

# Majestic Family Services – The Laurels

Inspection report for residential family centre

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## Service information

### Brief description of the service

Majestic Family Services is a privately owned organisation. It provides supported residential accommodation in which children can live with their families while parents' parenting skills are assessed and developed. The centre offers a service to parents and children of all ages who are referred from the courts and local authorities. It specialises in undertaking assessments of expectant mothers and parents with young children. Training, support and communal programmes include both educative and social activities. These are designed to give children and families good quality experiences.

The centre provides 24-hour staffing and it can accommodate up to three families at a time. Staff are also able to conduct community-based placements and viability assessments. The centre's primary assessment tool has been the Department of Health's 'Framework for Assessment of Children and Families' 2000. More recently, the staff team has been undertaking training in the ADAM project, which focuses primarily upon disorganised attachment theory.

### The inspection judgements and what they mean

**Outstanding:** a service of exceptional quality that significantly exceeds minimum requirements

**Good:** a service of high quality that exceeds minimum requirements

**Requires improvement:** a service that may meet minimum requirements but is not yet demonstrating the characteristics of a good judgement.

**Inadequate:** a service that does not meet minimum requirements

## Overall experiences of children and parents

### Overall experiences of children and parents **Good**

Parents receive a comprehensive service which effectively combines the process of assessment with teaching and learning opportunities. The centre's use of early cognitive assessments helps staff to pitch their style of interaction with parents appropriately, and this maximises their chances of success.

Good quality case management allocates key staff members with defined responsibilities for the delivery and oversight of the assessment process. Parents say that they develop positive and respectful relationships with their key workers, and that this helps them to understand their placement objectives and what they need to do. Their comments included, 'I trust her' and 'She really helps us to understand what we need to do.'

The safety and welfare of the babies and children residing with their parents are at the very core of the centre's practice. All staff work to explicit safeguarding guidance and protocols. On occasions, the recommendation to end an assessment early has been distressing for parents but it has served to protect the children.

Effective partnership working with external professionals enables parents and children to access the services that they need. Local healthcare providers, such as health visitors and GPs, are readily accessible. Parents are also furnished with relevant information about playgroups and activity centres for their children, as well as advocacy services, job centres and education providers for their own specific support needs. One parent said, 'We've had excellent support which has really helped us.'

## Areas of improvement

### Recommendations

To improve the quality and standards of care further, the service should take account of the following recommendations:

- ensure that placements take into account parents' and children's religious, cultural and linguistic backgrounds, and any disability or special needs. Specifically, review and update the literature, guidance and advice which is readily available and accessible to families, before, and as soon as, they move into the centre (NMS 3.1)
- ensure that clear procedures promote parents' and children's safety and welfare at the centre and protect them from abuse and other forms of significant harm. In particular, expand upon staff guidance in relation to radicalisation (NMS 5.1)
- consider reviewing the style and content of current risk assessments which are used to inform the placement plan, in order to promote effective risk management as situations change (NMS 9.1)
- ensure that the manager regularly monitors, in line with the Residential Family Centre Regulations 2002, as amended, all records kept by the centre to ensure that there is compliance with the centre's policies, to identify any concerns about specific incidents and to identify patterns and trends. Immediate action should be taken to address any issues raised by this monitoring. This is specifically to ensure that information is evaluated adequately and that reports are rigorously quality assured (NMS 19.2).

## Inspection judgements

### Quality of assessment

### Outstanding

Evaluative, well-reasoned recommendations are made to the courts and local authorities as a direct consequence of skilled assessment practices. Experienced social workers coordinate and oversee all assessment work to ensure that it is of excellent quality and has a sound evidence base. Care staff receive high quality support, direction and advice. They know how to complete relevant and informative daily care records which are subsequently analysed using relevant theories and research. This excellent quality is widely noted by professionals. A recent accolade received from counsel for a local authority suggested that one particular assessment be redacted and used as a model assessment for training purposes.

