Borough Council and the other placed on the child/young person's personal file.

### **Language and communication needs**

Bridgend County Borough Council is committed to the treating Welsh and English on an equal basis when carrying out its public business and to meeting the requirements of The Welsh Language Standards Regulations 2017.

Language is at the heart of safe care and to achieving good quality care outcomes. The service is committed to meeting the language and communication needs of the children who access Harwood House. We ensure the methods used to engage with and gain the views of individuals using the service are appropriate to their age, level of understanding and take into account any specific condition or communication need (in line with Regulation 76).

Our statement of purpose is available in Welsh and English. Personal documentation and general information about Harwood House can be provided in Welsh. Language preference is identified and recorded on the child's care and support plan and Harwood House endeavours to provide services that reflect the child's language needs.

Staff are supported to take up opportunities provided by the Local Authority to develop their Welsh language skills. Staff are encouraged to use Welsh with the children and family members who need to communicate in Welsh.

Due to the complex needs of the children/young people, Harwood House will identify their communication needs on admission and work with the children to develop their communication needs. Harwood House uses a range of communication tools to communicate with non-verbal children.

## **Section 4: Staffing Arrangements**

Ratios of staff: the children will be supported by at a minimum of 1 to 1 care, the ratio will be increased as specified in individual child's/young person's care and support plans. At night time there will be two staff in residence, one undertaking sleep in duties and one waking night. Due to the children/young person needs they are supported 24 hours a day 7 days a week.

### **A) Numbers & Qualifications of Staff**

Staff at Harwood House either hold or are working towards the required qualification to practise within a regulated service and to register as a Social Care Worker with Social Care Wales. These requirements are set out within the Social Care Wales document: 'Qualification framework for social care and regulated childcare in Wales'. The qualifications detailed below are limited to those required, although many staff members hold other qualifications in addition.

#### **Staff Team:**

##### **One registered manager**

Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's Residential Management) Wales and Northern Ireland

Level 5 Diploma in Leadership for Health and Social Care (Children and Young People)

Level 3 Diploma in Health and Social Care (Children and Young People) Wales and Northern Ireland

##### **3 senior residential workers**

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework) working towards Level 5 Diploma in Leadership for Health and Social Care (Children and Young People)

Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework) and Level 5 Diploma in Leadership for Health and Social Care Services (Children and Young People's) Wales and Northern Ireland

### **6 Residential workers**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

### **3 Night Care Workers (21 hours)**

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

### **Casual Residential Care Workers**

Casual workers are engaged to cover staff sickness and leave.

Qualified or working towards Level 3 Diploma in Health Social Care Services (Children Young People) Wales and Northern Ireland (or hold past NVQ equivalent detailed in the Framework)

### **Business Support Officer**

Relevant experience appropriate to the role

### **b) Staff Levels**

The staffing structure is as follows:-

- Residential Manager x 37 hours (shared with Bakers Way)
- Three Senior Residential Workers x 32 hours
- Three Residential Workers x 28 hours
- Three Residential Workers x 24 hours
- Three Night Care Workers x 21 hours
- Casual Residential workers
- Business support officer (4 days per week shared with Bakers Way)

The manager works between Harwood House and Bakers Way throughout the week. In the managers absence there are senior residential workers completing office hours and deputising in the manager's absence. All staff are aware that the manager and

the Responsible Individual will be available by phone for support and can attend Harwood House if needed.

### **c) Specialist Staff**

There are no specialist staff employed at Harwood House, however the service has access to support from Heronsbridge school.

### **d) Deployment of staff at service**

All staff are deployed within Harwood House residential home. Nine staff are deployed for the day shifts running on an am pm rota. One member of staff is deployed on a night shift. One member of staff will sleep in. Casual staff are deployed within all areas of work days or nights to meet the children/young people's needs. The staff team work over a 3 week rotational rota.

All Staff have appropriate checks undertaken by Human resources.

### **e) Arrangements for delegated staff**

All Staff at Harwood House have to complete the All Wales Induction Framework and the BCBC's Corporate Induction to assist in them understanding their role and strengthen their competencies.

There are three senior residential workers in Harwood House and the rota has been designed, so there is a senior on every shift to make any decisions for the children/young people as the manager may not always be present. In the absence of a senior, staff are encouraged to make decisions with guidance from the residential manager.

The rota is planned in advance, this ensures that the children/young people are safe and their specialised care needs are provided. The rota is arranged on an AM/PM shift pattern making sure there are enough staff on to care for the children/young people on a 24/7 basis.

The manager works across two services, if they are not present in Harwood House then they can be contacted via email or phone to deal with any decision making. If the residential manager is not in work then the staff are able to contact two other residential managers who work for Bridgend County Borough Council or contact the Responsible Individual for advice and guidance.

The Responsible Individual is made aware of any presenting issues that arise. The Responsible Individual attends quarterly visits to Harwood House and then feeds back reports for the residential manager.

#### **f) Arrangements for Supervision, training and development of employees**

The Social Services and Well-being Directorate of the Local Authority is committed to the supervisory process and sees the quality of supervision as directly supporting the focus of frontline practice and service provision on what matters to people and the outcomes they would like to gain from a range of interventions.

Supervision has an essential role in the effective management of staff performance and practice and is a primary means by which staff are supported to evidence accountable practice.

Regular, planned and competent supervision is both a right and a requirement for all members of staff. The Social Services and Well-being Directorate has developed a Supervision Policy and Guidelines. Supervision usually takes place once every 4-6 weeks for most staff groups in line with the policy.

Staff participate in annual appraisals which provides them with the opportunity to review and discuss previous and current performance as well as their views and future development needs. There is an expectation that actions identified and agreed in appraisal are reviewed in supervision.

#### **g) Staff Training**

Training is an essential part of developing the practice of our staff and to support the delivery of good quality care. All staff receive ongoing training appropriate to their role. All staff will complete an induction. Our induction follows the Social Care Wales Induction framework for health and social care. Staff will also complete the Corporate Induction Framework. Once staff have completed their induction they are put forward for the required Health and Social Care Award,

Staff have access to a programme of core training provided by Bridgend CBC which may include areas such as Safeguarding Children at risk, Paediatric First Aid, Manual Handling, Medication Awareness and Administration, Behaviour Management, Communication for non-verbal children.

