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Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

Bridgend County Borough Council



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*Rydym yn croesawu gohebiaeth yn Gymraeg.
Rhowch wybod i ni os mai Cymraeg yw eich
dewis iaith.*

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Annwyl Cyngorydd,

Cyfarwyddiaeth y Prif Weithredwr / Chief Executive's Directorate

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

Gofynnwch am / Ask for: Gwasanaethau Democrataidd

Ein cyf / Our ref:

Eich cyf / Your ref:

Dyddiad/Date: Dydd Gwener, 20 Tachwedd 2020

PWYLLGOR Y CABINET DROS FATERION RHIENI CORFFORAETHOL

Cynhelir Cyfarfod Pwyllgor Y Cabinet Dros Faterion Rhieni Corfforaethol o bell trwy Skype for Business ar **Dydd Iau, 26 Tachwedd 2020 am 14:00.**

AGENDA

1. Ymddiheuriadau am absenoldeb
Derbyn ymddiheuriadau am absenoldeb gan Aelodau.
2. Datganiadau o fuddiant
Derbyn datganiadau o ddiddordeb personol a rhagfarnol (os o gwbl) gan Aelodau / Swyddogion yn unol â darpariaethau'r Cod Ymddygiad Aelodau a fabwysiadwyd gan y Cyngor o 1 Medi 2008.
3. Cymeradwyaeth Cofnodion 3 - 6
I dderbyn am gymeradwyaeth y Cofnodion cyfarfod y 04/03/2020
4. Cefnogaeth i Blant sy'n Agored i Niwed yn ystod Covid 19 7 - 32
5. Arolygiaeth Gofal Cymru (CIW - CSSIW gynt) Arolygu Cartrefi Gofal Preswyl Plant 33 - 114
6. Cymeradwyo'r Datganiadau Pwrpas ar gyfer Gwasanaethau Gofal Preswyl Plant 115 - 222
7. Datganiadau Pwrpas Diwygiedig ar gyfer Gwasanaethau Maethu Plant 223 - 254
8. Materion Brys
I ystyried unrhyw eitemau o fusnes y, oherwydd amgylchiadau arbennig y cadeirydd o'r farn y dylid eu hystyried yn y cyfarfod fel mater o frys yn unol â Rhan 4 (pharagraff 4) o'r Rheolau Trefn y Cyngor yn y Cyfansoddiad.

Nodyn: Sylwch: Yn sgil yr angen i gadw pellter cymdeithasol, ni fydd y cyfarfod hwn yn cael ei gynnal yn ei leoliad arferol. Yn hytrach, bydd hwn yn gyfarfod rithwir a bydd Aelodau a Swyddogion

Ffôn/Tel: 01656 643643

Facs/Fax: 01656 668126

Ebost/Email: talktous@bridgend.gov.uk

Negeseuon SMS/ SMS Messaging: 07581 157014

[Twitter@bridgendCBC](https://twitter.com/bridgendCBC)

Gwefan/Website: www.bridgend.gov.uk

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yn mynychu o bell. Bydd y cyfarfod yn cael ei recordio i'w ddarlledu ar wefan y Cyngor cyn gynted ag sy'n ymarferol ar ôl y cyfarfod. Os oes gennych unrhyw gwestiwn am hyn, cysylltwch â cabinet_committee@bridgend.gov.uk neu ffoniwch 01656 643147 / 643148.

Yn ddiffuant

K Watson

Prif Swyddog – Gwasanaethau Cyfreithiol, Adnoddau Dynol a Rheoleiddio

Dosbarthiad:

Cynghowrwy

NA Burnett
N Clarke
HJ David
DK Edwards
J Gebbie

Cynghorwyr

T Giffard
CA Green
RM James
D Patel
JC Radcliffe

Cynghorwyr

CE Smith
DBF White
HM Williams
RE Young

COFNODION CYFARFOD Y PWYLLGOR Y CABINET DROS FATERION RHIENI
CORFFORAETHOL A GYNHALIWDYD YN YSTAFELLOEDD PWYLLGOR 2/3 - SWYDDFEYDD
DINESIG, STRYD YR ANGEL, PEN-Y-BONT AR OGWR CF31 4WB DYDD MERCHER, 4
MAWRTH 2020, AM 10:00

Presennol

Y Cyngorydd PJ White – Cadeirydd

NA Burnett
T Giffard
HM Williams

N Clarke
CA Green

HJ David
D Patel

DK Edwards
CE Smith

Ymddiheuriadau am Absenoldeb

MC Clarke, J Gebbie, RM James, DBF White a/ac RE Young

Swyddogion:

Susan Cooper	Cyfarwyddwr Corfforaethol - Gwasanaethau Cymdeithasol a Lles
Julie Ellams	Swyddog Gwasanaethau Democraidd - Pwyllgorau
Lindsay Harvey	Cyfarwyddwr Corfforaethol – Addysg a Chymorth i Deuluoedd
Laura Kinsey	Pennaeth Gofal Cymdeithasol Plant
Mark Lewis	Rheolwr Grŵp Gwaith Integredig a Chymorth i Deuluoedd
Iain McMillan	Rheolwr Grŵp - Rheoli Achos a Throsglwyddo
Mark Shephard	Prif Weithredwr
David Wright	Rheolwr Gwasanaethau Cefnogi Teuluoedd

208. DATGANIADAU O DDIDDORDEB

Dim

209. CADARNHAU COFNODION

PENDERFYNWYD: Bod cofnodion y cyfarfod a gafwyd ar 4 Medi 2019 yn cael eu cymeradwyo fel cofnod gwir a chywir.

210. STRATEGAETH LLEIHOU NIFER PLANT SY’N DERBYN GOFAL A STRATEGAETH Y BWRDD DIOGELU A CHYMORTH CYNNAR

Cyflwynodd y Pennaeth Gofal Cymdeithasol Plant adroddiad a oedd yn rhoi'r wybodaeth ddiweddaraf i'r Pwyllgor am waith Grŵp Technegol Cenedlaethol Llywodraeth Cymru, cyflwynwyd yr adroddiad i Rianta Corfforaethol ar 29 Mai 2019, ac yr oedd yn nodi'r camau a gymerwyd gan yr Awdurdod Lleol ers y dyddiad hwnnw o ran gweithredu ei strategaeth i leihau'r nifer o Blant sy'n Derbyn Gofal (LAC).

Rhoddodd y Pennaeth Gofal Cymdeithasol Plant gefndir i'r cynnydd a wnaed yn ogystal â'r drafft o gynllun gweithredu newydd a fyddai'n ailffocysu ar weithgarwch y gyfarwyddiaeth drawsbynciol. Amlinellodd Strategaeth Ddisgwyliadau Lleihau'r Nifer o Blant sy'n Derbyn Gofal, yn ogystal â lansiad y Grŵp Monitro Sefydlogrwydd, a'r Cynllun Gweithredu ar y Cyd a fydd yn cael ei gyflwyno i'r Bwrdd Cymorth a Diogelu Cynnar yn fuan.

Dywedodd yr Arweinydd ei fod yn fodlon bod cynnydd yn cael ei wneud, ond nododd y bu cynnydd bach yn nifer y Plant sy'n Derbyn Gofal yn ystod y 12 mis diwethaf, a holodd a allai hyn fod yn arwydd o duedd gyffredinol. Gofynnodd hefyd am effaith y swyddi

Gweithwyr Cymorth Ailuno o fewn y Gwasanaeth Maethu yn ogystal â phhecyn cymorth ailuno'r Gymdeithas Genedlaethol er Atal Creulondeb i Blant (NSPCC). Eglurodd y Pennaeth Gofal Cymdeithasol Plant y bu problem gyda nifer fach o blant oedd ag anghenion cymhleth, ond ni fu cynnydd sydyn ac nid dyma'r cyfeiriad y byddent yn ei ddilyn. Roedd hi'n cydnabod i'r niferoedd gael eu heffeithio gan grwpiau mawr o frodyr a chwiorydd. O ran y swyddi Gweithwyr Cymorth Ailuno, roedd dau berson eisoes yn eu swyddi ac wedi'u hyfforddi, a chanddynt garfan o achosion wedi'u nodi ar eu cyfer. Roedd y ddwy swydd arall wedi'u hail hysbysebu ac roeddent yn hyderus y byddent yn penodi'n fuan. Yr allwedd i becyn cymorth yr NSPCC oedd asesu ac roedd y broses ar waith yn un briodol.

Gofynnodd aelod a oedd unrhyw welliant o ran recriwtio gofal maeth o dan Gwm Taf. Y cyngor a roddwyd iddi oedd bod recriwtio'n symud i'r cyfeiriad cywir. Eglurodd Rheolwr y Grŵp Gweithio Integredig a Chymorth i Deuluoedd fod gweithio gyda Chwm Taf yn gadarnhaol iawn. Bellach, roedd gan y Gwasanaeth Cyfiawnder Ieuenctid (a arferai fod o dan fesurau arbennig) weithiwr iechyd penodol, a gallai ddefnyddio swm sylweddol o arian ychwanegol yn gysylltiedig â'r ICF. Ychwanegodd y Cyfarwyddwr Corfforaethol, Gwasanaethau Cymdeithasol a Lles fod Cwm Taf, o safbwynt y gwasanaethau i blant, wedi bod yn gadarnhaol iawn, a chanddynt gysylltiadau cryf a phrosesau llywodraethu sefydledig wrth gydweithio.

Gofynnodd aelod a oedd yr awdurdod yn ymgysylltu â'r byd academiaidd. Ychwanegodd y gallai Brifysgol Caerdydd rannu llawer iawn o wybodaeth o ran y maes hwn. Atebodd y Cyfarwyddwr Corfforaethol - Addysg a Chymorth i Deuluoedd nad oedd yn ymwybodol o unrhyw waith ar lefel leol ond fod cysylltiadau wedi bod â'r prifysgolion drwy grwpiau cynghori a ffrydiau gwaith. Eglurodd y Cyfarwyddwr Corfforaethol Gwasanaethau Cymdeithasol a Lles y bu trafodaethau'n ddiweddar ynglŷn â'r ffordd orau o fanteisio ar y wybodaeth hon. Ychwanegodd fod Llywodraeth Cymru wedi ymweld â phob un o'r 22 awdurdod yn ddiweddar i drafod plant sy'n derbyn gofal. Cyflwynwyd adroddiad gwybodaeth ganddynt i Grŵp Cynghori'r Gweinidog, ag ynddo nifer o argymhellion ac awgrymiadau ar gyfer ymchwil bellach a nodi arfer gorau. Cyfeiriodd y Rheolwr Gwasanaethau Cymorth i Deuluoedd at waith gyda Heddlu De Cymru i ymyrryd yn gynharach o ganlyniad i ymchwil, yn ogystal â gwaith gyda Phrifysgol De Cymru o ran teuluoedd a oedd eisoes â phlant wedi'u cymryd oddi arnynt. Dywedodd yr Arweinydd fod Canolfan Polisi Cyhoeddus Cymru wedi'i lleoli ym Mhrifysgol Caerdydd a'u bod wedi cynnig darparu ymchwil pe bai angen.

Gofynnodd aelod a oedd unrhyw ardaloedd penodol yn y fwrdeistref wedi'u hadnabod a'u targedu fel rhai lle ceir problemau yn aml. Atebodd Pennaeth Gofal Cymdeithasol Plant nad oedd unrhyw fannau penodol lle ceir problemau cyson, a bod y plant sy'n derbyn gofal wedi'u gwasgaru ar draws y tri thîm yn y fwrdeistref. Eglurodd y Cyfarwyddwr Corfforaethol Gwasanaethau Cymdeithasol a Lles mai themâu sydd i'w gweld yn hytrach nac ardaloedd daearyddol, ac y byddai dogfen gryno yn cael ei chyflwyno i'r cyfarfod nesaf i drafod hyn ymhellach. Byddai dadansoddiad hefyd o'r plant sy'n derbyn gofal ym Mhen-y-bont ar Ogwr, gan gynnwys astudiaethau achos.

Gofynnodd aelod am symud Plant sy'n Derbyn Gofal i Orchymnion Gwarcheidwaeth. Holodd am y meini prawf ar gyfer hyn, holodd faint o amser y byddai'n ei gymryd, a pham nad oedd wedi cael ei ystyried o'r blaen. Rhoddodd Rheolwr y Grŵp – Rheoli Achosion a Phontio eglurhad o'r broses ac ychwanegodd fod nifer o resymau pam na fyddai gorchymyn o'r fath wastad yn briodol.

Cyfeiriodd yr Arweinydd at leoliadau y tu allan i'r sir a thu allan i'r wlad, a gofynnodd a oedd ffordd o sicrhau bod plentyn yn aros mewn lleoliad os mai dyna'r lle gorau i'r plentyn hwnnw. Eglurodd y Cyfarwyddwr Corfforaethol Gwasanaethau Cymdeithasol a Lles y byddai'n ddefnyddiol i edrych ar y boblogaeth o Blant sy'n Derbyn Gofal o fewn

grwpiau gwahanol, megis grwpiau oedran, rhesymau, a chategoriâu. Dywedodd y Pennaeth Gofal Cymdeithasol Plant fod 87 o blant wedi'u lleoli y tu allan i'r awdurdod lleol ond o fewn Cymru, a bod 7 o blant yn Lloegr, ond fod dros hanner y rheini gyda pherthnasau iddyn nhw a'u bod yn y lle iawn.

Darparodd Rheolwr y Grŵp – Rheoli Achosion a Phontio wybodaeth bellach am y trefniadau rhwng gwarcheidwaid, rhieni a phlant, cynlluniau cymorth, a gofalmwr sy'n berthnasau. Ychwanegodd y Cyfarwyddwr Corfforaethol Addysg a Chymorth i Deuluoedd fod gofalmwr sy'n berthnasau yn ofalmwr maeth cofrestredig a chanddynt weithiwr cymdeithasol wedi'i neilltuo ar eu cyfer. Cawsant adolygiad blynyddol ar gyfer cymwyseddau craidd ac roedd hon yn broses gadarn.

Gofynnodd aelod a oedd yr awdurdod wedi elwa o gyflwyno'r Gwasanaeth Mabwysiadu Cenedlaethol. Eglurodd y Pennaeth Gofal Cymdeithasol Plant fod y dull rhanbarthol o weithredu o fudd, a bod plant yn cael eu lleoli yn gyflymach. Roedd prinder o rai i fabwysiadu o hyd ond mae'r sefyllfa'n gwella o ran hynny.

Daeth y Cyfarwyddwr Corfforaethol Gwasanaethau Cymdeithasol a Lles i gasgliad trwy ddweud y byddai rhagor o wybodaeth yn cael ei chyflwyno i gyfarfod yn y dyfodol, gan gynnwys y wybodaeth ddiweddaraf am y gwasanaeth Meddwl am y Babi. Roedd 87% o fabanod a gafodd gymorth yn ystod 2018-19 gan dîm Meddwl am y Baban wedi cael eu hatal rhag dechrau derbyn gofal. Eglurodd Rheolwr y Grŵp, Gweithio Integredig a Chymorth i Deuluoedd fod yr awdurdod wedi cyrraedd rownd derfynol i dderbyn gwobr yn sgil y gwaith hwn.

Diolchodd yr Aelod Cabinet dros Wasanaethau Cymdeithasol a Chymorth Cynnar i'r tîm a'r swyddogion am eu dull "un cyngor".

Rhoddodd yr Aelod Cabinet dros Wasanaethau Cymdeithasol a Chymorth Cynnar a'r Cyfarwyddwr Corfforaethol Gwasanaethau Cymdeithasol a Lles ddiweddiariad i'r Pwyllgor ar ôl iddyn nhw fynychu Cynhadledd y Grŵp Polisi Gwasanaethau Cymdeithasol. Eglurodd y ddau y dylen nhw ailedrych ar eu rôl yn sgil y cynnydd parhaus mewn proffil, a hynny er mwyn gwella canlyniadau yn y tymor hir. Gellid ystyried:

- term gwell na "Phlant sy'n Derbyn Gofal"
- ymgysylltu mwy â phlant a oedd wedi derbyn gofal
- gwahodd cynrychiolwyr o faes Iechyd a'r Heddlu
- ystyried lleoliadau amgen
- gwahodd plant a aeth ymlaen i'r Brifysgol ar ôl derbyn gofal
- gwahodd teuluoedd maeth
- cyflwyniadau i'r Cyngor Llawn
- darparu amgylchedd lle gallai partïon siarad yn anffurfiol
- croesawu profiadau bywyd go iawn
- gwahodd cynrychiolwyr Penaethiaid Ysgolion, cynrychiolwyr o'r trydydd sector, a'r gwasanaeth eiriolaeth
- ystyried dylanwadu ar y cynlluniau Polisi Derbyn i Ysgolion a Phrentisiaeth

Cytunodd y Cyfarwyddwr Corfforaethol, Gwasanaethau Cymdeithasol a Lles i ymchwilio i'r rhain ac i'r awgrymiadau eraill cyn adrodd yn ôl.

211. EITEMAU BRYD

Dim

212. DIOCH I'R CYFARWYDDWR CORFFORAETHOL - GWASANAETHAU CYMDEITHASOL A LLES S

Dyweddodd yr Arweinydd wrth y Pwyllgor mai hwn oedd cyfarfod Pwyllgor y Cabinet Rhianta Corfforaethol diwethaf y Cyfarwyddwr Corfforaethol, Gwasanaethau Cymdeithasol a Lles, ac y byddai'n gadael cyn bo hir. Diolchodd iddi am y profiad, y cyngor a'r arweiniad a roddwyd ganddi ac, ynghyd â'r Cadeirydd, yr Aelodau a'r Swyddogion, diolchodd iddi am ei chefnogaeth ac am gadw'r awdurdod yn ddiogel.

Diolchodd y Cyfarwyddwr Corfforaethol, Gwasanaethau Cymdeithasol a Lles i'r swyddogion a'r Pwyllgor am eu dymuniadau cynnes ac atebodd ei bod wedi bod yn fraint ac iddi fod wrth ei bodd â'i swydd. Roedd hi wastad wedi teimlo fod ganddi gefnogaeth, ac roedd hi'n gwerthfawrogi'r berthynas barchus a heriol â'r Aelodau.

Daeth y cyfarfod i ben am 11:40

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CORPORATE PARENTING COMMITTEE

26 NOVEMBER 2020

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

SUPPORT FOR VULNERABLE CHILDREN DURING COVID 19

1. Purpose of report

- 1.1 The purpose of this report is to provide Members with an overview of the support and continuity planning for our most vulnerable children during Covid-19.

2. Connection to corporate well-being objectives/other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015:-**

1. **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
2. **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

3. Background

- 3.1 In late February/early March 2020, as part of the preparation for supporting children and young people in the global pandemic, all directorate business continuity plans were reviewed. It was essential to ensure that Bridgend Children's Services continued to safeguard children and support their wellbeing in a time of great challenge. As far as possible the workforce was enabled to work from home and there has been a greater use of technology. There was a focus on dynamic assessment of risk in which the risks to the workforce and risks to children and young people needed to be understood, balanced and mitigated. Face to face home visits only took place when the risks of not doing so were greater than the risks to the workforce of potential exposure to the virus. The Council's short-break service was initially closed and the staff were re-deployed to work within our other residential settings which all remained open.
- 3.2 In line with Welsh Government guidance the service re-designed the way services were delivered and prioritised. A service plan was put in place in March 2020 and this has been subject to regular review as restrictions have been varied and/or national guidance has been revised.

3.3 The table below provides data on Children’s Social Care activity during the period April 2020 to September 2020:-

	Assessments	S47 Enquiries	Statutory Visits (Children Looked After)	Statutory Visits (Child Protection)	Child Protection Conferences	Core Group Meetings
Apr-20	98	32	225	324	50	120
May-20	57	48	224	442	59	142
Jun-20	65	49	230	369	57	135
Jul-20	104	40	255	392	67	136
Aug-20	76	40	240	526	43	169
Sep-20	80	55	260	426	52	132
Total	480	264	1434	2479	328	834

- 96.67% of new assessments for children were completed within statutory timescales
- 89% of visits to children looked after were completed within statutory timescales
- 92% of visits to children placed on the child protection register were completed within approved timescales
- 93% of Initial Child Protection Conferences were held within statutory timescales

3.4 The table below identifies the mode of contact made for statutory functions:-

	Statutory Visits (Children Looked After)	Statutory Visits (Child Protection)
Face to Face	37%	74%
Telephone	48%	20%
Video calls	15%	6%

3.5 From the outset of the pandemic the Multi Agency Safeguarding Hub (MASH) has remained fully operational at Ravens Court but with a reduced number of staff working from the office base on a daily basis. A small central team has also been based at Ravens Court to receive calls and enquiries from professionals and members of the public on open cases. These have then been passed to relevant personnel (based at home) if further action /advice is required.

3.6 The following support was established for vulnerable learners via Education and Family Support Teams and Children’s Social Care:

- A multi-agency approach to supporting vulnerable children and prioritising the most vulnerable to offer some of them access to emergency childcare hubs (pre-school and school) and special schools was established in April 2020 in response to the pandemic. This approach was agreed between the Education and Family Support Directorate and Social Services and Wellbeing Directorate and was effective from Monday 20 April 2020 until the end of July 2020.

- During the current COVID-19 crisis, vulnerable learners were also provided with a variety of contact and support from a range of services to ensure their needs continue to be met. Those children who were on the child protection register and are also eligible for free school meals were having their meals delivered to them directly by staff from the Edge of Care Team and the Bridgend Youth Justice Service. Information gathered on those visits was shared with allocated social workers and schools.
- A Central Hub and an Early Help COVID Helpline based in Ravens Court was established which assisted in the join up of support for children and families. This multi-agency hub supported the identification of services involved with children and families and signposting families and professionals to those allocated workers in the first instance. Where children and families are not known to services, the hub assisted in providing information, advice and assistance to ensure those needs are met and prevent issues escalating. This hub also acted as the conduit for referrals from schools and social workers of vulnerable learners who benefited from a place at one of the emergency childcare hubs.

