

# Chariteens Residential Family Centre

Chariteens Residential Family Centre Ltd  
10 Khartoum Road, London E13 8RF

Inspected under the social care common inspection framework

## Information about this residential family centre

Chariteens Residential Family Centre Ltd is a privately owned company. This residential family centre is registered to provide care and accommodation for six families. Families benefit from their own rooms, within a large residential property. Alongside parenting assessments, the centre is able to facilitate psychological assessments, counselling and toxicology tests.

**Inspection dates:** 26 to 27 June 2017

<b>Overall experiences and progress of children and parents, taking into account</b>	requires improvement to be good
How well children and parents are helped and protected	requires improvement to be good
The effectiveness of leaders and managers	requires improvement to be good

The residential family centre is not yet delivering good assessments, help and care for children and parents. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

**Date of previous inspection:** 18 October 2016

**Overall judgement at last inspection:** requires improvement

**Enforcement action since last inspection:** none

## Key findings from this inspection

This residential family centre requires improvement to be good because:

- Parents do not always receive regular feedback in an appropriate format, to enable them to reflect on their areas of development. This would also help them know how their assessment is going.
- Leaders and managers do not actively take into account the views, wishes and feelings of parents in the day-to-day running and development of the centre. Actions from residents' meetings are not recorded.
- The alcohol policy does not address the issues from staff disciplinary action. This relates to the protocol regarding staff drinking alcohol with parents outside of the centre.
- Parents are not fully aware of the surveillance policy. They have not given consent for leaders and managers to remotely access surveillance.
- Staffing is insufficient, which has an impact on fully meeting the individual needs of all families and on record keeping.
- The arrangements for the recording, handling, safe-keeping, safe administration and disposal of medicines is inconsistent.
- More attention is needed to ensure that there are highly effective health and safety arrangements. This relates to improving parental risk assessments and recording the action taken when there are high fridge temperatures.
- All staff do not benefit from regular individual supervision. They do not have the opportunity to meaningfully reflect on their work.
- The registered provider has not undertaken monthly monitoring visits for the past two months. Effective senior management oversight is required to monitor the positive impact that intervention is having on families.
- Some parts of the accommodation are not well maintained. There is a section of peeling wallpaper in the lounge and chipped woodwork. A bathroom window requires a restrictor.

The residential family centre's strengths:

- There is a strong emphasis on improving parental capabilities. Parents are able to obtain qualifications in baby massage, health and safety and first aid.
- Parents benefit from the creative focus on their personal development. They

receive encouragement to be aspirational, building on their resilience, self-confidence and self-esteem.

- Parents can access therapeutic services from within the comfort of the centre. This includes child and family psychotherapy, therapeutic parenting sessions, drug and alcohol counselling, psychiatric assessment, diagnosis and treatment.
- Parents undertake excellent life-story work through producing memory books. These creatively document the journey of individual families from birth to their final court appearance.
- Assessments focus on strengths-based child protection models and appropriately include relevant theories.
- There is a six-week intensive learning programme for parents, which focuses on safeguarding and life skills. Parents also value learning lessons from serious case reviews.
- The strong relationship with the host authority safeguarding board enables staff to access an extensive range of training.
- A good plan of action is in progress. This includes contracting a highly experienced consultant and ongoing staff recruitment.
- The staff team has a wide range of relevant experience in social work, child care and special educational needs. The team is further strengthened by access to a consultant psychiatrist and psychotherapists.
- The centre contributes to the social care sector through its assessed supported year in employment programme for newly qualified social workers. It also offers placements to nursing staff.

## What does the residential family centre need to do to improve?

### Statutory requirements

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, Residential Family Centre Regulations 2002 and the national minimum standards. The registered person(s) must comply within the given timescales.

Requirement	Due date
The registered person shall make arrangements for the recording, handling, safe-keeping, safe administration and disposal of medicines received into the residential family centre. (Regulation 11 (2))	01/08/2017
The registered person shall ensure that unnecessary risks to the health and safety of residents are identified and so far as possible eliminated. (Regulation 11 (4) (c)) This relates to improving individual risk assessments, fitting window restrictors where necessary and taking action when fridge temperatures are over 5 degrees Celsius.	01/08/2017
The registered person shall ensure that all persons employed receive appropriate supervision. (Regulation 17 (5) (a))	01/08/2017
The registered person shall ensure that all parts of the residential family centre are reasonably decorated. (Regulation 21 (2) (c)) This relates to the peeling wall paper in the lounge and the chipped woodwork.	01/08/2017
The residential family centre shall be visited by the responsible individual or one of the partners at least once a month. The registered provider shall supply a copy of the report required to Ofsted. (Regulation 25)	01/08/2017