Other training is available provided by Bridgend CBC to meet identified development and service needs and may include, for example; Child Sexual Exploitation, Life Journey work, Attachment, Child Development. In addition staff access training

related to caring for a child with a disability and on specific conditions for example autism. Health colleagues provide advice and guidance on managing specific conditions for example peg feeding.

Managers have access to a programme of training focusing on the development of leadership and management skills. The programme is co-ordinated on an annual basis, based on an analysis of training and development needs. Bridgend CBC is fostering a coaching and mentoring approach to management and this is a key focus of the programme.

## **Section 6: Facilities & Services**

Harwood House offers a comprehensive range of services and facilities to meet the needs of each child.

Harwood House is a detached two floor listed building in the grounds of Heronsbridge school. The building has been extensively refurbished with extended, and the service opened in the summer of 2017. It offers safety and security within a comfortable and pleasant home-like environment.

Harwood House offers:

**Kitchen:** this room is well equipped with fridge/freezer and cooking facilities, dish washer, washing/tumble dryer machine. Children/young people are encouraged to assist with cooking meals dependent on age and ability which will be assessed by house manager using their individual living skills assessment.

**Office:** This room is well equipped to assist in the delivery of the service. Due to confidentiality procedures, children/young people can only access the office in the company of staff. The office also contains the locked medical cabinet for safe/storage of medication. A telephone is available for private use.

### **a) Number of single and shared rooms**

Three children/young people's bedrooms: The bedrooms are well equipped with toughened furniture offering plenty of storage and a workspace area where school/homework can be completed. Individually decorated suited to specific individual needs and allowing some choice

### **b) Number of rooms with en suite facilities**

**Staff Bedroom:** this room is for staff undertaking sleeping in duties and has an en suite for staff use, which has, toilet, sink and shower facilities.

### c) Number of dining areas

One Dining area in the sun room



### d) Number of communal areas

One Lounge: this is a communal room where children and young people have opportunities to engage with each other and form friendships, watch television/DVD's, sensory bubble tube and can be used when visitors call.



1 Dining/Sun room; this room is equipped with a table and 8 chairs, sofa, TV and music player and is where children/young people and staff will have their meals together. It can also be used as a second living room/quiet area, where arts/crafts and boards games can be used. Double patio doors with accessible access to patio/lawn garden area.

### e) Specialist bathing facilities

Shower room: Equipped with a toilet, sink and walk in shower with alert alarm pull cord for use of children/young people and visitors.

Bathroom: is equipped with a shower, bath, sink and toilet with an alert alarm pull cord for the use of children and young people.

#### **f) Specialist equipment**

There is no specialist equipment within Harwood House.

#### **g) Access to outside space and facilities at this service**



#### **Garden Area:**

The garden perimeter is enclosed with a 6 foot fence, which has a double gate opening, which will be locked via padlock, next to this there is a single gate, which has a latch lock, which will not be padlocked due to fire regulations. The garden is mainly grass lawn with a paved patio area to the front of home, paved patio lawn is also at the rear of the property and has access by patio doors from the sun lounge/diner room. There is also a shed, outdoor electric sockets and a water tap.

#### **Parking:**

There is a designated parking area for the minibus and car parking spaces for Harwood House.

#### **h) Security arrangements in place and use of CCTV**

The home has installed an intruder alarm and an internal bedroom alert alarm, which will notify the waking night worker when a child/young person has exited their room.

Some of the external doors to the property have thumb locks fitted as per usual regulatory requirements but not all. Decisions are taken based on the vulnerability of the child / young



person and any legal restrictions (DoLs). All staff will have the exit door keys on them at all times and this is recorded within the fire risk assessment.

Children/ young people are appropriately monitored by staff in line with providing a high quality standard of care. These may include observations of behaviour and self-expression such as the child/young person being withdrawn, agitated or showing a change to their usual mood that evokes concern. Staff complete records on a daily basis in relation to the progress of the child/young person, with key workers making more extensive observations as part of their monthly key working reports.

At night there will be a member of staff on waking duties to observe and monitor the children for health, care and safety needs.

#### Fire precautions/procedures

A Fire Alarm and smoke detection system is in operation throughout the premises. Self-closing doors are connected to the alarm system. Fire-fighting equipment is installed in the form of fire-blankets and extinguishers. Staff access fire prevention e-learning.

Fire drills are planned when the children/young people are present. To alleviate any distress or panic, we advise the children/young people that an alarm may go off shortly, reassuring them that there is no need to panic and explaining to them what course of action they need to take. The children/young people who are non-communicative have a PECS fire safety drill provided.

Fire Drills take place monthly, whilst the alarms are tested weekly. All equipment is checked on an annual basis. The Health and Safety Officer together with the manager also carry out annual Safety Fire Risk assessments.

#### *Other agencies' services provided:-*

Advice from Community Nursing, Paediatric Speech and Language and Occupational Therapy and Physiotherapy Services, so that the team can provide a specialised service for special health or caring needs

## **Section 7 Governance and Quality Assurance Arrangements**

### **Quality Assurance**

The Responsible Individual for the service reports directly to the Statutory Director of Social Services. The Responsible Individual will visit the service at least once every

quarter and will ensure the quality, safety and standard of service is maintained at all times and meets regulatory requirements in line with the Statutory Guidance for service providers and responsible individuals on meeting service standard regulations relating to Parts 3 to 20 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

