

Merrydale

Statement of Purpose



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Caring for Children

1) Statement of the range of needs of the children for whom it is intended that Merrydale provide care

Merrydale is a local authority children's short breaks unit providing residential services for children and young people with severe learning difficulties up until their 18th birthday.

Merrydale has 13 beds, 9 of which are social care and four beds that are funded by Health. The young people who use the health beds all have additional complex health needs, often with profound and multiple disabilities.

Services are provided for children of either sex between the ages of 0 – 18 years although in practise it will be rare for children under the age of 5 years to be referred. However we accept that at times there may be exceptional circumstances and following a detailed assessment of need it may be considered in the child's best interest for a referral to be made.

Merrydale forms part of the overall services provided in Hampshire to support children with a severe learning disability and their families.

The young people that attend Merrydale will have been assessed by a multi-agency team lead by a social worker from the Children with Disabilities Team. The assessment will have been discussed and agreed at a County Resource Panel that meets monthly and is chaired by the County Integrated Disability Service Manager. The children that stay at Merrydale live at home with their parents, or alternative carers, and receive a package of regular, programmed over night stays at Merrydale.

2) The Ethos of Merrydale; the outcomes we seek to achieve and how we work to achieve them

The care offered at Merrydale is guided by the philosophy that the children's welfare is of paramount importance in all decisions and planning. That children are children first and should be provided with opportunities to mix and play with friends, to develop life and social skills in a safe and secure environment and be able to achieve the five outcomes as outlined in the Every Child Matters/Children (Act 2004)

Our aim is to work in full partnership with families and fellow professionals. The services provided are based upon the understanding that within all families there are usually opportunities for children and parents to have breaks from each other. As children mature they assume more responsibility for their own actions and the ability to occupy themselves, pursue interests and become more aware of personal safety. This is all too frequently not the case in relation to children with severe learning difficulties. Merrydale seeks to balance the needs of the child with the needs of the parents, siblings and prime carers. Great emphasis is placed on ensuring in the first instance that children feel safe and enjoy positive experiences whilst away from home. At the same time we want parents to feel confident in the quality of care provided and to feel that the service is able to respond to their needs and the needs of their children.

Appropriate supervision and opportunities to explore and develop social and life skills are provided via a range of activities both on and off site, enabling parents, siblings and carers the opportunity to take a break from caring.

Staff at Merrydale work closely with parents, carers, other family members and associated professionals and colleagues to ensure that the most appropriate support is available to young people and their families.

In this way we aim to:-

1. To provide a high level of social, emotional and physical care.
2. To provide a safe, stimulating and comfortable environment for those receiving care.
3. To value and respect the children/young people as individuals.
4. To respect the children's/young peoples right to privacy and dignity. This includes being sensitive to those children who depend on adults for personal and intimate care.
5. To remember that children with a disability should be treated as 'children first' and that they have the same basic needs as all children.
6. To work closely with the child/young person, their family and other professionals to ensure the delivery of a high quality service.

7. To consult and co-operate with professionals in other agencies in order to meet the assessed needs of the child.
8. To maintain a high level of confidentiality within the boundaries of legal and statutory requirements.
9. To support and manage children who may present challenging behaviour in a positive way, and in accordance with Hampshire County Council and Merrydale policies. Key workers will complete Team Teach intervention plans, moving and handling risk assessments, care plans and individual risk assessments to ensure that individual children are cared for safely and appropriately.
10. To meet the cultural and ethnic needs of children/young people in our care.
11. To introduce children to new situations offering positive experiences and opportunities to widen their horizons.
12. To offer an enjoyable and stimulating environment and enable children to move and play with their friends and peers in a non school setting.
13. To gain the confidence of parents and carers ensuring children are cared for in a safe setting supporting families in the care of their children.
14. To promote the rights of children and their families to enjoy 'ordinary lives'.

In order to ensure we achieve our aims and best possible practice with the children we look after we will follow these agreed objectives:

1. To work within Hampshire County Council guidelines for admissions and have a written admissions procedure.
2. All children/young people who are placed at Merrydale will have individual care plans, Team Teach intervention plans, moving and handling and individual risk assessments. These care plans will outline assessed needs and expectations and will assist staff to effectively care for children on a day to day basis. These plans will be subject to regular review.
3. All children/young people placed at Merrydale will have a Keyworker.
4. Children/young people placed at Merrydale will be encouraged to exercise choice and decision making wherever possible.
5. Whilst staying at Merrydale, all children will have access to the appropriate medical services.

6. All staff at Merrydale will have individual performance plans (IPP) to ensure that they receive the appropriate training, supervision and support to enhance and develop their skills further for working with children and young people.
7. Merrydale will work within the set policy for health and safety directed by both Hampshire County Council and Merrydale guidelines.
8. Merrydale will provide all staff members with clear guidelines on all work practices and routines, in order to provide a high quality service to the children and their families.
9. Merrydale will operate and promote anti-discriminatory practice by providing equal opportunities for children and staff in respect of culture, ethnicity, gender, special needs and disability.
10. All staff at Merrydale will adhere to Hampshire County Councils Child Protection Policies.