### Recommendations

- Update the policy on the use of alcohol. (NMS 6.8)
- Provide parents with regular feedback. (NMS 1.8)
- Take account of parents' views, wishes and feelings in the day-to-day running and development of the centre. . (NMS 2.1)

- This relates to taking action on issues raised in residents' meetings, and their request for more activities and outdoor toys Update the policy on the use of surveillance in parenting assessments. The policy must reference the use of remote access. (NMS 10.1)
- Ensure that the overall number and deployment of staff can fulfil the centre's statement of purpose and meet the individual needs of all the parents and families. (NMS 15.1)

## Inspection judgements

### **Overall experiences and progress of children and parents: requires improvement to be good**

Minor shortfalls need to be addressed to fully support children's and parents' progress. These relate to improving the medication system, providing regular feedback to parents and actively addressing the views of children and parents.

Parents have varied experiences of the centre. One described it as 'good here', another stated that it 'requires improvement'. Some parents reported that they do not receive regular feedback on their progress. Staff reported that they provide daily verbal feedback on each parent's strengths and areas for development. Parents are not given a copy of this feedback in a format appropriate for their needs. They are therefore unable to reflect and process this feedback in their own time, as they are reliant on their perceived memory of their conversations. Several parents highlighted the need for 'better communication'.

Parents take an active involvement in day-to-day and complex decisions. They regularly share their views in residents' meetings. Actions taken in response to their requests are not recorded. Parents would like more activities, and a child stated that they 'would like more toys' and 'a new slide'. Parents know how to complain. They are aware of their rights and independently contact Ofsted or other professionals to express their concerns.

Medication arrangements are inconsistent. The medication records for all families are contained in one book. Parents are unable to read their records, as this would be a breach in confidentiality. Staff do not promptly dispose of medication which is no longer in use. Refrigerated medication is not securely stored in a locked container. An error was found in the medication administration record. There are elements of good practice, an example being the creation of a pictorial medication log to assist parents in their daily routines. Leaders and managers are aware of the need to improve in this area, and medication training is scheduled.

Parents receive satisfactory individualised support. There is an adequate understanding and consideration of their identity, gender, family history, age, disability, ethnicity, faith or belief. A social worker described the 'remarkable difference' in a parent. Children and parents are able to build trusted and secure relationships with staff. A staff member highlighted that they see each parent 'as a human being first, not a label'. A professional said of the staff, 'The success of my client was their ultimate goal.' A parent confirmed, 'Staff are helpful and only want the best for you and your children. They accept your mistakes and show you how to improve.'

There is a strong emphasis on increasing parental capabilities. Parents said that they appreciate the opportunity 'to learn new skills'. A health professional praised the

holistic care provided by the centre. Parents are able to obtain qualifications in baby massage, health and safety and first aid. They learn to access and use community resources, for example sessions at children's centres and libraries. Parents build on their knowledge through attending parenting programmes and specialist groups. Children benefit from a wide range of activities which stimulate them and enhance their learning and well-being. Examples are 'music and movement' and sensory play.

Parents have the opportunity to focus on their areas of need in key-work meetings. A parent stated that their key worker 'has always encouraged me to try and help me reach my full potential'. Another parent said, 'At Chariteens I never felt judged. Staff would always encourage me to do my best and look forward to the future.'

Parents learn the importance of good nutrition. They learn to create healthy meals and are taught a range of recipes. They also receive practical support with budgeting, benefits advice and other life skills.

Parents and children receive effective health support. They receive assistance to access health services, psychiatric and psychological support, relationship counselling and family planning. The centre is able to fund private counselling or refer parents to a local counselling organisation. Strong links with the community mental health team and the institute of psycho-trauma for adults experiencing post-traumatic stress enables parents to efficiently receive specialist help.

Parents can access therapeutic services from within the comfort of the centre. This includes child and family psychotherapy, therapeutic parenting sessions, parent and infant bonding sessions, drug and alcohol counselling, psychiatric assessment, diagnosis and treatment. This enables the prompt confirmation or dismissal of concerns and efficient intervention.