Initial viability placement decisions are based on the registered manager's assessment of the centre's current occupancy and the presenting request of the referrer. Consequently, placements are only offered where the centre expects that it can meet the unique needs of the referred family without negative consequences for current occupants. This practice maximises parents' chances of succeeding because the impact and distraction from other families is minimised. When difficult and disruptive situations do occur, staff manage these safely and appropriately. In describing one such incident, a parent said: 'While they were dealing with it, the staff kept checking that we were OK. We still felt safe and the staff reminded us that our focus needed to be on our own assessment and not the problems of others.'

Thoughtful planning and direct work include the consideration of parents' backgrounds, histories and previous experiences. As a result, communication and teaching methods are individually tailored to maximise parents' learning opportunities. Where language needs create a barrier, interpreter services are provided. These areas are also considered and factored into final recommendations, such as whether a parent has good social networks and support systems in place for when they leave. Examples of staff challenging local authorities when services identified through thoughtful planning and direct work have not been put in place for families preparing to move out, demonstrate the centre's ability to advocate strongly for post-assessment support.

The significance and value of life-story work is embedded in staff practice. Carefully constructed and beautifully arranged photo albums are given to every family at the end of their stay. In one situation, a case manager also wrote a detailed letter to be given to a subsequently adopted baby, using beautifully descriptive language about every day that they were in placement. The case manager said, 'When they read it later on in life, I hope it will give them a sense of their earliest days and that they were loved.' This typifies staff's passion for, and value of, children.

Parents' own views and contributions are actively sought throughout the assessment process. Regular reviews and progress meetings skilfully encourage their participation. A parent said, 'It's not always easy to hear what they are saying but they do it in a good way.' The ongoing feedback provided by staff is delivered in a clear but sensitive fashion. A member of staff said, 'It is vital to be explicit. There is no room for

ambiguity, but there is every need to be respectful and sensitive.' Many parents keep in touch after leaving. Cards and letters describe thanks and appreciation for their experiences.

Assessments and recommendations are written by qualified social workers who possess the necessary skills, experience and expertise in assessment work and child protection. Reports and recommendations are clear, evidence based and reflect the theoretical guidance used. Recent training in the ADAM model, which is attachment and relationship based, has been given to all key staff and is ongoing. This is complemented by the input and expertise of specialist consultants, commissioned by the centre. For example, psychiatric and psychological assessments, as well as clinical guidance and advice for staff, are provided. Collaborative working ensures that the depth and quality of the assessment process positively aids parents' learning and their capacity to make positive changes.

### **How well children and parents are protected and helped** **Good**

Keeping children safe is central to all the staff's practices. The centre's strong safeguarding and child protection ethos is highly embedded and is communicated to placing authorities and parents at the very start of a placement. This begins with clearly described and agreed monitoring and supervision procedures when families first move in. Methods including the use of sound monitors and camera equipment are collectively agreed by all parties. These are often swiftly reduced due to dynamic risk management practice, which involves consultation with senior staff, placing social workers and other involved professionals. This shares the responsibility of making significant decisions relating to children's safety and welfare. A senior member of staff said, 'It's the most challenging judgement call, taking balanced and necessary risks so that parents can demonstrate their ability while protecting the child.' Written risk assessments inform care staff of pertinent areas of concern, but many of these documents are held in isolation. A recommendation is made to bring these together into a more concise risk management tool to provide extra clarity and guidance for care staff to implement.

Staff understand and implement, when necessary, the centre's child and adult protection procedures. They are quick to identify any welfare concerns and issues and pass these on to senior staff. This diligent approach often prevents matters escalating to a more serious concern. Since the last inspection, additional safeguarding policy guidance covers responses to areas such as child sexual exploitation, radicalisation and female genital mutilation. The majority of staff spoken with demonstrate a sufficient understanding of how such issues may pose risk factors to families, but specific training and procedural guidance are not yet embedded. A recommendation is made to address this.

With extensive background experience of directly working in local authority childcare teams and departments, the registered manager is proficient in her understanding of

when and how to make consultations and referrals to local safeguarding agencies. This includes managing allegations against staff. One such incident has occurred within the last year, resulting in the swift instigation of safeguarding procedures in consultation with the local authority designated officer. Although concluded as unfounded, the interim action was a protective factor for all concerned. Senior managers within the centre's wider organisation also have safeguarding expertise and lead responsibilities, which provide added support and oversight to the centre. This includes additional human resources support, which supports good, safe staff recruitment practice.