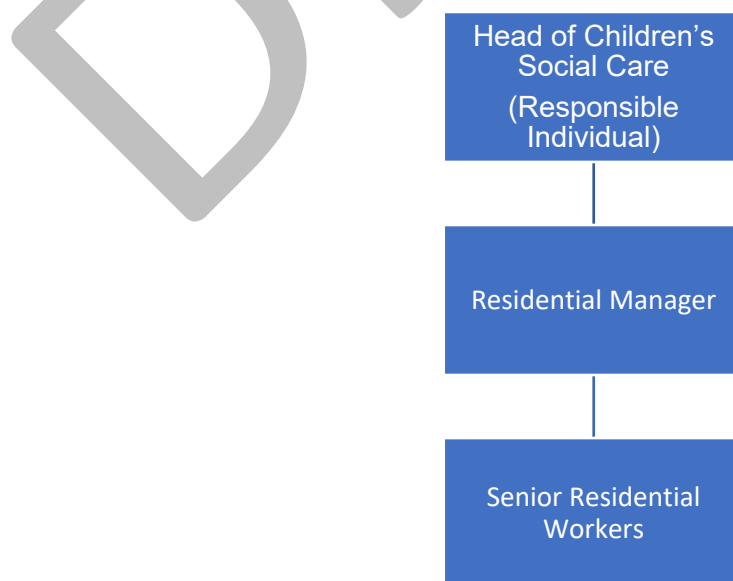
The Responsible Individual will establish and maintain arrangements for monitoring, reviewing and, where necessary, improving the quality of care and support provided by the service. This will include a system for reviewing the quality of care and support at least every six months, resulting in the preparation of a report to the service provider, which will inform the statement of compliance and service provider's annual return.

During the visit the Responsible individual will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

Visits are also carried out on a monthly basis by a team manager from within Children's Social Care. The manager shall interview, with their consent and in private, the children and young people accommodated, their parents, relatives and persons working at the home in order to form an opinion of the standard of care provided in the home.

They will inspect the premises of the home, its daily log of events and records of any complaints; and prepare a written report on the conduct of the home. The visiting officer will provide a copy of the report which will be stored at the home, a copy will also be provided to the Responsible Individual.

### **Management Structure**



A range of policies and procedures are available to staff and reviewed regularly to ensure currency. All staff are aware of their responsibilities under the Code of Professional Practice for Social Care.

Records are kept in line with data protection legislation and all data is handled subject to the directorate Fair Processing/Privacy statement

(<https://www.bridgend.gov.uk/media/3891/fair-processing-statement-social-services-and-wellbeing.pdf>).

Any individual with concerns over the way BCBC handles their personal data may contact the Data Protection Officer at the Council or the Information Commissioner.

Data Protection Officer, Bridgend County Borough Council, Information Office, Civic Offices, Angel Street, Bridgend CF31 4WB. E-mail [foi@bridgend.gov.uk](mailto:foi@bridgend.gov.uk) . Telephone 01656 643565

Information Commissioner's Office – Wales, 2nd Floor Churchill House, Churchill Way, Cardiff CF10 2HH Telephone: 02920 678400 Fax: 02920 678399 Email: [wales@ico.org.uk](mailto:wales@ico.org.uk) Website: <https://ico.org.uk/>

Staff working in the service are supported to raise any concerns that they may have in relation to service provision. Any concerns will be thoroughly investigated and acted upon as necessary. Bridgend County Borough Council has in place a Whistleblowing Policy to afford staff the necessary protection to report malpractice or other concerns.

## **Complaints**

Ideally, any complaints should initially be raised directly with the service in the first instance, where the registered manager or senior staff member will try to resolve it immediately. However, if this is not possible, there are two stages to the complaints process:

### **Stage 1 – Local Resolution**

We will acknowledge complaints within 2 working days of its receipt. The complainant will be contacted within 10 working days of the date of acknowledgement by the person looking into the complaint and they will offer to meet with the complainant face-to-face or can discuss the complaint over the telephone. The discussion will ensure that we understand the complaint and what the complainant would like to happen.

When the complaint has been resolved, we will write to the complainant within 5 working days of the date that the complaint was resolved.

## Stage 2 – Formal Investigation

If the complaint has not been resolved at Stage 1, the complainant can request that the complaint be investigated by a person who is independent of the Council.

If the request is granted, we will write to the complainant with a formal written record of the complaint (as we understand it) within 5 working days of the date of the request.

Before the investigation can start, the complainant will be asked to confirm that our understanding is correct and also to confirm what they would like to happen. The date on which the detail of the complaint is agreed will be the 'start date' for the complaint investigation.

A response to the complaint investigation should be sent to the complainant within 25 working days of the 'start date'. If this is not possible, we will write to them and tell them why there is a delay and when they are likely to receive the response. This will be as soon as possible after the 25 working day deadline and no later than 6 months from the date we received the complaint.

In our response we will:

- Summarise the complaint;
- Describe the investigation undertaken;
- State whether the complaint is upheld, partially upheld or not upheld;
- Explain what action will be taken (if any);
- Apologise where appropriate;
- Enclose a copy of the Independent Investigator's Report. (If there is a specific reason why we do not provide this, we will why);
- Offer the complainant an opportunity to meet with us to discuss the response and the Independent Investigator's Report.
- Advise how the complainant can refer the complaint to the Public Services Ombudsman for Wales if they are still not satisfied with the outcome of the complaint.

Complainants may also contact Care Inspectorate Wales (CIW) directly to make a complaint. Please note CIW are unable to investigate complaints or resolve disagreements between people and their service providers, but, where the above complaints process has been exhausted, CIW may consider the issues and look at them during the inspection process.

Feedback from Complainants: we want to hear from complainants about their experience of using our complaints procedure. They can do this by completing and returning our feedback questionnaire. This will only take a few minutes of their time and will provide us with valuable information to ensure that we handle complaints as effectively as possible.

## Useful Contacts

Complaints Office,  
Bridgend County Borough Council  
Directorate of Wellbeing  
Civic Offices  
Bridgend. CF31 4WB.