4. Current situation/proposal

- 4.1 The most recent version of the full service plan can be found at **Appendix 1**.
- 4.2 In light of the Welsh Government Announcement that a “Circuit Breaker Lockdown” or “Fire Break” would come into force between 6pm, Friday 23rd October 2020 until Monday 9th November 2020 the decision was made to review and update the Children’s Services Service Plan in line with the Guidance that had been issued. An addendum outlining temporary changes in approaches was implemented for this specific period and can be found at **Appendix 2**.
- 4.3 In addition to the statutory services/functions covered in the service plan, the Council also responded to the need to provide support to our most vulnerable children and young people during the school holidays and established bespoke provision to achieve this.
- 4.4 The Social Services and Wellbeing Directorate was able to make good use of Welsh Government funding to provide activities and support during the summer period. 20 days of activities were provided supporting 39 young people, who were registered or classed as vulnerable, and with 259 sessions provided to young people over the four week period.
- 4.5 Additionally a programme was supported for young people with additional needs who would normally have accessed the Discovery Days respite programme during the summer period. This year the programme supported households including siblings with 21 young people being supported.
- 4.6 There has also been a growth in digital work with young people with disabilities with weekly on line activities progressed.

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 (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 focusses on sustainable prevention and wellbeing outcomes for the future. There is a requirement to meet the needs of people in the longer term and, because of rising demographics and increasing complexity, the remodelling and transformation of services continues to be a priority.
- Prevention – the report is about the approaches adopted by the Directorate in line with the SSWBA, for example, the continued provision of information, advice and assistance to enable people to remain independent and safe.
- Integration – the implementation of the SSWBA requires local authorities to work with partners, particularly the NHS and the Police, to ensure care and support for people and support for carers is provided. The report evidences work with statutory partners and the Third Sector.
- Collaboration – The collaborative approaches described in the report, are managed and monitored through various strategic and collaborative boards across Directorates and with partners.
- 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 Council has claimed the following support from the Welsh Government COVID Hardship fund to support the provision of services for the county borough's most vulnerable children and young people covering spend from March to September 2020:-

	£
Direct Payments	14,430.93
PPE Related	165.98
Misc	5,363.52

Placement retainers	64,370.34
Supplies to Support Social Distancing Activities	868.29
Staffing	114,317.73
Summer Provision	47,032.04
	<u>246,548.83</u>

9. Recommendation

9.1 It is recommended that members note the content of the report.

Claire Marchant
Corporate Director Social Services and Wellbeing
November 2020

Contact officer: Laura Kinsey, Head of Childrens Social Care
Telephone: (01656) 642314
Email: laura.kinsey@bridgend.gov.uk
Postal Address: Civic Offices, Angel Street, Bridgend

Background documents:

None

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Safeguarding Service Plan

In light of the Covid 19 Pandemic and additional Welsh Government restrictions to reduce the spread of coronavirus and protect public health in Bridgend issued on the 22nd September 2020 the service has reviewed this Plan ensuring that we continue to work in a way which prioritises the most at risk and the most vulnerable children and families who are known to the service. It is becoming clear that we will continue to work with some level of restrictions for many months ahead.

Regular meetings continue to take place at all managerial levels to review the most effective approach to deliver our services balancing the safest and most effective way in which to respond to the pandemic whilst adhering to the Government's guidance.

At this stage staff in general where possible will need to continue to work from home and this could be due to a number of factors including the need to follow social distancing measures, staff needing to socially isolate and / or due to individuals caring responsibilities. Managers will continue to discuss with you individually your personal circumstances to support you and keep you safe. The only exceptions to this will be in respect of staff who are in roles defined as business critical, which require them to work within council premises. Where appropriate you can request a risk assessment from your team manager to assess whether you can work within council offices at specified times in order to undertake business critical functions.

We appreciate that staff will have commitments during these challenging times and that each of your circumstances are unique.

Safeguarding

Children's Social Care continue to provide a skeleton service from within Ravens Court offices operating a central point of contact from which calls from families and professionals on open cases can be taken and then directed to the appropriate team member and their Manager. If the matter is deemed urgent then the relevant team manager will be telephoned to arrange a proportionate response. A weekly staff rota continues to be co-ordinated to ensure the Central Team is appropriately staffed. These staff are taking phone calls but do not undertake pieces of work such as strategy discussions or home visits.

Staff working within the Central Team are being provided from Safeguarding West, East, North, DCT, 16+ and the fostering service. It is critical that all staff working within the Central Team and other council premises that are used observe social distancing.



Whenever required we will work together as one Children's Social Care team to support each other in responding to staffing shortages, CP concerns on open cases and potential placement breakdowns.

The MASH wing remains open to IAA staff and partner agencies although they attend on a rota basis to ensure the workspace is compliant with social distancing rules.

Interim arrangements for Contact and keeping in touch:

At the outset of the current Pandemic we took the very difficult decision to temporarily stop face-to-face contact between children and their families. Families and foster carers were informed of this decision and were supported to understand our rationale and what alternative options for contact were being established.

Creative ways were developed to ensure contact between children and their families was maintained. All foster carers have been able to facilitate and supervise contact between children and their parents virtually and have received on-line training to support them to undertake this role.

We are now at a stage where Welsh Government support the gradual return of our routine contact with and between families in a proportionate way. Of course we must still follow social or physical distancing guidance. When considering in-person and face to face contact, we must continue to risk assess on a case by case basis and we have developed a risk assessment template, which enables us to do this.

In cases of sibling contact, or where foster carers are able to supervise/support face to face contact for children in their care in line with the latest WG guidance, foster carers will be supported to consider the reintroduction of in-person contact in outdoor spaces, in line with social distancing guidance, or in suitable community venues where it is agreed by both parties and where those venues can comply with social distancing and hygiene requirements.

Contact should also continue to be maintained through daily or regular phone calls, video chats, the use of social media platforms or other means.

However, when considering face to face contact where staff will be required to supervise, the latest guidance is that we should give consideration to a two stage risk assessment process - based upon an assessment of both necessity and risk. **All risk assessments referred to in this guidance will now incorporate these two elements as follows:**



Assessment of necessity

- whether remote communication has been utilised and is no longer deemed effective
- there are particular concerns present or action needed where a home visit, in-person interaction or physical sight of a child is required
- where physical contact will aid a positive placement, support a successful transition, or is deemed particularly beneficial for wellbeing and mental health

Assessment of risk

- the health, vulnerability and personal circumstances of the worker and any person they are going to see face to face, particularly taking into account if any of the individuals are in the '[increased risk group](#)' or '[shielding group](#)' and ensuring that no face to face appointments take place where any of the individuals (regardless of vulnerability) are displaying symptoms of COVID-19.
- whether the proposed meeting is an area in which social distancing can be enabled
- considering the age and understanding of any child and / or adult involved, whether several children will be present, or whether there are additional complexities linked to impairment or understanding
- the use of protective equipment and the potential impact this will have on the proposed interaction

On the 4th August 2020, the Local Authority increased the numbers of children having face to face contact with their family. Face to face contacts can proceed in the following circumstances:

- New Born and very young babies to support parental attachment
- Children where there is a strong family attachment
- Where re-habilitation is part of the child's Care Plan
- Final/Goodbye contact
- Sibling contact

Prior to any face to face contact taking place, a risk assessment will need to be completed and agreed by a Principal Officer, Group Manager or Head of Service before such contact is arranged.



To minimise the risk of infection the following steps will need to be adhered to:

- All parties involved in the Contact will need to agree to follow the actions/restrictions set out in the Risk Assessment
- Wherever possible the contact will take place outdoors
- Where supervised contact takes place indoors social distancing needs to be maintained
- PPE will be used by staff and family members during which all contact sessions that take place indoors.
- 3 x rooms have been identified for face to face contact, 1 at Y Dderwen and 2 at Pyle Life Centre
- Following each contact the room will be cleaned

Following the new restrictions being placed on the Local Authority on 22.9.20, staff are required to review all contact arrangements where children or young people have been visiting family/friends homes for face to face contact, as these arrangements will not be compliant with the updated restrictions. Any forms of unsupervised contact that are taking place in the community, should also be reviewed to ensure that they are compliant with the new requirements.

We will continue to liaise closely with the Children's Guardian in terms of contact arrangements between children and their birth family where cases are within Care Proceedings.

Any proposed changes to contact for cases which are not currently in court should be discussed with the IRO and recorded. All IROs continue to work at home at present and can be contacted via telephone or virtually by practitioners or partner professionals.

Social Workers are required to email the lawyers on those cases currently in court to outline any new arrangements and reasons for the change in contact.

Child Care Lawyers have asked that **Court assessments** (not child protection assessments) to be undertaken via alternative means including telephone and skype/FaceTime between the SW and the parent/s/family members being assessed. Please can you note those sessions which are facilitated in this way in your assessment document. However, if it is assessed that it is necessary to see a parent or family member as part of this assessment, this visit can be agreed if a Team Manager signs off a risk assessment.



If you or SWs need anything the lawyers and paralegals are continuing to work as normal at home and can be contacted via their phone numbers which link up to the laptops.

Care and support:

As a general rule Care and Support cases will only be visited if it is risk assessed to be necessary following receipt of a child protection concern or where there is concern around family breakdown. Otherwise contact via the telephone is adequate. It is important that the Team Manager and the relevant case holder records the rationale regarding not visiting a family on WCCIS, and also agrees a schedule of support which must be followed by the case holder. If a risk assessment deems a visit to be necessary it should not take place without the authorisation of a Team/Deputy Manager. See Appendix A regarding the triage process in respect of visiting homes.

There may however be grounds for the frequency of contact to be gradually increased and a visit arranged based on information about the care and support needs of the child at the time and in line with Welsh Government guidance the two part risk assessment should be considered before any visit is undertaken (Necessity and risk).

Interim Child Protection visits:

In Bridgend home visits to families where children's names are placed upon the Child Protection Register were taking place on a monthly basis as a starting point until July 2020

We have now reintroduced face to face contact with children on the CPR with safeguarding visits to see children returning to being carried out at least every 10 working days. If following a two stage risk assessment a decision is taken that this requirement should be met through other remote/virtual contact then this decision must be agreed by a member of the senior management team.

Where social workers and other staff are undertaking home visits, the PPE and social distancing guidance must be applied. Screening calls should be made to parents/carers ahead of a visit to ascertain the family's circumstances. Limits in the contact that universal and preventative services now have with children and families will put some children at greater risk. Some children and families may need more frequent contact as a result of this and decisions should be made on a case by case basis informed by on-going risk assessment.



Other professionals who are also in contact with the family are providing any other relevant information in respect of when they have kept in touch or sighted the child (ren) or family.

Please note that on any visit that will take place indoors a face mask must be worn, and social distancing adhered to wherever this is possible.

Child Protection Conferences

See appendix B.

Core groups:

Core groups continue to take place via telephone conference or individual telephone calls to monitor the progress of the Child Protection Plan. How the information will be gathered and shared will be dependent upon the level of risk associated with the child/ren. The collation of this information should be undertaken by the relevant case holder. It is recognised that the information may be very limited in the present climate. However a clear record of the decisions taken, any changes in level of risk and the response to these should be maintained.

LAC visits:

We are now in a position where Statutory Visits to children who are looked after can begin to be re-introduced on a face to face basis. Where it is appropriate contact between foster families/carers and Looked After children can continue to take place via telephone, Skype etc. and the level of contact needs to be considered on a case by case basis. The rationale in respect of this changed visiting pattern should be recorded by the case holder, following a discussion with their team manager. Where a visit is deemed necessary to a foster placement for the purpose of undertaking a Statutory Visit to a Looked After Child this should be considered in line with the two part risk assessment highlighted above. If the visit is deemed necessary then a risk assessment should be completed, and signed off by a Team Manager.

The Fostering Team have created a database whereby they have placed a RAG status against all in house placements to indicate the vulnerability of the placement in terms of breakdown. The team will liaise with the relevant Social Workers to ensure that the level and type of support the placement requires is contained within this information. It is anticipated as time passes this picture will change and as such, it will be continuously updated to minimise potential placement breakdown. The Fostering Team continue to liaise with Independent Fostering Agencies in respect of the packages of support that will be provided to this placements during this period.



Please note that for any visit that takes place indoors a face mask must be worn, and that social distancing should be adhered to wherever this is possible.

Court Hearings:

By way of summary and importance for your teams:

- **All hearings will be remote via the Court's Cloud Video Platform (CVP) or telephone.** Whilst SW's are not expected to be present at the Hearing, they must:
 - Ensure that the solicitor is fully instructed on all issues needed for the hearing. This can be facilitated via email or telephone conversation with the solicitor.
 - Be available during the hearing via phone in case the solicitor needs to contact them on an issue. Please can the SW provide the solicitor with the necessary number to contact them.
 - If a Social Worker is requested to give evidence, and is unable to give evidence from home, there are meeting rooms available on Wing 4 of Ravens Court which can be booked for this purpose.

If you or SWs need anything the solicitors and paralegals are continuing to work as normal at home and can be contacted via their phone numbers which link up to the laptops.

Legal Surgery/Legal Planning Meetings

Legal Surgery will continue to take place on a weekly basis making use of Skype and allows for the recording of decision making. Where Social Workers have been requested to complete assessments they should look to do so if it is deemed possible by phone. Legal planners should continue to be completed for Legal Surgery. Decision making by the Principal Officer/Group Manager will be recorded on to the standard legal surgery templates. Legal Planning meetings will continue to take place via Skype where necessary. Parenting assessments will continue where virtually possible, if a visit to a home is required as part of this assessment a risk assessment should be completed and signed off by a Team Manager.

Fostering Service



Fostering/Placements Plan – Corona Virus

Essential Services

- Foster Panel
- Supervision
- Supporting Foster Carers
- Foster Carer Training and Development
- Annual Reviews
- Duty
- Initial visits/Assessments
- Placement Finding

Non-Essential – *Non essential services are suspended subject to review*

- Drop In sessions

Foster Panel

- In order to reduce the risks posed foster panel will take place remotely via Skype.
- Business support are facilitating the Skype calls, e-mailing invites to panel members.
- Carers will not be asked to attend panel but to be available by telephone to ensure they are able to represent their views.
- Assessing/Supervising Social Workers will be asked to attend virtually.
- Child Social Workers will be asked to provide written feedback where required and be available by telephone/Skype for queries as required.
- Ratification to be undertaken virtually.

Supervision

- Social Workers will continue to undertake supervision with their foster carers virtually via telephone/Skype.
- Social Workers to continue to assess the needs of their individual carers and agree when required additional supervision/telephone support.
- In exceptional circumstances visits to the Foster Carers for supervision can take place. However, these can only take place if a two part Risk Assessment has been signed off by a Team Manager.



Supporting Foster Carers

- Fostering Service to maintain a spreadsheet highlighting placements where there are any additional support needs identified.
- Any placements identified with additional support needs (Amber) will be provided with additional telephone contact from their SSW and a conference with the child's SW and additional agencies will be convened via Skype.
- Any Placements that are identified at risk of breakdown (Red) will receive daily contact from the fostering service, 1:1 support from the placement support worker and a review of their support package with other professionals via Skype In the event that the SW feels that a visit to the carers home or Respite is required to provide the necessary support then a two part risk assessment would need to be completed and signed off by a Team Manager before either was progressed.
- Liaison Foster Carers continue to support carers virtually.
- Weekly newsletters are being sent to all foster carers to facilitate communication from the service and to promote the well-being of carers and children in their care.
- Coffee mornings are being held virtually facilitated by the Liaison Foster Carers providing opportunity for the carers to provide informal support to each other.

Foster Carer Training and Development

- All Foster Carers have access to the Virtual Training Hub where they can continue to access a comprehensive package of e-learning.
- Where required the specific training and development will be delivered virtually with individual carers to enable them to meet the needs of the children who are placed in their care.
- Discussion regarding training and development will need to continue to form part of Supervision.

Annual Reviews

- All Annual Reviews are to be undertaken virtually.
- Supervising SW to ensure all information is gathered in line with Regulatory requirements.
- Where necessary Annual Reviews will be considered by the Foster Panel.



Duty

- All staff are working from home but the service continues to operate a daily duty rota.
- Rota is available to the central team and contact details have been provided.
- Foster Carers have all been provided with details as to how they can contact the team.

Initial Visits/Assessments

- Any initial visits that are undertaken will be need to have a risk assessment signed off by the Team Manager, PPE used and social distancing maintained.
- All Assessments are to be undertaken virtually.
- A Skills to Foster Training Workbook has now been developed and where possible will be completed by applicants prior to approval.
- Local arrangements have been agreed for all new applicants to provide a medical summary to support the client's self-reported status and this information is sent to the medical adviser to Panel. In these instances the usual Coram BAAF AHR form should be completed.
- Where we are not able to access any form of medical assessment from a GP, the Self-assessment form should be utilised, and where a Medical Advisor is available to provide comment upon this form, it should be obtained.

Placement Finding

- There are no changes to the referral process for placement finding.
- Arrangements have been made for the placements staff to work from home and can access all relevant information via WCCIS, e-mail and the 4C's information using CCSR.
- The service continues to monitor the number of Foster Care placements available in-house and where appropriate Temporary Changes of Approval or Exemptions are to maintain capacity.
- The Service has developed a spreadsheet that allows them to monitor the stability of each placement both in-house and with independent providers and will deploy additional support where required.

Unaccompanied Asylum Seeking Children



- Process to assess and provide support to UASC continue to be maintained for this vulnerable group recognising the need for social distancing and use of PPE where appropriate.

Residential Care

- Each of the Residential Care homes have developed a continuity plan to ensure they can safely remain open to ensure that the children in the home continue to receive the care and support they need.
- Support is being provided by Residential Care to facilitate on-going contact between children and their families. This contact is facilitated making use of technology such as WhatsApp and FaceTime etc.
- In line with Welsh Government Guidance where a child is able to meet with a family member unsupervised, and this contact can take place outdoors, the contact is proceeding once a Risk Assessment has been completed and signed off by a Principal Officer, Group Manager or Head of Children's Services.
- The contact details must be set out within the child's care and support plan and personal plan
- At the current time there are no visitors attending the Residential Homes.

Should be Placed

The Head of Service will continue to undertake this process, but the meetings will take place virtually via conference call where appropriate.

Direct Payment Panel

This panel is now taking place virtually on a monthly basis. Social Workers present their cases on Skype, and all the relevant officers have the relevant technology which allows them to attend this meeting to ensure that the appropriate decisions can be made.

Transition Panel



Transition takes place on a monthly basis via Skype. All panel members are able to attend and contribute, and the decisions made within the panel are recorded by Business Support.

Accommodation & Permanence Panel

Referrals to be sent to Jacquie White (copy Jo Dando) by Thursday. Jacquie will forward to members of the panel with a request to send comments and feedback to me by the close of play Monday. Karin Henderson will review and agree. Karin Henderson will share the decision with the Principal Officer for Case Management and discuss if there is a complex issue. Karin Henderson will complete minutes (brief outline. Karin Henderson will then resend to Jacquie White to add her signature and send minutes/decision to the team manager/social worker).

Out of Authority Panel

An Out of Authority Panel process is to be facilitated remotely. Case Holding Social Workers will be required to provide planners for all children who are placed in OOA Residential Care. These planners will then be circulated to all members for comments/queries. The Head of Children's Social Care will then convene a "panel" via Skype with the Group Manager (Case Management) and Group Manager (Placements and Provider Services) to confirm any ongoing arrangements/future planning. A note of these discussions will be sent back to panel members. However, any urgent issues should be escalated to the Head of Children's Social Care.

SMT Arrangements

The Head of Service and senior managers are primarily working from home. However, they remain available for contact via e-mail, phone, conference call and Skype. The senior managers continue to be primarily responsibility for their areas, and team managers should continue to contact their line managers wherever possible. However the Group Manager for IAA & Safeguarding will have responsibility for the IAA team at Ravens Court, and the Group Manager for Case Management & Transition will have responsibility for the Central team also based at Ravens Court.

Western Bay Adoption Service



The Western Bay Adoption Services (WBAS) staff are predominately all working remotely. WBAS telephone is being managed via an answering machine, messages left are picked up via their admin inbox which is being staffed from home. Calls are directed to the relevant duty officer. There is a daily duty officer for Family finding recruitment and assessment and adoption support. All calls received that day will be provided with an initial response. Business support are now returning to the office on a rota basis and so during these times the telephone number will be in operation, any calls taken will be directed to the relevant worker.

Post is being collected on a regular basis, logged and urgent issues forwarded to the relevant Social Worker.

Adoption Applications staff are accessing the office in order to be able to ensure that there is no delay in adoption applications being processed and sent to the court.

Adoption panel –Approval of adopters. Panel is continuing to run on a weekly virtual basis using Zoom. 8 panel members have been secured who have the appropriate technology to enable them to participate. Adopters can also be brought into the discussion if necessary however this is being avoided with panel identifying questions prior to the panel which can be addressed by the adopters and their assessing social worker. Adopters and social workers are now being invited into the virtual panel to answer any questions that panel may have.

Head of Service ratification – papers are being emailed to the Head of Service to complete ratification in the normal way accessing panel advisor virtually if required. Papers will be emailed to the relevant LA Head of Service to consider the match. Panel advisor will be available via Microsoft teams/telephone if required.

Adoption medicals are currently continuing via virtual means or telephone calls with the medical advisors using the lac medical, their records and discussion with foster carers. Medical advisors have advised that more face to face appointments will now be in operation.

