

2529815

Registered provider: Able Health Care Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This privately owned home provides care for up to four children with social and emotional difficulties.

There has been no registered manager since May 2025. The home has recruited a manager, who intends to apply to Ofsted for registration.

Inspection dates: 23 and 24 September 2025

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 25 February 2025

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
25/02/2025	Full	Good
07/02/2024	Full	Good
13/12/2022	Full	Good
24/06/2021	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Four children currently live in the home. All children were spoken to during the inspection and provided positive feedback. The children said that they feel safe and that they can trust staff. Children are offered a sense of permanency and stability at the home. Three children have lived there for over three years, and one child moved in approximately six months ago.

Children are well cared for and supported. They are all making good progress. Staff support children approaching adulthood and help them to develop independence skills, such as cooking, cleaning, managing free time and personal safety.

Education is promoted effectively. Two children are attending college and have achieved GCSE qualifications. When children are not in full-time education, support is given to promote learning at home, and managers work with local authorities to explore alternative options. Staff are committed to supporting educational outcomes.

Staff help children to meet their health needs. One child has complex health needs, which are managed well. Another child is supported with mental health difficulties, and a third child is receiving support to reduce substance misuse. This helps children to feel nurtured.

Children enjoy positive day-to-day experiences. Staff encourage participation in activities, and there is a sense of friendship among most of the children. All children have had holidays, including two who travelled to Spain. Interests are supported, both in and out of the home. Most of the children enjoy playing video games, and a shared space has been converted into a gaming room.

The home environment is spacious, and children's bedrooms are personalised. One child has been able to get a pet hamster. There is a programme of maintenance and improvements. The garden and outdoor areas are due for improvements, but recent renovation and redecoration have improved the lounge and kitchen.

Three children are due to move on soon. There is evidence of strong advocacy for one child who turned 18, with the home supporting an extended stay to find a suitable placement. The home also challenged a proposed placement that did not meet the child's needs. However, for other children, planning has not been effective, and children have not always had a positive end to their time at the home.

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

Children are safeguarded and protected. Staff have strong relationships with children and demonstrate genuine warmth, respect and care. Staff know the children well and

understand their individual needs and triggers. They respond appropriately to offer support and de-escalate situations.

The home has experienced a high number of missing-from-home incidents. These have been managed effectively, with detailed assessments and up-to-date plans. Staff follow procedures diligently. Where incidents are frequent, additional safety planning is implemented, and the manager speaks with the wider professional network to increase safety planning.

Positive behaviour is promoted through incentives and goal setting. Targets are simple and regularly reviewed and include punctuality, hygiene and room cleanliness. Key-work sessions are used effectively to challenge behaviour and reinforce expectations.

Health and safety standards are met, including fire safety. Door alarms are used selectively and are risk assessed. The locality assessment is detailed and appropriately evaluates environmental risks.

When children make poor choices, staff respond with conversations or natural consequences. However, these are not consistently recorded or evaluated for effectiveness. Formal consequences are rarely used and lack follow-up. For example, incidents involving children causing property damage and smoking indoors occurred repeatedly. These were addressed verbally but not followed by recorded or evaluated consequences.

Staff responses to incidents are generally effective. Records are detailed and reviewed by managers. Risk assessments and support plans are individualised and kept up to date. Staff prioritise de-escalation, and restraint is used only occasionally. Only on one occasion was a restraint required, and records show it was necessary and proportionate. However, records do not show follow-up conversations with children.

The effectiveness of leaders and managers: good

The home has experienced a period without a registered manager. A new manager has now been appointed and intends to register with Ofsted. The manager demonstrates competence and experience and is well supported by the deputy. Together, they lead the home effectively and show genuine care for both children and staff. There is a clear aspiration to improve the home.

Staff speak positively about their roles. One staff member said, 'I absolutely love working here,' and other staff gave the same feedback. Staff also feel well supported by the management team. Feedback from external professionals and family members was also positive.

No concerns have been raised regarding staff conduct or practice. Safer recruitment practices are followed and comply with regulations. New staff receive thorough

inductions and feel well supported. Training is comprehensive, and staff feel equipped to carry out their roles. Specialist training is also explored.

Team meetings are held regularly, and group supervision is provided every three months by an external psychotherapist. This supports staff to stay informed and encourages reflective practice.

Supervision is viewed positively, and records reflect meaningful discussions. However, supervision is not consistently recorded or signed, and some session records are missing. This suggests supervision may not be taking place regularly.

Visits by the independent person are not used effectively. There is a low frequency of unannounced visits, limited consultation with children and almost no conversations with families or external professionals. Some reports have been submitted late to Ofsted, and one report had not been received. This does not help the manager have effective oversight.

Children's records are generally well maintained. Key local authority documents are present, including care plans and placement plans. Incident records and other documents are evaluated well by managers. However, some records, particularly daily logs, were not consistently of a good standard. Some records lacked key information, such as when children left the home or returned, and others were not signed.

What does the children's home 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, The Children's Homes (England) Regulations 2015 and the 'Guide to the Children's Homes Regulations, including the quality standards'. The registered person(s) must comply within the given timescales.

Requirement	Due date
The registered person must ensure that— within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes— the name of the child; details of the child's behaviour leading to the use of the measure; a description of the measure and its duration; the name of the person who used the measure ("the user"), and of any other person present when the measure was used; the effectiveness and any consequences of the use of the measure; and within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")— has spoken to the user about the measure; and has signed the record to confirm it is accurate; and within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(i)(ii)(iv)(vi)(vii)(b)(i)(ii)(c)) In particular, the registered person must ensure that consequences are clearly recorded and reviewed for effectiveness, and that children's views about physical intervention measures are included in the records.	30 November 2025

This requirement was made at the last inspection and is restated.	
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Recommendations

- The registered person should ensure that the independent person makes a rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of the children in the home's care. In particular, managers should ensure a proportion of independent person visits are unannounced, that they include external feedback and that they are provided in a timely manner. ('Guide to the Children's Homes Regulations, including the quality standards', page 65, paragraph 15.5)
- The registered person should ensure that, as well as longer-term support for children to move on from the home effectively, the home plays an important role in supporting each child leaving the home. In particular, the manager should ensure planned moves for children are effectively arranged and organised so that they avoid drift, and that even when children move out without notice, staff try to make the ending as positive as possible for that child. ('Guide to the Children's Homes Regulations, including the quality standards', page 57, paragraph 11.9)
- The registered person should have systems in place so that all staff, including agency staff, receive regular supervision of their practice. This supervision should allow staff and agency staff to reflect on their practice and the needs of the children assigned to their care. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.2)
- The registered person should ensure that children's case records are accurate and kept up to date. Records must be signed and dated by the author of each entry. In particular, ensure sufficient details are recorded in daily records and when children leave the home and return. ('Guide to the Children's Homes Regulations, including the quality standards', page 62, paragraph 14.3)

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: 2529815

Provision sub-type: Children's home

Registered provider: Able Health Care Ltd

Registered provider address: c/o Argyle House, 3rd Floor Northside, Joel Street,
Northwood Hills HA6 1NW

Responsible individual: Aruna Kukadia

Registered manager: Post vacant

Inspector

Daniel Rankin, Social Care Inspector

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