3) The arrangements for enabling children to enjoy and achieve and participate in cultural, recreational and sporting activities

Merrydale is situated in the village of Kingsworthy, three miles north of Winchester in spacious grounds with trees, lawns and gardens.

There is easy access to local amenities and it is on a frequent bus route to Winchester. The village has shops, a post office, community halls, two public houses, a play park, numerous interesting walks, a social club and small health centre.

Merrydale has a range of toys and play equipment and we place great emphasis on providing opportunities for children to learn through play. Each child has an allocated keyworker who will identify particular games and equipment appropriate to their key children and if possible these may be purchased for use whilst at Merrydale. This information will form part of individual children's care plans and will be available to all staff.

Merrydale has a large and secure garden that is very popular with the children where they can involve themselves in supervised games with staff and children or enjoy opportunities to partake in free play in a safe and monitored environment. There are several large go-carts and track, swings, adapted swings and a wheelchair swing, football goal, vegetable patch, barbeque and paddling pool.

Merrydale also has a large playroom and multi-sensory room. Access to these rooms is with staff supervision and can be arranged for small groups or on an individual basis. We are constantly looking at ways to provide improved facilities and equipment for the children's use.

Our mini bus has wheelchair access and is available to staff and children to provide opportunities to access a variety of community resources e.g. Paultons Park, Finkley Down Farm, Marwell Zoo, local recreational centres, bowling, country parks and many other venues.

All staff are trained to agreed county standards before being allowed to drive the mini bus and transport children. We also have a people carrier (7 seated) which is also available to transport staff and children to offsite activities.

Participation

4) The arrangements for supporting cultural, linguistic and religious needs of the children

At Merrydale we believe that children and young people should be involved and encouraged to have a say on issues which may affect them as far as practically possible. A great emphasis is put upon the young people having input into their time at Merrydale. There is a suggestions box, which the young people are actively encouraged and supported to use; direct feedback is also sought using specially developed Makaton feedback forms during each child's stay.

Individuals are encouraged to raise issues and will be supported to voice concerns or complaints which will be taken seriously.

The staff team are fully committed to offering a range of alternatives and responding to individuals' wishes and feelings. Some children will have particular communication needs which will be identified and addressed during the introductory/admission process. To aid this process Merrydale has a children's guide which is tailored to support and assist with the children's understanding of Merrydale and what is on offer during their stays. This can be used by both staff and parents with children who have been referred for a service. It also contains a copy of the young person's complaints procedure in Makaton.

The majority of staff have undertaken Makaton training and are supported and encouraged by our in house "Makaton Champions" to use this form of communication with children at all times.

It is hoped that through the development and maintenance of good relationships between staff, children, parents and carers that issues or concerns for residents can be identified and quickly resolved to everyone's satisfaction.

Key workers will remain in close contact with families to support this process and will facilitate and encourage the views of children and other family members to be heard and acted upon.

The staff team at Merrydale are committed in taking into account the religious applications and beliefs of all children. All children in Merrydale will be supported to follow their chosen religion and beliefs and these are explored by the key worker with the parents as part of their initial assessment. Key workers actively seek information and advice which will help the child/young person follow their chosen faith. Children will be guided by staff and their parents wishes when making decisions on this sometimes sensitive subject. There is a specific section included in all young people's care plans which includes information regarding that individual child's cultural and diversity needs and wishes

5) The arrangements for promoting contact between children and their family and friends

The services provided at Merrydale are for respite and children are usually taking a break from parents or carers. The issue of contact should not therefore generally arise.

However with prior arrangement and to support individual care plans children can be visited by their family or friends.

A room may be made available where a young person can take a visitor i.e. the playroom where arts and crafts can be enjoyed or a quiet room where they may sit privately with a guest.

The individual needs, rights and wishes of the child will always be taken into account when supporting contact with families.

Young people may wish to telephone their parents during their stays or their parents may wish to telephone their child, this is supported and facilitated where appropriate.

6) A description of the approach to consultation and participation

Merrydale aims to ensure that the active participation of children and their families remains embedded as an integral part of the relationship between staff, family and child. This begins at the introduction and assessment stage which should respond sensitively to the needs and feelings of all family members and then continue into the on-going interactions between Merrydale staff, child, family and significant others. Our goal is to provide services that parents and children feel able to influence and are seen as being responsive to changing needs and promote choice and opportunity. To achieve this with families we recognise the need to establish a relationship built upon mutual respect and equality that values the experiences, skills and knowledge of the parents and involves them as full partners in the planning of their child's programme of care. Merrydale actively seeks feedback and suggestions from children and their families. Parental coffee mornings are held and feedback questionnaires developed.

All young people are actively encouraged and supported to use a suggestions box and direct feedback regarding activities and their meals is also sought using specially developed Makaton feedback forms during each child's stay. Young people are also involved in deciding what colours the bedrooms should be painted and many other aspects of Merrydale

With each child we understand that the level of participation will be determined according to the circumstances and their cognitive ability.