Adoption support –all families open to adoption support will receive a minimum of weekly contact via phone, skype or email. Face to face visits to families are being assessed through using a risk assessment.

Adoption support are running virtual parenting and support groups for adopters.

Adopter assessments – these are continuing as normal via skype/teams. All new enquiries are being responded to immediately via online /skype. Information is being emailed out rather than posted. At least one face to face visit is being undertaken during the assessment process to ensure that the home is seen and health and safety checklist completed.



Family finding – cases will continue to be linked and matched. Linking visits can continue if CSW have access to Teams, FaceTime/skype. Cases will continue to proceed to matching panel. Again some face to face initial visit to adopters are taking place subject to a positive risk assessment.

Introductions – now taking place using the NAS risk assessment which is being completed for all cases post matching panel. The risk assessment considers issues such as final contacts and the health and wellbeing of all involved in the introductions process.

Marketing activity - with the relaxation of lockdown marketing activities will commence again, with focus on social media, city centre advertising and radio campaigns.

Advocacy

TGP are carrying on their service without the face to face contact. TGP are undertaking this by phone calls/texts/FaceTime/WhatsApp video calls and skype. It will be for the young person to express their preference.

Active Offers are still being conducted within the 5 day timescales and TGP are completing the active offer meeting with young people as above and then sending out the advocacy packs to them either via post or email so they are clear on our roles and also have the information TGP give out re; Child line ,MEIC & the Children’s Commissioner.

TGP will continue to support any young people that had LAC reviews and conferences due and advocates will participate in these via Microsoft Teams and ensure they have chatted with young people prior to meeting taking place to ensure they have an up to date account of their wishes & feelings.

From September TGP are still working remotely but are now considering requests for face to face working on a case by case basis. Staff requesting face to face contact with children and young people are asked to provide full details to the senior management team, who assess each request and provide approval (or otherwise).

Requests for a Child to become Looked After

In the event that this has not been agreed in Legal Surgery, the normal processes should be followed wherever possible. The case holder should discuss with their line manager and escalate to their line manager who in turn will speak to their senior managers. If appropriate, legal advice will be sought from Legal Services. In the event that a placement is required the



Group Manager for Regulated Services and the Placements Team should be informed at the first opportunity.

Child Protection Medicals

CP medicals at this time continue as per our usual process but should difficulties arise then advice/support can be accessed via the Public Protection Nurse in MASH.



Appendix A -
Telephone Triage of V



Appendix B - IRO
arrangments Covid 19



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Addendum Service Plan

19th October 2020

In light of the Welsh Government Announcement that a “Circuit Breaker Lockdown” or “Fire Break” will come into force between 6pm, Friday 23rd October 2020 until Monday 9th November 2020 the decision has been made to review and update the Service Plan in line with the Guidance that has been issued.

Should further operational guidance be provided by Welsh Government during this period the senior management team will review this addendum. In the absence of any further extension of the “Fire Break” we will revert to the arrangements set out in the Service Plan dated 22nd September 2020 on 9th November 2020.

Central Team

The Central Team will continue to operate until the end of the Fire Break on the 9th November 2020, at which time it is expected that each Team will have arrangements in place, making use of Jabber where appropriate, to operate a Duty System. A new rota for the next two weeks is to be drawn up before Friday 23rd October and wherever possible staff will be encouraged to participate.

Home Visits (Child protection, children looked after and care and support)

All home visits are, wherever possible, to be undertaken remotely unless a physical visit to the home is considered to be necessary. In these cases the two part necessity/risk assessment will need to be completed and agreement given by a Group Manager or Head of Service, prior to the visit going ahead.

Face to Face Contact

All direct/face to face contact between children and their family is to be temporarily suspended. Arrangements will need to be established wherever possible for contact to take place using remote facilities such as face-time, telephone calls etc and for carers to supervise as appropriate. In instances where contact is considered to be necessary (eg. for the purpose of assessment) the two part necessity/risk assessment



will need to be completed and agreement be given by a Group Manager or Head of Service, prior to the contact going ahead.

Respite/Short Breaks

Where it is deemed appropriate for existing respite or short break bookings to continue to prevent placement or family breakdown, the necessity/risk Assessment will need to be reviewed and updated as appropriate.

Risk Assessments

In the case of staff who are currently subject to risk assessments that allow them to work in council premises whilst undertaking tasks not defined as business critical. These risk assessments should be reviewed by their Team Managers. During the firebreak, they will only be able to work in council offices if they are undertaking business critical tasks or if the risk assessment deems that there is no other safe way for them to work. These scenarios should be classed as exceptional.

Initial Child Protection Conferences (ICPC)

ICPC's will be held via Microsoft Team (MS Teams) with the Independent Reviewing Officer (IRO) chairing this meeting being conducted by the chairperson working from home. All other participants will also be at home for this meeting. However if it is not practical or possible for the chairperson to work from home they will attend at the Civic Centre but all other participants will work from home.

Review Child Protection Conferences

RCPC's will be conducted in line with the ICPC's and will be held using MS Teams. However if it is not practical or possible for the chairperson to work from home they will attend at the Civic Centre but all other participants will work from home.

The RCPC will be a multiagency meeting and as such decisions will be made in relation to Child Protection registration. Children will be permitted to be de-registered providing the majority of professionals determine this is the appropriate course of action and the child is no longer considered to be at risk of significant harm.

Combined Looked After Children Reviews and CPC's

These will only be held at the specific request of Children Services. Once agreed, convening forms and reports must be sent as they currently are.



The meeting will be held via MS Teams.

Looked After Children Reviews

IRO's will make MS Teams contact during the planned meeting time with individual participants to gain an update and ensure any actions/recommendations are recorded and forwarded to the Team Manager & case holding Social Worker.

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BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CABINET COMMITTEE CORPORATE PARENTING

26 NOVEMBER 2020

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

CARE INSPECTORATE WALES (CIW - FORMERLY CSSIW) INSPECTION OF CHILDREN'S RESIDENTIAL CARE HOMES

1. Purpose of report

- 1.1 To present to the Cabinet Committee the reports and associated Action Plans following the CIW inspections regarding Maple Tree House (September 2019, February 2020 and August 2020) and Harwood House (July 2019).

2 Connection to corporate well-being objectives/other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:-

1. **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
2. **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

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: 1) inspection planning and preparation, 2) the inspection visit, 3) feedback, and 4) reporting. During the process, inspectors will make judgements as to how well the service is performing under four core themes: 1) well-being; 2) care and support; 3) environment; and 4) 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, 3 and 4.**

Summary of findings:

4.2 Maple Tree House (September 2019) **Appendix 1**

The overall assessment stated that:

Overall, young people who live, or have lived in Maple Tree House since it opened in December 2018 have not received care and support from a stable staff team or which is consistent with the service described in the statement of purpose. The service had changed its model and name from the former Newbridge House; the implementation of this had proved to be a challenge. There was a temporary manager in post at the time of inspection. Staff felt improvements were being made but highlighted the home had been through an unstable period where morale was low amongst the staff team. Improvements are required in relation to decision making around admissions of young people to the home. Staff members feel supported by the temporary manager but they have not received regular supervision or training to equip them with the skills to manage the complexities of young people's behaviours. Improvements are also required to the specific guidance for staff to enable them to manage the complex needs and behaviours of the young people the service seeks to care for, as well as the implementation of therapeutic approaches to working with the young people living in the home. The home environment is generally suited to the needs of young people but it shows signs of damage. Quality assurance systems are not robust and have failed to identify shortfalls within the service.

4.3 During the inspection 5 areas of non-compliance were identified by CIW for which they issued non-compliance notices. A further 6 areas of non-compliance were also identified during the inspection, however, on this occasion CIW did not issue any notices as "there was no immediate or significant impact for the people using the service". All areas of non-compliance can be found in section 5.2 of the report in **Appendix 1.**

4.4 In addition to the areas of non-compliance the CIW identified further 'Recommendations for Improvement' and these can be found in Section 5.3 of the report in Appendix 1.

4.5 Maple Tree House (February 2020) **Appendix 2**

The overall assessment stated:

This was a focussed inspection to test compliance on the outstanding non-compliance raised at the previous inspection in September 2019, and in particular

those in relation to the well-being, care and support of young people and the leadership and management of the service. Whilst there have been some improvements made at the service with a more consistent staff team, better oversight of decision making regarding admissions, however, there remains areas of concern. The service has failed to achieve compliance in the specified timeframe and young people do not receive care and support in line with the service's statement of purpose. Improvements are required in the provision of specific and up to date guidance for staff to enable them to manage the complex needs and behaviours of the young people living at the home. Additionally, improvements are required in relation to the recording systems, staff training and support, safeguarding, incident management, the implementation of therapeutic support, admissions and discharge of young people and the responsible individuals' oversight of the service. Governance and quality assurance arrangements are in place but these require strengthening and action is required by the responsible individual to ensure that the service complies with legal requirements.

4.6 However, it was reported that the following improvements had been made:

- All about me documents were completed with young people to provide a better understanding of their wishes and feelings when placement searches commence.
- Time is set aside for staff to complete paperwork away from being on shift.
- A provider assessment has been developed.
- CIW have been notified in line with legislation.
- Reduction in agency staff being used.

4.7 Of the 5 areas of non-compliance identified at the previous inspection undertaken in September 2019, it was identified that compliance had only been achieved in respect of Regulation 14(1) Suitability of the service:

The service provider must not provide care and support for individuals unless the service provider has determined that the service is suitable to meet the individual's care and support needs and to support the individual to achieve their personal outcomes.

4.8 The recommendations for improvement can be found in Section 5.2 of the report in **Appendix 2.**

4.9 Maple Tree House (August 2020) **Appendix 3**

The Overall Assessment stated:

We carried out a focussed inspection in line with our improvement and enforcement process. This was to test the outstanding non-compliance raised at the previous two inspections in September 2019 and February 2020, relating to well-being, care and support and leadership and management of the service. The service has recently been deemed a service of concern. There have been some improvements made at the home including:

- *Good analysis of incidents and behaviours which has seen a recent reduction in risk taking behaviour for some young people.*
- *There are improved systems to support staff and some young people are engaging better in activities.*

- *Complaints have been responded to appropriately and an increase in direct and independence work with young people.*
- *The behaviour clinic has completed some staff training.*

Despite this, the service has failed to achieve compliance. There continues to be concerns about the service and keeping young people safe. Documentation at the home provides the staff team with limited understanding about the overall needs of the young people to ensure they receive a high standard of care and achieve positive outcomes. Young people's diet is poor and their overall care and support requires improvement. Medication management is poor with continued errors occurring. Training to meet the needs of young people continues to be inadequate and although quality assurance systems have been strengthened, these continue to fail to identify and rectify shortfalls at the home.

4.11 The inspection concluded that Maple Tree House had failed to achieve compliance in relation to the four areas identified in the Inspections undertaken in September 2019 and February 2020.

4.12 Following this most recent inspection at Maple Tree House, CIW notified the Department on 4th September 2020 that an 'Improvement and Enforcement Panel' meeting had been held and that as a result CIW had decided to:

- *Determine that Maple Tree House remains a Service of Concern.*
- *Issue an urgent notice of decision to impose a condition on your registration which will restrict new admissions to the service.*
- *Convene a provider meeting.*
- *Undertake intensive monitoring of the service.*

4.13 Since opening the new model of residential care at Maple Tree House in December 2018, the service has experienced a number of challenges that have contributed to the issues raised in the inspections undertaken and which have had to be overcome in order to take positive forward steps. Such challenges include:

- The initial service model was for an on-site psychologist to assess the therapeutic needs of young people and guide the approach and care provided by staff to deliver therapy led interventions. Following a number of unsuccessful recruitment campaigns a decision was taken to provide this element of the model through the input of a Behaviour Analyst. Since April 2020 there has been an on-site behaviour analyst (currently provided by the Behaviour Clinic), and there is evidence that this approach is having a positive impact on the way the service is delivered and the outcomes for young people. This has been recognised by Inspectors.
- Since the outset the service has experienced staffing difficulties, including recruitment of permanent staff and high levels of sickness absence. The service has successfully built up a core group of casual staff members many of whom have now applied for a permanent position with the service, with interviews taking place during November 2020. A stable, committed staff team is an essential component of the model and will ensure that the cultural shift and new ways of working are embedded.
- From the outset it was recognized that the current location and premises is not fully compatible with the service that is provided and it is very positive to note that plans are in place for a move to a purpose built facility during 2021.

4.14 Harwood House (July 2019) **Appendix 4**

The Overall Assessment stated:

This was a focused inspection to confirm that the responsible individual had taken the required action, to address the two non-compliance notices issued following the last inspection in December 2018. These related to: providing the service with sufficient care and competence, safeguarding and behaviour management. Following the inspection, the responsible individual submitted a plan detailing the actions the provider intended to take to address the areas of non-compliance.

At this inspection we found that the provider had made progress in all the areas identified, but some of the planned changes had taken longer to achieve than had been hoped due to staffing issues. However, overall children are looked after in a home where the manager and staff team understand their needs and are committed to providing them with care and support which is enabling them to achieve good outcomes.

4.15 The inspection identified that Harwood House had achieved Compliance in relation to the following Regulations:

- **Regulation 29** - Appropriate use of control and restraint
- **Regulation 6** - The carrying on of the home with sufficient care and competence
- **Regulation 26** - The service has not been provided in a way which ensures that individual are safe from harm

4.16 During this inspection a number of areas were identified where actions were needed in relation to regulations in order to fully meet legal requirements and full details of these can be found at 5.2 of the Inspection Report (**Appendix 4**).

4.17 The inspection also made recommendations for improvement and full details of these can be found at 5.3 of the Inspection Report (**Appendix 4**).

4.18 The recommendations were all actioned/completed within timescales and the detail of these can be found in the action plan at **Appendix 6**.

Recommendations and next steps:

4.19 Action Plans were developed in response to the recommendations made by CIW and are attached at **Appendices 5 and 6**. These are monitored by the Group Manager of the Placements and Provider Services Team, during supervision with the residential manager(s) and the Responsible Individual through their routine visits under Regulation 73 of the Regulation and Inspection of Social Care (Wales) Act 2016. As indicated above there are no outstanding actions for Harwood House and there is a comprehensive action plan and support package driving forward the changes and improvements required at Maple Tree House.

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

7.1 The implementation of the duties and responsibilities under the Social Services and Well-being (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:** 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. 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 At the present time the Local Authority are not able to place children at Maple Tree House due to the restrictions imposed by CIW. Without this key element of our residential provision there is a potential for an increase in costs with children needing to be placed with independent residential provision/providers.

8.2 The actions outlined within the action plans will be undertaken within existing resources.

9. Recommendation

9.1 It is recommended that the Cabinet Committee receives and approves the updated action plans.

Claire Marchant
Corporate Director, Social Services and Wellbeing
October 2020

10. Contact officer

Name: Steven Howell, Group Manager, Placements and Provider Services

Tel: 01656 642330

Email: steven.howell@bridgend.gov.uk

Postal address: Civic Offices, Angel Street, Bridgend

11. Background Documents

None

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Inspection Report on

Maple Tree House

Bridgend

Date Inspection Completed

27/09/2019

Final unpublished report

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Description of the service

Maple Tree House is a children's home operated by Bridgend County Borough Council. The home provides care for up to six young people. It is a one-storey building; the main area comprises the assessment unit, which can accommodate four young people. The front of the building accommodates an emergency provision to accommodate two young people. The responsible individual is Laura Kinsey.

Summary of our findings

1. Overall assessment

Overall, young people who live, or have lived in Maple Tree House since it opened in December 2018 have not received care and support from a stable staff team or which is consistent with the service described in the statement of purpose. The service had changed its model and name from the former Newbridge House; the implementation of this had proved to be a challenge. There was a temporary manager in post at the time of inspection. Staff felt improvements were being made but highlighted the home had been through an unstable period where morale was low amongst the staff team. Improvements are required in relation to decision making around admissions of young people to the home. Staff members feel supported by the temporary manager but they have not received regular supervision or training to equip them with the skills to manage the complexities of young people's behaviours. Improvements are also required to the specific guidance for staff to enable them to manage the complex needs and behaviours of the young people the service seeks to care for, as well as the implementation of therapeutic approaches to working with the young people living in the home. The home environment is generally suited to the needs of young people but it shows signs of damage. Quality assurance systems are not robust and have failed to identify shortfalls within the service.

2. Improvements

This was the first inspection following the registration of the service as Maple Tree House.

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:

- Provider assessments
- Personal plans and risk assessments
- Safeguarding

1. Well-being

Our findings

Young people's right and entitlements are generally upheld but improvement is required. Young people told us that on a day to day basis they were able to express and make their wishes and feelings known regarding the food they ate and activities they engaged in. We saw them making decisions during the inspection regarding their wishes. They had access to an advocate if required and were aware of the complaints procedure but no complaints had been made. Young people were consulted during their formal Children Looked After Reviews, and they were spoken to during quality assurance monitoring visits. Regular house meetings had not taken place for some time. One had been undertaken prior to the inspection, this involved seeking views of young people individually but not all young people's views were sought. Personal plans included young people's views. Key working sessions were not conducted as stipulated in the statement of purpose. We concluded that young people's view and wishes could be better captured but generally they have opportunities to voice their views, they are listened to and can access some control over their day to day lives.

Young people cannot be confident there are appropriate measures in place to safeguard them. There were concerns regarding the procedures in place to safeguard young people at the time of inspection. There were high assaults on staff, frequent police attendance at the service and young people were being criminalised as a result. Risk assessments and plans in place demonstrated limited guidance to staff to best manage young people's complex behaviours. Admissions to the service did not demonstrate robust decision making to ensure young people's safety. Systems in place do not always ensure young people are appropriately safeguarded at all times.

Young people are supported with their education and health needs but are not overall supported to be independent. Young people were supported to attend education where there was a provision in place. Feedback from social workers confirmed there had been improvement with some young people now attending college. Staff supported and transported young people to and from education. Young people did not have independence plans in place as outlined in the statement of purpose. We saw limited evidence of encouragement, recorded evidence of young people's progress. Some young people helped or cooked independently on occasions. Young people's were registered with local health provisions and appointments recorded, staff sought medical attention when required. Staff encouraged young people to engage in exercise. Young people's overall health needs are met and they are encouraged to take part, where they wish, in physical activities to keep fit but their development of independence skills requires improvement.

Young people's social well-being is promoted but they do not always receive timely care and support. Young people were supported to maintain contact with family and friends.

Staff supported with the transport arrangements and facilitated contact where required. Staff would routinely share any findings with the social workers. Young people's engagement with activities was inconsistent; some young people chose not to engage, whereas others were recently engaging well. Staff were motivated to take young people out. We did not see any activity planners in place as outlined within the statement of purpose. Additionally, we did not see any direct work undertaken with young people or a therapeutic programme to explore their risk taking behaviours in an attempt to reduce these. Young people did not respect or accept boundaries in place for them and there was minimal structure. Staff did not have the guidance, skills, support and training to meet the complex needs of the young people. Young people's departures from the service were mixed, some of which had been successful and positive, whereas others did not evidence appropriate assessment and a plan moving forward. They do not always receive timely, considered intervention in a therapeutic environment to ensure they achieve positive outcomes. Young people are encouraged to maintain contact with people who are important to them. Young people do not always receive the right care at the right time.

Young people live in suitable accommodation but improvement is required. The communal areas of the accommodation were clean. There was some damage evident including in young people's bedrooms. The accommodation would benefit from additional decorative items to present a more homely environment and photographs of young people to provide them with a sense of belonging. Health and safety measures were not consistently undertaken to ensure young people were aware of the procedures in place in the event of an emergency. Young people do not live in an environment which supports them to achieve their well-being.

2. Care and Support

Our findings

Young people's health needs are generally met. We saw young people were registered with local health services and were supported to attend medical appointments. A health record of all appointments was recorded on young people's files. Looked After Children health assessments were available on young people's files. Young people's diet was recorded, often with young people refusing breakfast. The food sample we saw young people eating was varied in terms of nutrition. Young people were encouraged to engage in physical activities and we saw they had been out walking with staff. Some young people were more reluctant than others to engage. There was suitable storage for medication but not for controlled drugs (although no young people were currently being prescribed controlled drugs). Some staff had received training in medication but this required improvement to ensure the safe storage and administration of medication. Specialist health services were sought when required to support young people. Young people are supported to achieve and maintain good physical and mental health.

Practice and processes in place need to improve regarding safeguarding and to prevent young people being criminalised. Some staff had undertaken safeguarding training and they said they felt confident about their knowledge of the procedures they should follow should they have concerns for a young person's welfare. Records demonstrated a high number of incidents at the home, involving physical and verbal aggression and threats to staff. The young people showed disregard for the boundaries in place for them. Incident records were not sufficiently detailed and lacked oversight for a considerable period. Individual incidents evidenced staff did not act to appropriately safeguard young people. There were high levels of assaults on staff, some of which were serious with frequent damages to property and high levels of police intervention with young people being criminalised as a result. Risk assessments were not sufficiently detailed to assist staff to manage young people's behaviours. The systems in place for recording and handing over important information to staff was inconsistent and not clear. Young people we spoke with told us they felt safe. Nevertheless, an atmosphere such as this was not consistent with a calm, secure, therapeutic environment where young people can feel safe and thrive. Young people have not consistently experienced a safe, nurturing environment.

