2628612

Registered provider: Halls Homes For Young People Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned by a small, independent provider. The home can provide care for up to three children with emotional and social difficulties and/or mild learning disabilities, between the ages of 10 and 18.

The manager registered with Ofsted in September 2021.

The registered provider has recently appointed a new responsible individual, and Ofsted is currently undertaking checks.

Inspection dates: 7 and 8 July 2025

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

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 22 April 2024

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
22/04/2024	Full	Requires improvement to be good
08/08/2023	Full	Requires improvement to be good
20/04/2023	Full	Inadequate
07/06/2022	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: good

At the time of the inspection, one child was living at the home and had been living there for over a year. The child took part in the inspection.

The child is receiving good care. They said that they feel happy, safe and comfortable to talk to the staff. The staff have helped the child to build a sense of belonging. This is highlighted by the child, who has asked to stay at the home until they reach adulthood.

The child has been supported to finish education in their preferred way. Following difficulties in formal educational settings, plans were made in consultation with education partners. The staff encouraged the child to be open about their feelings and supported them to write a letter to the school. This helped the school staff gain important insight into the child's wishes and feelings. This resulted in a more bespoke package of support. The child was able to sit all their GCSE exams and finish school along with their peers. This helped the child's self-esteem and future life opportunities. Staff celebrate the child's efforts and show the child how proud they are of them.

Staff, and particularly key-worker staff, have built meaningful relationships with the child. The child is intensely private. The child has begun to talk more openly about their thoughts, feelings and relationships. Key-worker records are of good quality and clearly demonstrate that staff understand and use the therapeutic model.

Staff have helped the child to attend routine medical appointments. After a period of significant refusal, staff have encouraged the child to recognise the importance of their health appointments. Staff have identified potential issues with lifestyle choices early and are supporting the child to understand dietary patterns.

The child has been more involved with the home, including bringing friends round for the first time. The child has taken part in several activities, such as roller-skating. The child enjoyed a holiday on a house boat and a second holiday is being planned. Each activity is thoughtfully recorded. Staff notice the child's mannerisms and how they navigate social difficulties. The child is consistently praised for overcoming social barriers. All of these contribute towards positive relationships and the child's sense of being understood.

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

The child is kept safe. Episodes of going missing from home and unauthorised absence have steadily decreased. When the child has been missing, staff have followed safety plans. If situations have changed, safety plans have been tailored quickly to take account of emerging risks.

The child's behaviour management plan is individual to them. It is well written and provides a clear picture of how the child will present in different moods. Staff understand how to help the child.

Allegations against staff are reported quickly. Appropriate systems are now in place to ensure that investigations take place in a timely manner. This reduces delay and uncertainty for children and staff. Safeguarding partners have been involved in all allegations made.

The child has a long-standing issue with substance misuse. Staff have a harm reduction approach and accept that complete abstinence is not realistic. The staff try to minimise the child's associated shame and guilt. As a result of the positive relationships with the staff, the child talks openly about substance misuse. The child has recently attended a substance misuse clinic. A key worker has written an eight-week programme of sessions for the child, and they are taking part in this. Reducing substance misuse has been incorporated into incentive plans. The child is consistently praised and encouraged. However, the records of the child's substance misuse are unclear. Records are not explicit on how the staff intervene when it is suspected that the child might be planning to use substances. There has not been effective communication with relevant professionals to support effective monitoring. This limits how staff understand the addiction, how well the strategies are monitored and whether any approaches are more effective than others.

Risk assessments do not always pull together information about a relationship. That the child is involved in. At the time of the inspection, information was recorded separately under different headings. This meant that staff did not have clear guidance to make decisions regarding a changing relationship dynamic. This risk assessment was updated during the inspection.

The manager has not always sought full references for new staff when they have had more than two previous childcare employers. This means the manager cannot be entirely sure that staff are suitable.

