

1266835

Registered provider: Action for Children services

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is owned and operated by a national organisation. The home provides short breaks for children aged between eight and 18 years who may have a learning disability and/or complex health needs. The home provides care for up to five children at any given time. At the time of this inspection, five children were visiting the home for a short break.

The manager has been registered with Ofsted since April 2021.

Inspection dates: 2 and 3 September 2025

Overall experiences and progress of children and young people, taking into account **good**

How well children and young people are helped and protected **good**

The effectiveness of leaders and managers **good**

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 24 April 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
24/04/2024	Full	Good
10/07/2023	Full	Good
15/06/2022	Full	Good
21/03/2022	Interim	Improved effectiveness

Inspection judgements

Overall experiences and progress of children and young people: good

During the inspection, the inspector met with five children who were staying at the home for a short break.

Children attend the home on regular weekly schedules, which helps to establish routine, familiarity and emotional stability. At the start of each stay, they are actively involved in making choices about the food they eat and the activities they participate in, which promotes engagement and a sense of ownership. Staff encourage children to develop independence and form positive relationships with their peers, supporting their emotional well-being and social growth. At the end of their stay, staff help children to reflect on what they enjoyed and express their wishes for future visits. This approach ensures that children's views are central to their care and their preferences are respected and acted on.

During school holidays, children enjoy a variety of enriching experiences, including trips to the beach, meals out and fun fairs. Two children recently planned a trip to London with adults and enjoyed seeing all the sights and landmarks. These outings provide opportunities for adventure, social interaction and enjoyment. Staff captured these moments in personalised memory books, which children take home to share with their families.

Staff have a strong understanding of communication and use a range of approaches to support children to express their views. These include signs, gestures, vocalisations and Makaton. Children's voices are listened to and respected in care planning. During the inspection, one child confidently showed the inspector their bedroom and expressed their wishes, while another used Makaton and gestures to communicate enjoyment and friendship.

Children benefit from a range of tailored communication approaches that support their individual needs. Staff receive training from specialist providers and work closely with health professionals. Tools, such as communication passports, picture exchange communication system libraries and Makaton, are used effectively to help children express themselves. Staff adapt their communication style to suit each child, using spoken, non-spoken and visual cues, including eye gaze and body language. Key-work sessions are personalised to ensure that children can engage meaningfully with important areas of their life.

Parents report that their children are happy, settled and enjoy attending the home. One parent described the staff team as 'like family'. Communication with families is strong, with regular updates through communication books and invitations to events, such as Halloween and Christmas. Parents said that they feel welcomed, involved and value the inclusive culture of the home.

The home is a warm, welcoming and child-friendly environment. Themed bedrooms and a dedicated sensory and relaxation room contribute to a homely and nurturing atmosphere. Accessibility is well considered, with four ground floor bedrooms, two of which are equipped with ceiling hoists and an adapted wet room. The home ensures that accessible bedrooms meet individual children's needs. Outdoor spaces, including a sensory garden and play area, further enhance children's experiences and provide opportunities for exploration and enjoyment.

Bathrooms are functional but lack the warmth and homeliness found elsewhere in the home. The use of paper towels detracts from the overall environment. Additionally, the current dining table is not wheelchair accessible, which limits some children's ability to sit comfortably with their peers during mealtimes. However, funding has been secured for a bespoke adjustable dining table.

How well children and young people are helped and protected: good

Staff have a good understanding of children's needs and are able to identify and manage risks effectively. Children's plans are clearly personalised and broken down into practical, achievable steps. The manager monitors progress well and is able to distinguish between embedded routines and aspirational goals. Behaviour support plans and risk assessments are developed in partnership with professionals and families, guiding consistent and effective practice. As a result, children receive stable and nurturing care and incidents are rare. Restraint is rarely used, reflecting the home's proactive and child-centred approach to behaviour support.

