

2594061

Registered provider: Nestlings Care BC Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is operated by a private provider and is registered with both Ofsted and the Care Quality Commission.

The provider's statement of purpose states it offers specialist therapeutic and rehabilitative care for up to three children who may experience complex mental health issues. All three children living at the home were spoken with.

The manager registered with Ofsted in June 2023.

Inspection dates: 21 and 22 May 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: 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
14/08/2023	Full	Requires improvement to be good
13/06/2022	Full	Requires improvement to be good
27/10/2021	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Children engage with their care and are offered support by a staff team that they have good working relationships with. Children know that staff will take measures to keep them safe.

Staff understand the importance of education and learning. All three children attend some form of learning provision. The manager strives to understand children's needs, find suitable placements and improve children's engagement with their education.

Children's health is promoted by staff. Children have access to all health services and ask staff when they need an appointment. Staff follow appropriate plans that guide them on how to support children with both their mental and physical health. A host of clinical professionals are employed by the provider to provide expert support to children. This allows for immediate action in response to children's clinical needs.

Children are supported and encouraged to maintain important relationships. The manager works closely with children's loved ones, to ensure that family time arrangements are in place so as to avoid any disappointment to children. When the plan is for children to return to living with their family, arrangements are made to increase exposure and time spent together to work towards this.

Staff do not consistently support children in taking informed risks that promote their independence. All external doors are routinely locked due to one child being subject to a deprivation of liberty (DOL) order. This blanket restriction limits the freedom of all children in the setting, regardless of their individual needs or circumstances. Additionally, one child does not have free access to their bedroom and must request permission from staff. This approach may undermine the development of trust and hinder opportunities for children to engage in healthy risk-taking as part of their emotional and social development.

The building does not always feel like a homely environment due to leaders and managers highlighting health and safety concerns. Staff wear a high-visibility vest to administer children's medication. Signage around the communal areas is not homely. The manager has reflected on the environment and has made measures to make it feel more like a family home that normalises the children's experiences.

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

Children have individual assessments in place that help staff to understand the risks affecting children and how to respond to these. There are plans in place that have resulted in some risks to children being reduced. When risks increase, the manager and staff work in a multi-agency way to develop management strategies and implement these quickly to keep children safe.

Staff manage any incidents in a timely and effective way. Staff are often faced with complex and emotive incidents, and they handle these sensitively with positive outcomes that focus on children's well-being. Staff and children receive support following any incidents.

Staff use behaviour management strategies appropriately and physical intervention in line with children's individual plans. Holds are only used when required to keep everyone safe, and thorough and detailed records of any holds are kept.

Staff do not always have conversations with children that support children to understand important aspects of their care. Staff do not talk with children to help them understand DOL orders, or explain the rationale for some staff actions, and this has left children feeling excluded from their care.

Staff administer and store medications appropriately. Children are supported to have regular reviews of their medication in a safe environment. As a result, children do not receive unrequired health interventions. When administering 'as and when required' medications, evaluations of the effectiveness of the use of the medication are not always recorded. This does not support the manager to give accurate information during medication reviews.

Children understand the home's complaints process. There is an open culture in which concerns can be raised with leaders and managers. When complaints are raised, these are managed effectively. Some children and their families said that they would benefit from further information on the progress and outcomes of their complaints.

The effectiveness of leaders and managers: good

The home is led by an appropriately experienced and qualified manager who has a vision for the home to have a child-centred ethos. The medical and social model of the home has created barriers to this. The manager is developing their confidence to overcome these issues and find ways to ensure that a fully nurturing environment is made around the children. This will be balanced against maintaining elements of clinical care for children.

Staff are recruited safely. When concerns arise regarding staff character, leaders and managers take appropriate measures to ensure that children remain safe.

Staff morale is positive, and staff and the manager receive supervision that is reflective and helpful to their practice. Staff and managers value and understand the importance of training and are appropriately qualified for their roles.

Staff are supported to be vocal and contribute to the children's care. The manager has established an open and engaging culture. Staff are accountable and understand that their primary focus and responsibilities are towards the children.

Staff do not always write reports in a child-centred way. This is because the home's records are often structured using a clinical format. There was some work started in relation to child-friendly risk assessments. However, this approach was not found to be consistently used in conversations with the children and documented in their records.

The home's children's guide does not explain important aspects of the child's care. Issues important to children such as how they will be supported to maintain positive mental health, or the roles of the various health professionals, are not covered. This is a missed opportunity to inform children, or introduce children to those who will be working with them when they move to the home.

Quality assurance processes are ineffective and do not identify areas for improvement in the home. Leaders and managers have already identified that audit processes are an area for development. The manager said that this is part of a future initiative when moving over to an electronic recording system.

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

Statutory requirements

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 ensure that— children can access all appropriate areas of the children's home's premises; and any limitation placed on a child's privacy or access to any area of the home's premises— is necessary and proportionate; is kept under review and, if necessary, revised; and allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. (Regulation 21 (b)(c)(ii)(iii)(iv)) In particular, the registered person must ensure that external doors are only locked when it is necessary to do so.	4 May 2026
The quality and purpose of care standard is that children receive care from staff who— use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— make decisions about the day-to-day arrangements for each child, in accordance with the child's relevant plans, which give the child an appropriate degree of freedom and choice. (Regulation 6 (1)(b) (2)(b)(ix))	4 May 2026

In particular, the registered provider must ensure that children are encouraged to make decisions about their care. However, this must be done within the parameters of children's care plans and any court directive, such as a deprivation of liberty order.	
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Recommendations

- The registered person should ensure that the children's homes is a nurturing and supportive environment that meets the needs of their children and is a homely and domestic environment. While ensuring it complies with relevant health and safety legislations, the home should seek as far as possible to maintain a domestic rather than 'institutional' impression. ('Guide to the Children's Homes Regulations, including the quality standards,' page 15, paragraph 3.9)
- The registered person should ensure that the children's guide is age appropriate, provided in an accessible format and explained to each child to make sure they understand it, in particular who they will receive care from. ('Guide to the Children's Homes Regulations, including the quality standards,' page 24, paragraph 4.21)
- The registered person should actively seek independent scrutiny of the home and make best use of information from independent and internal monitoring to ensure continuous improvement. ('Guide to the Children's Homes Regulations, including the quality standards,' page 55, paragraph 10.24)
- The registered person should ensure that staff are familiar with the home's policies on record-keeping and understand the importance of careful, objective and clear recording. Staff should record information on individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded in a way that will be helpful to the child. ('Guide to the Children's Homes Regulations, including the quality standards,' page 62, paragraph 14.4)

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: 2594061

Provision sub-type: Children's home

Registered provider: Nestlings Care BC Limited

Registered provider address: 1 Derby Street, Suite 4, Leigh, Lancashire WN7 4PF

Responsible individual: Anthony Thompson

Registered manager: Emma Shaw

Inspectors

Vikki Thwaites, Social Care Inspector (lead)
Steve Guirey, Social Care Inspector

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