Young people are not cared for by a consistent staff team who understand their needs. Young people told us they had some staff members they could confide in if required. The acting manager and staff spoke positively about young people and we saw warm kind, respectful interactions between them. Some staff had been longstanding team members and were very committed to, and enjoyed their roles; however, there had been a high volume of agency staff utilised at the service for a considerable length of time, thus not providing consistent staff. Although attempts were made by the service to use the same

agency staff where possible. Young people's care and support plans were on their files. Young people had personal plans in place which we were informed had only recently been completed; on the first day of inspection, they were incomplete. They contained some information regarding young people's needs but it was not evident that plans were based on a provider assessment, outcome focussed or reviewed as required. Personal plans and related documents did not contain sufficient guidance to enable staff to achieve positive outcomes for young people. Young people did not have a copy of their personal plan and there was limited evidence staff had read and understood key documents. De-briefs records were not available following incidents to determine whether young people were listened to, to allow them an opportunity to reflect and raise any worries. Young people are not cared by a familiar team who know and understand them.

Young people's admission and departure to and from the home is not robustly considered. Impact assessments prior to admission were evident, in some, though not all young people's files. Therefore, we could not see that consideration had been given to the compatibility of all young people with others already living in the home, or to staff skills and experience to ensure that the needs of each individual could be safely and effectively met. Some completed impact assessments evidenced why a young person would not be a suitable match alongside the existing young people already living at the home. Regardless of this, the decision was made to admit the young person contrary to the assessment, thus negatively impacting on the service. Some young people moving on from the service had experienced a successful transition with positive outcomes, some had returned to family and some to foster placements. Others not so, an assessment was supposed to be completed during the placement to determine young people's placement needs moving on, these were not consistently completed and of the assessments we did see, they lacked appropriate detail, analysis, partnership working and forward planning. In some instances, young people had returned to the service on more than one occasion and had had significant placement moves in a short period of becoming looked after. Young people's admission and departure to and from the service does not evidence carefully considered decision making to ensure comprehensive plans are in place to give young people the best success.

3. Environment

Our findings

Young people live in appropriate living accommodation, although it is not particularly welcoming and homely. It is a one storey building which can accommodate six young people. Attempts had been made to make the environment more welcoming, the hallway walls were painted in various colours to uplift the long corridor. However, areas of the home required re-painting. The main area comprises the assessment unit which can accommodate four young people. The front of the building accommodates an emergency provision to accommodate two young people, a shared bathroom and a shared lounge kitchen area; a desk in the corner of this room allowed for one young person to eat food, we were told this was the dining table. This did not accommodate enough space for staff and young people to eat and enjoy a meal together; this area has its own access. The accommodation lacked decorative items or photographs of the young people to provide a sense of belonging. We were informed they had been damaged. We saw young people's bedrooms, these were basic and built in wardrobes were damaged. Some young people had limited belongings and some young people's bedrooms required staff to monitor more frequently to prevent the presence of certain items remaining in their room. There was other noticeable damage within the accommodation to the walls, items and furniture. Whilst action had been taken to address some of the damage we were concerned for the safety of other young people living in the home, and for the safety of staff, given the frequency of incidents. Staff, were clearly struggling to effectively manage the behaviours of some of the young people and we could not see that they had been provided with appropriate guidance and support from senior management, to ensure that strategies to reduce risk levels had been developed and implemented. Young people do not experience a homely or safe living environment. Their individual needs are not met, and ongoing regular damage to the property impacts on their well-being and sense of security and belonging.

Young people cannot be confident health and safety measures are always followed. External doors were alarmed and there was a key fob entry system. There was an up to date fire risk assessment in place which was amended accordingly. Records evidenced weekly fire alarm tests were conducted. There was daily checks conducted on emergency lighting. Monthly fire drills and fire instruction were not conducted as stipulated and the last was undertaken in July 2019. We would expect this to be more frequent because of the turnover of young people being admitted to the home via the emergency accommodation. Health and safety systems in place are not adhered to and a system is not in place for young people to be confident to know what to do in the event of an emergency.

4. Leadership and Management

Our findings

Young people are cared for within a home which does not consistently meet legal requirements, the service provider has not ensured that the home operates in accordance with its statement of purpose. We saw that the home's statement of purpose outlined the ethos, aim and objectives of the service, and provided information regarding service delivery. However, the operation of the service was not seen to be as described in the document. Our examination of records identified significant shortfalls in the day-to-day running of the home, these shortfalls included the home's matching and admissions processes, the day-to-day management of the home, arrangements in respect of staff training and supervision, the therapeutic model and the governance and oversight of the service. Young people's care and support needs are not properly met as the service does not consistently operate as set out in its statement of purpose and comply with legal requirements.

Young people are not cared for by staff who receive the supervision, training and support they require to provide appropriate care. We saw within records viewed that young people's needs were extremely complex. The home's statement of purpose outlined some of the difficulties which might be experienced by young people living in the home. It also made reference to being cared for "through a therapeutic programme" and "specialist qualified staff", trained to deliver a therapeutic placement. However, the home's training matrix (of training undertaken) by staff prior to our inspection, did not evidence that all staff had been provided with the training and support they required to deliver the therapeutic model. Nor had training been provided to all staff to meet the specific needs of young people living in the home. Incident records referenced risk-taking and challenging behaviours by young people, together with a high number of assaults on staff. However, we saw limited evidence of support and guidance provided to staff to ensure that incidents were effectively managed and the safety of young people and staff maintained. Given the complexities, we would expect staff to be supervised at the frequency stated in the home's statement of purpose. However, this was not evidenced at inspection. There was a system in place where a senior member of staff visited the service to offer de-brief sessions with staff. However, staff de-briefs were not consistently undertaken subsequent to individual incidents to allow them an opportunity to reflect. Staff members do not receive the direction, training and support they require to deliver a therapeutic service and effectively meet young people's needs.

Young people's emotional well-being is considered but they are not provided with the therapeutic support as described in the statement of purpose, and staff are not provided with the specialist advice and guidance they need to meet young people's complex needs effectively. There was a general lack of recording to evidence that this was a 'therapeutic children's home' as described in the home's statement of purpose. Given the high number

of incidents, we would have expected evidence of a timely, co-ordinated response to ensure staff and young people well-being was paramount. There was a high volume of agency staff being utilised at the home to ensure sufficient staff numbers, however this had reduced slightly with attempts made to recruit and retain some casual staff members. Records of agency staff qualifications, training and experience were not available during the inspection because they were not kept at the home and the manager was unaware of the agency staff profiles. Therefore, we could not be confident agency staff had the appropriate training and skills to meet the complex needs of the young people. Overall young people cannot be reassured that they will receive the therapeutic support they need to achieve good outcomes.

Although measures are in place to monitor and review service quality, they are not sufficiently robust. Service shortfalls including areas where the home does not meet legal requirements, are not consistently identified and are not addressed in a timely way. We saw evidence of senior management oversight of the home, with monitoring visits undertaken by the responsible individual and another senior manager visiting monthly, although monthly reports were not available during the first day of inspection, thus leaving the home without adequate quality assurance and monitoring. It was evident that some service shortfalls had been identified, and recommendations made e.g. regarding staff recruitment, supervision and training. Senior management meetings had also resulted in action being taken to address service shortfalls by an experienced manager being requested to oversee the home in the absence of the manager. However, monitoring did not clearly focus on outcomes for young people and despite the frequency and intensity of incidents taking place, action was not taken to meet young people's needs by promptly addressing service shortfalls. CIW were not notified of a significant number of events required by legislation and significantly, this was not identified through internal quality assurance processes for a considerable length of time. A quality of care report was yet to be completed by the responsible individual but the current manager had prepared their input for this report which was available to us. Young people cannot be confident that the home is carried on with sufficient care, competence and skill. The organisation's quality assurance mechanisms and governance arrangements are not robust enough to ensure that service shortfalls, including non-compliance with legislation, are identified and addressed in a timely way.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection since the service was registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non compliance at this inspection

During this inspection, we identified areas where the registered manager is not meeting the legal requirements and this is resulting in potential risk and poor outcomes for people using the service. We have issued non-compliance notices in relation to the following:

- **Regulation 14(1) – Suitability of the service:** The service provider must not provide care and support for individuals unless the service provider has determined that the service is suitable to meet the individual's care and support needs and to support the individual to achieve their personal outcomes.
- **Regulation 15 – Personal Plan:** Personal plans were not prepared in line with statutory guidance - outcomes were not specific and measurable. They also did not include the detailed guidance to staff about how personal outcomes would be met. Risk assessments did not include specific and detailed guidance to staff to minimise risk or evidence the success or otherwise of strategies staff were to follow.
- **Regulation 26 – Safeguarding:** The service provider has not provided the service in a way which individuals are safe and protected from abuse.
- **Regulation 36 – Supporting and developing staff:** The service provider needs to ensure that staff are supported, receive regular supervision, core training appropriate to the work to be carried out and more specialist training as appropriate.
- **Regulation 80 – Quality of care review:** The service provider has not ensured suitable arrangements were in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.

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

- **Regulation 17 -** The service provider has not given a copy of the personal plan to the young people living in the home.

- **Regulation 18 – Provider assessment:** The service provider has not carried out, within 7 days of the commencement of service, an assessment of how young people's individual needs can be met in line with requirements.
- **Regulation 22 – Continuity of care:** The service provider must put arrangements in place to ensure individuals receive continuity of care as is reasonable to meet their needs for care and support.
- **Regulation 35 – Fitness of staff:** The responsible individual has not ensured that agency staff are subject to the same checks as permanently employed staff and have evidence to demonstrate the checks have been undertaken.
- **Regulation 60 – Notifications:** The service provider has not notified CIW of all the events specified in Schedule 3 of the regulations and has not ensured notifications were made without delay.
- **Regulation 78 – Duty to ensure there are systems in place for keeping records:** The responsible individual has not ensured that there are effective systems in place in relation to the keeping of records.

Notices have not been issued on this occasion, as there was no immediate or significant impact for the young people using the service.

We expect the registered persons to take action to rectify the above which will be followed up at a future inspection.

5.3 Recommendations for improvement

- The frequency of fire evacuations drills is amended so that one is carried out whenever a young person is admitted to the home or a new member of staff appointed.
- Activity planners are developed together with young people to ensure they are engaged in meaningful activities.
- House meetings take place more frequently to provide opportunities for young people to have their voice heard formally.
- Independence plans are developed.
- A system to ensure any damage is repaired in timely manner.
- Key worker sessions to take place more frequently.

- More structure, routine and space to be established within the home to allow opportunities for young people and staff to congregate together, for example, eating meals.
- The accommodation to have more decorative items and photographs to provide a more welcoming environment where young people feel a sense of belonging.

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6. How we undertook this inspection

This was a full inspection as part of our annual inspection programme. One inspector made an unannounced visit to the home on 18 September 2019 between 09:55 – 17:25 and another announced visit on 27 September 2019 between 09:45 – 16:45.

The following methodology was used:

- We reviewed information about the service held by CIW.
- We spoke with the responsible individual, temporary manager and staff on duty.
- We spoke with one young person.
- We considered case records and information held by the service.
- We reviewed a sample of staff supervision records.
- We looked at a range of documentation including the Statement of Purpose, Service Users Guide and a sample of policies and procedures.
- We considered the quality monitoring records.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Bridgend County Borough Council
Manager	Sian Morgan-Jones
Registered maximum number of places	6
Date of previous Care Inspectorate Wales inspection	02/08/2017
Dates of this Inspection visit(s)	18/09/2019 27/09/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	



Inspection Report on

Maple Tree House

Bridgend

Date Inspection Completed

21/02/2020

Final unpublished report

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Description of the service

Maple Tree House is a children's home operated by Bridgend County Borough Council. The home provides care for up to six young people. It is a one-storey building; the main area comprises the assessment unit, which can accommodate four young people. The front of the building accommodates an emergency provision to accommodate two young people. The manager is registered with Social Care Wales. The responsible individual is Laura Kinsey.

Summary of our findings

1. Overall assessment

This was a focussed inspection to test compliance on the outstanding non-compliance raised at the previous inspection in September 2019, and in particular those in relation to the well-being, care and support of young people and the leadership and management of the service. Whilst there have been some improvements made at the service with a more consistent staff team, better oversight of decision making regarding admissions, however, there remains areas of concern. The service has failed to achieve compliance in the specified timeframe and young people do not receive care and support in line with the service's statement of purpose. Improvements are required in the provision of specific and up to date guidance for staff to enable them to manage the complex needs and behaviours of the young people living at the home. Additionally, improvements are required in relation to the recording systems, staff training and support, safeguarding, incident management, the implementation of therapeutic support, admissions and discharge of young people and the responsible individuals' oversight of the service. Governance and quality assurance arrangements are in place but these require strengthening and action is required by the responsible individual to ensure that the service complies with legal requirements.

2. Improvements

- All about me documents were completed with young people to provide a better understanding of their wishes and feelings when placement searches commence.
- Time is set aside for staff to complete paperwork away from being on shift.
- A provider assessment has been developed.
- CIW have been notified in line with legislation.
- Reduction in agency staff being used.

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
- Quality assurance

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1. Well-being

Our findings

There are systems in place for young people to have their voice heard but improvement is required. Young people told us they were able to have a say about the food they ate and the activities they engaged in. We viewed the complaints records; these evidenced young people knew how to complain. The audit trail following a complaint required improvement to ensure this was easily accessible and young people signed to evidence they were happy with the outcome. Young people's views had been incorporated into their personal plans. Direct work plans had been drawn up and some sessions had been completed allowing time for young people to express what was important to them; however, this was being developed further. It was not always evident of sessions being completed with young people, in a timely manner, following incidents. In some cases, they were written retrospectively and it was unclear where the information had been obtained from. The staff had supported young people to maintain contact with their families. House meetings continued to be developed by speaking with the young people individually. All about me documents were created to capture young people's views for future placement searches. Attempts were made to seek views of young people during quality assurance visits. There was minimal evidence of young people personalising their environment. Practice and processes in the service allow young people to make decisions about their care but this requires strengthening.

Practice and processes in place to safeguard young people are in need of improvement. One young person we spoke with told us they felt safe living at the home but we saw reference to a previous young person stating they did not feel safe. Staff we spoke with felt confident about safeguarding processes and how to raise any practice concerns if necessary. Safeguarding meetings had been convened when required and CIW had been notified appropriately in line with legislation. The training matrix did not evidence all staff had safeguarding training. Risk assessments were in place, although they had improved, these still lacked detailed guidance to staff in how to manage young people's increasing risk taking behaviour and did not identify all known risks. There were frequently serious incidents occurring at the home, affecting staff and other young people's safety. Police involvement was still utilised, although reduced, to assist with managing young people's behaviours, thus resulting in young people being criminalised. Incident records were improved with better oversight, but these still lacked a complete picture of an incident and the safeguards implemented following a serious incident. Where safeguards were recognised, they were not routinely implemented, resulting in further incidents. Physical intervention levels were low and records we viewed, where used, they were proportionate, however, the records should indicate how long a young person were held for and by which staff. During the inspection process, we also had received notifications from the service indicating serious incidents at the home placing young people and staff at increased risk. There continues to be concerns regarding the safety and management of incidents at the

home by the actions taken by staff. Additionally, there was a lack of incident analysis and forward planning in managing incidents. The safeguarding arrangements at the service are in need of improvement to ensure young people's well-being is paramount.

The arrangements in place to promote young people's physical, emotional and mental well-being requires strengthening. Young people's admission and discharge had improved but they were not consistently robust. Decision making to admit young people had improved with more ownership for the manager to make decisions about a suitable match and this was evident at inspection. Impact assessments, provider assessments and assessments to determine future placement needs were not consistently completed or effectively analysed young people's needs. This resulted in young people leaving and returning to the service on different occasions, affecting the number of placement moves. Efforts are made to improve this the service was advertising for a part time social work post to complete the assessments. The young people were able to take part in physical and non-physical activities, which they enjoyed, although their engagement was variable. Independence work had started to help young people develop their skills. Health needs were met; staff received necessary training to meet needs and medical attention sought when required. Input from specialist health support was available to young people when required, however, in some instances there was a lack of evidence of joined up working with guidance not incorporated into young people's documentation. Despite the service's statement of purpose indicating the placement was therapeutic, there was limited evidence of this. The RI recognised this and there were plans being implemented to achieve this with staff receiving the appropriate training. De-briefs for young people and staff were yet to be fully implemented, despite there being plans to. Records referred to young people having direct work undertaken with them following incidents and within their risk assessments and personal plans but there was limited evidence of sessions directly focussing on the known risks, or working with others to reduce and seek support for the behaviours. There was limited evidence of young people having made positive progress since residing at the service. Attempts are made to try to address some of young people's behaviours but there is limited evidence of sustained positive progress being achieved by young people living at the home.

2. Care and Support

Our findings

Improvements have been made regarding admissions but young people are not consistently supported to move on from the home successfully. We saw evidence of the manager being given ownership of the decision making regarding admissions and some placements had been declined due to inappropriate matching. Discussions with the social worker regarding compatibility and posed risks was also in place, which the manager explained was working well. Where young people were placed in the emergency unit with high complex needs, the service suspends further emergency admissions to ensure it is a solo placement. The service had developed a provider assessment which covered various pertinent issues, staff had received training on this but these were not consistently completed and filled in. The service had successfully supported some young people to move on with some outreach support in place. Impact assessments were not consistently completed and none were completed for the emergency placements in the emergency unit. Neither were assessments to determine future placement needs for young people in the emergency unit. Therefore, there was no record of decision-making and analysis regarding these placements. No further admissions to the assessment unit had taken place; therefore, we could not determine the robustness of this area during inspection. Some young people had been back and forth the service due to their assessed placement not being successful. Some young people were told they were leaving the service and later did not. The RI had amended the statement of purpose to provide scope for young people to stay past the designated timeframes in extenuating circumstances. Young people's needs are now prioritised before further admissions are made but the admission process still requires strengthening and their assessed needs and placement moves requires attention to give young people the best chance of success.

Young people are cared for by a consistent staff team with improved handover systems in place but documentation regarding young people's needs were not detailed to provide them with the necessary knowledge and guidance to meet their needs. Personal plans were in place and these now incorporated young people's views and they were offered a copy of their plan. However, they still lacked evidence of how young people were being supported to achieve positive outcomes. They lacked key information regarding young people's needs and how they would be supported day-to-day. Additionally, risk assessments lacked clear guidance regarding young people's risk taking behaviour and how they were to be supported to safely manage and reduce risk taking behaviour. Handovers were taking place prior to each shift which was recorded to evidence each update. Agency staff usage had significantly reduced and the staff team was more consistent to allow young people the means to develop relationships with familiar staff. Young people are cared for by a consistent staff team where there is a system in place to handover information but further attention needs to be paid to young people's documentation to ensure staff are clear and detailed guidance is available to achieve positive outcomes for young people.

3. Environment

Our findings

This was not an area of non-compliance at the previous inspection. However, there were areas of improvement required, therefore, we viewed the accommodation. There was less noticeable damage, albeit, there was still some including the carpet in the assessment unit needing replacing, the walls had been re-painted and repairs were completed in a timely manner. One young person told us it was not homely and reported to the manager that they did not want others to visit because it was not a 'home'.

The accommodation continues to appear unwelcoming and homely, the home lacked any personalisation or evidence that it was the young people's home. The emergency unit, which was for young people to stay for up to 28 days, often longer in extenuating circumstance, remained with only one place available at the dining table for a young person to sit, however, the manager informed us they intended to order a new table to accommodate more young people and staff to sit and eat together. The living room in the emergency unit was not particularly homely and did not have a television or particular signify it was a living room. We were informed young people had televisions in their bedrooms and the kitchen/dining area. The manager assured us a television would be ordered for the living room.

Documents viewed indicated that internal doors were being locked, thus linking to an increase in incidents. The manager assured us that doors were not locked routinely, only where there was an on-going incident, the kitchen would be locked.

4. Leadership and Management

Our findings

Young people are cared for in a home which does not consistently meet legal requirements, the service provider has not ensured that the home operates in accordance with its statement of purpose. We saw that the home's statement of purpose outlined the ethos, aim and objectives of the service, and provided information regarding service delivery. However, the operation of the service was not as described in the document. The statement of purpose continues to outline the home as a therapeutic placement, we continued to see very little evidence to demonstrate the young people were cared for therapeutically. It also made reference to the service "*focussing on assessments and therapeutic interventions to stabilise the child's / young person's behaviour, work on improving any risk taking behaviours...and identify the most suitable long-term move on placements*" and being cared for by "*specialist qualified staff*". However, the home's training matrix did not evidence that all staff had been provided with the training and support they required to deliver the therapeutic model. Staff training was not as described and there were shortfalls in admissions and discharge of young people, incident and behaviour management and overall quality assurance systems. Young people cannot be confident they will be cared for as described by the statement of purpose.

Young people are cared for by a consistent staff team who receive supervision but improvement is required in relation to staff training and guidance. The staff we spoke with enjoyed their jobs and felt supported by managers at the service; they felt things had improved since the last inspection. There were less agency staff being used to complete shifts and there was a focus on recruiting further staff to create a more stable staff team. Many of the staff team were new but there were staff who were appropriately qualified and experienced and had worked at the service for a considerable length of time. The training matrix did not evidence that all staff had been provided with the training and support they required to deliver the therapeutic model. Additionally, training had not been provided to all staff to meet the specific needs of young people living in the home nor had many staff undertaken the mandatory training identified by the service. There was a system in place where a senior member of staff visited the service to offer de-brief sessions with staff. However, staff de-briefs were not consistently undertaken subsequent to individual incidents to allow them an opportunity to reflect. Staff members do not receive the direction, training and support they require to deliver a therapeutic service and effectively meet young people's needs.

Quality assurance systems are in place but these need to be strengthened. We saw monthly team meetings to allow opportunities for staff to raise matters. Monthly visits were undertaken by another manager within the service and the manager completed a monthly report to identify and address shortfalls. These evidenced some areas of improvement were being identified but primarily lacked detail regarding any analysis of information viewed.

