

2592228

Registered provider: BTTLR Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and provides care for up to two children who may be experiencing social and emotional difficulties.

The registered manager is dual registered with another setting belonging to the provider. He resigned with immediate effect from both positions in December 2024. An operations manager has been appointed who was present at this inspection. The responsible individual and deputy manager were both also present and supported this inspection.

There was one child living at the home at the time of the inspection and their view was sought.

Inspection dates: 9 and 10 December 2024

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 23 January 2024

Overall judgement at last inspection: inadequate

Enforcement action since last inspection: A notice restricting accommodation at the service was issued on 26 January 2024, following a previous inadequate judgement. This notice was lifted on 13 March 2024, when Ofsted evaluated that sufficient improvement had been made.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
23/01/2024	Full	Inadequate
03/05/2022	Full	Requires improvement to be good
24/02/2022	Interim	Sustained effectiveness
21/07/2021	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Widespread failures in the protection of children and leadership mean that the child has had poor care experiences, and their welfare is not promoted or safeguarded. Several statutory requirements remain unmet from the last inspection, with additional requirements set at this inspection. This is a repeat inadequate judgement.

The registered manager resigned and left the home with immediate effect in December 2024. An operations manager has recently been appointed and is supported by a deputy team manager. One child has moved into the home since the last inspection.

The home has been slow to establish effective care for the child. This is partly due to leadership shortfalls and an inexperienced team of staff. The child's progress is impacted because they are not provided with structure, boundaries and routines. Staff do not provide the child with consistent, clear expectations of their behaviour and routines and are not confident in reinforcing boundaries. This means that the child has not been supported to progress in a timely manner.

Opportunities for the child to voice their opinions, wishes and feelings are not provided. The child has not been able to contribute towards their care planning and risk management strategies. Staff do not regularly record conversations and support provided to the child. Those that are recorded do not contain the required level of detail or reflect the child's voice. As a result, key-work sessions and children's records do not demonstrate that staff regularly seek and act on the child's views.

The child attends education on a part-time basis. This has recently increased, and the child participates in the education that is in place. The operations manager is developing a professional network to support the ongoing transition into increased educational attendance for the child.

The child is registered with local health services; however, they have not attended their required health appointments. The operations manager continues to liaise with the professional network to encourage the child to attend appointments to ensure that their health needs are met. Since moving into the home, the child has made progress in managing their own personal hygiene needs with the support of the operations manager and staff.

The child does not have an up-to-date care plan, education plan or health plan. This limits staff's understanding of what support the child may need and what agreed plans are in place. While managers attributed this failing to the placing authority, they have failed to take more proactive steps to address this issue.

Despite the shortfalls, the child says that they are happy. The child has been supported to build positive relationships with some staff, and they regularly spend time together.

The child enjoys activities such as swimming and cooking. Staff ensure that the child has a healthy and varied diet by encouraging their love of cooking different cultural meals.

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

Processes for identifying and managing risks to the child are insufficient. Risk management documents are of poor quality and do not reflect the child's complex needs. Risk assessment and behaviour management plans are not regularly reviewed and updated and therefore do not fully consider the known and emerging risks or adequately address these. As a result, staff are not provided with clear direction about how to manage risks safely, and they rely on outdated information and safety plans.

Risks associated with being missing from care are not fully understood by the staff team. When emerging risks are identified, staff and managers do not consider and respond to these swiftly. For example, a concern for the child leaving the home using a window was understood by staff, but steps to mitigate this risk were not taken until staff were directed to do so by the police. This means that the child remained in a vulnerable and dangerous position for an extended period.

Staff have failed to adequately supervise the child. This is despite an agreed staffing ratio at all times for their safety. The child has been able to leave the home without staff knowledge on occasions. On one occasion, staff only became aware that the child was not in their care when the police returned the child to the home.

Safeguarding incidents are not always responded to appropriately. The records of incidents are of poor quality and do not provide sufficient detail to assure that the required safeguarding action has been taken. Some incidents have required police intervention because staff have been unable to manage the child's challenging behaviours. These incidents have not been notified to Ofsted. Furthermore, leaders and managers have not shared information relevant to the child and have not consistently attended meetings with the local authority responsible for the child. This means that the safeguarding network has not been adequately informed of the child's safety during incidents.

The records of physical intervention are insufficient to provide assurance that the interventions are appropriate and proportionate. The child is not spoken to following incidents, which prevents them from expressing their views. Incidents are not reviewed by the manager, which prevents oversight of staff practice and learning from incidents. Therefore, leaders cannot assure themselves that care practices are safe and that the child is protected from harm. Incidents involving the manager are not evaluated by anyone senior to him.

Staff lack the appropriate skills and experience to provide safe and consistent care to the child. Staff have completed training in child protection and safeguarding; however, they lack the necessary understanding of trauma-informed practice. This means that the child does not receive care and support that is tailored to meet their needs or considers the

impact of their previous life experiences. The operations manager has recognised this shortfall and has commissioned training to increase staff knowledge and support their professional practice in this area.

The effectiveness of leaders and managers: inadequate

The home is now without a registered manager. Recruitment for the position is at an early stage. An operations manager is providing leadership in the interim.

Staff do not receive professional supervision from an appropriately qualified person. Staff do not participate in regular team meetings, or there is no evidence of such. This does not provide staff with consistent learning opportunities to reflect on and develop their professional practice and limits the development of the staff team. The operations manager has prioritised this area and has completed a group supervision session and introductory discussions with staff.

