2565231

Registered provider: Unity Residential Care Services Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This privately operated children's home provides care for up to three children with social and emotional difficulties.

The registered manager left the home in February 2025. A new manager has now been appointed. She applied to register with Ofsted but has since withdrawn her application.

Three children were living at the home at the time of inspection. All children spoke with the inspector.

Inspection dates: 9 and 10 April 2025

Overall experiences and progress of children and young people, taking into account	**requires improvement to be good**
How well children and young people are helped and protected	requires improvement to be good
The effectiveness of leaders and managers	inadequate

The children's home is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of last inspection: 18 June 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
18/06/2024	Full	Good
19/12/2023	Full	Requires improvement to be good
21/03/2023	Full	Good
02/11/2021	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

Since the last inspection, two children have moved into the home and two children have moved out of the home. Leaders and managers do not fully take into account the needs of children when they move into and out of the home.

Poor planning and an abrupt transition resulted in one child staying in the home for only five days. Staff failed to provide effective support to meet the child's needs. Another child requested to leave the home early, expressing they did not feel supported by the staff or the manager. Again, staff failed to offer the necessary support. Both children left the home in an unplanned way. This did not align with their care plans.

Children's experiences of living in the home vary. Not all children have positive experiences. For example, three of the children received inconsistent care that did not align with the home's statement of purpose, leaving the children feeling disappointed and frustrated. One child said that they are fed up with the constant changes in the staff and management, and they are upset because all the staff they trusted and got along with have left and no longer work at the home. Some children also said that they have no relationships with the current staff working in the home, with one child saying they feel that 'nothing is done'. In contrast, another child spoke positively about their experience of living in the home, saying they have strong, trusting relationships with the staff, commenting, 'I love it, I love everyone, it's like a big family.'

Not all children receive adequate educational support. The three children living in the home are making good progress. However, one child who recently moved out of the home missed several months of school and the manager did not support or advocate for the child's return to education. Prolonged disruption to education creates gaps in foundational knowledge, which hinders children's learning, progress and overall attainment. This does not promote children's educational outcomes.

Staff support some children's health needs by helping them attend medical appointments. However, staff delayed referring two children to specialist services, and the manager failed to follow up on these referrals, leaving both children's health needs unmet.

The home is decorated to a high standard and is a welcoming and warm environment. Children's bedrooms are personalised and reflect their individuality and interests.

How well children and young people are helped and protected: requires improvement to be good

Staff do not always receive clear guidance from the children's care plans. For example, one child's missing-from-care plan did not clearly specify when staff should notify the

police. During a missing-from-home incident, it was unclear whether the child was reported missing to the police promptly and in line with their assessed risk. When children return from going missing from care, staff do not demonstrate professional curiosity to understand why the children went missing, nor do staff always educate children about the risks involved. Failing to teach children about the dangers of going missing undermines their safety and well-being, leaving children unprepared to assess risk and limits their ability to make safe decisions.

Allegations and complaints are not always managed effectively. Information is not robustly recorded. Staff do not always speak with children to help them understand the process. In addition to this, children are not updated with the outcomes. This undermines children's trust and transparency in the leaders. One child said, 'When I am worried about something, I do not always want to talk to the staff about this.' This does not encourage children to report concerns or help them to feel safe.

Staff do not complete the required training to keep children safe. For example, not all staff have completed their professional boundary and whistle-blowing training, leaving them without the specialist knowledge and skills needed to report serious incidents promptly and safeguard children.

Physical intervention is used after staff have exhausted all de-escalation techniques. However, following the use of physical intervention, children are not spoken to or given the chance to talk about what has happened. Additionally, staff are not consistently spoken to following incidents of physical intervention. This absence of oversight and evaluation means that managers fail to identify whether restraint practices are proportionate, safe, or effective and restricts opportunities for staff to learn.

Staff and children participate in regular fire drills. Children have personal evacuation plans to help staff understand the level of support they require to evacuate the home safely. This keeps all those living and working in the home safe in the event of a fire.

The effectiveness of leaders and managers: inadequate

The leadership and management of the home are ineffective, and this has had a detrimental impact on the safety and welfare of children.

The interim manager has been in post since February 2025. She is the third manager for the home since the last inspection. The home's responsible individual is also the third responsible individual for the home. Management changes caused uncertainty among the children and staff. Staff say the constant changes in the management have negatively impacted on the children and unsettled the staff. One child said he was sad, as, 'There has been so many staff changes, I don't like it, I am used to it.'