Additionally, some months, some key information, i.e. incidents at the service were not being viewed, commented on or information analysed. The RI's three monthly visit had been undertaken in line with legislation. The last visit undertaken was by another senior manager in the absence of the RI, the visit, had not identified any areas of improvement nor had the visit been clear about what was viewed and there was no analysis. There was no evidence of them looking at or commenting on young people's documentation or how their outcomes are being achieved and there were no action points to follow up. However, they had attempted to engage and seek the views of a young person present at the time and sought the views of staff on shift. A quality of care review report was available and evidenced consultation with young people, staff and other professionals, albeit limited. It recognised areas of success and identified areas of improvement. Whilst some improvements had been made, there continues to be shortfalls at the service and these are not routinely identified and rectified in a timely manner as part of their quality assurance systems.

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5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none"> • Regulation 14(1) – Suitability of the service: The service provider must not provide care and support for individuals unless the service provider has determined that the service is suitable to meet the individual’s care and support needs and to support the individual to achieve their personal outcomes. 	Achieved
<ul style="list-style-type: none"> • Regulation 15 – Personal Plan: Personal plans were not prepared in line with statutory guidance - outcomes were not specific and measurable. They also did not include the detailed guidance to staff about how personal outcomes would be met. Risk assessments did not include specific and detailed guidance to staff to minimise risk or evidence the success or otherwise of strategies staff were to follow. 	Not achieved
<ul style="list-style-type: none"> • Regulation 26: Safeguarding The service provider has not ensured that the service is always provided in a way which ensures that young people are protected from harm and abuse. 	Not achieved
<ul style="list-style-type: none"> • Regulation 36 – Supporting and developing staff: The service provider needs to ensure that staff are supported, receive regular supervision, core training appropriate to the work to be carried out and more specialist training as appropriate. 	Not achieved
<ul style="list-style-type: none"> • Regulation 80 – Quality of care review: The service provider has not ensured suitable arrangements were in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service. 	Not achieved

5.2 Recommendations for improvement

- The computer systems for storing records including young people records requires improvement to ensure information is easily accessible and contained within the correct file.
- Frequency of chronologies to be completed.
- Ensure any agency staff sign to evidence they have read and understood key documents relating to the young people living at the home.
- Young people to sign to evidence they are happy with the outcome of any complaints made by them.
- Physical intervention records to clearly indicate which staff were involved in the hold and the length of the hold is recorded.
- Supervision records to evidence more clearly the discussions that took place.

6. How we undertook this inspection

This focused inspection was undertaken to determine whether the service had achieved compliance with legislation in the areas identified in the notices of non-compliance issued in September 2019. We therefore looked at the well-being of young people living in the home, their care and support and the leadership and management arrangements. One inspector made an unannounced visit to the home on 19 February 2020 between 9:30 a.m and 17:10 p.m and another announced visit on 21 February 2020 between 09:30am – 16:50pm.

The following methodology was used:

- We reviewed information about the service held by CIW.
- We spoke with the responsible individual, temporary manager and staff on duty.
- We spoke with one young person.
- We considered case records and information held by the service.
- We reviewed a sample of staff supervision records.
- We looked at a range of documentation including the Statement of Purpose, Service Users Guide and a sample of policies and procedures.
- We considered the quality monitoring records.

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

www.careinspectorate.wales

7. About the service

Type of care provided	Care Home Service
Service Provider	Bridgend County Borough Council Adults and Children's Services
Responsible Individual	Laura Kinsey
Registered maximum number of places	6
Date of previous Care Inspectorate Wales inspection	18/09/2019 27/09/2019
Dates of this Inspection visit(s)	19/02/2020 21/02/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

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Inspection Report on

Maple Tree House

Bridgend

Date Inspection Completed

10/08/2020

Final unpublished report

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About Maple Tree House

Type of care provided	Care Home Service Children's Home
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	19 & 21 February 2020
Type of Inspection	Focused
Does this service provide the Welsh Language active offer?	No

Summary

We carried out a focussed inspection in line with our improvement and enforcement process. This was to test the outstanding non-compliance raised at the previous two inspections in September 2019 and February 2020, relating to well-being, care and support and leadership and management of the service. The service has recently been deemed a service of concern. There have been some improvements made at the home including:

- Good analysis of incidents and behaviours which has seen a recent reduction in risk taking behaviour for some young people.
- There are improved systems to support staff and some young people are engaging better in activities.
- Complaints have been responded to appropriately and an increase in direct and independence work with young people.
- The behaviour clinic has completed some staff training.

Despite this, the service has failed to achieve compliance. There continues to be concerns about the service and keeping young people safe. Documentation at the home provides the staff team with limited understanding about the overall needs of the young people to ensure they receive a high standard of care and achieve positive outcomes. Young people's diet is poor and their overall care and support requires improvement. Medication management is poor with continued errors occurring. Training to meet the needs of young people continues to be inadequate and although quality assurance systems have been strengthened, these continue to fail to identify and rectify shortfalls at the home.

Well-being

Young people have a voice and are able to express their views and opinions day to day but their involvement in their overall care requires improvement. Young people told us they engaged in activities of choice, have a say about the foods they eat and can talk to staff about any problems they have. We saw complaints were responded to appropriately. House meetings take place but some young people chose not to engage but they have other opportunities to include their views. Their involvement in the development and review of their personal plans was limited. De-briefs for young people following incidents were not in place.

The arrangements in place to promote young people's physical, emotional and mental well-being is in need of improvement. Routines, consistency and structure was minimal at the home. Although, Young people have newly developed activity planners outlining their plans and routines for the week in an attempt to implement good, consistent routines and structure. These have been successful for some young people who have engaged well with better structure to their days. We acknowledge that Covid-19 has had a negative impact on young people's access to activities. However, engagement for some was limited and there was a lack of encouragement by staff. Sleeping patterns were poor for some young people; they were awake throughout the night and asleep during the daytime. The food consumed by young people was not healthy, balanced or nutritious. Efforts are made by the staff team to offer healthier options but further work regarding this is necessary.

There are safeguarding measures in place but are not always effective. The majority of the care staff have completed safeguarding training. Training to meet the more specific areas of young people's risk taking behaviour was limited. Staff told us they felt confident in the procedures and how to raise concerns. Young people told us they felt safe living at the home, but there was information to highlight that one young person told staff they did not feel safe. Efforts are being made to improve the systems in place to ensure young people are safe but serious incidents continue to occur. CIW have been notified of the majority of incidents, which have occurred at the home. Physical interventions used at the service are low. Medication is not managed in a safe way and there have been errors, which have not been dealt with appropriately.

The accommodation is suitable for short-term placements in line with the services model but is not particularly homely. Improvements have been made to the environment including new flooring. Areas of concern identified during our inspection including the maintenance and personalisation of young people's space remained.

Care and Support

Personal plans are in place, but they do not provide a detailed overview of how the service will meet young people's needs to ensure they achieve positive outcomes. Plans were lacking in detail regarding important and key aspects of a young person's life. These were not always updated in line with changes. They did not consistently evidence how staff were to support young people to reduce risk taking behaviour and make progress in other aspects of their life. These include areas relating to how the service intended to meet the young person's day-to-day needs, including establishing good routines and maintaining good overall health and well-being were not evident. Young people's involvement was limited and their views were not established for reviews of the plan.

Young people are not appropriately safeguarded at the home. Prior to the inspection, we received a high volume of notifications, some of which were of concern. This led to CIW seeking further assurances that young people were safe. They indicated poor decision-making and actions to appropriately safeguard young people in seeking the right care. Incident reports do not always fully reflect and outline what occurred during an incident at the home. Learning from the incident is not always effective to establish what could have been done differently. New protocols have been developed to provide a more consistent approach by staff during incidents although these have not been built into the risk assessments but are readily available to staff. Risk assessments and personal plans do not provide full details of the risk taking behaviours for each young person and clear guidance in how staff are to respond. Despite the efforts to reduce risk taking behaviour, there continues to be serious incidents occurring at the service. Young people have been criminalised by their actions at the home and although reduced, police continue to be called to assist with behaviour management. The recording systems at the home are not providing an overview of the young people's daily actions in order to provide full details of young people's daily activities, their whereabouts and the staff monitoring systems. The service operates with sleep in staff, this is despite the young people's night time behaviours/routines and is not suitable to appropriately manage and safeguard young people.

Young people cannot be confident there are safe systems in place to manage medication. There have been occasions where medication has run out, the recording of medication is not clear and the agreed facilities to administer medication were not in place during the inspection. There had been three errors in a short space of time. Where it has been required, medical attention has not always been sought in a timely manner. The systems and oversight in place are not robust, they do not effectively identify errors and appropriate action is not always taken following a medication error. The medication cabinet had been repaired and had been moved to a more suitable space within the home to prevent further unauthorised access.

Environment

This was not an area of non-compliance during the previous inspection. However, we viewed the environment and found that whilst improvements had been made some areas are still in need of improvement.

A new small table had been purchased to ensure there was sufficient space for young people to eat their meals. Flooring had been replaced throughout. The outdoor area and some internal areas required maintenance but there had been a delay due to COVID-19; However, there was planned maintenance to resolve the issues.

We viewed a young person's bedroom; this was not in a suitable, acceptable condition. The responsible individual was informed of this. Items of concern were identified which were removed during the inspection.

The accommodation is appropriate for short-term placements but it does not particularly provide a homely, therapeutic, warm environment. There are plans for the service to relocate to a new provision in the future.

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Leadership and Management

The responsible individual is committed to supporting staff, making the necessary improvements to meet regulations and to provide a service in line with their statement of purpose. The service has taken action to establish better systems and oversight of the service. A new group manager is overseeing the service. The service is currently in the process of recruiting a new manager. In the interim, a temporary manager oversees the service full-time and is based physically at the home twice a week. Additionally, they have a workforce development officer at the service on a part time basis, providing staff support and undertaking some quality assurance audits. A detailed provider assessment had been completed for a new admission to the service and the intention is to upskill staff to enable them to undertake assessments moving forward. The behaviour clinic, an assessment and therapy clinic have been commissioned to be based at the service three days a week to provide assessments, therapeutic input, behaviour analysis and training for staff to provide a more consistent and engaged approach with young people. There has been evidence of some real trends in what has been effective and what has not been. As a result, there has been a risk reduction in some instances and good investment and engagement from some young people.

The behaviour clinic have completed some training with staff regarding supporting young people, managing their behaviours and the implementation of their protocols. The RI informed us that it has been difficult to obtain further training and assistance from other professionals to embed plans during the pandemic. The majority of staff have not received training to meet the specific individual needs of the young people or the mandatory training. Staff receive regular supervision and de-briefs have been introduced to provide staff with time to reflect following an incident. Staff told us they felt supported and felt the service was improving but recognised further progress is required.

Quality assurance systems are in place but their effectiveness to identify shortfalls still require strengthening. Monthly team meetings for staff have not taken place during the pandemic. Handovers between shifts take place to share information and any updates between shifts. Monthly quality assurance visits were undertaken by other managers within the service, action points have been identified but there was no method to follow these up to determine that action had taken place. Due to the pandemic, the RI undertook their three monthly visit by means of a telephone discussion with the manager. The report had not identified any areas of improvement but highlighted an overview of the current circumstances. Documentation was not viewed to provide an overview of young people's experiences of their care at the service. There was no analysis to determine how young people's outcomes are being achieved and there were no action points to follow up. Whilst some improvements had been made throughout the service and there is a commitment to continue making progress. There continues to be shortfalls at the service and these are not routinely identified and rectified in a timely manner as part of their own quality assurance systems.

Areas for improvement and action at the previous inspection

Manually add 'Description' and 'Regulation Code' from cassi data and the wording "Achieved" of improvement and action completed since the previous inspection

<p>Regulation 15 – Personal Plan: Personal plans were not prepared in line with statutory guidance - outcomes were not specific and measurable. They also did not include the detailed guidance to staff about how personal outcomes would be met. Risk assessments did not include specific and detailed guidance to staff to minimise risk or evidence the success or otherwise of strategies staff were to follow.</p>	<p>Regulation 15(1)</p>	<p>Not Achieved</p>
<p>Regulation 26: Safeguarding The service provider has not ensured that the service is always provided in a way which ensures that young people are protected from harm and abuse.</p>	<p>Regulation 26</p>	<p>Not Achieved</p>
<p>Regulation 36 – Supporting and developing staff: The service provider needs to ensure that staff are supported, receive regular supervision, core training appropriate to the work to be carried out and more specialist training as appropriate.</p>	<p>Regulation 36(2)</p>	<p>Not Achieved</p>
<p>Regulation 80 – Quality of care review: The service provider has not ensured suitable arrangements were in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.</p>	<p>Regulation 80(1)</p>	<p>Not Achieved</p>

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

Areas where immediate action is required

None	
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Areas where improvement is required

None	
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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

About the service

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

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Bridgend County Borough Council

Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

www.bridgend.gov.uk



Maple Tree House

Action Plan in relation to Care Inspectorate Wales Inspection

10th August 2020

NON-COMPLIANCE NOTICE	ACTIONS	TIMESCALES	DESIRED OUTCOME	UPDATE	LEAD OFFICER	Status
<p>Regulation 15 – Personal Plan: Personal Plans were not prepared in line with Statutory Guidance – outcomes were not specific and measurable. They also did not include the detailed guidance to staff about how personal outcomes would be met. Risk Assessments did not include specific and detailed guidance to staff to minimise risk or evidence the success or otherwise of strategies staff were to follow.</p>	<p>Personal plans to be reviewed and updated to ensure the outcomes are measurable and they contain detailed guidance to staff about how personal outcomes are to be met.</p>	<p>18th September 2020</p>	<p>Personal Plans to the outcomes are measurable and they contain detailed guidance to staff about how personal outcomes are to be met.</p>	<p>All 3 Plans have been reviewed and updated. They contain measurable outcomes and detail guidance to staff about how personal outcomes will be met.</p>	<p>Steven Howell, Group Manager</p>	<p>Completed</p>
	<p>Young People need to be involved in the development of their Personal Plan.</p>	<p>09th October 2020</p>	<p>Personal Plans will be developed with the YP in order to ensure they include and reflect their wishes and feelings.</p>	<p>YP have had the opportunity to contribute to their Plans and their wishes and feelings recorded. Plans will be discussed with YP during keyworker sessions to ensure they continue to have the opportunity to contribute to them.</p>	<p>Karl Culpeck, Residential Manager</p>	<p>Completed</p>
	<p>Personal Plans to be reviewed and updated during the Fortnightly Professionals meeting.</p>	<p>18th September 2020</p>	<p>Personal Plans demonstrate the progress being made by each young person in achieving the outcomes identified within the plan and guidance to staff is updated in a timely manner.</p>	<p>Fortnightly meetings are being held (chaired by Karin Henderson) where the plans are being reviewed and updated.</p>	<p>Steven Howell, Group Manager</p>	<p>Completed</p>

	<p>Personal Plans to be reviewed and updated following any incident.</p>	<p>18th September 2020</p>	<p>Plans are up to date and reflect any changes that are required to ensure the YP meets their stated outcomes.</p>	<p>There is evidence that these plans are being reviewed and updated following any incident.</p>	<p>Karl Culpeck, Residential Manager</p>	<p>On-going</p>
	<p>All Personal Plans to be reviewed by the Residential Manager and Group Manager Placements and Provider Services and the Responsible Individual Quarterly.</p>	<p>18th December 2020</p>	<p>Management Oversight of the Personal Plan to ensure they continue to meet the desired standards and YP achieve positive outcomes.</p>	<p>Residential Manager and Group Manager have contributed to the review and update of Plans. RI visit on 16th October 2020 where one plan viewed.</p>	<p>Laura Kinsey, Responsible Individual</p>	<p>On-going</p>
	<p>Training to be provided to all staff in respect of developing and reviewing Placement Plans.</p>	<p>Seniors by 21st September 2020 Residential Workers by 30th November 2020</p>	<p>For All staff to have a clear understanding of the requirements in relation to each child's personal plan.</p>	<p>Date planned for 23rd October 2020</p>	<p>Steven Howell, Group Manager</p>	<p>Overdue</p>
	<p>Risk assessments to be reviewed and updated to ensure that they provide specific and detailed guidance to staff in respect of actions they are required to take to minimise Risk. The Risk Assessment are to also evidence the success or</p>	<p>18th September 2020</p>	<p>Risk Assessments provide specific and detailed guidance to staff in respect of actions required to minimise risk.</p>	<p>All 3 Risk Assessments have been updated and they now provide detailed guidance to staff in respect of the</p>	<p>Steven Howell, Group Manager</p>	<p>Completed</p>

	otherwise of the strategies that staff are required to follow.		Risk Assessments provide information that can be analysed to demonstrate the success of strategies used with YP to reduce risk and where necessary can identify the need to develop a different strategy.	actions they need to take to minimise risk.		
	Risk Assessments to be reviewed and updated as necessary following an Incident.	18th September 2020	All Risk Assessment to be up to date and reflect any changes required to Safeguard a Young Person.	Risk Assessments are now being reviewed and updated where necessary following all incidents.	Karl Culpeck, Residential Manager	On-going
	Risk Assessments to be reviewed and updated during the Fortnightly Professionals meeting.	18th September 2020	Risk Assessments are up to date and reflect any changes that are required to ensure the YP is safeguarded.	Fortnightly meetings are being held (chaired by Karin Henderson) and risk assessments reviewed and updated.	Steven Howell, Group Manager	On-going
	All Risk Assessments to be reviewed quarterly by the Residential Manager, Group Manager, Placements and Provider Services and the Responsible Individual on a Quarterly basis.	18th December 2020	Management Oversight of the Risk Assessment to ensure they provide the sufficient detail to guide staff actions to safeguard young people	Residential Manager and Group Manager have contributed to the review and update of Risk Assessments.	Laura Kinsey, Responsible Individual	On-going

			and that there is evidence that the risks have been reviewed and updated as required.	RI visit on 16th October 2020 where one Risk Assessment was viewed.		
Regulation 26: Safeguarding - The service provider has not ensured that the service is always provided in a way which ensures that young people are protected from harm and abuse.	All Incident reports to be completed within 24 hours. Management Oversight is required for each Incident Report completed to ensure that actions taken are in line with Personal Plans, Risk assessments and Protocols.	11 th September 2020	All incidents are responded to in line with plans and protocols and in a way that safeguards young people.	All incident reports since 10 th August have been reviewed by a Residential Manager and where shortfalls in quality were identified they were returned to seniors and remedial actions completed.	Karl Culpeck, Residential Manager	On-going
	CIW notification to be submitted within identified time scales, all senior staff to be able to report.	11 th September 2020	CIW have a clear oversight of significant incidents and evidence of steps taken to safeguard young people.	All notifications since the last inspection have been submitted within timescales.	Senior Staff and Karl Culpeck, Residential Manager	On-going
	Debrief sessions to continue to take place following incidents to ensure staff are supported and action to respond appropriately to behaviours is identified.	11 th September 2020	Staff feel supported and are provided with an opportunity to learn and develop.	De-briefs are being undertaken and recorded following every incident.	Senior Staff and Residential Manager	On-going
	Timely debrief sessions to be undertaken and with YP following an incident to assist a Young Person to consider the appropriateness of their	14 th September 2020	Young People have their voice heard and also have an opportunity to learn about their behaviours	Young People are being engaged post incident, but this area requires further improvement.	Senior Staff and Residential Manager	On-going

		<p>behaviours and the impact on others.</p> <p>Develop a form to capture the de-brief sessions that are undertaken with Young People.</p> <p>Daily recording to be Quality Assured to ensure they reflect the strategies and protocols used by staff to engage with and safeguard young people.</p> <p>See Actions detailed above regarding Risk Assessments.</p>	<p>18th September 2020</p> <p>11th September 2020</p>	<p>and the impact it has on their own safety and the safety of others.</p> <p>There is clear evidence of de-brief sessions being undertaken with Young People.</p> <p>The daily recording will provide detailed evidence of daily interaction between staff and YP along with evidence of how staff are working in accordance with the YP Personal Plan, Risk Assessment and Protocols.</p>	<p>Behaviour Clinic have been asked to develop a de-brief form to use with YP.</p> <p>Some quality assurance has been undertaken and improvement commenced.</p> <p>Further work required in order to ensure the improvements have been/can be sustained.</p>	<p>Karl Culpeck, Residential Manager</p> <p>Karl Culpeck, Residential Manager</p> <p>As detailed above regarding Risk Assessments.</p>	<p>On-going</p> <p>On-going</p>
Regulation Supporting and developing staff:	36 – The	All staff to be provided with regular supervision in line with Departmental requirements.	11 th September 2020	All staff receive regular supervision that	Supervision between Residential Manager	Senior Staff and	On-going