7) A description of the policy and approach to:

a) Anti-discriminatory Practice

Merrydale is committed to operating in a climate that does not discriminate on the grounds of race, religion, gender or disability.

The unit aims to promote anti discriminatory practices by:

- Treating disabled children as children first
- Supporting children and their families in advocating the breakdown of environmental, cultural and personal barriers that serve to inhibit their opportunity to participate in mainstream community activities
- Careful and thoughtful use of language
- Recognising and eliminating our own racism
- Ensuring that our practices are free of negative stereotyping
- Challenging any racist comments, actions or attitudes in others and by tackling racist structures and individual practises when encountered.

The expectation is that every team member will actively promote anti discriminatory practice in all areas of their work and conduct and be open to examine and reflect upon the way we work, our own attitudes and methods of evaluating the practise of individual team members.

b) Children's Rights

As with our anti-discriminatory policy, the aim at Merrydale is to foster a culture in which the Rights of the Child, as detailed in the United Nations Convention, informs all our interactions with children and their families. For example we promote this through our participation policy; listening to children and providing opportunities to be involved in choice and decision making. This will involve areas such as activities they take part in, food they eat, who will support with personal care, and all other day to day experiences. As noted in other sections of the statement great emphasis is placed upon the importance of communication - staff understanding how individual children communicate and then taking their views into account when making decisions.

The contact details of the Children's Commissioner for England and Ofsted are included in the young person's guide.

8 Accommodation

a) Adaptations

Merrydale was built in 1974 as a residential home for 16 young people. Its purpose has changed greatly over the years and it is now a respite centre for children and young people with learning disabilities. Numerous adaptations and improvements have been made to both the building and the garden to best meet the wishes and needs of the children

Merrydale's garden to the rear and sides of the property is contained via a six foot fence. There are two gates each kept secure via a magnetic locking system that can be disengaged manually with the appropriate key from the inside or that will automatically disengage should the fire alarm sound allowing staff and children to leave the grounds.

The front door is also linked to the same system. All staff are issued with a fob/key which when presented to the 'reader' by the door will disengage the magnetic lock for three seconds allowing access. The same method is used to exit. This door is connected to a time lock that will only allow access until 10pm, after this time all visitors/staff must ring the door bell to gain access.

Within the building several more readers are installed in all house areas and in upstairs hallways. Should staff experience difficulties or require support for any reason they can present their fob/key to the reader. In doing so they will alert a pager carried by senior staff who will go to assist.

The garden includes a go-cart track, swings, adapted swings, a wheelchair swing and bed swing, football goal, vegetable patch and a sensory path.

There is a purpose built playroom with a ball pool, arts and craft area, computer consoles, musical instruments toys and games. There is also a multi-sensory room with bubble tube, music, infinity tunnel, heated water bed and an interactive tactile wall.

Two walk in wet rooms are available with overhead hoists and adjustable height shower beds. Bedrooms are on both floors to accommodate all physical abilities, with a variety of beds all of which are designed to best meet the needs of the young people. Further overhead hoists are available in some bedrooms.

b) Age range, number and sex of children

Merrydale is registered with Ofsted to provide services to both boys and girls up to the age of 18. It can provide overnight accommodation for up to 13 children.

c) Description of accommodation

Merrydale has in total capacity to look after a maximum of 13 children at any one time. Nine beds are provided in the 3 Social Care houses (house 1,2 &3) and a further 4 in the health unit (house 4).

Houses 1,2 and 3 each accommodate up to three children. Each house is self contained with separate bedrooms and bathrooms on the first floor (accessed via stairs). Downstairs is a lounge and kitchen/utility room.

There are no cookers in the kitchens for safety reasons but breakfast and simple meals can be prepared via the microwave, toaster and kettle. Each kitchen is equipped with a fridge. Main meals are prepared by the cook in the main kitchen and brought via a heated trolley to the houses.

Although self contained a lot of mixing, socialising, visiting and joint activities take place between the staff and children in the houses. Each house has its own access point to the garden.

Merrydale accommodates a wide age range and children of either sex so consideration is given to how children are grouped. Consideration will also be given to personal preference and where particular friendships exist.

Although catering for a fairly large number of children each house has the opportunity to close its doors to others if they so wish. All bedrooms are single rooms and children can at any time enjoy privacy and time alone.

9) Location of Merrydale

Merrydale is situated in the village of Kingsworthy, three miles north of Winchester in spacious grounds with trees, lawns and gardens.

10) Safeguarding Children, preventing bullying and missing child policy

The aim of the staff team is to ensure that the children we care for feel safe and are safe. To do this we engender a culture in which staff realise the importance of effective communication and liaison with families and colleagues. Also listening to and involving children in what is happening around them, and of knowing the children, their needs, interests and potential vulnerabilities. We have policies and training programmes in place to support staff in the care of the children and in protecting them from significant harm and accident. Examples include guidance and training in; the safeguarding of children, safe administration of medication, moving and handling, intimate care and the positive management of behaviour.