Before the appointment of an operations manager, there have been periods of time when the registered manager, responsible individual and deputy manager have all been absent from work. This has left an inexperienced staff team without adequate leadership and guidance during these periods.

Leaders and managers do not monitor and oversee the day-to-day running of the home effectively. They do not take action to improve and develop the service, as they fail to use quality assurance systems effectively. There are missed opportunities for staff to learn from practice and improve the care provided to the child. This has been a failure of the provider for several years. A good standard of care for children has never been achieved at this setting.

The operations manager has recognised the leadership failures and has taken steps to address these. He is working to establish clear expectations for staff. He is ambitious for the development of the home and has identified several key areas for improvement. This includes the strengthening of staff recording and consistent management oversight. This is not yet embedded and therefore does not yet provide staff with opportunities to reflect and develop their care practice.

There has been no quality of care report for this inspection period. Leaders and managers do not yet have a sufficient auditing system in place whereby the quality of care for children can be reviewed. There is no established system for gathering the views of others.

The statement of purpose does not accurately reflect the care provided for children. It does not include all the required matters as outlined by regulation or detail the experience and qualifications of staff and details of the management and staffing structure of the home.

Leaders have not taken sufficient action in relation to the previous statutory requirements. These, along with additional requirements, have been reset. To ensure the safety of the child, and given the concerning history of the provider's competence, the regulator has issued two compliance notices and a restriction notice to the provider, preventing any new admissions to the children's home. Compliance will be monitored through further inspection activity.

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 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; have the skills to identify and act upon signs that a child is at risk of harm; 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; 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; that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health; and that the effectiveness of the home's child protection policies is monitored regularly.	4 February 2025

(Regulation 12 (1) (2)(a)(i)(ii)(iii)(v)(vi)(b)(d)(e)) This is in relation to staff being prepared and supported to respond to any incidents of challenging or unsafe behaviour. It relates to ensuring staff have an understanding of their own safeguarding responsibilities and a duty to act on these when concerns arise. It relates to effective risk assessments as safeguarding tools and staff ensuring these are regularly reviewed and adhered to.	
*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; ensure that the home's workforce provides continuity of care to 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;	4 February 2025

feedback on the experiences of children, including complaints received; and 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)(e)(f)(g)(i)(ii)(h)) This is in relation to the experience and qualifications of staff and that this is sufficient for the children placed. It relates to auditing and monitoring systems, which are needed to understand the impact of care provided.	
The children's views, wishes and feelings standard is that children receive care from staff who— develop positive relationships with them; engage with them; and take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— help each child to understand how the child's views, wishes and feelings have been taken into account and give the child reasons for decisions in relation to the child; regularly consult children, and seek their feedback, about the quality of the home's care. ensure that each child— is enabled to provide feedback to, and raise issues with, a relevant person about the support and services that the child receives. (Regulation 7 (1)(a)(b)(c) (2)(a)(iv)(b)(i)) This is in relation to staff building trusted relationships effectively with children in their care, taking into consideration the child's views about such care.	4 February 2025

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; the date, time and location of 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; 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; a description of any injury to the child or any other person, and any medical treatment administered, as a result of 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; 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)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)) This relates to effective and accurate record-keeping of any measures of restraint used in the children’s home.	4 February 2025
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The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans; help each child to develop socially aware behaviour; encourage each child to take responsibility for the child’s behaviour, in accordance with the child’s age and understanding; help each child to develop and practise skills to resolve conflicts positively and without harm to anyone; communicate to each child expectations about the child’s behaviour and ensure that the child understands those expectations in accordance with the child’s age and understanding; understand how children’s previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children; are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same; de-escalate confrontations with or between children, or potentially violent behaviour by children. (Regulation 11 (1)(a)(b) (2)(a)(i)(ii)(iii)(iv)(v)(ix)(x)(xi)) This is in relation to staff recognising and understanding reasons for children’s behaviour, and how previous traumatic experiences impact on such behaviour. This also relates to effective	4 February 2025
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behaviour management with skills of resolving conflict and reducing violence.	
The registered person must ensure that all employees— undertake appropriate continuing professional development; receive practice-related supervision by a person with appropriate experience; and have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(a)(b)(c))	4 February 2025
The registered person must notify HMCI and each other relevant person without delay if— an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious; there is any other incident relating to a child which the relevant person considers to be serious. (Regulation 40) (4)(b)(e))	4 February 2025
The registered person must comply with requests by the child's placing authority to— provide the placing authority with information relating to the child; and provide a suitable representative to attend any meeting the placing authority may hold about the child. (Regulation 17 (3)(a)(b))	4 February 2025
The registered person must compile in relation to the children's home a statement ("the statement of purpose") which covers the matters listed in Schedule 1 The registered person must— keep the statement of purpose under review and, where appropriate, revise it; and notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16 (1) (3)(a)(b))	4 February 2025

The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months. In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating— the quality of care provided for children; the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children. After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ("the quality of care review report"). The registered person must— supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed; and make a copy of the quality of care review report available on request to a placing authority, if the placing authority is not the parent of a child accommodated in the home. The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff. (Regulation 45 (1)(2)(a)(b)(c)(3)(4)(a)(b)(5))	4 February 2025
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* These requirements are subject to a compliance notice.

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: 2592228

Provision sub-type: Children's home

Registered provider: BTTLR Limited

Registered provider address: Office 3, Ground Floor, Michael Way, Raunds, Wellingborough, Northamptonshire NN9 6GR

Responsible individual: Deborah Carr

Registered manager: Neil Harriott

Inspector

Caroline Coop, Social Care Inspector

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