

2611027

Registered provider: Halliwell Homes (Midlands Division) Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

A private provider operates this home. It provides care for up to eight children with emotional or behavioural difficulties. The home has an attached registered school. The inspectors only inspected the social care provision.

The manager's post has been vacant since 31 October 2025.

At the time of the inspection, six children were living in the home. All children were seen and contributed to the inspection.

Inspection dates: 26 and 27 November 2025

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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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: 11 February 2025

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/02/2025	Full	Outstanding
27/06/2023	Full	Good
09/08/2022	Full	Requires improvement to be good
25/01/2022	Full	Good

Inspection judgements

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

Children's day-to-day experiences are negatively affected by recent instability in the home. Combined with shortfalls in the leadership and management and weaknesses in how children are helped and protected, the quality of children's overall care is reduced.

Children's moves into the home are well planned and take place at a pace that meets children's needs. As the children are young, this approach helps them to settle in. When children move on, staff work hard to make their endings positive. Staff keep in touch with children, which demonstrates commitment to the children's well-being. A social worker described care planning as a strength of the home.

Staff know the children well. The interactions between the children and the staff were warm and nurturing. These positive relationships promote children's well-being.

The clean and welcoming home environment supports children's comfort and sense of belonging. Children's bedrooms are personalised with their treasured possessions and there is ample space for children to play. Any damage is quickly repaired.

Children's views are central to life in the home. Children attend meetings and staff listen and act on the children's suggestions, arranging activities like swimming lessons. The meetings also provide opportunities for children to reflect on their progress.

The importance of education is promoted. Children attend school, and staff work closely with education providers to support academic progress and overcome barriers to learning. One child's reading skills are improved. As a result, their confidence is increasing.

Children's identities and individuality are valued. They enjoy positive experiences, including going on holidays, which helps to create happy memories, and they have fun. Children attend a range of clubs, such as Brownies and Scouts. These experiences enable children to explore their interests and make friends.

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

Staff practice compromises children's safety. During one incident, a child disclosed that a staff member had been unkind and had hurt them. Despite this disclosure, the staff member continued to support the child when they were distressed. While this has been addressed, it demonstrates a lack of awareness of safeguarding procedures.

In addition, staff did not speak up in a timely way to safeguard children when they were concerned about a staff member's practice. This lack of action may have compromised children's safety. When senior leaders became aware of these concerns, they shared the

information with safeguarding partners and initiated investigations, which remain ongoing.

Staff report feeling tired due to the frequency and intensity of incidents. They are struggling to manage some children's unwanted behaviours, and restraint practice is frequently used to support children when they are in crisis. Although managers review incidents individually, there is limited professional curiosity to explore patterns and trends. This reduces opportunities to learn from incidents, reduce restraint practice and develop more effective strategies to support children.

On occasion, children have been accidentally harmed by staff during incidents. A member of staff had scratched a child with their fingernails on two occasions. No action was taken following the first incident to prevent the second incident occurring. This does not demonstrate effective safeguarding practice or show that lessons are learned.

Staff demonstrate understanding of the children's vulnerabilities and the risks they face. Children's safety plans are generally sufficient, and the risks that children face are assessed. However, one child's plan lacked important guidance for staff on how to respond to the child's disclosures. This gap in records could lead to inconsistent responses and increase risks to children. The manager acted promptly to address this shortfall during the inspection.

Medication is generally well managed, and regular reviews take place with medical professionals to promote good health. However, when a child's medication was reduced by a health professional, no written confirmation of this change was obtained. Additionally, reasons for a child refusing medication are not always recorded.

Staff support children to understand and manage their emotions and behaviours. They use creative approaches to help children to learn about acceptable behaviour and the impact of their actions on others. Staff complete direct work on topics such as using safe hands and being kind to each other. This work is helping children to build positive coping strategies and develop safer relationships.

The effectiveness of leaders and managers: requires improvement to be good

Leadership of the home is unstable, and changes have occurred. The previous registered manager was recently promoted, and a new manager was appointed. The new manager applied to become registered, but they have withdrawn their application and are leaving the organisation. A new manager is not yet in post.

Leaders are aware of the home's recent challenges, and, in response, they have started to develop plans to address shortfalls and drive necessary improvements. There are no plans to admit any new children, which will allow time to restabilise, learn lessons and focus on creating a more supportive environment for children.

Managers' oversight of the home and children's care requires strengthening. Monitoring systems are not sufficiently robust, and there is a lack of analysis and professional curiosity following incidents. This limits the ability of managers to identify patterns and

trends, reduce the use of restraint practice, and prevent injuries to children during incidents.

Staff morale has dipped over the last couple of months, and staff report feeling tired. Plans are in place to improve morale, including staff recognition schemes to help staff feel valued. These initiatives are in their infancy and need time to embed.

While regular team meetings provide opportunities for reflection and sharing ideas, staff are not receiving supervision in line with the provider's policy. This is particularly important as there is fatigue among staff. Regular reflective supervision is essential to support staff well-being and maintain safe practice.

The independent visitor attends the home monthly as required. However, their engagement with children is minimal, which limits their ability to gather children's views and make a rigorous assessment of the quality of care and safeguarding arrangements.

Social workers say communication is a strength of the home, and they are kept updated. In contrast, more needs to be done to promote and build relationships with people who are important to the children, such as children's families. This is to ensure that they are updated and feel involved in children's care.

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 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 have the experience, qualifications and skills to meet the needs of 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; 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)(c)(f)(h)) In particular, the registered person must have effective oversight of children's care and experiences. Monitoring systems must be robust and effective to keep children safe, promote their welfare and drive continual improvements.	13 February 2026
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—	13 February 2026

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; 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; 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; that the effectiveness of the home’s child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(iii)(v)(vi)(vii)(b)(e)) In particular, children’s safety plans must contain all of the guidance that staff need to manage risks that they face consistently. In addition, staff must follow safeguarding policies to protect children, and the use of restraint practice must be analysed to reduce its use to promote children’s welfare and safety.	
In meeting the quality standards, the registered person must, and must ensure that staff— seek to develop and maintain effective professional relationships with such persons, bodies or organisations as the registered person considers appropriate having regard to the range of needs of children for whom it is intended that the children’s home is to provide care and accommodation. (Regulation (5)(d)) In particular, the registered person, where appropriate, must develop and maintain relationships with people who are	13 February 2026

important to the children to share information and updates about the children's progress.	
The registered person must ensure that all employees— receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b)) The registered person must ensure that staff receive supervision in line with the home's policy to help them to reflect on their work and promote their well-being.	13 February 2026

Recommendations

- The registered person should ensure that children's medicines are administered in line with a medically approved protocol. In addition, the administration of children's medicines, which includes when the medicine is refused, should be maintained. ('Guide to the Children's Homes Regulations, including the quality standards', page 35, paragraph 7.15)
- The registered person should ensure that an individual appointed to carry out visits to the home as an independent person makes a rigorous and impartial assessment of the home's arrangements for safeguarding and promoting the welfare of children. This assessment should include gathering children's views about their care. ('Guide to the Children's Homes Regulations, including the quality standards', page 65, paragraph 15.5)

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: 2611027

Provision sub-type: Children's home

Registered provider: Halliwell Homes (Midlands Division) Limited

Registered provider address: Pearce House, 80 Cawdor Street, Eccles M30 0QF

Responsible individual: Paul Bliss

Registered manager: Post vacant

Inspectors

Amy Richards, Social Care Inspector
Joanne Vyas, Regulatory Inspection manager

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