Our safeguarding procedures are informed by both County and National guidance .

All team members are aware of what they should do if they have any concerns about any aspect of a child's welfare. There is also guidance as to the procedure to follow in the event of an allegation against any member of the staff team.

Preventing bullying

comfortable with in a warm and stimulating environment. **This is not possible if bullying of any form is taking place.**

The staff at Merrydale will work together to promote consistency of approach and attitude, in order to create a climate in which any form of bullying is regarded as unacceptable. This can be achieved by showing due regard and respect to all with whom we work, and to the children and families who use the service.

A significant number of the children who use the service are unable to communicate verbally. In such cases, the child's key worker will ensure that the staff team are aware of whatever communication system the child uses. The unit also has messages using symbols strategically placed, which the children can use to indicate if they are upset or unhappy.

Staff Responsibilities

- To monitor closely the interactions between children and bring to the attention of the unit manager any situations in which bullying may be suspected.
- To be actively involved in ensuring that groupings are appropriately balanced to meet the needs of all the children, and bring any concerns to management for consultation.
- To discuss and record any incidents of bullying.
- To promote and facilitate open communication and consultation with parents and other involved colleagues, e.g. Education / Health.
- To actively carry out key worker responsibilities

- To foster and promote by example the values and philosophy of the unit as outlined in the Statement of Purpose and Merrydale's protocols and procedures.
- To promote the use of interventions which are least intrusive and most effective.

Should it be felt that, following appropriate interventions and consultation with other significant people, it has not proved possible for any reason to happily accommodate certain children at the same time, then their programme of support may be adjusted accordingly.

Missing child policy

One of Merrydale's core aims is to provide services that enjoy the confidence of parents that their child is being cared for by responsible and caring adults within a safe and stimulating setting. This procedure links in with all our other service protocols designed to safeguard the children and young people we work with.

As part of each child's introduction to the services Merrydale will appoint a key worker one of whose tasks will be to complete a behaviour risk assessment with the parents and any other appropriate professionals involved with the family.

This process will identify any risk that the child may go missing. It will take account of any factors which may increase the risk and the agreed actions designed to minimise as much as possible the danger.

The level and type of risks identified will help inform the staffing ratio and personnel when the child is receiving a service and also the other young people he/she will be grouped with.

In our experience it is rare that we will have youngsters who actively aim to abscond from our care. However all the children do require a high level of adult supervision. Many have little sense of potential hazards, such as when crossing the road, and a number could potentially wander off and quickly find themselves lost. It is paramount that the members of staff on duty are always aware of where each child resident at the unit is at all times.

When out in the community and during all activities the staff involved will have agreed who is responsible for each child. This is to reduce the risk of children wandering off or getting lost.

No children/young people are allowed off site unsupervised unless this were to form part of an individually tailored care plan.

The garden and grounds are secure with 6 foot fencing around the boundary.

Should a child or young person be unable to be located staff should:

1. Remain calm

2. Notify the senior staff on duty and manager and co-ordinate a search of the building and grounds
3. Notify the police immediately should a child not be located

Explain the circumstances and the service we provide and request immediate assistance. The information made available to the police will include:

- Child's name:
- Date of Birth:
- Home Address:
- Child's disability:
- When, where they were missing from:
- What they were wearing:
- Description of the child
- To include their abilities and vulnerabilities:
- Recent photograph:
- Medical history:
- Legal Status:

4. Notify parents
5. When the child is found notify parents and police
6. Try to ascertain where the child has been
7. Following the location and safe return of the missing child to his/her family there will be a full examination of all the circumstances leading up to the incident and the actions taken.

11) Admission Criteria including policy on emergency admissions

All the children/young people admitted to Merrydale will have a named Social Worker. If the child or young person has an identified social care need, the social worker will need to forward an up to date assessment of the child or young person, and their family / carers needs, for presentation at the monthly Hampshire County Council Allocation Panel.

Should the child/young person meet the criteria for admissions a programme of introduction may be initiated including the following points/actions:

1. Manager and senior team decide on most suitable house unit for child/young person to be resident.
2. Senior team member identifies key worker.
3. Contact social worker, obtain Core Assessment info, and general overview. Set up Main and Working files.
4. Contact family, invite parents to visit Merrydale. Give them a copy of the Parent's guide to Merrydale.
5. Visit family at home, complete Initial Assessment form – meet young Person at home too. Give young person a copy of the young person's guide to Merrydale.
6. Invite young person and parents to show young person around.
7. Visit young person at school.
8. With information gathered complete Care Plan, Risk Assessment, Moving and Handling Risk Assessment and all other forms in the Working File. Parents to read, agree and sign. These must be in place before tea visits commence.
9. Arrange tea visits (number dependant upon each young person).
10. Arrange overnight visits (Placement plan parts 1 and 2 must be in place – Social worker to provide).
11. Begin programmed respite

The admission procedure will be sensitive to the feelings of children and their families and introductions will be arranged at a pace that allows parents to build a confidence in the service and in the staff caring for their children. Merrydale operates a key worker system. A key worker will act as a focal point for all those involved with a child, will ensure that all information is included on the care plan and that regular liaison takes place between themselves, parents, schools and social work staff.