Parents benefit from the creative focus on their personal development. They discuss their feelings, learning to become more reflective and self-aware. An example is writing a letter to their past, current and future self. Parents receive encouragement to be aspirational, recognising their positive qualities, resilience, and building on their self-confidence and self-esteem. A parent said, 'Always remember [that] your present situation is not always your final destination.' Their memory books are an excellent example of life-story work. These document the journey of individual families from the birth of their children to their final court appearance.

A strength of the centre is the caring camaraderie between families. An example of this is families cooking for each other. Staff support good relations between families living at the centre. Children and parents who are new to the centre are welcomed. Their individuality is valued though celebrating birthdays or secular events, an example being Father's Day.

Assessments focus on children's needs and take account of parents' views. Parents are clear about what parenting skills are being assessed and how the assessment

process works. The four-phase assessment process covers primary care tasks, establishing routines and the emotional aspects of parenting. The latter phases focus on observations and conclude with the discharge phase.

Assessments are individualised and realistic about what parents can achieve and the support required if children are to continue living with their parents. Assessments focus on strengths-based child protection models and appropriately include relevant theories. Final assessment reports generally address the placing authority letter of instruction. They adequately evaluate each parent's strengths, weaknesses, their self-awareness and their capacity to change.

### **How well children and parents are helped and protected: requires improvement to be good**

There are no serious failures concerning the welfare of children and their parents. More attention is needed to ensure that there are highly effective health and safety arrangements in place. This relates to improving policies, risk assessments and practice. Parents do not fully understand the range of surveillance methods used by the centre.

Most parents have a risk assessment, which outlines the potential concerns. These risk assessments are not widely extensive in the areas that they cover. For example, one did not include a broad range of practical ways to prevent risk. This related to not considering monitoring sharp objects and medication for a parent who has a history of self-harm and overdose. Although there have not been any problems, further consideration of potential risks would strengthen the risk management system.

The alcohol and substance misuse policy has been updated, as recommended from the last inspection. However, this policy does not address the concerns highlighted in a staff disciplinary. This relates to staff drinking alcohol with parents outside of the centre.

Staff undertake daily fridge temperature checks. Occasionally, readings are higher than the recommended temperature. Any remedial action taken is not recorded. A window was also missing a restrictor. Although no incidents have occurred, staff have not considered the potential risk that this poses.

A written surveillance policy and complementary guidance are available. Parents confirm their consent to surveillance methods. Their consent form and the policy does not detail leaders' and managers' ability to access surveillance cameras remotely. Best practice guidelines recommend that the monitoring viewing area must be appropriate and secure. Use of surveillance must also be subject to regular review.

Children benefit from robust child protection arrangements. This helps to safeguard them from harm, neglect and abuse. A parent stated that they are 'able to recognise and accept children services' concerns'. Another parent confirmed that they 'have learnt to put my baby first.'

A strength of the service is the six-week intensive learning programme, which focuses on safeguarding and life skills. Parents learn how alcohol and substance misuse, domestic violence and various forms of abuse can impact their child. Parents are able to reflect and create their own presentations, which helps to solidify their learning. A parent gave the example of showing their presentation to external professionals, highlighting that they 'felt proud showing them the mistakes I made before and the progress I have made'. Parents also value learning lessons from serious case reviews.

Parents are able to address their anger management. They receive support to develop skills and strategies to manage their own conflicts and difficult feelings. Staff appropriately promote positive behaviour. If necessary, leaders and managers issue formal warning letters. A social worker praised staff members' 'ability to appropriately challenge my client with firmness and sensitivity'.

The centre does not have an issue with parents going missing, although procedures are in place should this happen. There have been no accidents or child protection enquiries since the last inspection. Staff appropriately challenge discriminatory behaviour.

Leaders and managers have effective links with the local police, the host authority and designated officers. The strong relationship with the host authority safeguarding board enables staff to access an extensive range of training. This training covers the wider aspects of child protection and safeguarding, including female genital mutilation.

Leaders and managers endeavour to provide a safe environment for children and parents. Good recruitment practices and regular monitoring of staff help prevent unsuitable people from having the opportunity to cause harm. Leaders and managers take appropriate disciplinary action to address poor practice. Certificates from relevant engineers and regular checks confirm the safety of the physical environment.

### **The effectiveness of leaders and managers: requires improvement to be good**

The centre has undergone a challenging period which has had an impact on all outcome areas. This is primarily due to staff shortages and managing the high number of parents who have significantly complex needs. Leaders and managers are actively aware of the areas requiring development. A good plan of action is in

progress. This includes contracting a highly experienced consultant and ongoing staff recruitment. Leaders and managers wish to positively address shortfalls and build on their areas of good practice. They demonstrate the capacity to take the necessary action. A social worker stated that they 'would place again', praising the success of the placement, confirming that 'their approach is balanced and very good'.