Leaders' and managers' systems for monitoring and review are ineffective. There are several gaps in recording practices. Children's incident reports are often unclear and inaccurate, and children's documents are not consistently updated. Managers lack

professional curiosity when reviewing and evaluating incidents and fail to identify shortfalls in staff practice. Managers do not take the necessary actions to ensure that children are safe and well cared for. This has led to failings in the quality of care and the protection of children.

Leaders and managers fail to identify any learning following serious incidents. This has led to repeated mistakes, leaving staff demoralised and children vulnerable to harm. This lack of accountability has compromised the safety and well-being of children and the staff.

Staff do not always notify Ofsted and external professionals about serious incidents. For example, when a child brought illegal substances into the home, staff failed to inform the police. The decision hindered the child's accountability and limited the regulator's ability to oversee and respond to concerns about the home.

Children are not consistently supported in line with their required staff ratios. This has led to insufficient supervision, delayed responses to children's needs and reduced opportunities for individual attention. This has impacted on the quality of care delivered to the children and undermined their trust in their caregivers.

Since the interim manager has been in post, practice has improved. However, the practice has only been in place for eight weeks and is not fully embedded.

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 protection of children standard is that children are protected from harm and enabled to keep themselves safe. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child; help each child to understand how to keep safe; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; take effective action whenever there is a serious concern about a child's welfare; and are familiar with, and act in accordance with, the home's child protection policies; that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(a)(i)(ii)(v)(vi)(vii)(b)) This specifically relates to ensuring that children's missing-from-care plans are clear about when children are to be reported missing to the police in line with their current risks. This is a repeat requirement.	30 May 2025

The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that— helps children aspire to fulfil their potential; and promotes their welfare. In particular, the standard in paragraph (1) requires the registered person to— lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose; ensure that staff work as a team where appropriate; ensure that staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home has sufficient staff to provide care for each child; understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home; demonstrate that practice in the home is informed and improved by taking into account and acting on— research and developments in relation to the ways in which the needs of children are best met; and feedback on the experiences of children, including complaints received; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(b)(c)(d)(f)(g)(i)(ii)(h)) In particular, ensure that all staff receive training specific to children's needs, and the home's monitoring systems are clear and effective. This is a repeat requirement.	30 May 2025

The care planning standard is that children— receive effectively planned care in or through the children's home; and have a positive experience of arriving at or moving on from the home. In particular, the standard in paragraph (1) requires the registered person to ensure— that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home's statement of purpose. that arrangements are in place to— plan for, and help, each child to prepare to leave the home or to move into adult care in a way that is consistent with arrangements agreed with the child's placing authority. that the child's placing authority is contacted, and a review of that child's relevant plans is requested, if— the registered person considers that the child is at risk of harm or has concerns that the care provided for the child is inadequate to meet the child's needs. (Regulation 14 (1)(a)(b) (2)(a)(b)(iii)(e)(i)) This specifically relates to children's transition in and out of the home. This is a repeat requirement.	30 May 2025
The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. In particular, the standard in paragraph (1) requires the registered person to ensure—	30 May 2025

that staff help each child to— achieve the health and well-being outcomes that are recorded in the child's relevant plans; understand the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding; take part in activities, and attend any appointments, for the purpose of meeting the child's health and well-being needs; and understand and develop skills to promote the child's well-being. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv)) This specifically relates to the registered manager ensuring that all necessary referrals are made in a timely manner to support the children's emotional needs and promote their overall well-being.	
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— details of the child's behaviour leading to the use of the measure; a description of the measure and its duration; details of any methods used or steps taken to avoid the need to use the measure; 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	30 May 2025

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)(ii)(iv)(v) (b)(i)(ii)(c)) In particular, ensure that children and staff involved in physical interventions are spoken to within timescales and that this is recorded.	
The registered person must maintain records ("case records") for each child which— include the information and documents listed in Schedule 3 in relation to each child; are kept up to date; and are signed and dated by the author of each entry. Case records must be kept— in cases not falling within sub-paragraph (a), for 75 years from the child's date of birth; securely in the children's home during the period when the child to whom the case records relate is accommodated there; and in a secure place after the child has ceased to be accommodated in the home. (Regulation 36 (1)(a)(b)(c) (2)(a)(c)(d)) In particular, the registered person must ensure that all children's records are up to date, that records are signed and dated, and that all information recorded is clear and factual.	30 May 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: 2565231

Provision sub-type: Children's home

Registered provider: Unity Residential Care Services Limited

Registered provider address: 2 Lymevale Court, Lyme Drive, Parklands, Stoke-on-Trent ST4 6NW

Responsible individual: Emma Shea

Registered manager: Post vacant

Inspector

Jas Nahar, Social Care Inspector

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