Respite is allocated on a six monthly basis and all requests should come via the allocated Social worker. Any disputes i.e. the suitability of any placement may be addressed via the District manager.

Emergency admissions

Merrydale may consider requests at short notice for extra respite due to crisis situations where the child young person and family/ carer are already receiving a service.

Other unplanned admissions are rare and would only be considered if all other options had been explored, and it is felt that staying at Merrydale would be in the best interest of the child or young person.

Placement of a child or young person at Merrydale for a short term placement would only happen after discussions with the Registered Manager, Disabled Children's Team Manager and Integrated Disability Services Manager with final agreement from the Area Director.

Ofsted would need to be informed of the potential placement.

If a child or young person is placed at Merrydale a full assessment of need is required before the placement commences. This assessment would include how we would meet the individual needs of the child or young person whilst staying at Merrydale with emphasis on how we can ensure contact with family is maintained, disruption to education is minimal and social activities continue. Risk assessment planning will be an integral part of the assessment process.

As a team at Merrydale we would need to ensure that the appropriate staff skill mix is available to support the child or young person.

12) Complaints

Section 26 of the Children Act 1989 requires Social Services Departments, voluntary organisations and registered children's homes to establish procedures for considering representations and complaints about services.

At Merrydale we believe that children, young people, parents, carers and family members should be involved and encouraged to have a say on issues which may affect them or that concern them as far as is practically possible.

Children/young people are encouraged to raise issues and will be supported to voice concerns or complaints which will be taken seriously.

It is hoped that through the development and maintenance of good relationships between staff, children, parents and carers that any problems or issues for young people can be identified quickly and resolved to everyone's satisfaction at a local level through open communication.

Keyworkers will remain in close contact with families supporting parents/carers to voice concerns where they exist and offering solutions after consultation with senior staff members.

All stages of a complaint will be brought to the attention of the manager, recorded and parents/service users will be kept informed of progress and proposed resolutions.

Should parents wish to make representation or complaint regarding any matter they may do so by contacting the manager directly at Merrydale or via the departments central complaints team either in writing or directly at;

The Complaints Team
Children's Services
Elizabeth Court 2
The Castle
Winchester.
SO23 8UG
Tel 01962 847484

Alternatively direct representation can be made to OFSTED by telephoning 08456 404040.

e-mail enquiries@ofsted.gov.uk

Web www.ofsted.gov.uk

Information about how children can complain is included in the young persons guide

13) Surveillance and monitoring of children

Merrydale's garden to the rear and sides of the property is contained via a six foot fence. There are two gates each kept secure via a magnetic locking system that can be disengaged manually with the appropriate key from the inside or that will automatically disengage should the fire alarm sound allowing staff and children to leave the grounds.

The front door is also linked to the same system. All staff are issued with a fob/key which when presented to the 'reader' by the door will disengage the magnetic lock for three seconds allowing access. The same method is used to exit. This door is connected to a time lock that will only allow access until 10pm, after this time all visitors/staff must ring the door bell to gain access.

Within the building several more readers are installed in all house areas and in upstairs hallways. Should staff experience difficulties or require support for any reason they can present their fob/key to the reader. In doing so they will alert a pager carried by senior staff who will go to assist.

Guidelines for house staff and night staff can be found in the staff handbook.

If a child or young person requires monitoring overnight e.g. if they have epilepsy, complex health needs or challenges around behaviour, especially at night, this can be accommodated by the use of digital alarm systems.

These will only be used if agreed by parents / carers and there is a signed risk assessment in the child or young person's file.

The Social Worker will be informed monitoring is in place.

All monitoring systems will be turned off during the day, to ensure the privacy and dignity of the children and young people using their rooms during the day.

14) Behavioural Support

At Merrydale we believe that the routines and existence of individually tailored care plans will effectively minimise the need for reactive control or discipline. Through consistency, continuity and the development of positive relationships with children and young people we aim to support individuals to develop self control and enhance socially acceptable behaviour. Relationships are built based on honesty, mutual respect and recognised good professional practice. Behaviour management strategies will be discussed and agreed with parents and included in individual children's care plans. Staff are aware of prohibited methods of discipline (for example, physical punishment or the withdrawal of food). Time out is the usual way of helping a child/young person understand that certain behaviours are unacceptable. Importance is placed on recognising and rewarding positive behaviour. All sanctions are recorded, signed and counter signed by the manager.

Each Key worker will take responsibility for identifying the children and young people they judge may because of their behaviour, at times require physical interventions. They will complete a form offering the potential trigger behaviours, strategies for de-escalating situations and finally the Team Teach interventions that may be used. These will be shared and agreed with the Team Teach instructors, parents and school.

a) Approach to use of restraint

At times it may be felt that for the safety of individuals and others that there is no other alternative but to have to hold on to a child. 'Team Teach' is the county approved approach to safeguarding both staff and children at times when physical intervention is deemed necessary to avoid injury to a child, other children or staff members.