The centre currently has an insufficient number of staff. This impacts on the individual time available for families and record keeping. Six staff members have left since the last inspection, the majority of whom have been dismissed. Leaders and managers are currently actively recruiting for competent staff. The staff team available has a wide range of relevant experience in social work, child care and special educational needs. The team is further strengthened by access to a consultant psychiatrist and psychotherapists. Parents gave variable feedback, some describing staff as 'amazing' and 'brilliant', while other parents said that they felt specific staff were 'rude'. Professionals described staff as 'very supportive' and praised the fact that 'they remained positive despite the challenges'.

Although staff receive daily guidance and support, they have not had the benefit of regular formal individual supervision. The new consultant has started supervising staff. A staff member describes these meetings as 'a fantastic place to learn', commending the ability to link theory to practice. The organisation also has an employee assistance scheme, enabling staff to access independent support.

There is an adequate quality assurance system. The registered manager regularly evaluates the service in accordance with regulations. There has been an issue with the monthly monitoring reports from the responsible individual. These have not been undertaken for the past two months, due to unforeseen circumstances. Effective senior management oversight is required to monitor the positive impact that intervention is having on families' lives.

All of the requirements and most of the recommendations from the last inspection have been effectively addressed. The statement of purpose, Regulation 23 reports and recruitment practices meet regulatory requirements. The family register contains most of the required information, and contact information is appropriately available in each family member's file. Fathers can receive independent support from a local parenting organisation. Leaders and managers are continuing to try to recruit male staff. Assessments are improving in accordance with governmental guidance. Leaders and managers routinely seek feedback following a placement from involved professionals, as part of the quality assurance process.

Staff benefit from training in conflict management, which helps them de-escalate challenging situations. Some recommendations have not been fully met. Although a policy has been produced in relation to the use of alcohol, this does not address relevant issues as previously mentioned. Staff take responsibility for their own learning to keep up to date on professional and legal developments. Team meetings do not effectively address new changes.

The physical condition of the center requires work. The premises have a small section of peeling wallpaper in the lounge and chipped woodwork. Each family has their own room with a washbasin. All bedrooms and the meeting rooms are accessible by a steep staircase. The premises are unsuitable for children or parents who have mobility issues. Parents have access to two bathrooms and two laundry rooms. They can choose to dine in the kitchen or in the lounge. Children benefit from their own playroom with a range of toys and books. The lounge has a large television, full range of satellite channels and free broadband. The back garden has outdoor seating and provides a further communal space.

There are satisfactory leadership and management arrangements. The registered manager is also the owner of the business. They are suitably experienced and qualified, having worked within social care for approximately 21 years. They have prior experience of managing a supported service for mothers and their babies, and they have a qualification in strategic leadership and management. The deputy manager brings an additional level of expertise, including considerable social work experience, within children and families and the court system.

Staff benefit from regular training which informs their knowledge and improves their practice. The centre contributes to the social care sector through its assessed supported year in employment programme for newly qualified social workers. It also offers placements to nursing staff. The registered manager is also a member of a local children's centre advisory board.

## **Information about this inspection**

Inspectors have looked closely at the experiences and progress of children and parents. Inspectors considered the quality of work and the differences made to the lives of children and parents. They watched how professional staff work with children and parents and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and parents. In addition, the inspectors have tried to understand what the residential family centre knows about how well it is performing, how well it is doing and what difference it is making for the children and parents whom it is trying to help, protect and look after.

Using the 'Social care common inspection framework', this inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the Residential Family Centre Regulations 2002 and the national minimum standards.

## **Residential family centre details**

**Unique reference number:** SC474728

**Registered provider:** Chariteens Residential Family Centre Ltd

**Registered provider address:** 10 Khartoum Road, London E13 8RF

**Responsible individual:** Stella Birungi

**Registered manager:** Rita Isingoma

**Telephone number:** 020 8472 5444

**Email address:** info@chariteens.org.uk

### **Inspector(s)**

Sharon Payne, social care inspector



The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for looked after children, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk).

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence>, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

This publication is available at <http://www.gov.uk/government/organisations/ofsted>.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 4234  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: <http://www.gov.uk/ofsted>

© Crown copyright 2017