Tel: 01656 642253  
E:mail:social.services@bridgend.gov.uk

Children's Commissioner for Wales  
Oystermouth House  
Charter Court, Phoenix Way  
Llansamlet  
Swansea, SA7 9FS

Tel: 0808 801 1000  
Fax: 01792 765601  
Email: post@childcomwales.org.uk

Care Inspectorate Wales (South West Wales)  
Government Buildings  
Picton Terrace  
Carmarthen, SA31 3BT

Tel: 0300 7900 126  
Email: CIW.Carmarthen@gov.wales

Public Services Ombudsman for Wales  
1 Ffordd yr Hen Gae  
Pencoed  
Bridgend, CF35 5LJ

Tel: 0300 790 0203  
Fax: 01656 641199  
Email: ask@ombudsman-wales.org.uk

## Policy on anti-discriminatory practice

Staff at Harwood House strive to maintain and encourage appropriate and positive relationships based upon honesty and mutual respect with every person they have contact with. To this end anyone receiving our service is expected to treat staff and others similarly in accordance with professional and personal boundaries. Expectations of behaviours for staff and children/young people are clearly understood and negotiated by those living and working at the home, this includes appropriate

control over children/young people in the interests of their own welfare and the protection of others.

Disabled children are at significant risk of experiencing discrimination. Staff members are especially alert to practices which disadvantage disabled children/young people and seek to redress them, where possible.

Bridgend County Borough Council has a policy on Anti-discriminatory practice. Children/young person's rights are respected in line with the United Nations Convention on the Rights of the Child as referred to earlier. Cultural sensitivity is essential so that consideration is given to different religious beliefs and cultural traditions for different racial, ethnic and cultural groups. Staff need to guard against myths and stereotypes-both positive and negative.

The home has a manual of policies and procedures which can be accessed upon request and is continually revised and updated as required.

### **Arrangements for consultation with children about the operation of the home**

The home holds a monthly children/young people meeting where everybody is able to contribute and offer suggestions to ensure the home remains a happy place to live. The home is committed to empowering children/young people, to have their say and their views and opinions are heard in a positive manner.

Staff are alert to the child's/young person's wishes, feelings and needs. These can be expressed verbally and non-verbally; and staff consistently respond in a sensitive and appropriate manner.

Children/young people are encouraged to participate in planning activities and care within the home and in the wider community during their placement, taking into account individual preferences. This ensures that the day to day operation of the home is responsive to the needs and views of the children/young persons who receive the service.

The service will annually send out quality assurance questionnaires to children/young people resident, parents/carers and social workers. On leaving the service there will be a leaving/exit interview/questionnaire completed. This will be in the child's/young persons preferred choice of language/communication.

### **Health and safety**

Health and safety checks are carried out within set guidelines, this includes:

- Fire safety checks
- Environmental checks
- Legionella management checks

There is also a schedule of maintenance undertaken which covers:

- The heating system
- Electrical wiring
- Water storage tanks
- PAT testing

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## Guide to compiling a statement of purpose

### Regulation and Inspection of Social Care (Wales) Act 2016

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

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## **Part 1: Information about the Statement of Purpose**

### **1. What is a statement of purpose?**

- 1.1. The statement of purpose is a key document. It is developed primarily for you, the regulator and commissioners. It sets out the vision for the service and your aspirations for meeting the needs of the people you care for. It should clearly demonstrate that you fully understand their needs and demonstrate how, particularly through the levels and training of staff, the care routines, the environment and your links to other agencies, you will do your best to promote the best possible outcomes for the people you care for.
- 1.2. The information in your statement of purpose must be accurate, kept up to date and should always reflect the range of needs your service is able to meet, including any specialist services. In preparing or updating a statement of purpose, service providers should consider the offence of making a false statement under section 47 of the Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act).

### **2. Who is the statement of purpose for?**

- 2.1. The statement of purpose is a legal requirement. If you make an application to register a service with us you have to include a statement of purpose as part of your application. This will tell us:
  - a) details about you;
  - b) where the service is located;
  - c) the type of the service you provide;
  - d) the aims and objectives of the service; and
  - e) how the service will be provided.
- 2.2. While the statement of purpose can be used to provide information to anyone who may have an interest in your service. Its primary use under the 2016 Act is to provide a benchmark for you, the regulator and commissioners to measure how the service is performing.
- 2.3. When considering your application to register, we will need to be satisfied that your service will make proper provision for the well-being of people and is able to meet the standards required in the regulations. The statement of purpose will be a key source of evidence used by us to inform decisions to grant or refuse applications for registration and variations to registration.
- 2.4. Following registration, we will consider whether the service is being provided in line with the statement of purpose at every inspection.

### **3. Does a service provider need more than one statement of purpose?**

- For accommodation based services, a statement of purpose is required for each location where a service is provided.
- For domiciliary support services, a statement of purpose is required for each regional partnership area in which the service is being provided.

- For fostering, adoption, adult placement and advocacy services, only a single statement of purpose is required for the service being provided anywhere in Wales.

#### **4. When does the statement of purpose need to be amended?**

4.1. You should amend your statement of purpose when you make changes which results in it no longer accurately describing the service you provide and/or how it is provided. You should review your statement of purpose at least annually or when changes are being made to the service.

4.2. When significant changes to the service are going to be made, there is a requirement to inform the regulator 28 days in advance of the proposed changes using our online notification process. You will need to submit your amended statement of purpose.

Examples of significant changes include:

- Where a service which does not provide nursing care intends to provide nursing care;
- provision of additional specialist services e.g. palliative care or acquired brain injury;
- where a specific service referred to in the statement of purpose is to be withdrawn; or
- changes to the normal staffing arrangements as described in section 5 of the statement of purpose.

Please refer to section 3 "[Range of needs of the individuals for whom the regulated service is to be provided](#)".

4.3. We will consider the changes proposed and will need to be satisfied that:

- a) Your service will continue to make proper provision for the well-being of people using your service;
- b) is able to meet the standards required by the regulations; and
- c) does not constitute a change that requires an application for a variation of your registration.

#### **5. The legal context for the statement of purpose:**

5.1. Schedule 2 of The Regulated Services (Registration) (Wales) Regulations 2017 sets out the information which must, as a minimum be included within the statement of purpose. A list of this required information can be found at [annex 2](#).

5.2. Regulations 3, 4, 6, 7 and 8 of The Regulated Services (Registration) (Wales) Regulations 2017, as amended by The Regulated Services (Annual Returns and Registration) (Wales) (Amendment) Regulations 2019, places specific requirements on the provider in relation to the statement of purpose when

making an application to register or vary a regulated service. A list of this required information can be found at [annex 1](#).