<p>service provider needs to ensure that staff are supported, receive regular supervision, core training appropriate to the work to be carried out and more specialist training as appropriate.</p>	<p>Staff training to be scheduled and delivered in relation to Core Areas such as Child Sexual Exploitation, alcohol and substance mis-use, self-harm, first aid, Restorative Approaches (this is not an exhaustive list).</p> <p>Review to be undertaken to identify staff who are trained to deliver first aid to ensure that a member of staff is working each shift who can administer first aid as required.</p>	<p>30th September 2020</p> <p>30th September 2020</p>	<p>supports their learning and development.</p> <p>Staff have received training to be able to meet the needs of the young people that they are caring for.</p> <p>When required young people will receive first aid from a member of staff who is trained to provide it.</p>	<p>and Senior staff has commenced.</p> <p>Residential Manager is monitoring staff supervision to ensure that it is completed in line with Departmental Policy.</p> <p>2 x CSE Training to be delivered to 12 staff by the end of October 2020.</p> <p>4 x iPads now at MTH for staff to access relevant e-learning.</p> <p>Currently exploring restorative Approaches training for staff.</p> <p>Training delivered on 15/16 October 2020. All Seniors are now first aid trained so there is always a first aider on shift.</p>	<p>Residential Manager</p> <p>Steven Howell, Group Manager</p> <p>Karl Culpeck, Residential Manager</p>	<p>On-going</p> <p>Completed</p>
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	All staff to be trained in the use of Team Teach.	31st December 2020	When required to safeguard a Young Person or others, staff are able to safely restrain Young people.	Team Teach training delivered on 8 th and 9 th October 2020 and will be delivered again on 22 nd and 23 rd October 2020.	Steven Howell, Group Manager	On-going
	Behaviour Clinic to deliver a rolling programme of Positive Emotional Behavioural Support (PEBS) across 3 months to ensure that all staff at MTH receive appropriate training in relation to the Therapeutic Model being used.	21 st September 2020	All staff will have an understanding of the PEBS Model, the impact of Trauma and the therapies used. Staff will understand the different behaviour types and the approaches used to manage behaviours.	Behaviour Clinic to roll out training to all staff. The staff team will be split into two cohorts and undertake the training weekly over 10 sessions. Currently planning the roll out which is impacted by current Covid restrictions.	Steven Howell, Group Manager	On-going
	Staff training database to be reviewed and updated.	30 th September 2020	Staff training to be monitored to ensure that mandatory training is completed (and renewed as appropriate).	Have developed a worksheet to enable the Residential Manager to monitor compliance with Mandatory and specific training.	Karl Culpeck, Residential Manager	On-going
Regulation 80 – Quality of care review: The service provider has not ensured suitable arrangements were in place to establish	The Quality of Care process is to be reviewed to ensure that where shortfalls are identified during monthly visits there is a process in place for these to be followed up to	30 th September 2020	Regular visits are undertaken at MTH that review the quality of the service provided and where shortfalls are	New Monthly Visit and RI paperwork has been developed.	Steven Howell, Group manager	On-going

<p>and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.</p>	<p>ensure any remedial actions are completed.</p>		<p>identified they are responded to in a timely manner to ensure individual's safety, health and well-being.</p>	<p>Further work required to detail the procedure to be followed when completing a visit.</p>		
	<p>Responsible Individual to resume on-site visits.</p>	<p>30th November 2020</p>	<p>RI is able to undertake a holistic assessment of the quality of service provision, reviewing the appropriate written records and receiving feedback from staff members and young people.</p>	<p>On-site RI visit undertaken on 16th October 2020</p>	<p>Laura Kinsey, Responsible Individual.</p>	<p>Completed</p>
	<p>Karl Culpeck to continue in his role as Residential manager for Maple Tree House until a New Manager has been recruited and Steven Howell, Group Manager will be based at Maple Tree House 3 x week.</p>	<p>11th September 2020</p>	<p>Increased managerial oversight at MTH to ensure the required work is undertaken to 1) reduce the frequency of incidents and 2) improve the quality of recording.</p>	<p>Management cover is present at MTH 5 days per week.</p>	<p>Laura Kinsey, Responsible Individual</p>	<p>Completed</p>
	<p>Group Manager/Principal Officer to initially chair professionals meetings held in respect of YP to ensure a robust review of the personal plans, risk assessments and protocols.</p>	<p>14th September 2020</p>	<p>Improvement in the quality of and management oversight of young people's plans and assessments.</p>	<p>Karin Henderson is chairing these meetings.</p>	<p>Laura Kinsey, Responsible Individual</p>	<p>Completed</p>

	<p>All incident reports to be reviewed to ensure that:</p> <ul style="list-style-type: none"> • They are of the required standard. • They fully reflect and outline what occurred during an incident. • They evidence learning from an incident. • Personal Plans and Risk Assessments are reviewed and updated following an Incident. 	<p>09th October 2020</p>	<p>Incident Reports that set out details of an incident along with any steps taken by staff to reduce the risk to a YP.</p> <p>Incident Reports evidence learning following an incident and this is incorporated into the Personal Plan and Risk Assessment as required.</p>	<p>Liz Walton-James is undertaking a safeguarding review of all incidents between April – July 2020.</p> <p>Debra Evans has undertaken a review of all incidents since 10th Aug and highlighted areas for improvement.</p> <p>Seniors have completed the work identified.</p>	<p>Steven Howell, Group Manager</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p>
	<p>All notifications to be reviewed by Residential manager prior to them being submitted to CIW.</p>	<p>31st August 2020</p>	<p>CIW appropriately notified of significant incidents.</p>	<p>E-mail sent to all seniors to remind them that this is required 30.09.20</p>	<p>Karl Culpeck, Residential manager</p>	<p>Completed</p>
	<p>All incident reports that require a notification to CIW to be forwarded to Steven Howell, Group Manager and the Responsible Individual, who will review the actions taken in conjunction with the Residential Manager.</p>	<p>11th September 2020</p>	<p>Increased management oversight of significant incidents and deployment of additional resources if required.</p>		<p>Steven Howell, Group Manager</p>	<p>On-going</p>

Other areas of non-compliance identified during the Inspection September 2019

NON-COMPLIANCE NOTICE	ACTIONS	TIMESCALES	DESIRED OUTCOME	OUTCOME	LEAD OFFICER
<p>Regulation 14(1) – Suitability of the service: The service provider must not provide care and support for individuals unless the service provider has determined that the service is suitable to meet the individual’s care and support needs and to support the individual to achieve their personal outcomes.</p>	<p>The admissions process to be reviewed in respects of analysing the suitability of a young person being accommodated.</p> <ul style="list-style-type: none"> • (Accommodation panel considers referral) • Pre-decision consideration meeting • Risk assessments / management plan (mitigate risks) • Planning meetings • Young person’s plan to be reviewed. • Young Persons assessments to be reviewed • Moving in and out plans to be developed 	<p>December 2019</p>	<p>The process for considering placements is clear and provides an evidenced based decision involving relevant parties.</p> <p>Plans clearly identify outcomes and relevant parties wishes and feelings</p>	<p>Completed</p> <p>Completed</p>	<p>Residential Managers</p> <p>Maple Tree management team</p>
<p>Regulation 17 - The service provider has not given a copy of the personal plan to the young people living in the home.</p>	<p>Providers assessment to be followed ensuring regulation 15 is followed which will ensure engagement with young people in respects of their plans</p>	<p>January 2019</p>	<p>Young people are involved with and have sight of their placement plans</p>	<p>Completed</p>	<p>Maple Tree management team</p>
<p>Regulation 18 – Provider assessment: The service provider has not carried out,</p>	<p>Provider assessment REG18 to be developed and implemented. Young people’s wishes and feelings to be</p>	<p>January 2019</p>	<p>Process to monitor that the provider assessment is followed is in place.</p>	<p>Completed</p>	<p>Training department</p>

within 7 days of the commencement of service, an assessment of how young people's individual needs can be met in line with requirements.	captured with evidence of their involvement clear.				
Regulation 22 – Continuity of care: The service provider must put arrangements in place to ensure individuals receive continuity of care as is reasonable to meet their needs for care and support.	Staffing review being undertaken to ensure levels are fit for purpose, once complete recruitment drive to be undertaken	January 2019	The staff structure meets the demands of the service	Currently in the process of recruiting to the new staff structure.	RI, Maple Tree management team, HR
Regulation 35 – Fitness of staff: The responsible individual has not ensured that agency staff are subject to the same checks as permanently employed staff and have evidence to demonstrate the checks have been undertaken.	Agency staff checklist to be completed prior to the engagement of staff. Information to be stored centrally.	December 2019	Process to ascertain the appropriateness of agency staff is in place a readily available to audit	Completed	HR, Maple Tree management team
Regulation 60 – Notifications: The service provider has not notified CIW of all the events specified	All senior staff to be able to input notifications with guidance provided as to when they are to be submitted, management to have oversight that they are being sent	November 2019	Processes are clear in respects of reporting notifiable events	Completed	Maple Tree management team

in Schedule 3 of the regulations and has not ensured notifications were made without delay.					
Regulation 78 – Duty to ensure there are systems in place for keeping records: The responsible individual has not ensured that there are effective systems in place in relation to the keeping of records.	An audit of recording systems to be undertaken to ensure accuracy and consistency is maintained. Staff to receive recording training, to assist in understanding effective recording	January 2019 December 2019	Systems to capture information are relevant, clear and concise. Recording skills audit system The staff team are clear of the importance and quality of recordings	Completed Completed	Maple Tree management team, RI Training, Maple Tree management team
RECOMMENDATION	ACTIONS	TIMESCALES	DESIRED OUTCOME	OUTCOME	LEAD OFFICER
The frequency of fire evacuations drills is amended so that one is carried out whenever a young person is admitted to the home or a new member of staff appointed.	Staff to be advised of the process of carrying out fire drills with a clear record of participation maintained	December 2019	All staff are clear of the processes around fire safety	Completed	Maple Tree management team
Activity planners are developed together with young people to ensure they are engaged in meaningful activities.	Keyworkers to engage young people in discussion to establish the types of activities they would like to engage in and plan accordingly	December 2019	Clear evidence is available as to the engagement and types of activities offered	Completed	Maple Tree management team
House meetings take place more frequently to provide opportunities for young people to have their voice heard formally.	A senior to hold lead responsibility for ensuring young people's meetings take place, management to have oversight to ensure compliance	November 2019	Minutes are maintained and a schedule to support meetings to take place is established	Completed	Maple Tree management team

Independence plans are developed.	Promoting Independence plans to be further developed with a Senior Residential Worker having overarching responsibility to ensure consistency	December 2019	Independence plans are in place with Senior staff having oversight.	Completed	Maple Tree management team
A system to ensure any damage is repaired in timely manner.	Relaunch system for reporting repairs, staff to be made clear of the process.	November 2019	Process flow chart to show how to report a repair	Completed	Maple Tree management team
Key worker sessions to take place more frequently.	Key work sessions to be monitored with a report being developed within the first week of the preceding month.	November 2019	Keyworker reports are completed with identified time scales	Completed	Maple Tree management team
More structure, routine and space to be established within the home to allow opportunities for young people and staff to congregate together, for example, eating meals.	Work to be undertaken with the staff team to consider group activities within and outside of the home, consideration of how best the space can be used to be considered	January 2019	The environment is better utilised to support communal living, with evidence of activities undertaken with clear recording of young people's engagement.	Completed	Maple Tree management team
The accommodation to have more decorative items and photographs to provide a more welcoming environment where young people feel a sense of belonging.	This has started with the lounge being refurbished; there is a process of redecoration taking place with young people being involved in choosing paint colours and participating in the redecorating activity.	January 2019	The home is suitable to meet the needs of young people accommodated.	Completed	Maple Tree management team

Bridgend County Borough Council

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**Action Plan in response to CIW Inspection of
Harwood House Community Home
24th July 2020**

	REQUIREMENTS	ACTIONS	TIMESCALES	DESIRED OUTCOME	METHOD OF MEASUREMENT	OUTCOME	LEAD OFFICER
1.	Regulation 12 (2) – The service provider has not ensured that there is policy in place detailing the procedure to be followed when a child is absent without permission.	Harwood House follow the All Wales Protocol for missing children. A flowchart to be produced for staff to follow in the event that a child is absent without authority.	December 2019	Staff will have the knowledge of how to respond to a young person being absent without authority	Management Oversight	Completed	DE
2.	Regulation 15 (1) (6) and (7) – The service provider did not evidence that personal plans were consistent with people’s care and support plans. They also did not include personal outcomes or detail how people would be supported to achieve their personal outcomes.	All young people to have personal plans and support plans in place	January 2020	All plans to be in place and promote positive outcomes for all young people	Management Oversight	Completed	DE JM
3.	Regulation 16 (1) – Personal plans had not been reviewed as required	Measurement system to be put in place to make sure that plans are reviewed within the timescales.	Immediately	All plans to be reviewed in the 3 month compliance date	Management oversight	Completed	DE, JM, DS, JS
4.	Regulation 19 (2) (b) – The young person’s written guide to the service was not suitable in language, style, presentation and format. Access to, and support to access advocacy services needs to be clearer.	To develop a guide where the young people who reside in Harwood House are able to understand with their level of need.	January 2020	When young people at Harwood House are transitioning in they are given the information they need in a format they understand	Management Oversight	Completed	DE

	REQUIREMENTS	ACTIONS	TIMESCALES	DESIRED OUTCOME	METHOD OF MEASUREMENT	OUTCOME	LEAD OFFICER
	GOOD PRACTICE RECOMMENDATIONS						
4	The manager should ensure that all incidents in which a child has sustained an injury include a body map.	All incident forms that have an injury to have a body chart in place.	Immediately	Robust system of recording	Management/Senior Oversight	Completed	DE, JS, JM, DS
5	Responsible individual to ensure that timely action is taken if the manager is absent to ensure that the systems and processes continue to operate effectively.	In the event that the Manager is absent for an extended period, alternative arrangements will be established to ensure the Home continues to operate effectively.	Immediately	Sufficient Management arrangements in place at all times		Completed	LK/SH
6	Key worker reports should be completed routinely to evidence children's progress	Develop the keyworkers and the reports so they are routinely completed. Update current Keyworker reports in line with the regulations.	December 2019	All young people have their progress monitored	Senior/Management Oversight	Completed	DE, JS, JM, DS
7	Risk assessments should be specific in terms of the actual risks so that the reasons for actions to mitigate against them are clear.	Behaviour Management Plans have the actual risk and reasons for actions. Work to be completed with risk assessments so they flow through all documents.	March 2020	All risk assessments and behaviour management plans are robust and flow through information	Managers and Senior Oversight	Completed	DE, DS, JM, JS
8	The manager should consider developing a	Risk Registers are used monitor all incidents. Discussions with other residential	March 2020	All managers have a system to analyse safeguarding	Management Discussions and Oversight		DE

	REQUIREMENTS	ACTIONS	TIMESCALES	DESIRED OUTCOME	METHOD OF MEASUREMENT	OUTCOME	LEAD OFFICER
	system for regularly identifying and analysing safeguarding incidents.	managers to develop a system where all homes can analyse safeguarding incidents.		incidents across children's services			

BRIDGEND COUNTY BOROUGH COUNCIL

REPORT TO CORPORATE PARENTING COMMITTEE

26 NOVEMBER 2020

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

APPROVAL OF THE STATEMENTS OF PURPOSE FOR CHILDREN'S RESIDENTIAL CARE 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 children and young people's 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 well-being objectives/other corporate priorities

- 2.1 This report assists in the achievement of the following corporate well-being objectives under the **Well-being of Future Generations (Wales) Act 2015**:-

Helping people and communities to be more healthy and resilient - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.

Smarter use of resources – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

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 to long term service for children and young people aged 8-15 years who have been assessed as requiring a residential placement.

- **Bakers Way** provides a short break service to disabled children and 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 2nd 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).
- 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** – Bakers Way
- Appendix 2** – Harwood House
- Appendix 3** – Sunny Bank
- Appendix 4** – Maple Tree House

- 4.4 In line with Regulations, the Statements of Purpose have now been subjected to their annual review and changes to the statements are described below:
- **Bakers Way** – *Pages 20 and 21* were updated to reflect a change in the management structure i.e. to reflect the line management of the Group Manager, Placements and Provider Services.
 - **Harwood House** - *Pages 21 and 22* were updated to reflect a change in the management structure i.e. to reflect the line management of the Group Manager, Placements and Provider Services.
 - **Sunny Bank** – On *page 2* in the first paragraph the word “Positive” was added to behavioural support as this better reflects the approach taken within the home. *Page 13* was updated setting out the Residential Manager’s role across two homes. *Page 14* was updated to acknowledge that Human Resources (HR) undertake the relevant staff checks, and demonstrate a consistent approach by the Council across all 4 homes.

Pages 17 and 18 were updated to reflect a change in the management structure i.e. to reflect the line management of the Group Manager, Placements and Provider Services.

- **Maple Tree House** – On *pages 13 and 14* the staffing structure has been updated. *Page 14* was updated setting out the Residential Managers role across two homes and that Human Resources (HR) undertake the relevant staff checks. *Pages 18 & 19* were updated to reflect a change in the management structure i.e. to reflect the line management of the Group Manager, Placements and Provider Services.

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:** 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.

Maple Tree House provides accommodation which enables children whose needs cannot be met within foster care to live in the community in Bridgend. The multi-disciplinary team facilitates the return of children who currently live outside of county. The wrap around support service assists in the prevention of long term residential care and provides short term intervention to enable children to return home or to live with family or foster carers.

- **Integration:** Children and young people have homes in the county borough that support familial contact, attendance at local education provision as well as helping to maintain their community and ethnic links.
- **Collaboration:** All of the homes have strong links to health, education, police and other local community services to meet the holistic needs of children and young people who live in them. The homes work in close collaboration with other departments within the Local Authority as well to ensure that young people's needs are met.
- **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 It is recommended that Members note the content of the report and approve the statement of purpose for each of the 4 residential service provisions.

Claire Marchant
Corporate Director Social Services and Wellbeing
November 2020

Contact officer: Steven Howell
Title: Group Manager, Placements and Provider Services
Telephone: (01656) 642330
Email: steven.howell@bridgend.gov.uk
Postal address: Civic Offices, Angel Street, Bridgend

Background documents:

None

Bridgend County Borough Council

Cyngor Bwrdeistref Sirol Pen-y-bont ar Ogwr

BAKERS WAY – LOCAL AUTHORITY CHILDREN’S SHORT BREAK SERVICE



STATEMENT OF PURPOSE



TEL: [REDACTED]

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.

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 Bakers Way. 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

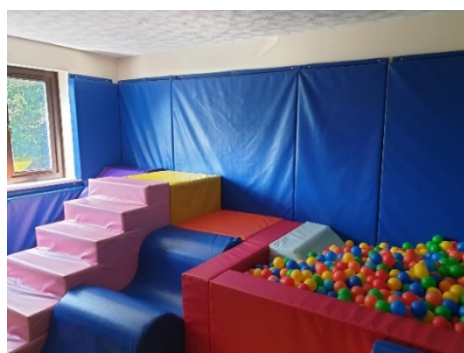
None. Staff have their own bathroom facility to use separately from the children.

c) Number of dining areas

One Dining area in the lounge

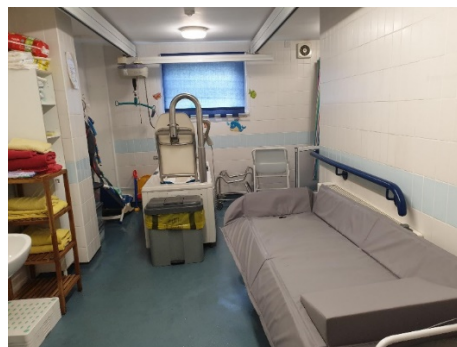
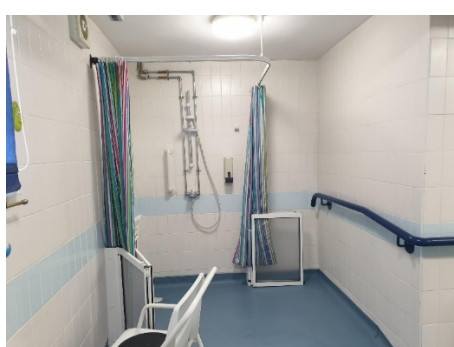
d) Number of communal areas

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.

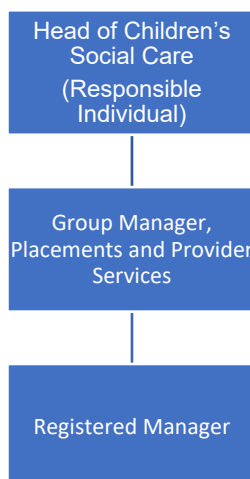
During the visit the Responsible Individual will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

The Group Manager, Placements and Provider Services is responsible for the line management of the Registered Manager. The Group Manager, Placements and Provider Services, reports directly to the Responsible Individual.

Visits are also carried out on a monthly basis by a 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 . 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 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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**HARWOOD HOUSE – LOCAL AUTHORITY
CHILDREN’S RESIDENTIAL HOME**



STATEMENT OF PURPOSE

Harwood House



TEL: [REDACTED]

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 8-19yrs 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 the 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 of 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.

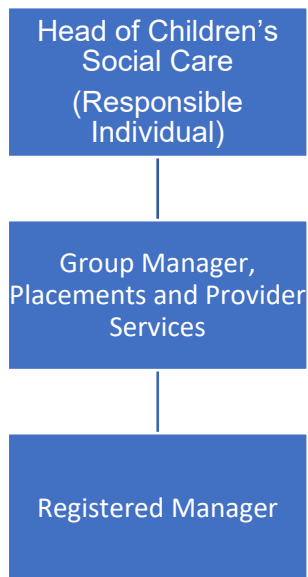
During the visit the Responsible individual will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

The Group Manager, Placements and Provider Services is responsible for the line management of the Registered Manager. The Group Manager, Placements and Provider Services, reports directly to the Responsible Individual.

Visits are also carried out on a monthly basis by a 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 . 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 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:

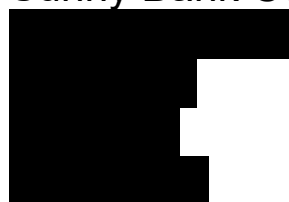
- The heating system
- Electrical wiring
- Water storage tanks
- PAT testing

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



STATEMENT OF PURPOSE

Sunny Bank Community Home



TEL: [REDACTED]

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 Positive Behaviour Support. 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

The manager works between Sunny Bank and Maple Tree House 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 Sunny Bank if needed.

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.

All Staff have appropriate checks undertaken by Human resources.

