

Bonner House

Dudley Lodge

Bonner House, 172 Sellywood Road, Birmingham B30 1TJ

Inspected under the social care common inspection framework

Information about this residential family centre

This centre is registered for 10 families and is operated by a registered charity.

A new manager is in post, who is in the process of applying to Ofsted for registration.

Families usually stay at the centre for 12 weeks for their assessment. A range of assessment programmes are used.

Inspection dates: 23 and 24 November 2022

Overall experiences and progress of children and parents, taking into account	good
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How well children and parents are helped and protected	good
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The effectiveness of leaders and managers	good
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The residential family centre provides effective services that meet the requirements for good.

Date of previous inspection: 28 September 2021

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Inspection judgements

Overall experiences and progress of children and parents: good

Families receive a high-quality, safe service. Most families have positive relationships with staff. Staff work hard at building these. There is a nurturing ethos which is balanced with staff setting clear and consistent boundaries and appropriately challenging parents when there are concerns.

On arrival, parents attend an initial placement meeting. This ensures that parents understand why they are at the centre and are clear about the assessment process. Throughout their assessment, parents are provided with regular feedback. Parents' views are listened to and recorded. Interpreters are used when needed and many documents are accessible. Adapted versions are provided to help parents process important information.

Assessment reports are thorough, detailed and evidence based. There is clear analysis of the strengths and vulnerabilities of parents. Risks to children are clearly identified and any plans to mitigate these are fully explored. Clear recommendations are given.

The environment is being updated and refreshed for the benefit of families. Each self-contained flat is well appointed with everything a family might need. Any damaged items are quickly replaced. Significantly, a new 'hub' is being created on the ground floor, which will include a communal cooking area, dining area and play area. This will provide families with additional opportunities to socialise or be involved in group parenting activities. Parents are also supported to learn new parenting skills at the centre and to access the community, for example at toddler play sessions.

Parents' feedback is positive. One parent said:

'Staff are respectful of me. I appreciate that. I know why I'm here. I need to show that I can be a good parent to my child. They give me targets. I meet with them every day. I want to be the best and they are really helpful at helping me understand how to be a good parent. I think I am doing that. They listen to me. They have helped me.'

When assessments end, children are given a record which includes photos and memories of their time at the centre. Children whose assessments end abruptly do not receive this. This is a missed opportunity to help children understand their life history.

How well children and parents are helped and protected: good

Children are kept safe. Identified risks for each family are well known and reviewed regularly. This helps to ensure that the staff team is aware of all potential risks for

children and parents. Risk assessments and placement plans clearly set out the support, monitoring and safety strategies to keep each child and parent safe. Staff manage a careful balance between enabling parents to care for their own children and ensuring the children's welfare. Staff understand that their role is to keep children safe from harm.

Medication administration is safe. However, on one occasion, at the end of a placement, a child's prescribed medication was not passed on to the local authority. This oversight could potentially have had an effect on the child's health and well-being. Steps have been taken by the provider to prevent this error happening again. In addition, one medication record is difficult to read as it contains lots of text which has been crossed out.

Children's safety is maintained through frequent monitoring by staff. Since the last inspection, there has been a change in the way closed-circuit television is used. There is less reliance on staff closely monitoring a screen and more direct observation of parents providing care to their child. Staff prefer this new approach. Records of this monitoring are detailed and accurate. The requirement made at the last inspection is met.

Parents' understanding of the care and safety of their children is explored in direct work sessions. The effectiveness of this support and the monitoring of children and parents are frequently reviewed. The frequency of monitoring is only reduced with the agreement of other professionals and where parents demonstrate that their child is being cared for safely.

The effectiveness of leaders and managers: good

There have been significant changes to the senior management team since the last inspection. Staff say that the impact of these changes has been lessened as most members of the new management team were already working for or have previously worked for the provider. This has provided some consistency for staff. The previous registered manager has become the responsible individual. The new manager has a social work qualification and was previously the centre's referrals manager. She already has a good understanding of the functioning of the centre.

The service has a range of internal and external monitoring systems. There is a thorough review and quality assurance process for all parenting assessments and final assessment reports. Complaints are managed appropriately. The provider learns from feedback. When concerns are raised by external professionals, the provider conducts thorough investigations and considers what changes need to be made with the operation of the centre to bring about improvement. If shortfalls in practice are identified, learning from these is used effectively to inform practice development. For example, recent communication between the centre and a placing authority was not at the expected standard. Therefore, steps have been taken to improve this. The requirement made at the last inspection is met.

There is a culture of high aspiration for families and children during and after the assessment process. A children's guardian said:

'Reviews have taken place as they should have done. Reports have been very good quality. Very good plans, very good progress for the family. There has been effective work. It's not a generic package, it's individual to the family. I haven't got a single negative thing to say.'

Safer recruitment practice is followed. This helps to prevent unsuitable people having contact with children and vulnerable adults. The staff feel valued, well supported, and they enjoy their work. Most staff hold a level 3 qualification, a social work qualification or are working towards this. Staff have undertaken suitable training to enable them to meet the needs of families. There is a good-quality induction. Mandatory training includes safeguarding, first aid, health and safety, and medication training. In addition, staff receive training in more-specialist subjects, such as attachment and trauma, emotional regulation and neurodiversity.

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 (1))	23 December 2022

Recommendation

- The registered person should ensure that the centre has and implements clear procedures for families leaving the centre. These should cover planned and emergency departures and take into account the needs of the parent while giving paramount importance to the safety of the child. In particular, ensure that children who leave the centre abruptly are provided with information about their time at the centre for future reference. ('Residential family centres: national minimum standards', page 14, paragraph 7.7)

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and parents 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: SC412598

Registered provider: Dudley Lodge

Registered provider address: Dudley Lodge, 143 Warwick Road, Coventry, West Midlands CV3 6AT

Responsible individual: Rachael White

Registered manager: Post vacant

Telephone number: 01212435358

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Inspectors

Catherine Honey, Social Care Inspector

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