5.3. In addition, the statement of purpose is referenced in many of the regulations within the following:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.
- The Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019
- The Regulated Advocacy Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019
- The Regulated Fostering Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019
- The Regulated Adoption Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019

These regulations set out the requirements in relation to service providers and responsible individuals.

## 6. Links with the Annual Return

6.1. The 2016 Act requires registered service providers to submit an annual return following the end of each financial year. The annual return must include the information set out in section 10 of the 2016 Act and the annual return regulations<sup>1</sup> made under the Act. This includes the provision of a statement of compliance with the requirements as to the standards of care and support set out within the regulations. The statement of compliance is focussed on the following key outcomes:

- 1) People feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.
- 2) People are happy and supported to maintain their ongoing health, development and overall well-being. For children, this will also include intellectual, social and behavioural development.
- 3) People feel safe and protected from abuse and neglect.
- 4) People live in accommodation that best supports their well-being and achievement of their personal outcomes (for accommodation-based services only).

It would be helpful for the statement of purpose to be clear on how the service will meet these outcomes for people.

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<sup>1</sup> <http://www.legislation.gov.uk/wsi/2017/1097/contents/made>

## **Part 2**

# **Statement of Purpose Template**

This template is also available as a separate document on the Care Inspectorate Wales website (<https://careinspectorate.wales>).

## Section 1: About the provider

|  |  |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
|--|--|------------|--------------------------|-----------------|--------------------------|------------------------|--------------------------|-------------------------------|--------------------------|--------------------|--------------------------|--------------------------------------|--------------------------|----------------------|--------------------------|-----------|--------------------------|------------------|--------------------------|---------------------------|--------------------------|-----------------|--------------------------|--------------------|--------------------------|-------------|--------------------------|
| <b>Service provider</b>  | <i>This should be the name of registered provider</i>  |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| <b>Address of service provider</b>   | <ul style="list-style-type: none"> <li>• <i>Where the applicant is an organisation, this should be the address of the organisation's principal or registered office</i></li> <li>• <i>Where the applicant is an individual, this should be the individual's correspondence address;</i></li> </ul>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| <b>Legal entity</b>  | <table border="0"> <tr> <td>Individual</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Limited company</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Public limited company</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Limited liability partnership</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Charitable company</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Charitable incorporated organisation</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other corporate body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Committee</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Charitable trust</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other unincorporated body</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Local Authority</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Local Health Board</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Partnership</td> <td><input type="checkbox"/></td> </tr> </table> | Individual | <input type="checkbox"/> | Limited company | <input type="checkbox"/> | Public limited company | <input type="checkbox"/> | Limited liability partnership | <input type="checkbox"/> | Charitable company | <input type="checkbox"/> | Charitable incorporated organisation | <input type="checkbox"/> | Other corporate body | <input type="checkbox"/> | Committee | <input type="checkbox"/> | Charitable trust | <input type="checkbox"/> | Other unincorporated body | <input type="checkbox"/> | Local Authority | <input type="checkbox"/> | Local Health Board | <input type="checkbox"/> | Partnership | <input type="checkbox"/> |
| Individual   | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Limited company  | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Public limited company   | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Limited liability partnership  | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Charitable company   | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Charitable incorporated organisation   | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Other corporate body   | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Committee  | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Charitable trust   | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Other unincorporated body  | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Local Authority  | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Local Health Board   | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| Partnership  | <input type="checkbox"/>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| <b>Responsible individual</b>  | <i>This should be the name of the person designated as the responsible individual</i>  |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| <b>Manager of service</b>  | <i>This should be the name of the person who will manage the service on a day to day basis.</i>  |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| <b>Name of service</b>   |  |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| <b>Address of service</b>  | <i>This should be the address of the place at which the service is provided or the addresses of the office or offices from which the service will be provided.</i>   |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |
| <b>Other relevant address</b> (domiciliary support, fostering, adoption, adult placement and advocacy services only) | <i>This should detail the addresses of any other office or offices, which are used in connection with the provision of the service.</i>  |            |                          |                 |                          |                        |                          |                               |                          |                    |                          |                                      |                          |                      |                          |           |                          |                  |                          |                           |                          |                 |                          |                    |                          |             |                          |



## Section 2: Description of the location of the service

### a) Accommodation based services

*This section should include where the service is located and a description of the area, community facilities and services available to support the range of needs of the people the service is intended for as described in section 3.*

### b) Domiciliary support services

*This will be the regional partnership area in which the service is provided please refer to the Statement of Purpose guide for a full break down for each regional partnership area.*

*(tick the area where the service is provided)*

Gwent regional partnership board

North Wales regional partnership board

Cardiff and Vale regional partnership board

Western Bay regional partnership board

Cwm Taf regional partnership board

West Wales regional partnership board

Powys regional partnership board

### c) Adoption, fostering, adult placement and advocacy services

*This will be a description of the area in relation to which the service is provided, i.e. all-Wales*

## Section 3: Range of needs of the individuals for whom the regulated service is to be provided

### a) Range of needs we can support

**Accommodation based services and domiciliary support services.** In this section, describe the range of health or care needs the service will provide support for, including any specialist services/care provision. Also detail the care and support the service offers and to whom

**Fostering, adoptions, adult placement and advocacy services.** In this section, describe the range of needs the service are able to support, for example, pre and post-matching with a prospective adopter and/or adopter, foster parent or adult placement carer. For an advocacy service, describe the range of advocacy needs the service is able to support.

It is important that you describe the range of needs your service is able to meet. Your service will need to be flexible and therefore may not necessarily be meeting all of these needs all of the time. This is because people's needs change and services need to be adaptable in responding e.g. increasingly frail elderly people who can have a wide range of changing needs including palliative care towards the end of their lives.

### b) Age range of people using the service

### c) Gender of people using the service

### d) Accommodation based services only

#### Maximum Capacity

Detail the number of people able to use the service, for example in a residential setting, this will be the maximum number of people who can be accommodated.

### e) Domiciliary support, fostering, adoptions, adult placement and advocacy services only.

Detail the average number of children and/or adults supported by the service.