The effectiveness of leaders and managers: good

The manager is guided by an experienced and knowledgeable responsible individual. This is after a prolonged period with limited senior management support. A thorough and well-informed independent visitor has also been commissioned. The visitor's reports provide crucial direction to the manager about when improvements need to be made. Combined, this guidance has provided the manager with invaluable advice and contributed significantly to the recent improvements made to the quality of care.

Alongside this, the manager is committed to enhancing practice. She accepts when changes are needed and has taken full responsibility for these.

The manager's oversight of the home has improved. This is enhanced by the skills of the assistant manager. Managers provide informed evaluations of incidents and identify when staff need to improve their practice. Staff receive ongoing supervision sessions to help them understand the model used and identify strategies.

Team meetings take place weekly. These incorporate time concentrating on different aspects of therapeutic care. After each meeting, staff reflect on their learning. Each staff member puts effort into this work to consider how the learning will change their practice. Staff enjoy these sessions. The positive impact on their practice is captured in the records and confirmed by the increased engagement from the child.

All the staff have had annual appraisals. These incorporate feedback from children. This helps the staff to adjust their approach and further enhances their work.

Staff induction is thorough. Staff receive a weekly review from managers as well as in-depth reviews each month. These help the staff to understand their work and allow managers to identify strengths. This practice has enabled managers to recognise expertise and skill.

Staff enjoy working at the home and morale is high. All staff who took part in the inspection said that they feel valued by the manager and the new responsible individual.

All staff have relevant training to meet the child's needs, such as substance misuse and going missing from home. However, some staff are unqualified despite being in their roles for over two years. Following the closure of an external training provider, the manager has not ensured that an alternative provider was sourced within a sensible time frame. This has caused a significant delay to staff achieving the necessary qualifications, including the manager.

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— 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)(f)(h)) In particular, ensure that the full information relating to substance misuse is collated clearly to enable strategies that are the most beneficial to supporting reduction and cessation. Ensure that staff are clear on the action to take if they think a child is leaving the home to try substances and that these actions are in line with the harm reduction ethos of the home. Ensure that the relationship that the child is involved in is clearly documented in risk assessments, together with instructions on how to dynamically risk assess any emerging situations.	1 September 2025

The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The registered person may only— employ an individual to work at the children's home; if the individual satisfies the requirements in paragraph (3). The requirements are that— full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1) (2)(a) (3)(d)) In particular, ensure that full references are sought for staff when they have worked with children, even if these are overseas, to ascertain why all roles came to an end.	1 September 2025
The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The registered person may only— employ an individual to work at the children's home; if the individual satisfies the requirements in paragraph (3). The requirements are that— the individual has the appropriate experience, qualification and skills for the work that the individual is to perform. For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained— the Level 3 Diploma for Residential Childcare (England) ("the Level 3 Diploma"); The relevant date is— in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the	1 December 2025

date on which the individual started working in a care role in a home. (Regulation 32 (1) (2)(a) (3)(b) (4)(a) (5)(a)) In particular, ensure that staff are enrolled on appropriate qualifications to support achieving these in a sensible time frame.	
A person may only manage a children's home if— having regard to the size of the home, its statement of purpose, and the number and needs (including any needs arising from any disability) of the children— the person has the appropriate experience, qualification and skills to manage the home effectively and lead the care of children. For the purposes of paragraph (1)(b)(i), a person has the appropriate experience and qualification if the person has— by the relevant date, attained— the Level 5 Diploma in Leadership and Management for Residential Childcare (England) ("the Level 5 Diploma"). The relevant date is— in the case of a person who starts managing a home after 1st April 2014, the date which falls 3 years after the date on which that person started managing a home. (Regulation 28 (1)(b)(i) (2)(i) (3)(a)) In particular, ensure that the manager finishes her level 5 qualification without delay.	1 December 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: 2628612

Provision sub-type: Children's home

Registered provider: Halls Homes For Young People Limited

Registered provider address: 66 Drayton Road, Luton LU4 0PH

Responsible individual: Post vacant

Registered manager: Jessica Hall

Inspector

Hannah Phillips, Social Care Inspector

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