It provides staff with a flexible framework of responses stressing a holistic approach moving from the least intrusive to a more restrictive hierarchy and the use of positive handling is a last resort.

Importantly the emphasis is on equipping staff with the confidence and skills to utilize non verbal and verbal strategies first. The key message being that 95% or more of all incidents should be managed without resorting to physical interventions.

b) Protocol of staff training and competence in the use of restraint

All staff involved in direct work with children attend a 3 day initial accreditation course in Team Teach and yearly re-accreditation training. The unit currently has two Team Teach instructors who provide on-going refresher training. The two instructors liaise with the schools that the children attend, to review practice, ensure consistency across different settings and share new behaviours and possible triggers for individual children.

Contact Details

15) Contact details of registered provider, responsible individual and registered manager

a) The registered provider:

Hampshire County Council,
The Castle,
Winchester.
SO238UJ

b) The responsible individual:

Susan Lomax,
County Service Manager Residential Care
Dame Mary Fagin House
Chineham Court
Lutyens Close
Chineham
Basingstoke
Hampshire
RG24 8AG

c) The registered manager:

Christopher Dean
Merrydale
Church Lane
Kings Worthy
Winchester
Hampshire
SO23 7QS

Education

16) Provision to support children with special educational needs

It is important to the success of any respite programme to ensure that the ordinary routines of each child and family experience minimum disruption.

Education is a vital part of every child's life. All children who access Merrydale have school placements and attend school as normal when in respite. Key workers attend school reviews and liaise closely with teachers and parents on specific educational/social skills objectives set for individual children. This information, along with suggested activities in order to help them achieve their outcomes is included in the young people's individual care plans.

17) Where the home is dually registered

This does not apply to Merrydale.

18) Arrangements for children to attend local schools and provision made to promote educational attainment

All children who access Merrydale have school placements and attend school as normal when in respite.

Health

19) Details of any health care or therapy provided

Merrydale believes that children have a right to the best health care available and to be given sufficient information and opportunity to develop a healthy lifestyle.

Children/young people looked after will retain their own GP's and will have as part of their care plans details of any medication to be administered. Details of all administered medications are recorded and form part of the medical records retained on file.

Unless children/young people are subject to care orders when responsibility is shared parents and carers remain responsible for all aspects of health care.

Whilst children are resident, staff will encourage and support young people in the daily tasks that promote hygiene and healthy living.

Parents will be required to ensure their children arrive with the necessary personal items to assist in this process e.g. toothbrush, flannel, comb/brush, shampoo, deodorant, sanitary towels etc.

Staff are able to consult with the community nursing team if concerned with regard to a child/young persons health and have excellent relationships with staff at the children's ward of the Royal Hampshire County Hospital so advice can be sought if required around the clock.

Regular training for care staff is undertaken in order to maintain up to date standards in knowledge and training for young people with additional health care needs. For example; invasive procedures, gastrostomy feeding and diabetes training.

Parents/carers will be informed and consulted at all stages but if a child is clearly unwell parents may be requested to collect them. Although this is not a common occurrence we feel that when a young person is unwell the best place for them is at home in more familiar surroundings with the people closest to them.

Staff will promote positive health care through education and opportunities for the children utilising the resources and expertise of health colleagues i.e. community nurses and community learning disability teams.

a) Details of the qualifications and clinical supervision of the staff

The unit complies with the protocols as laid down in The Continuing Care procedures, in regard to any invasive treatment. Every team member is required to undertake training from an appropriately qualified colleague employed by the Health Authority on the administration of rectal diazepam, midazolam, administration of epi-pen treatment, and tube feeding.

It is an expectation that all care staff will undertake qualified first aid training and refreshers as required. Each member of staff also receives annual training in emergency life support for children and infants. This ensures that we will always have appropriate first aid support available on site.

As well as the above all members of the care staff team are trained, and receive annual refreshers, in the safe moving and handling of people.

b) Procedure and monitoring

As part of the assessment / introduction procedure, the health care needs of the child / young person are explored with the parents and significant others. This will include, where necessary, the child's GP, paediatrician, health visitor, paediatric / community nursing staff. The integrated assessment of need completed by the child's social worker also includes a health assessment, and the unit has its own internal procedures designed to ensure that the staff feel confident in their ability to meet the specific needs of any of the children in their care.

Merrydale operates a protocol for the administration of medication.

The senior member of staff is to be informed when medication is due to be signed in, signed out or administered and they will attend if they are able to do so. If they are unable to attend, then, as long as the senior is aware and in

agreement, two members of care staff are then to prepare, administer and record the medication.

Only **one child's** medication is to be out of secure storage at any one time.

Two members of staff are to sign in and sign out any medication and this should be done as a **priority** when a young person arrives to the unit. The senior member of staff is to be alerted and, if they are able to, will support with the signing in and witnessing of the medication. If the senior member of staff is unable to attend then two members of care staff are able to sign in and sign out the medication.