The use of restrictive practices is well considered and subject to robust risk assessment. These practices are informed by multi-agency input and regularly reviewed. Managers prioritise children's rights, dignity and voice, ensuring that any restrictions are proportionate, necessary and time limited. Leaders and managers promote a culture of professional curiosity. This ensures that restrictive practices are not used routinely or left unchallenged.

Children's views are listened to and acted on. Advocacy is well embedded into the home and supports children's participation in decision-making. Leaders and managers are strong advocates for children and their families, ensuring that their needs are understood and met. While children do not currently have access to an independent advocate, the provider continues to promote children's rights and ensures that their voices are heard through established internal systems.

There have been very few allegations made by children or families. When concerns are raised, they are handled appropriately. Children are listened to and believed, and investigations involve all relevant parties, including the children themselves.

Medication is stored, handed over and recorded safely. However, six medication errors or near misses have occurred in the past year, including a recent underdose of epilepsy medication. None of the incidents resulted in harm, but the frequency and nature of the errors, such as missed communication, incorrect dosage and procedural lapses, indicate

that this remains an area of practice that requires close oversight. Leaders have taken steps to address the issues and continue to monitor staff competency and procedural compliance.

The effectiveness of leaders and managers: good

Staff feel well supported through regular supervision sessions, team meetings and flexible rota arrangements. One staff member described this as the 'best job' they had ever had. Leaders are viewed as approachable, compassionate and responsive to staff well-being. The team culture is described as 'open' and staff are encouraged to raise concerns and contribute to service development. This promotes a positive working environment and supports staff retention and morale.

Leaders and managers demonstrate a strong commitment to delivering high-quality care. Professionals consistently speak highly of the home, praising the staff and manager for their dedication, warmth and the quality of care provided. The staff team is stable, with minimal use of agency staff, which supports continuity and consistency for children.

Safeguarding practice in the home is well embedded. All staff receive a comprehensive induction and attend mandatory training, including modules tailored to safeguarding disabled children. Annual updates ensure that staff knowledge remains current. Specialist training is provided in response to the individual needs of children, including peg feeding, catheter care, suction, attention deficit hyperactivity disorder and autism. Learning is reinforced through supervision and team meetings, enabling staff to apply their knowledge confidently and effectively in practice.

Two senior staff are present on each shift to support the team. This structure contributes to a safe and well-led environment where safeguarding is prioritised and staff are well equipped to meet the complex needs of the children. Staff feel confident in their roles and proud of the positive impact they make.

The registered manager has a clear understanding of the home's strengths, including positive relationships with professionals and the importance of children's voices being heard. They also demonstrate insight into areas for development and are proactive in identifying ways to improve the service to continue meeting children's needs.

Oversight and monitoring systems in the home are well established and contribute to effective leadership and quality assurance. Daily diaries are consistently reviewed, and leaders are present during key transition times, such as children's arrivals and departures, ensuring visibility and engagement. The training matrix is regularly updated, enabling leaders to monitor staff development and ensure that it remains aligned with the needs of the children. These systems reflect a proactive and organised approach to leadership.

What does the children's home need to do to improve?

Statutory requirement

This section sets out the actions that the registered person must take to meet the Care Standards Act 2000, The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'. The registered person must comply within the given timescales.

Requirement	Due date
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular, the registered person must ensure that— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(a)(b)(c)) In particular, the registered person should ensure that children are not left unsupervised outside the medication room during administration times. The medication door must remain locked during drug administration and the second signatory must verify the medication independently and not rely solely on the first signatory's word.	5 September 2025

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people, 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 Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'.

Children's home details

Unique reference number: 1266835

Provision sub-type: Children's home

Registered provider: Action for Children

Registered provider address: Action for Children, 3 The Boulevard, Ascot Road,
WATFORD WD18 8AG

Responsible individual: Post Vacant

Registered manager: Claire Baylis

Inspector

Karen Hallam, Social Care Inspector

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