The centre has frequently worked with expectant young mothers, teenagers and parents who are vulnerable for various reasons, such as having been exposed to domestic violence and abusive relationships. A heightened awareness of these factors and their impact upon parenting capacity results in parents also being suitably protected from potential sources of harm. Staff furnish parents with information about local and national self-help groups and organisations, as well as providing direct 1-to-1 support sessions.

A strong educative focus helps parents to develop their skills to protect their children from potential sources of harm. Staff teach parents how to implement safe routines for sleeping, bathing and feeding, how to recognise potential choking hazards and how to maintain a safe physical environment are all examples of this approach. Welfare topics are also covered. For example, parents are taught about the value of play and social interaction in order to promote their child's social and intellectual development. Guidance and advice on healthy and nutritious meals and snacks, the importance of sleep, and safe techniques with regard to nappy changing and sterilizing equipment are routinely provided by staff through discussion, individual teaching and role modelling.

Health visitors work in close liaison with staff and parents. One commented, 'It's a great place, set up to be an environment conducive for learning for parents and their children.' The staff team also includes a qualified nurse who brings a clear focus in assisting parents to recognise their own emotional health and well-being needs. Her direct work with couples encourages them to support each other with the parenting task. One parent said, 'We are like a team, giving each other time, space and a break as well as doing things together.' Safe practices ensure that parents receive the support they need to make decisions affecting their child's health. For example, the storage and administration of medicines is agreed on an individual basis, and staff intervene appropriately with advice and encouragement to make a doctor's appointment where this becomes necessary.

Skilled staff recognise how the assessment process can be adapted to meet the specific and individual needs of families. For example, one member of staff said, 'It's about respecting individual cultural and religious beliefs and knowing the difference.' A parent commented, 'As soon as we arrived, staff pointed us to where we could get halal produce, they have been really interested to understand how I follow my beliefs. I feel respected.' External factors, such as pressures from family members and issues within families' home communities, are keenly appreciated. Assessment recommendations include protective suggestions to improve community support.

Expectations about acceptable and unacceptable conduct are described explicitly within the centre's written guidance and placement contracts. Serious incidents are rare but have been very well managed when they have occurred. Appropriate use of emergency services, including the police, has happened on a very few occasions, with the required authorities, including Ofsted, notified. Parents are encouraged to understand and make use of clear, user-friendly complaints procedures. Five complaints have been received in the last year. Although not upheld, the nature and content has been used to inform practice positively. A parent said, 'If I haven't been happy with something, I've just said so and it's been sorted.'

The centre is situated in a coastal residential area with motorway and rail services close by. This location enables family members and staff from the placing authority to visit with relative ease. Staff educate parents about locality risk factors, and the centre incorporates local authority practice guidance within its own safeguarding procedures. Topics including 'Prevent' duty, radicalisation and child sexual exploitation are understood by staff within the context of the local area and the presenting needs of the families in residence. A safe and secure environment is well maintained with all relevant health and safety checks kept up to date.

### **The effectiveness of leaders and managers**      **Good**

Strong leadership effectively supports staff to perform their roles and responsibilities with skill and confidence. Regular and meaningful individual and group supervision recognises the staff's support needs and the impact of working in an emotionally challenging provision. Staff said, 'I'm extremely well supported' and 'we care about the families and we care about each other'. The organisation values the emotional well-being of all of its stakeholders, so reflective practice is embedded. Staff can talk openly and in confidence about the impact of their work on their professional and personal lives. Senior managers recognise that this type of support is also necessary for the registered manager. Historically, her 1-to-1 meetings were focused upon business, inspection and service development needs. Clinical providers, expert in the practice element of the industry, are currently being sourced to provide her with this critical aspect of professional supervision.