### f) Domiciliary support services only

#### Number of Care Hours delivered

Detail the average number of care hours delivered per week. (tick the relevant box)

- |           |                          |
|-----------|--------------------------|
| 0-250     | <input type="checkbox"/> |
| 251-500   | <input type="checkbox"/> |
| 501-750   | <input type="checkbox"/> |
| 751-1000  | <input type="checkbox"/> |
| 1001-1500 | <input type="checkbox"/> |
| 1501-2000 | <input type="checkbox"/> |
| 2001-3000 | <input type="checkbox"/> |
| 3000+     | <input type="checkbox"/> |

## Section 4A: How the service is provided (accommodation based services and domiciliary support services only)

*In this section, you should set out clearly how you intend to provide the service. You should describe how you ensure:*

- 1) People feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.*
- 2) People are happy and supported to maintain their ongoing health, development and overall well-being. For children, this will also include intellectual, social and behavioural development.*
- 3) People feel safe and protected from abuse and neglect.*
- 4) People live in accommodation that best supports their well-being and achievement of their personal outcomes (for accommodation-based services only).*

*You should describe how you will support people to achieve their best possible outcomes and provide care and support in a way that protects, promotes and maintains their independence, safety and well-being. If you have said that specialist care is offered, you must use this section to detail what makes it a specialist service. You should include details of any specific models of care being used at the service and the involvement of any external specialist agencies that will provide help and support in areas of expertise.*

*This section should also include:*

- a) Arrangements for admitting, assessing, planning and reviewing people's care
  - *Arrangements for managing planned, urgent and respite admissions*
  - *Arrangements for initial and ongoing assessment of care and support needs*
  - *How the personal plan will be developed and reviewed in consultation with the person receiving care and support and or their representative*

- b) Standard of care and support  
*Where appropriate, this needs to describe how the service will support people to:*
  - *be as physically, mentally and emotionally healthy as possible;*
  - *be safe;*
  - *be involved in activities, hobbies or individual interests;*
  - *access education, learning and development opportunities;*
  - *have control over everyday life and where relevant participation in work;*
  - *maintain their linguistic, cultural and /or religious identities;*
  - *maintain family and personal relationships; and develop their potential, learn and practice life skills.*

- c) Language and communication needs for people using the service  
*This section should also describe how the provider will meet people's language and communication needs including the extent to which the service makes provision for the Welsh language offer ([Welsh Government information pack on the active offer](#)).*

## Section 4B: How the service is provided (adoption services fostering services and adult placement services only)

*In this section, you should set out clearly how you intend to provide the service. You should describe how you ensure:*

- 1) People feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.*
- 2) People are happy and supported to maintain their ongoing health, development and overall well-being. For children, this will also include intellectual, social and behavioural development.*
- 3) People feel safe and protected from abuse and neglect.*

*You should describe how you will support people to achieve their best possible outcomes and support prospective adopters and or adopters, foster parents and adult placement carers to provide care and support in a way that protects, promotes and maintains the independence, safety and well-being of those people.*

*This section should also include:*

- a) Arrangements for assessing, planning and reviewing people's care and support<sup>2</sup>
  - Arrangements for considering the suitability of the service and any ongoing assessment of care and support needs (as required)*
  - How the individual's personal plan, for an adult placement service, will be developed and reviewed in consultation with the individual receiving care and support and or their representative*
  - How the fostering service or adoption service contributes to the individual's care and support plan or adoption/placement plan.*
- b) Standard of care and support  
*Where appropriate, this needs to describe how the service will support prospective adopters and or adopters, foster parents and adult placement carers to give people care and support which protects, promotes and maintains their safety and well-being and maintains their linguistic, cultural and/or religious beliefs.*
- c) Language and communication needs for people using the service  
*This section should also describe how the provider will meet people's language and communication needs including the extent to which the service makes provision for the Welsh language offer ([Welsh Government information pack on the active offer](#)).*

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<sup>2</sup> For a regulated adoption service, reference to 'care and support' means 'support'.

## Section 4C: How the service is provided (advocacy services only)

*In this section, you should set out clearly how you intend to provide the service. You should describe how you ensure:*

- 1) Children feel their voices are heard, they have choice about their care and support, and opportunities are made available to them.*
- 2) Children are happy and supported to maintain their ongoing health, development and overall well-being. For children, this will also include intellectual, social and behavioural development.*
- 3) Children feel safe and protected from abuse and neglect.*

*You should describe how you will support children to meet their need for advocacy.*

*This section should also include:*

- a) Arrangements for assessing, planning and reviewing children's advocacy
  - *Arrangements for considering the suitability of the service*
  - *How the child's advocacy plan, will be developed and reviewed in consultation with the child receiving advocacy and or their representative*
- b) Service standards

*Where appropriate, this needs to describe how the service will ensure that advocacy is provided in a way which enables children to represent their views and to have those views represented; and which protects, promotes and maintains the safety and well-being of children. This should include how the service will maintain the child's linguistic, cultural and/or religious beliefs. The provider should also set out the steps it will take to obtain advice or assistance of legal or other specialist advice in cases where a child needs it.*
- c) Language and communication needs for people using the service

*This section should also describe how the provider will meet children's language and communication needs including the extent to which the service makes provision for the Welsh language offer ([Welsh Government information pack on the active offer](#)).*

## Section 5: Staffing arrangements

*This section needs to describe how the staffing arrangements are appropriate for the range of needs and specialist services to be provided as described in section 3.*

*It should demonstrate how staff will be deployed to provide reliable and safe care to individuals.*

*This should include the following:*

### a) Numbers and qualifications of staff

*This section should include the numbers and qualifications of the following staff (where relevant to the service):*

- *manager and their specific qualifications;*
- *deputy manager and their specific qualifications;*
- *other supervisory staff and their specific qualifications;*
- *registered nurses and the nature of their registration e.g. RGN, RMN, RNLD etc;*
- *senior social care staff providing direct care and a description of the qualification levels i.e. level 2/3 QCF\*\*;*
- *other social care staff providing direct care and a description of the qualification levels i.e. level 2/3 QCF\*\* and*
- *other types of qualified staff not listed above and a description of the qualification levels.*