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 en-suite rooms.

b) Number of dining areas

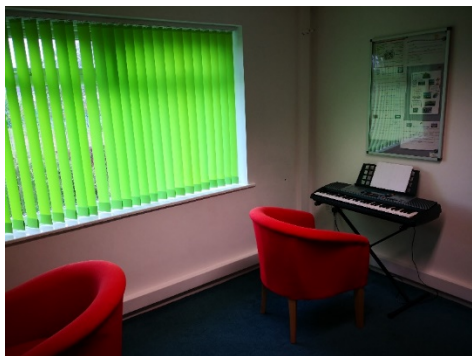
One x dining areas



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.

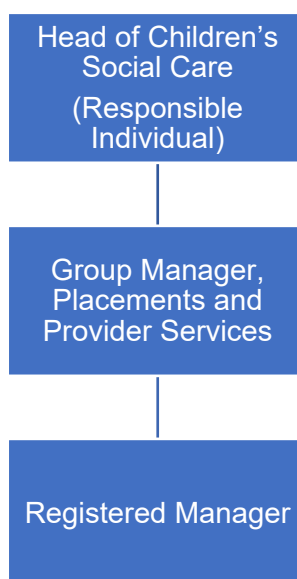
During the visit the Responsible Individual will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

The Group Manager, Placements and Provider Services is responsible for the line management of the Registered Manager. The Group Manager, Placements and Provider Services, reports directly to the Responsible Individual.

Visits are also carried out on a monthly basis by a 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 . 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 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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**MAPLE TREE HOUSE
LOCAL AUTHORITY
CHILDREN'S RESIDENTIAL HOME**



STATEMENT OF PURPOSE

Maple Tree House



TEL: [REDACTED]

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 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

Service Aims

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.

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.

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.

Maple Tree assessment service can provide children / young people aged 8-17 years with intensive placements up to a period of 6 months.

In extenuating circumstances, with the authorisation of the Responsible Individual, these periods of stay can be extended to achieve a child or young person's personal outcomes e.g. when individual therapeutic/specialist assessments or transition plans require longer timescales.

The service will focus on assessments and 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 who 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 and in the case of planned admissions social workers are required to present a request for a child/young person to be placed to the Accommodation and Permanence Panel, who will assess whether it is appropriate to make a referral. The Placements team co-ordinate planned admissions during office hours, out of hours placements are managed by senior staff and the Emergency Duty Team.

All 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 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 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

10 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

Senior 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
- Four senior residential workers x 148 hours
- Ten part-time Residential child care workers x 328 hours (2x 24 and 8x 35)
- One part time business support officer x 18.5 hours

The manager works between Maple Tree House and Sunny Bank 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 Maple Tree House if needed.

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 three staff and a maximum of four staff on duty at all times.

The rota also accommodates for the provision of sleeping in duties. All Staff have appropriate checks undertaken by Human resources.

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.

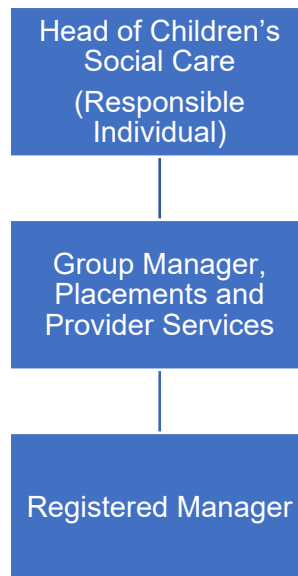
During the visit, the Responsible Individual will speak with the manager, other staff members, young people and their families and other visitors or professionals, as available and appropriate.

The Group Manager, Placements and Provider Services is responsible for the line management of the Registered Manager. The Group Manager, Placements and Provider Services, reports directly to the Responsible Individual.

Visits are also carried out on a monthly basis by a 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 . 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 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

REPORT TO CORPORATE PARENTING COMMITTEE

26 NOVEMBER 2020

REPORT OF THE CORPORATE DIRECTOR, SOCIAL SERVICES AND WELLBEING

REVISED STATEMENTS OF PURPOSE FOR CHILDREN'S FOSTERING SERVICES

1. Purpose of report

- 1.1 The purpose of this report is to provide Members with the revised statement of purpose for the Fostering Service 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 well-being objectives/other corporate priorities

This report assists in the achievement of the following corporate well-being objective/objectives under the **Well-being of Future Generations (Wales) Act 2015**:-

1. **Helping people and communities to be more healthy and resilient** - taking steps to reduce or prevent people from becoming vulnerable or dependent on the Council and its services. Supporting individuals and communities to build resilience, and enable them to develop solutions to have active, healthy and independent lives.
2. **Smarter use of resources** – ensure that all resources (financial, physical, ecological, human and technological) are used as effectively and efficiently as possible and support the creation of resources throughout the community that can help to deliver the Council's well-being objectives.

3. Background

- 3.1 The Fostering Service provides a range of foster care to children and young people who are looked after by Bridgend County Borough Council. The service offers the following types of family care to children and young people from birth to 18 years of age:

- **Emergency, respite and short term care:** Providing care for a few days, weeks or months while plans are being made for the child's long term future.
- **Long-term care:** Where foster carers provide permanent family care for a child up to, and into, adult independence where adoption is not an option.
- **Kinship care:** Care by friends or family members who are approved as foster carers.

- **Reg.26 care:** Immediate care of a child with relatives or friends under Regulation 26 of the Care Planning Placement and Case Review Regulations (Wales 2015).
- **Private Fostering:** Private fostering is when a child under 16 (under 18 if disabled) is cared for by an adult who is not a close relative i.e. brother/sister, aunt/uncle, grandparent, a full or half relation, a step parent or related by marriage. It is an arrangement between the parent and a carer. The Fostering Service offers support to private foster carers; currently we do not have any private foster carers in Bridgend and there is information available on the Bridgend Fostering website.
- **The Family Link Scheme:** The short breaks service offers family-based short break care to disabled children and young people. Short breaks help to combat the isolation often felt by disabled children and young people enabling them to meet new people and become part of a 'second family,' widening their social life and offering new experiences.

4. Current situation/proposal

- 4.1 The relevant provisions of The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) came into force on 2nd 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 The Local Authority Fostering Services (Wales) Regulations 2018 came into force on 29th April 2019 and sets out the Requirement of the Local Authority to prepare a Statement of Purpose and to keep it regularly under review.
- 4.3 In line with the guide to compiling a Statement of Purpose that was provided under the above Act by Care Inspectorate Wales (April 2019), Bridgend Fostering Service has prepared its Statement of Purpose and this is included at **Appendix 1**.
- 4.4 In April 2020 the Statement of Purpose has been subjected to its annual review and changes to the statement are described below:
 - The Statement of Purpose has been updated using the same template as that for the Residential Care Homes to ensure consistency of approach across the Service where possible.
 - *Page 10* – Inclusion of the Re-unification Support Workers role.
 - *Pages 19 & 20* – Updated to reflect the current staffing structure of the Fostering and Placement Team.

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 fostering service continues to actively recruit new foster carers in order to be able to meet the needs of the current and future looked after children population.
- **Prevention:** The fostering service provides a number of services that seek to support children and their families to continue to live together through provision of respite, family link and kinship care private for example.
- **Integration:** Children and young people are placed with carers within the county borough that supports familial contact, attendance at local education provision as well as helping to maintain their community and ethnic links.
- **Collaboration:** The Fostering Service works in close collaboration with Children's Safeguarding Teams, Education and Health to ensure that children's needs are met whilst in foster care.
- **Involvement:** The Fostering Service is Inspected by the CIW in order to ensure that it is acting in accordance with the regulatory framework. There is a thorough and robust assessment process for all foster carers, who are also subject to an annual review. As part of the on-going review the views of the Young Person are gathered along with all other relevant parties.

8. Financial implications

8.1 There are no financial implications arising from this report.

9. Recommendation

9.1 It is recommended that the Committee note the content of the report and approve the revised Statement of Purpose for Bridgend Fostering Service.

Claire Marchant
Corporate Director Social Services and Wellbeing
November 2020

10 Contact officer:

Name: Steven Howell Group Manager, Placements and Provider Services

Telephone: (01656) 642330

Email: steven.howell@bridgend.gov.uk

Address: Civic Offices, Angel Street, Bridgend

11 Background documents:

None

Statement of Purpose:
Bridgend Foster Care 2020/21

Contents

1. Introduction
2. About Bridgend Foster Care
3. About the service provided
4. How the service is provided
5. Staffing arrangements
6. Governance and quality monitoring arrangements
7. Facilities and services

1. Introduction

This statement has been produced in accordance with The Local Authority Fostering Services (Wales) Regulations 2018 and is referred to as “the Statement of Purpose”. Part 2 and Schedule 1 of The Local Authority Fostering Services (Wales) Regulations 2018 and accompanying Code of Practice detail the requirements for the contents and review of the Statement of Purpose.

This Statement of Purpose provides information about Bridgend’s Fostering Services which are provided through Bridgend Foster Care and the Placement Team. It gives an outline of the aims and objectives of the Services and some of their key features. The Statement of Purpose is available via the Bridgend Foster Care Website and accessible in print on request.

In addition to the Statement of Purpose, there is a range of specific policy and procedural documents that reflect the aims, objectives, service principles and standards set out in the Statement of Purpose.

The Statement of Purpose is updated on an annual basis, reflecting the ongoing changes that are being made to improve the service. Service improvement proposals will be informed by consultation with parents and children/young people, and social workers, as well as foster carers, staff in Bridgend Foster Care and other stakeholders. The outcomes of consultation throughout the year will be considered and a revised Statement of Purpose is in place from April 1st each year.

Aims

Bridgend Foster Care and associated schemes aim to provide high quality foster care to achieve the best possible outcomes for children and young people who are looked after by Bridgend County Borough Council.

Service objectives:

To ensure that children are enabled to form secure attachments to carers capable of providing safe and effective care.

To ensure children are protected from emotional, physical and sexual harm or abuse and neglect.

To ensure that children benefit from education opportunities, health and social care.

To ensure that the services provided are flexible, responsive and supportive to carers.

To enable foster carers to provide high quality care through any upheaval in their individual and family lives.

To empower staff and carers to promote the best interests of children being considered for or receiving a foster service placement.

To encourage the whole organisation to value and respect the contribution of foster carers and work in partnership with them.

To actively involve carers in planning and delivering services.

To use Support Care to prevent children and families being separated and children becoming looked after.

To ensure that foster carers are appropriately skilled, trained and qualified, and to promote the uptake of training.

To promote the foster care service in the wider community within Bridgend County Borough.

To continue to recruit foster carers to meet the current and future needs of the looked after children of Bridgend County Borough.

To offer local parent and child placements thus promoting parents and their children to remain within their communities where appropriate.

To offer children and young people high quality care through therapeutic parenting.

To increase the numbers of Bridgend County Borough Council approved foster carers who are approved by this local authority to provide more placement choice.

To promote continuity of existing health and education arrangements.

To match children with suitable foster carers.

To provide local placements to enable children to remain within their communities where appropriate.

2. About Bridgend Foster Care

Bridgend Foster Care is a community based local authority fostering service situated in Bridgend Town Centre within Civic Offices. Bridgend local authority is part of the Cwm Taf Morgannwg region.

The Address of the Service is:

Bridgend Foster Care
Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB

Bridgend Foster Care Team comprises of a Fostering and Placement Team.

The Registered Manager for the Fostering Service is Joanna Lloyd Jones and the Interim Team Manager for the Placement Team is Alex Davies.

Steven Howell is the Group Manager for Placements and Provider Services who oversees both services and line manages Mrs Lloyd Jones and Miss Davies.

The Agency Decision Maker and Responsible Individual is Laura Kinsey, Head of Children's Social Care.

3. About the Service Provided

Placements

The Fostering Service provides a range of foster care to children and young people who are looked after by Bridgend County Borough Council. The service offers the following types of placements to children and young people from birth to 18 years of age:

- **Emergency, respite and short term care:** Providing care for a few days, weeks or months while plans are being made for the child's long term future.
- **Long-term care:** Where foster carers provide permanent care for a child up to, and into, adult independence where adoption is not an option.
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- **Reg.26 care:** Immediate placement of a child with relatives or friends under Regulation 26 of the Care Planning Placement and Case Review Regulations (Wales 2015).
- **Private Fostering:** Private fostering is when a child under 16 (under 18 if disabled) is cared for by an adult who is not a close relative i.e. brother/sister, aunt/uncle, grandparent, a full or half relation, a step parent or related by marriage. It is an arrangement between the parent and a carer. The Fostering service offers support to private foster carers; currently we do not have any private foster carers in Bridgend and there is information available on the Bridgend Fostering website.
- **The Family Link Scheme:** The short breaks service offers family-based short break care to disabled children and young people. Short breaks help to combat the isolation often felt by disabled children and young people enabling them to meet new people and become part of a 'second family,' widening their social life and offering new experiences.

These short breaks also serve to give parents of disabled children and young people the chance to take a break and spend quality time with other children or do things that might be difficult to do when caring full-time.

The breaks we promote take place, not in institutions, but in the homes of carefully selected carers/families in the child's own community setting. The

children who use family-based short breaks through the service will have been diagnosed as having learning disabilities; other disabilities include physical disabilities, complex healthcare needs, or sensory impairment.

Up to 120 days per year depending on the assessment of need may be available to support these children and young people enabling them to remain living with their families.

Aims and Principles of the Family Link Scheme

Aims:

- To support parents who have a disabled child/young person, by offering regular short breaks for the child/young person away from home.
- Offers parents a break, the child/young/person new experiences and chance to develop a measure of independence from the family.
- Encourage the child/young person to develop their own individuality, confidence and self-esteem.
- The child/young person remains in their own community.

Principles:

- Needs and interests of children/young people are best served by growing up within their own families and communities.
- Flexibility and choice in arranging breaks.
- Equality of access, irrespective of degree of disability.
- Breaks related to identified needs.
- Full participation by all concerned.

- **Parent and Child Placements:** Short term assessment of parents to provide safe parenting to their baby whilst living in a foster placement

Aims:

- To support parents and children to be placed together while an assessment is undertaken.
- To provide a “step down” service to parents moving from assessment into the community.
- The child/young person remains in their own community.
- Increased opportunities for families to remain in their locality.
- Local placements enable parents to maintain extended familial links and access local support services including education or training.
- Social work staff will have greater time to spend assessing and supporting the families as their placement will be in the local area.

- **Transitional Carers:** The Transitional Carer scheme will offer placements to children and young people with a variety of complex needs and challenging behaviours that require an intensive and holistic package of support from an experienced and knowledgeable carer household. Placements will be made for up to 24 weeks, during which time the carer will build a one-to-one relationship with the young person, showing commitment, patience and dedication to help them to overcome barriers that may have led to the breakdown of placements in the past.

The overall aim of the Transitional Carer scheme will be to move the young person on into a successful, long-term placement that aligns with their needs and ambitions. This could be a move into a long term fostering placement, returning to birth family or on to an independent living environment.

- **Permanence Team** – The Permanence Team have joined Bridgend Foster Care and undertake Special Guardianship assessments and provide support to Special Guardians. As good practice they attend team meetings and staff development days.

Services available to children of foster carers

- Access to special events
- Provision of a children's support group

Services available to Prospective Carers

- Information and advice about fostering – provided through meet and greet information sessions, leaflets, local radio advertising and a dedicated Bridgend Foster Care web-site.
- The recruitment process involves: an initial enquiry received via email or telephone, an information pack is provided to the enquirer with an offer to meet with a member of the team. If the enquirer wishes to proceed, telephone screening takes place before arranging an initial visit to the home which determines whether the application will progress to an assessment.
- Assessment – A qualified social worker from Bridgend Foster Care will visit and explain the compilation and construction of a Form F report to the prospective applicant(s) alongside the approval and submission to Fostering Panel process.

All successful applicants will be offered and are expected to attend a 3 day skills to foster preparation training provided by Bridgend Foster Care staff.

4. How the service is provided

Services available to all Carers

- **Regular supervision** - All foster carers are supervised by a supervising social worker and this is recorded on a supervision visit form. The content of this form enables a robust supervision process compliant with The Local Authority Fostering Services (Wales) Regulations 2018 and accompanying Code of Practice. The frequency of supervision is agreed with the foster carer based on their needs and the needs of the child/children within the placement. Additional visits outside of supervision are also arranged in accordance with the support needs of the household.
- **Liaison Carer** – All general and connected person foster carers in their first year of fostering and thereafter have an allocated liaison carer made available to them. The liaison carer is an experienced foster carer who takes on this responsibility in addition to their own foster caring. These liaison carers will maintain a regular link with each of their carers during their first year and can be utilised for information and general queries. The liaison carers are supervised in their role on a 6 weekly basis. There is provision for five appointed liaison foster carers (4 geographically represented, alongside 1 for connected persons) who will be carers who have achieved their QCF and who are experienced carers; the role will give them additional responsibilities to their foster caring. The liaison carers (4 responsible for general foster carers within Bridgend, and 1 for relatives) will all have a caseload of colleague carers whom they support and advise. They can additionally be called to assist with other duties including training, development, consultation, recruitment and activities for foster children.
- There is a formal application, selection and interview process for the position. The liaison carers are responsible for running coffee mornings for foster carers within their designated geographical area and providing them with informal peer support. Liaison carers also provide 1:1 support to carers who are experiencing difficulties which could relate to complex placements, or experiencing an allegation. The Liaison carers will also feedback to the team about what is going well and what can be improved with regard to service provision based on their support to the carers.
- In addition the liaison carers support the delivery of Skills to Foster Training and attend recruitment events which take place throughout the year. The liaison carers receive an additional fee for this service as well as expenses for

attending events and meetings related to the role. The role is subject to probation and review.

- Outside office hours foster carers can access the Authority's Emergency Duty Team or their Liaison foster carer. The emergency duty team have a senior member of the staff team available to them by telephone on a 24 hour basis, when necessary.
- **Placement Support Worker** – All carers have access to the Placement Support Worker who has 3 specific job areas:
 - Supporting carers through complaints or allegations
 - Supporting carers to manage challenging behaviour aimed to prevent placement disruption
 - Assisting and supporting carers who are moving children on to adoptive placements.
- **Reunification Support Workers** – provide support to carers and children who are looked after in the following areas:
 - Support for children transitioning from out of county and residential placements
 - Support to promote placement stability
 - Support to facilitate plans for children who are looked after to safely return to their families.
 - Provision of out of hours support including weekends
- **Newsletter** – Foster carers receive and have the opportunity to contribute to a newsletter which provides information about the service, its developments and issues. The newsletter is distributed quarterly. The Bridgend Fostering website is being updated and consideration is being given to developing a section for foster carers to have their own forum.
- **Respite** – Foster carers who require respite on a planned basis can access respite services with approved family members or other foster carers. Respite with other carers is a limited service and carers are encouraged, if at all possible, to use family members who are familiar to a child.
- **Allowances** – Foster carers are paid child allowances at the Welsh Government rate as a minimum and additional discretionary payments. They will be eligible for fee payments, subject to satisfactory annual review, demonstrated skills and acceptance of additional responsibilities.
- **Handbook** – Every foster carer is provided with a handbook about the service and explanation of the policies in place in accordance with the Local Authority

Fostering Services (Wales) Regulations 2018. The handbook is available via the Bridgend Fostering Team website and is available in Welsh.

- **Children's Guide** – Every child within a Bridgend Fostering Team placement is also provided with a children's guide to the service. The Team are also looking to develop this being available in the form of an App.
- All Carers are also provided with the following:
 - Allocated Social Worker
 - Access to health advice from a looked after children's nurse
 - Annual Review
 - Individual Training and Development Plan, training Programme
 - Access to QCF (Qualification and Credit Framework) level 3
 - Out of hours support – by Emergency Duty Team providing crisis intervention
 - Information Consultation Event 2 times per year
 - Foster Carer Agreement
 - Facilitated Support Groups for the child/ren of carers.
 - Maintenance and discretionary payments, access to fee payments in addition to the basic fostering allowances.
 - Individual membership for all fostering households to the Fostering Network
 - Support Groups co-ordinated by liaison carers; drop in sessions for informal support and training.
 - Access to training to support children with specific complex needs
 - Provision of discount cards to enable foster carers to access community activities at a reduced rate.

Accommodation and Permanence Panel

In circumstances where the needs of the child require specialist advice and support for foster carers the child's SW and supervising social worker can make an application to accommodation and permanence panel for consideration.

Procedures and Processes

Bridgend Foster Care believes that every child is important and that the needs, well-being and best interests of children and young people are paramount. We believe that:

- Each individual has an inherent right to develop their potential, regardless of previous life experiences.

- Children & young people have a right to be looked after by adults who offer respect, concern and affection.
- Children & young people have the right to achieve the best possible outcomes, in line with the Welsh Government's seven core aims for children and young people.
- Young people should be suitably prepared for leaving care: leaving their Foster care placement with savings, educational attainment to support their chosen career and suitable skills for independence.
- All staff, Foster Carers and other adults who come into contact with children through Bridgend Fostering are subject to rigorous checks and vetting procedures.

In addition, Bridgend Foster Care will:

- Comply with all the relevant legislation and strive to exceed the National Minimum Standards at all times.
- Ensure the rights of children are promoted in line with the UN Convention on the Rights of The Child.
- Ensure child protection procedures are followed robustly at all times to ensure children and young people are safeguarded.
- Work in partnership with the Children's Social Worker to identify the individual needs and identified outcomes of the child and then deliver that care.
- Ensure that Foster Carers do not use corporal punishment, are skilled in behavioural management and do not do anything that demeans, degrades or humiliates the young person in their care.
- Ensure equality & Diversity is promoted at all times, through recruitment, assessment, matching and placement support.