When signing medication in, check that the details on the pharmacy label including, the name of the young person, the type of medication, dosage and strength match up with the details on our 'Medication Recording' sheets. Also check that the medication is in date, that it will remain in date for the duration of the young person's stay and that there is enough medication for the young person's stay. If there are any discrepancies then inform the senior first and then contact the parents of that young person for clarification.

If there are any changes to a medication, e.g. time, dosage or strength, then a line is to be drawn through the remainder of the sheet, and a new 'Medication Recording' sheet is to be completed with the old one being removed immediately filed away in the young persons main file. All medication recording forms are to be typed.

The Administration of Medicines & Treatment Consent Form must also be removed and a new one produced. It must be signed at the earliest opportunity by the parents.

The preparation, administration and recording of all medication must be undertaken by two members of staff. The two members of staff must both be present throughout the procedure which includes checking that the correct dose of the correct medication is being given to the correct young person. This should be done by cross checking the information on the pharmacy label of the medication with the information on the Medication Recording Sheet. Both members of staff must then ensure that the correct dose of the medication is prepared and they must both also witness the medication being successfully administered.

It is only necessary for one member of staff to retrieve and replace medication from it's storage i.e. the medicine cupboards/fridge.

Medication is to be signed in/out, prepared, administered and recorded in a calm, quiet environment where disruption can be kept to a minimum. Rooms that may be appropriate to use for this process could be the kitchen in House One and the kitchen in House Three.

Please do not disturb any members of staff who are dealing with medication unless **absolutely necessary**.

If there are any errors when recording medication, put a single line through the error (so that it is still legible) and then start again on the line below.

When sending medication to school in bags, a "Medication In Bag" label is to be attached. These labels can be found in all of the medicine cabinets and the medicine fridge. If more are needed then inform the senior member of staff.

Senior staff will be available to support all staff and are to be called whenever needed either by using the phones or pager. Please call them when needed to help problem solve any issues that arise.

Night time medication

The same rules apply when medication needs to be administered during the night i.e. two members of staff are to be present throughout the procedure. If there are predetermined times when medication is needed through the night, agreement with night staff and sleeping in staff needs to be made and approved with the senior on duty at the night-time handover about how this will be managed i.e. the night staff will call the other night staff or the person sleeping in.

If the preparation, administration and recording of medication means that the night staff are unable to adequately perform their night-time care duties, then they are to immediately call the sleep-in staff for support.

Emergency medication

All children requiring this medication should have a written protocol regarding its administration. There must be two members of staff present when preparing, administering and recording any emergency medication e.g. Buccal Midazolam and Rectal Diazepam.

If a young person is having a seizure then one member of staff may stay with that young person, whilst a second member of staff goes to the medication storage to obtain the emergency medication.

In certain circumstances, and only if previous consent is sought and agreed with the manager, or deputy manager, it may be appropriate for one person to administer emergency medication on their own if a young person needs immediate administration and there is not a second member of staff immediately present. A second member of staff should be called and be present for any further medication (e.g. if a second dose is required).

Taking medication off site

When taking medication off site there must be two members of staff present with the medication at all times. This includes off site leisure activities. Any medication administration protocols must be taken off site with the medication. The preparation, administration and recording must be completed with two

members of staff present. Medication Recording sheets must be taken off site with the medication and completed at the time if administered. Staff must risk assess before going off site and ensure that there is appropriate staffing to be able to prepare, administer and record medication in a safe and appropriate way whilst also ensuring adequate supervision and maintaining the safety of any other young people that are present.

In certain circumstances, and only if previous consent is sought and agreed with the manager or deputy manager, it may be appropriate for one member of staff to go off site with one young person who requires emergency medication such as Buccal Midazolam. For example, when escorting a young person in a taxi; or taking the young person off site for an activity. This must be in accordance with the young person's individual risk assessment. In these incidences there will not be a second member of staff present to witness the administration of any medication.

The member of staff must ensure that Medication Recording sheets are taken off site with the medication and completed at the time if administered. This member of staff is solely responsible for the checking, administration and recording of this medication for the young person.

Spilt or refused medication

If a child refuses to take medication the parents will be informed at the earliest available opportunity.

If part of a dose is administered and part is wasted, for example due to spillage, that dose will be recorded as such. The dose will not be re-administered as the quantity consumed cannot be quantified.