*Where specialist care e.g. dementia, palliative care etc is provided, you must be able to demonstrate the staff qualifications, training and skills to provide this specialist care.*

*The number of staff required should be sufficient to draw upon to sustainably and reliably meet the needs of a typical rota.*

*\*\*In the case of a domiciliary support service, you may wish to provide the total numbers of social care staff working in an average week, the total number of staff hours per week and description of the qualification levels i.e. level 2/3 QCF.*

*\*\*\*In the case of fostering, adoption, adult placement and advocacy services, you may wish to provide the total numbers of social care staff employed and a description of the qualification levels i.e. level 2/3 QCF.*

### b) Staff levels (for accommodation based and domiciliary support services only)

**Accommodation based services.** *This section should include the day time and night time staffing levels that will normally be in place. This is the planned number of staff on a day to day basis the service will deploy i.e. the typical rota.*

- *In care home services where individuals are assessed as requiring 24 hour nursing care (due to the intensity, complexity and/or acuity of their needs), this section should describe the number of registered nurses that will be working at the service*

|  |   |
|--|---|
|  | <p><i>at all times.</i></p> <p><b>Domiciliary support services.</b> This section should include the day time staffing levels that will normally be in place. This is the planned number of staff on a day to day basis the service will deploy i.e. the typical rota for a domiciliary support service.</p>   |
| <b>c) Specialist staff</b>   | <i>In this section record the number and details of any specialist staff involved with the service.</i>   |
| <b>d) Deployment of staff at service (for accommodation based services only)</b>                           | <p><i>In this section describe how the staffing will be deployed across the care environment / accommodation design and layout to oversee and meet the needs of those individuals. This is of particular importance for multi-floor or multi-building sites.</i></p> <p><i>In describing staffing levels, you may have fixed numbers or ratios. You should explain how dependency levels are factored into your determination.</i></p> <p><i>You may wish demonstrate the staff structure by a diagram.</i></p> |
| <b>e) Arrangements for delegated tasks (for accommodation based and domiciliary support services only)</b> | <p><i>In this section detail the governance arrangements for the delegation of any specialist care tasks or decision making.</i></p> <p><i>Demonstrate how staff will be deployed to provide reliable and safe care to individuals</i></p>  |
| <b>f) Supervision arrangements</b>   | <i>In this section detail the supervision and support arrangements.</i>   |
| <b>g) Staff training</b>   | <i>In this section detail the staff training programme.</i>   |

## Section 6: Facilities and services

### Accommodation based services only

*This section is where you should describe the design, layout, facilities and/or equipment available and how they support the range of needs of the people the service is intended for as described in section 3 above. If there are any unique or specific features about these, you should describe them here.*

**N.B.** *This section does not apply to supported living arrangements.*

**You should provide information about:**

|  |   |
|--|---|
| <b>a) Number of single and shared rooms</b>                      | <i>Detail the number of single and shared rooms</i>   |
| <b>b) Number of rooms with en suite facilities</b>               | <i>Detail the number of rooms with en suite facilities</i>  |
| <b>c) Number of dining areas</b>                                 | <i>Detail the number of dining areas</i>  |
| <b>d) Number of communal areas</b>                               | <i>Detail the number of communal areas</i>  |
| <b>e) Specialist bathing facilities</b>                          | <i>Detail the specialist bathing facilities at this service</i>   |
| <b>f) Specialist equipment</b>                                   | <i>Detail the specialist equipment at this service</i>  |
| <b>g) Security arrangements in place and use of CCTV</b>         | <i>Detail the Security arrangements in place and use of CCTV</i>  |
| <b>h) Access to outside space and facilities at this service</b> | <i>In this section describe the outside space and facilities available and how these can be accessed by people</i><br><br><i>It is important that you describe how the environment and facilities support people with impairments to have as full a life as possible and to have access throughout the home and its surroundings.</i> |

### Domiciliary support, fostering, adoption, adult placement and advocacy services only

*In this section you should;*

- provide information about the facilities to; securely store records;*
- meet with individuals using the service;*
- provide staff training and/or meet with staff (where relevant).*



## Section 7: Governance and quality monitoring arrangements

*In this section, you should describe the oversight and governance arrangements in place to establish and maintain a culture which ensures that the best possible outcomes are achieved for individuals (or in the case of an advocacy service that the individuals' needs for advocacy are met).*

*This should include the arrangements for:*

- *how the responsible individual will maintain oversight of the management, quality, safety and effectiveness of the service including frequency of visits to the service;*
- *management structure of the service, lines of accountability, delegation and responsibility;*
- *the measures that will be used to monitor, review and improve the quality of care and support (or in the case of an adoption service or an advocacy service, measures that will be used to monitor, review and improve the quality of that service);*
- *arrangements for dealing with complaints and*
- *arrangements for consulting people using the service, staff and other stakeholders to affect the way in which the service is delivered and improved.*

## **Annex 1: The Regulated Services (Registration) (Wales) Regulations 2017: Regulation 3, 4, 6, 7 and 8.**

**Regulation 3:** A person who wants to provide a regulated service (3) must, in addition to the information set out in section 6(1) (a) to (c) provide the Welsh Ministers with the following:

- a) the information listed in Schedule 1;
- b) in respect of applicants for registration as the provider of a care home service, a secure accommodation service or a residential family centre service, a statement of purpose for each place at which the service is to be provided;
- c) in respect of applicants for registration as the provider of an adoption service, a fostering service, an adult placement service or an advocacy service, a statement of purpose for each place in relation to which the service is to be provided;
- d) in respect of applicants for registration as the provider of a domiciliary support service, a statement of purpose for each place in relation to which the service is to be provided.

**Regulation 4:** The statement of purpose which is required to be provided in accordance with regulation 3(b), (c) or (d) must contain the information described in Schedule 2.