Recruitment

- Existing foster carers continue to be among the best source of recruitment and so the individual Fostering Service staff endeavour to work with all carers to ensure that they are enthusiastic ambassadors for Bridgend's fostering service.
- South Wales Improvement Consortium (SWIC) have worked together to provide a best practice recruitment model, this has formed the basis for BCBC recruitment. However, the process has been reviewed and streamlined in order to ensure that there is no delay for the applicant.
- Bridgend Local Authority is also working with the National Fostering Framework in relation to a national fostering recruitment campaign known as 'Foster Wales'.
- Publicity and promotion of foster care to attract new foster carers continues to be invested in and monitored utilising specific and phased targeted marketing strategies, launched throughout the year. A dedicated Development Officer post coordinates, drives forward and reviews this activity.
- A distinctive brand with associated paperwork and advertising materials is used across all fostering services, ongoing media and promotional advertisement is proving beneficial and is being expanded to include support of local teams and services. A named local authority Marketing Officer works in close partnership with the Development Officer to enhance and further promote the Service with distinct recruitment direction and leadership.
- Distinct branded paperwork is available for each scheme within the fostering service i.e. Family link, transitional carers and Parent and Child placements. This material enables us to target our recruitment to each in accordance with the needs of the service.
- Radio and newspaper promotions are in place with an annual programme developing increased coverage at targeted points in the calendar.
- The process for managing foster carer enquiries continues to be entered onto the WCCIS computer database.
- We provide prospective carers information about foster care within 24 working hours of them contacting the service.
- Prospective carers who wish to have further information, on receipt of the information pack, are allocated an initial visit. The purpose of this visit, undertaken by an assessing social worker, is to give more detail about the process of becoming a foster carer and to enable the assessing Social worker to make a recommendation to put before a Senior Member of the team as whether to proceed to a Form F assessment.

- If applicants decide to proceed and their initial visit is positive, applicants are allocated to an assessing social worker for a Form F assessment. To avoid delay, applicants are provided with specific individual sections of the Form F to begin filling out whilst their personal checks are carried out as well as being nominated to attend the next available Skills to Foster course.

Assessment and Approval

- An assessment will be undertaken of the applicants' suitability to care for other people's children. This will take the form of home visits by a qualified Assessing Social Worker and individual write up work completed by the applicants to explore personal histories, relationships within the families, attitudes and values and whether the applicants have the skills and attributes indicating the potential to meet the nationally-agreed core competencies.
- Applicants will undertake Skills to Foster Preparation training as a part of the assessment process; this takes place over 3 days and is a very open and proactive training programme involving lots of discussion and real life scenarios being presented. The Skills to foster programme has been adapted and accordingly amended to make it fit for purpose specifically for relative foster carers.
- Full statutory checks, medical assessments, employment and personal references are undertaken on all applicants, and DBS checks on any other adult in the household, or significant regular visitors, over the age of 18 years. Assessment of home conditions will also be undertaken and a health and safety questionnaire completed; if the home has pets, pet questionnaires are also completed. BCBC has a Smoking Policy which is in line with that of the South Wales Adoption Agencies Consortium (SWAAC) and has been amended to reflect foster carers' responsibilities in Bridgend. Applications from those who smoke are not progressed for children under 5 years. Potential carers for children over 5 years will be considered if there is a commitment from the applicants to cessation.
- A process is in place for the referral, allocation and assessment of Connected Persons, created in collaboration with the Safeguarding and legal teams; these assessments are referred to as Connected Persons Assessments. Connected Persons are subject to the same checks as specified above and attend the Skills to Foster programme.
- Form F Assessments are undertaken in accordance with The Fostering Panels (Establishment and Functions) (Wales) Regulations 2018 and are completed using the current BAAF Assessment forms.

- All assessments are considered by Bridgend Fostering Panel, which makes recommendations to the Head of Children's Social Care (Social Services and Wellbeing Directorate) on approval and the terms of their approval.
- Our robust recruitment and assessment processes enable us to achieve the best outcomes for children by ensuring we have a cohort of general carers who are able to provide an excellent standard of care to children and that connected persons carers are supported to enable children to remain with their families wherever possible.

Training

- The training and development needs of each approved foster carer are discussed and considered during their assessments, annual reviews and supervision visits. Training and development needs are recorded by the supervising social worker, course nominations made and linked to the action plans from monthly supervision and the foster carer's annual review.
- The Fostering Team are implementing the NFF Learning and Development Framework for foster carers which enables learning opportunities to be provided through formal training courses, but also through online learning, peer mentoring, self-learning or through practice learning (eg through one to one work with a therapist in relation to a specific child).
- Progress in skills development, confirmed through annual review, will enable general foster carers to access enhanced fee payments via the successful completion of the Qualification Creditation Framework Level 3.
- Foster carers are offered other training as appropriate to their knowledge, skills, developmental needs and the needs of the children in their care.
- Below are some of the training courses available to our Foster Carers:
 - Skills to Foster
 - Safer Caring (Kinship Carers)
 - Confidence in Care / Fostering Changes
 - Working with Transition (adoption)
 - Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+)
 - Youth Mental Health
 - Advocacy and Children's Rights

- Playfulness, acceptance, curiosity and empathy parenting (PACE)
- Online Safety TBC
- Paediatric First Aid
- Brain, Behaviour, Attachment, Assessment, Resilience 1 ,Resilience 2 & Trauma (BBAARRT)
- Understanding Challenging Behaviour and Promoting Positive Strategies
- Safeguarding
- Substance Misuse
- Safer Caring and Allegations
- County Lines
- Record Keeping

Review

- All foster carers approvals and agreements are reviewed annually and their continued registration is considered by the Fostering Panel after their first year of approval and every 3 years thereafter unless there has been a significant change within the household, a significant incident such as an allegation or a request for a change of approval. The recommendations of Foster Panel are ratified by the Head of Children's Social Care.
- Annual Reviews completed outside of Panel arrangements are quality assured by a Senior Practitioner within the Fostering Team and approved by a Team Manager.
- The views, wishes and feelings of children in placement and their parents are sought as part of every annual review and where not able to be obtained the reasons are recorded
- The views of any agencies involved with supporting the child/ children in placement are sought within every annual review.
- The Fostering Team facilitates consultation events with children and young people on a regular basis to obtain their views outside of Annual Reviews

Standards of care and support

- In order to support carers and the children in placement to be as physically, mentally and emotionally healthy as possible Bridgend Fostering Team provide every fostering household with HALO membership cards which enables every household member to access a variety of free leisure activities including local gyms.

- Supervising social workers ensure that all placed children are registered with a GP, dentist and optician as appropriate within statutory guidelines.
- All children who are looked after undergo regular health assessments via the looked after children health service which is monitored within their regular looked after child reviews.
- Foster Carers are provided with individual Safe Care, Placement Plan and Essential Information Record for every child and young person within the fostering household at the point of placement. This, alongside Placement Planning Meetings, ensure that the foster carer has the appropriate knowledge of the child's individual needs and circumstances to support them.
- The above documents contain the detail of each child's care plan and the services from which the child accesses support in accordance with their needs. This includes any language, communication or cultural needs.
- Safer Caring agreements & Health & Safety checks are regularly reviewed at least annually; relevant issues are considered in carers' supervision with a thorough review at every new placement, or through the annual review process. In line with legislation, there is ongoing consultation with approved carers who currently smoke, to consider their responses to and manage the implications of their smoking. An action plan outlining the individual approaches is drawn up and records of the habit are gathered and in turn monitored through supervision.
- Each foster carer is provided with a Max discount card which enables them to access various activities within the community at a discounted rate, which better enables participation in hobbies and interests.
- The local authority is committed to ensuring that foster carers have the appropriate equipment to support children in placement:
 - Each child must have their own bed
 - Appropriate stair gates, pushchairs/ prams, car seats, monitors, bed guards and cots for all placements of babies and young children.
 - Emergency clothing grants, uniform grants, suitcases and small personal items to children who are accommodated without these basic articles.
 - Support for carers to acquire necessary items for children who have additional needs including, but not limited to, pressure mats, alarms, mobility aids, home adaptations, hearing aids. Such decisions are made on a case by case basis.

- The foster carer handbook contains detail of the expectations of foster carers, guidance and advice available for foster carers supporting children and young people and avenues of support available. These include but are not limited to:-
 - The active offer of advocacy
 - Ensuring children are able to exercise choice and control in their placements
 - Supporting contact
 - Promoting independence skills
 - Managing challenging behaviours.

- Foster carers are able to access the support of the vulnerable groups service who provide additional support and guidance to children who are looked after to access education.

- Training is provided to all foster carers to assist them to support children's needs in relation to their gender identity and sexual orientation. Where children have specific needs related to these issues for which carers need support, the placement support worker can provide advice on a 1:1 basis. There may be children or young people who may benefit from support from external organisations, these needs are addressed on a case by case basis.

Language and communication needs for people using the service

- Bridgend Fostering Team ensure that phone calls are answered bilingually and that potential carers accessing the service are actively offered services in Welsh.

- Where children have language or communication needs, these are addressed on a case by case basis. Where possible children are matched with a carer who already has the language, skills or required training to enable them to communicate with the child in accordance with their preference. Where no such carer is available, the local authority is committed to supporting the carer to either learn the skills required or use alternative means of communication that may be available.

- The Foster Carer's handbook is available in Welsh.

- Where children have cultural or religious needs, these are also addressed on a case by case basis. Where possible children are matched with a carer with prior knowledge and ability to meet the individual child's needs. Where no such carer is available the local authority is committed to supporting the carer to obtain the appropriate knowledge to meet the child's needs, to access community support to meet the child's needs or to link with a suitable, knowledgeable person to support them with these skills. Where possible the foster carer will link with the child's family to better support the child to continue to their observances in the way they are comfortable and accustomed. Deference will always be given to the child or young persons stated preference in accordance with their age and level of development.

5. Staffing arrangements

Bridgend Foster Care Team consists of the following staff:

- **1 Team Manager**

The Manager was appointed in July 2015 and is responsible for the management and supervision of Bridgend Foster Care Team. The Manager is the Registered Fostering Services Manager for BCBC. The Team Manager holds a Diploma in Social Work and the Post Graduate Certificate in Managing Practice Quality in Social Care

- **2 Senior Practitioner posts**

1 of the Senior Practitioners is currently the Interim Team Manager of the Placements Team.

Both Senior Practitioners hold a relevant Social Work Qualification and are registered with Social Care Wales.

In addition one of the Senior Practitioners has achieved the Enabling Practice (Masters Level 7) qualification.

- **15 Supervising / Assessing Social Workers**

All of the Social Workers in the Team hold a relevant Social Work Qualification and are registered with Social Care Wales.

- **1.5 FTE placement support workers**

Both hold the NVQ Level 3 Health & Social Care: Children & Young People

- **1 Development Officer (vacant; currently being advertised)**

Bridgend Placement Team consists of the following staff:

1 x Team Manager:

The Manager was appointed in December 2019 and is responsible for the management and supervision of Bridgend Placement Team. The Manager holds a Masters Social Work and Enabling Practice (Masters Level 7) Qualification.

1 x Assessing/Supervising Social Worker (4 days a week)

The Social Worker within the Placement Team has oversight of the Supported Lodgings Scheme and When I'm Ready Service, holds a relevant Social Work Qualification and is registered with Social Care Wales.

4 x Reunification Workers (fulltime)

The re-unification workers hold a variety of qualifications such as:

- Registered behaviour technician (RBT) in applied behaviour analysis (ABA)
- Higher education Certificate in Social Work
- BA Hons Education
- BA Hons. Foundation Youth and Community Work

1 x Placement Coordination and Commissioning Officer (full time)

2 x Placement Support Officers (part time)

Supervision Arrangements

All Support Workers and Social Workers are supervised on a 4-6 weekly basis by their line manager in accordance with BCBC Supervision Policy

Senior Social Worker and Team Managers are supervised on a 4 weekly basis.

6. Governance and Quality Monitoring Arrangements

Oversight of the Responsible Individual

The Agency Decision Maker (ADM)/RI for Bridgend Foster Care is the Head of Children's Social Care. They maintain oversight of the service via:-

- Regular supervision of the Group Manager with strategic and operational responsibility of placements and provider Services.
- The Group Manager supervises the Team Managers of the Fostering and Placement Service and chairs Accommodation and Permanence Panel.
- The Group Manager and ADM receive regular reports from the Fostering and Placement Service on at least a quarterly basis, an annual report is also completed in accordance with the Local Authority Fostering Services (Wales) Regulations 2018 and accompanying Code of Practice.
- The ADM is co-located with the fostering service and regularly completes informal visits to the service.
- Chairing Out of Authority Panel where decisions are made regarding children who need to be placed outside of BCBC.
- Undertaking the ratification of Foster Panel.
- Attending ICE Meetings.
- Chairing regular Extended Team Manager Meetings with all operational managers within Children's Social Care.
- Attendance at regular meetings with other Local Authority Heads of Service.
- Attendance at regular meetings for Heads of Service regarding the NFF.
- The Group Manager and ADM are provided with a Statement of Purpose for the Fostering and Placement Service updated at least annually.

Quality Assurance

The Fostering Service is committed to providing a high quality service. To do so, it employs a number of processes:

- Carers' reviews being considered wherever possible and at least every 3 years by a Panel, consisting of independent members.
- Carers' reviews being considered yearly by a Bridgend Foster Care Team Manager.
- Unannounced visits take place to foster placements at least annually.
- Carers' files are routinely audited by the case responsible worker and then verified by Team Manager or senior member of the team. Sample files are routinely audited by the senior members within the team as part of the internal auditing process.
- Sample files may be audited by the Group Manager or other officers as part of a wider audit of services.
- Staff receive annual appraisals which may also be reviewed at the 6 month stage.
- Individual training plans for staff and carers and access to a training programme, including post qualifying training for Social Workers and QCF level 3 in Health and Social Care for foster carers, strengthened by a comprehensive training needs analysis being completed annually.
- A Complaints and Representation Procedure is available and outlined within the handbooks for foster carers and children which includes information about advocacy.
- When Consultation events take place the events are minuted and these are distributed to the whole Bridgend foster carer population.
- Foster carers are required to attend Information Consultation Events (ICE) as part of their Foster Carer Agreement. These events are held twice a year.
- A quality assurance exercise continues in respect of the Fostering Panel and this gathers responses from all parties who contribute to the process, with an annual report being provided to the Head of Service and panel Advisor.

Staff Training

All members of staff within Bridgend Foster Care receive an induction in accordance with BCBC's Corporate Induction Framework. The following mandatory e-learning modules are completed on the first day of employment:

- **Corporate E-Induction Module** This is designed to provide an overview of the Council. It will provide the new starter with an understanding of the Council's priorities.
- **ICT Code of Conduct E-learning module** If the new starter has IT access as part of the role the ICT Code of Conduct e-learning module is mandatory. This provides a summary of the ICT Code of Conduct, "six simple rules" which all employees are required to complete. Additionally, breach of the code will lead to disciplinary procedures being invoked.
- **Display Screen Equipment (DSE) E-learning module** This mandatory module for employees with IT access, promotes measures to minimise risk to health, safety and welfare of employees working with IT equipment.
- **GDPR and Data Protection E-learning module** This is a mandatory module for employees with access to personal data. It provides a summary of the employees' responsibilities for ensuring that any personal data that they have access to is kept securely and not disclosed incorrectly.
- **Safeguarding Children & Adults - Raising Awareness E-Learning Module** This mandatory module is to raise employees' awareness of their role in safeguarding children and young people and adults at risk.
- **Fire Safety Awareness E-Learning Module** This mandatory module is designed to give you an overview of good fire safety practices at work.
- **Violence against women, domestic abuse and sexual violence E-Learning Module** This mandatory module meets the requirements of group 1 of the National Framework on violence against women, domestic abuse and sexual violence.

The Corporate Induction Record provides a checklist to ensure that relevant information is provided and discussed as part of a members of staff's work place induction. The induction process as a whole incorporates the employee becoming familiar with the organisation, their directorate and their role within this.

Staff within Bridgend Foster Care have access to the Foster Carer Training Programme alongside our Foster Carers and staff members deliver the Skills to Foster Training programme to prospective carers undergoing assessment.

In addition to training available via Bridgend County Borough Council, such as:

- Advanced Assessment and Analysis Meeting the needs of children and young people
- Domestic Abuse
- Wales Safeguarding Procedures - Children Services
- Working Together to Safeguard Children

Staff within Bridgend Foster Care also have the opportunity to undertake training with external providers such as Coram/BAAF and AFA. Staff members have also had the opportunity to undertake DDP (Dyadic Developmental Psychotherapy) Training. Staff are also encouraged to undertake self-directed learning such as reading relevant case law, journals and emerging research as this becomes available. A member of staff within Bridgend Foster Care has access to Community Care Inform to facilitate this learning and development.

The individual learning and development needs of staff are discussed within their supervision and appraisals.

Facilities and Services

The Placement Team is based within Maple Tree House, Merthyr Mawr Road Bridgend. The Placement Officers meet with various external providers commissioned by the service. This is to ensure that BCBC are able to maintain placements to meet the needs of children who are looked after within BCBC. The Placement Coordinating and Commissioning Officer also undertakes quality assurance visits, alongside the child's social worker to any external residential providers.

Records relating to foster carers and children who are looked after are stored on secure computer databases and recording systems. The aim of BCBC is to be paperless, therefore all papers received are scanned to a secure recording system and added to WCCIS before the hard copies are shredded.

Foster Carers in Bridgend are responsible for ensuring records are stored securely within their homes, ideally within a lockable cabinet. This is discussed and monitored within supervision.

Consultation

Foster Carers have regular meetings with the team outside of supervision. At least 2 meetings per year, known as Information Consultation Events (ICE) take place where all foster carers attend to meet with the team. A venue within central Bridgend is booked for these events.

Foster Carers are also able to have meetings with senior staff members on request to discuss any concerns that they may have. A senior staff member is always present at a placement stability or support meeting.

Liaison carers facilitate regular coffee mornings with the foster carers and team members attend a proportion of this for carers to have an opportunity to communicate with the team on an informal basis.

Consultation events with children and young people who are looked after take place at least once per year and have a specific focus, such as development of the children's guide to fostering. In addition to this the children's views of their placement are gathered via regular visits from their allocated social worker, discussions with the supervising social worker during their visits and formally obtained as part of LAC Reviews and Annual Reviews.

The Foster Care Handbook and Children's Guide ensure that children outline the responsibilities of all who have contact with children and young people with regards to the active offer of advocacy.

Children's family members attend LAC Reviews that are completed and members of the team, where appropriate will attend additional meetings with birth families including planning meetings and/or contact review meetings. Birth family feedback is sought as part of every annual review where appropriate. Where feedback is not obtained the reasons are recorded within the review. Senior Team members will meet with birth family members on request.

Consultation with those working with the children (key stakeholders) such as staff from an education setting or support service is achieved via the LAC and Annual Review processes completed by BCBC.

The social workers for the children meet with them alone to obtain their views, wishes and feelings on a regular basis and communicate with the supervising social worker for the carer regarding any queries or concerns.

Training has been provided to local authority staff with regard to ensuring children in receipt of support from the local authority are given an active offer of advocacy. In addition the foster carer handbook details the offer of advocacy and that they as foster carers can make this offer/ referral for support.

Children placed within local authority foster care are provided with children's guides to fostering which includes information about advocacy and how to communicate any issues they may have, including how to make a complaint.

Bridgend Foster Care arranges consultation events for the children and young people using the service on a regular basis.

The resident children of foster carers are able to access their own support groups and engage in activities organised by an allocated team member. The children of foster carers views are sought within supervision visits to the placement as well as formally sought within the foster carers annual reviews.

Foster Carers are consulted about their views within:

- their individual supervisions,
- their annual reviews,
- LAC Reviews
- regular ICE meetings
- formal training events
- support groups and coffee mornings facilitated by the Liaison Carers
- attendance at Foster Panel

As well as the opportunity for formal feedback to be given within the LAC and Annual Reviews, the children's social worker also has the opportunity to feedback about the service to their manager within their own supervision, informal discussion with members of the fostering team, when attending accommodation and permanence panel and when members of the fostering team attend the various team meetings of each safeguarding team.

Fostering Team Managers attend weekly Team Managers Meetings during which the managers are able to provide the feedback from their own teams about the service.

Fostering Panel Members are able to give feedback on the service via their appraisals, via the panel chair or directly to the panel advisor. An annual report is completed by the Panel Chair including panel views and recommendations.

The Fostering Team are consulted on the service within their individual supervisions, and team meetings. The team have an away day at least once per year to share skills and knowledge with one another and focus on team development.

Team meetings take place once per month.

Formal Individual supervisions are undertaken on a 4 weekly basis with the staff members' line manager. Informal supervision and support from senior members of

staff is provided either upon the request of the worker or offered where a staff member is supervising a complex case or has additional support needs.

Summary of Complaints Procedure

The complaints procedure requires staff to attempt to resolve complaints informally, whenever appropriate. However, when complaints need to be dealt with formally there is clear policy, procedural and guidance information available. Where policies and procedures need to be amended in response to the outcome of complaints, mechanisms are in place to highlight specific areas for change.

All carers and children in placement are provided with guidance and a copy of the complaints procedure and if they request forms or information at any other time these can be provided immediately.

The Fostering Service fully adheres to and complies with Bridgend County Borough Council's Representations and Complaints Procedure - Section 24d & 26 of the Children Act 1989 and the Local Authority Social Services Act (Complaints Procedure) 1970. [Liaison with the nominated Complaints Officer 01656 642253]

Address and Telephone Number of the Appropriate Officer for National Assembly:

CIW
South West Wales Region
Government Buildings
Picton Terrace
Carmarthen
SA31 3BT
Telephone: 01267 245160
Fax: 01267 245140

Address, Telephone number and email for Children's Commissioner

Children's Commissioner for Wales
Oystermouth House
Charter Court,
Phoenix Way,
Llansamlet,
Swansea.
SA7 9FS
post@childcomwales.org.uk
Tel: 01792 765600