Although there has been some staff turnover in the last year, a good number of long-standing staff members bring consistency to the service. Despite some staff changes, no agency staff are used. The current team works extra hours when needed and it is committed to providing stability for the service users. Thoughtful shift planning ensures that key workers are readily available and accessible to their particular families.

New staff join the centre following the implementation of safe recruitment practices. The detailed application process combines the receipt of appropriate checks and references with candidates having supervised visits and shadowing shifts at the centre. The registered manager stated, 'It's important that as many of the team as possible are involved in recruiting new staff. It gives a better rounded perspective of



their suitability.' Two senior members of staff were observed conducting part of the recruitment process during this inspection.

All staff continue on a progressive learning journey throughout their employment. Early induction focuses upon their completion of core training within their probationary periods. Mandatory courses, including safeguarding, adult and child protection, fire safety, paediatric first aid, health and safety and food hygiene are refreshed routinely. Further into their employment, staff undertake relevant diploma training and additional courses which reflect their specific roles and responsibilities. For example, the registered manager, who is already a qualified social worker and assessor, is currently completing a level 5 diploma to focus on her management development. Staff who supervise others have undertaken supervisor training and the core assessment team is continuing to attend the ADAM assessment model training. Other courses attended by staff in the last year include; information about child trafficking, engaging with hostile and resistant families, working with parents who misuse substances, parental mental health and the impact on young children, and understanding eating disorders. Safe staffing levels are maintained throughout the day and night, including a core team of suitably qualified waking night staff. Families are being supported and assessed by a well-organised, competent and caring team of professionals.

Embedded monitoring and quality assurance systems routinely focus upon the experiences and outcomes of the families, so the team is continually seeking to improve upon the quality of the service provided. A number of consultations with parents are conducted in the monthly visit made by one director. This approach values service users. Sometimes, when records and documents are sampled, their content is not always robustly evaluated. For example, checking that supervision meetings have occurred but not examining the content. Also, one example was found where, despite having a clear proofreading process in place, an interim report contained a number of errors. This did not compromise the report's findings or evaluation, but the typically excellent quality was compromised on this occasion.

Placing authorities understand the role and function of the service, because it is clearly explained within the statement of purpose. A social worker said, 'The centre can be relied upon to conduct high quality assessments which protect children and support parents. It delivers and I would happily place again.' The centre's website is tailored to inform placing professionals. There is a missed opportunity to have a dedicated section for parents to explore. Informative welcome packs, combined with many discussions, provide new families with the clarity they need. Noticeboards in communal areas describe local facilities, such as support groups and advocacy services, but although such information can be provided in other languages, it is not automatically done. Consequently, parents for whom English is not their primary language are disadvantaged in this regard.

Ambitious development plans are aimed at ensuring long-term security for the service and excellent quality for the families. The overall skills and competence of the staff team are major elements of these plans, and much emphasis has been put on additional training to enhance staff's expertise further. Currently, potential expansion plans are being considered; this reflects the high demand for the service.

The centre is open and transparent with Ofsted. Notifications of significant events are rare but are made swiftly, and monthly monitoring reports are always returned on time. This practice helps the regulator to monitor the service. All of the previous requirements have been implemented. Senior managers welcome and learn from the inspection process.

### **Working with partners to improve outcomes** Outstanding

Placing social workers commend the quality of the service provision, including its educative impact for parents and the detail of its assessment work. One social worker spoken with said, 'I received interim reports, necessary updates and a lot of relevant communication in between. I always felt on top of the placement because we worked in partnership.' Another stated, 'My experience of this service was superb. We risk-assessed together to give the parents every chance of succeeding. I have recommended this centre to others.'

This regular and meaningful communication is also undertaken with the courts, guardians and other involved agencies. The registered manager is currently liaising with the local GP practice in her attempts to secure the services of named and regular GPs and healthcare professionals, in order to provide more consistent working partnerships.

The centre's thorough understanding of local support services, including playgroups, advocacy and adult education providers, assists families to access additional support and guidance, which aids their chances of success. Effective communication with safeguarding agencies protects all stakeholders, and swift referrals to health colleagues, including mental health services, contribute to improved outcomes for families.

## About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the inspection framework for the inspection of residential family centres.