**Regulation 6:** An application for variation of registration made pursuant to section 11(1)(a)(i) must, in addition to the information set out in section 11(3)(a)(i) and, where appropriate, section 11(3)(a)(ii), contain the following—

- a) the information listed in Schedule 1;
- b) in respect of applications for variation of registration to provide a care home service, a secure accommodation service or a residential family centre service, a statement of purpose for each place at which the service is to be provided;
- c) in respect of applications for variation of registration to provide an adoption service, a fostering service, an adult placement service or an advocacy service, a statement of purpose for each place in relation to which the service is to be provided;
- d) in respect of applications for variation of registration to provide a domiciliary support service, a statement of purpose for each place in relation to which the service is to be provided.

**Regulation 7:** An application for variation of registration made pursuant to section 11(1)(a)(ii) must, in addition to the information set out in section 11(3)(a)(i), contain the following—

- a) the information listed in Schedule 1;
- b) in respect of an application for variation of registration to provide a care home service, a secure accommodation service or a residential family centre service at a place which is not already specified in the provider's registration in relation to that service, a statement of purpose for that place;
- c) in respect of an applications for variation of registration to provide an adoption service, a fostering service, an adult placement service or an advocacy service in relation to a place which is not already specified in the

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(3) See section 2 of and Schedule 1 to the Act for the definition of “regulated service”.

provider's registration in relation to that service, a statement of purpose for that place;

- d) in respect of an application for variation of registration as the provider of a domiciliary support service in relation to a place which is not already specified in the provider's registration in relation to that service, a statement of purpose for that place.

**Regulation 8:** The statement of purpose which is required to be provided in accordance with regulation 6(b), (c) or (d) or in accordance with regulation 7(b), (c) or (d) must contain the information described in Schedule 2.

## **Annex 2: Schedule 2, The Regulated Services (Registration) (Wales) Regulations 2017: Information required to be contained in a statement of purpose**

The information that is required to be contained in a statement of purpose is as follows

- a) the name of the applicant;
- b) where the applicant is an individual, the individual's correspondence address;
- c) where the applicant is an organisation, the address of the organisation's principal or registered office;
- d) in the case of a care home service, the name and address of the place at which the service is provided;
- e) in the case of a domiciliary support service—
  - a. the name of the service;
  - b. the area in relation to which the service is provided;
  - c. the addresses of the office or offices from which the service will be provided;
  - d. the addresses of any other office or offices which are used in connection with the provision of the service;
- (e)(a) in the case of an adoption service, a fostering service, an adult placement service or an advocacy service—
  - a. the name of the service;
  - b. the area in relation to which the service is provided;
  - c. the addresses of the office or offices from which the service will be provided;
  - d. the addresses of any other office or offices which are used in connection with the provision of the service;
- f) the name of the individual designated by the applicant as the responsible individual for the place at, from or in relation to which the service is to be provided;
- g) a statement of the range of needs of the individuals for whom the regulated service is to be provided to include the age range, number and sex of such individuals;
- h) how the service is to be provided to meet the needs of individuals and support them to achieve their personal outcomes, as required by regulations under section 27 and taking into account the range of needs set out in the statement of purpose (see paragraph (g));
- i) details of the proposed management and staffing structure of the service;
- j) details of the premises, facilities and equipment that will be available to individuals in accordance with the requirements of the regulations made under section 27 and taking into account the range of needs set out in the statement of purpose (see paragraph (g));
- k) in the case of a care home service, a secure accommodation service or a residential family centre service, a description of the area in which the service is located and the community facilities and services available there;
- l) details of the arrangements made to support the cultural, linguistic and religious needs of the individuals;
- m) details of the arrangements made for consulting individuals about the operation of the regulated service;

- n) details of how the provider will meet individuals language and communication needs, including through the medium of Welsh;
- o) details of any healthcare (including nursing) or therapy to be provided at the premises at which it is intended to provide the regulated service.

## Glossary of terms

**Accommodation based services:** These include care home services, residential family services and secure accommodation services.

**Domiciliary support services:** These include supported living arrangements.

**Regional partnership area:** these are the regional partnership areas set out in the Partnership Arrangements (Wales) Regulations 2015. These regulations require local authorities and local health boards to make partnership arrangements to carry out specified functions. Within these regulations seven partnership areas are identified. They are as follows:

1. Partnership arrangements under the direction of Gwent regional partnership Board
  - Aneurin Bevan University Health Board
  - Monmouthshire County Council
  - Newport City Council
  - Torfaen County Borough Council
  - Blaenau Gwent County Borough Council
  - Caerphilly County Borough Council.
2. Partnership arrangements under the direction of North Wales regional partnership board
  - Betsi Cadwaladr University Health Board
  - Flintshire County Council
  - Wrexham County Borough Council
  - Isle of Anglesey County Council
  - Gwynedd County Council
  - Denbighshire County Council
  - Conwy County Borough Council.
3. Partnership arrangements under the direction of Cardiff and Vale regional partnership board
  - Cardiff and Vale University Health Board
  - Cardiff City and County Council
  - Vale of Glamorgan Council.
4. Partnership arrangements under the direction of Western Bay regional partnership board
  - Abertawe Bro Morgannwg University Health Board
  - Swansea City and County Council
  - Neath Port Talbot County Borough Council.
5. Partnership arrangements under the direction of Cwm Taf regional partnership board
  - Cwm Taf University Health Board
  - Bridgend County Borough Council

- Rhondda Cynon Taf County Borough Council
  - Merthyr Tydfil County Borough Council.
6. Partnership arrangements under the direction of the West Wales regional partnership board
    - Hywel Dda University Health Board
    - Pembrokeshire County Council
    - Carmarthenshire County Council
    - Ceredigion County Council
  7. Partnership arrangements under the direction of Powys regional partnership board
    - Powys Teaching Health Board
    - Powys County Council.

**Specialist care/service:** When we refer to a specialist service, we mean a service that is specifically tailored to care for a specific group of people or with a particular type of condition – for example acquired brain injury, learning disability, sensory impairment etc. This will include a higher than average level of need which may require:

- special training and or qualifications to understand and meet needs;
- an environment designed to support the particular condition or group of people;
- specialist equipment to support the particular condition or group of people; and/or
- higher intensity of skilled support hours.

**Models of care:** this is the approach or the way services are delivered. Models of care are normally based on best practice in the care for a particular group of people as they progress through the stages of a condition, injury or event.

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