Staffing Matters

20) Experience and Qualifications of staff

Manager

Christopher Dean (37hrs)
Certificate in Social Service
Certificate in Personal Social Services Management
Professional Development Certificate in Management Studies

Deputy Manager

Stephen Crawford (37hrs)
BSc Psychology
NVQ 111 in Child care
Currently undertaking QCF Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services (England) (QCF) Pathway B Children and Young people's Residential Management

Senior Staff

Keith Ray - Senior Residential Social Worker (37hrs)
Certificate and Qualification in Social Work
Certificate in Counselling
Certificate in Education

Sharon Shinn (37hrs)
NVQ III in Child Care

Residential Social Services Officers

David Bull (37hrs) - DSW
Justin Tarrant (37hrs) – NVQ III in Child Care
Nicky Chapman (32hrs) – NVQ 111 in Child Care
Janice Lipscombe (37hrs) - NVQ 111 in Child care
Danielle Buckingham (37hrs) - NVQ 111 in Child Care
Karen White (37hrs) (currently undertaking QCF Level 3 Diploma)
Pam Holbrook (37hrs) (currently undertaking QCF Level 3 Diploma)
Deborah Kingston DSW 24 hrs (Temp increase to 37 hrs covering vacancy)
Vacancy (37hrs)
Vacancy (19.5 hrs)

Rosie Smith (32hrs) – NVQ III in Child Care (Temp increase to 32hrs)
Karen Small (20hrs) – NVQ III in Child Care
Penny Neale (18.33 hrs) – NVQ 111 in Child Care
Elaine McQuire (18.33 hrs) (Currently undertaking QCF level 3 Diploma)
Alida Cassar (18.33hrs) (Nominated for QCF Level 3 Diploma)
Vacancy (18.33 hrs)

Night Supervisors

Jackie Stevens (19 hrs)

Caroline Dicker (19 hrs)

Vacancy (12.05 hrs)

Janinna Scarrott (12.66 hrs)

Keeley Duncan (9.5 hrs)

Jeremiah Mavura (21.17 hrs) – NVQ 111 in Child Care (Temp increase to 37 hrs)

Helen Parsons (3.16 hrs)

Administrative Assistant

Laura May (22hrs)

Cook

Vacancy (25hrs)

Domestics

Vacancy (25 hrs)

Vacancy (20hrs)

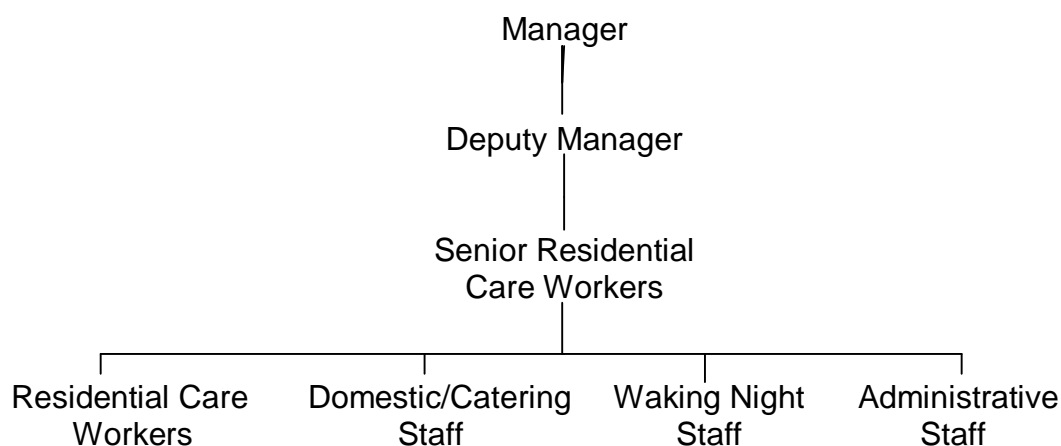
Kitchen Domestics

Vacant (25hrs)

Laundress

Maureen Kemp (25hrs)

21) Management and Staffing Structure



Performance Development Reviews are held each year and should link in to the process of staff supervision and IPP. At its simplest, supervision is a process in which one worker is given responsibilities to work with another to meet organisational, professional and personal objectives.

Supervision values staff, supports good practice and enables the delivery of high quality services. Responsibility for the supervision of all staff members at Merrydale is shared between the manager and senior staff. All staff have a right to regular, planned supervision which should:

- Support continuing professional development via the on-going performance development process
- Plan & evaluate the effectiveness of training and development activities
- Facilitate a climate for good and imaginative practice
- Explore, reflect upon, guide and improve practice
- Develop breadth and depth of professional prospective
- Build confidence and enhance competence
- Oversee induction, probationary and appointment support arrangements
- Discuss development
- All staff at Merrydale are provided with a responsive rota that enables forward planning both in and out of the workplace. The rota'd shifts and deployment of staff are designed to maximise staff effectiveness and quality of service to young people resident.
- Staff work a combination of 'early' and 'late' shifts plus a pattern of weekend working. A flexible approach to staffing is required and at times staff may be directed to work in any of the houses depending on circumstances.
- Senior staff provide 'floating Senior cover'. They are not required to work directly with a group of children in a house but are supernumerary offering support where required to both staff and children, maintaining and monitoring standards of care. They are a point of reference for staff, parents, carers, social work staff and any visitors to Merrydale and are responsible for the running of shifts during their allocated hours. In the absence of senior staff other RCW's will be asked to take on designated senior responsibilities for particular shifts.
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- All staff are allocated Keyworker responsibilities and other specific responsibilities in relation to the home.
- The manager has overall responsibility for the running of the establishment and directly supervises the senior team and other staff. The senior team and the manager are the only staff with direct supervisory responsibilities within Merrydale.

