

2644283

Registered provider: Rocksteady Care Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is privately owned and provides care for up to 4 children who experience social and emotional difficulties.

At the time of this inspection, one child was living at the home.

The manager registered with Ofsted in July 2025.

Inspection dates: 22 and 23 April 2026

Overall experiences and progress of children and young people, taking into account **inadequate**

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

The effectiveness of leaders and managers **inadequate**

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: 1 July 2025

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
01/07/2025	Full	Requires improvement to be good
16/04/2024	Full	Good
30/08/2023	Full	Good

Summary of findings

Leaders have failed to safeguard children effectively. They have not managed risks appropriately, and staff lack the necessary skills and experience to meet children's needs. Staff lack confidence in using physical intervention when needed, which has resulted in children being harmed. Children are at risk due to the inability of leaders and managers to keep them safe. Significant failures in how the home is led and managed have compromised children's progress and experiences. This has resulted in children moving on from the home in unplanned ways.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children's individual needs are not understood by managers and staff. Staff do not routinely receive information about significant changes to children's health needs, and guidance does not reflect changing needs. For one child, no review or changes were implemented following a recent diagnosis. Some staff are unaware of the diagnosis, and they have received no training or guidance to help them meet the child's needs. Furthermore, children's immediate health needs are not prioritised. In one example, immediate medical advice was not sought despite the child sustaining a head injury and presenting with symptoms of concern.

When new children move into the home, their known risks are not shared with all staff, and relevant training is not provided to help them understand how to meet their needs. This unnecessary delay results in staff lacking appropriate training to address high levels of risk for several weeks. This compromises children's safety.

Children who had previously settled and made progress have moved on from the home immediately and in unplanned ways. This was following incidents that were managed poorly and ineffectively by staff. Furthermore, leaders and managers failed to address learning from previous and similar incidents, and children experienced harm as a result. This not only had a detrimental impact on children's feelings of stability and safety, but it also denied them the opportunity to reflect on what had happened along with maintaining relationships that are important to them.

Children's views and concerns are not taken seriously or acted on. Their complaints about staff's use of language are not responded to, and leaders and managers fail to address these concerns with the individual staff. This inaction does not support children's views and prevents children from feeling confident in their voices being heard.

Children's personal belongings are not considered for the emotional significance they hold. One child had key items from their childhood removed or significantly changed. Staff failed to consider the detrimental impact such actions would have for the child. This resulted in significant emotional distress for the child.

Children have opportunities to engage in activities, such as visiting museums, going to local shops and attending concerts.

Children are encouraged to attend appropriate education provision. Staff encourage children who are not in school to participate in day-to-day educational activities. Leaders collaborate with education professionals to prioritise education for children without access.

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

Staff are not confident in keeping children safe. Consequently, children are not kept safe. Although staff are trained in physical intervention, they are not confident enough to put this into practice consistently. This has resulted in children being significantly harmed due to staff not intervening during incidents when needed. When physical intervention is used, staff are not routinely spoken to about the impact and suitability of the measures taken. As a result, leaders and managers are not fully aware of the lack of staff confidence. Furthermore, leaders and managers have failed to identify whether measures used are necessary and proportionate.

Staff are unclear about the expectations placed on them regarding their support for children. Guidance to staff is poor and lacks clear direction. Sometimes, significant decisions regarding safeguarding practice are made in isolation and not with the children's wider network. In one example, door handles had been removed from doors, including that of a child's bedroom. The removal was deemed to minimise ligature risks for the child. However, other items of risk remained. This also compromised the child's privacy. This isolated practice prevents local authorities and parents from fully understanding children's experiences.

There have been incidents where children have gone missing from the home. These incidents are poorly managed. This is because leaders and managers do not routinely review incidents or consider reasons why children have gone missing from the home. Children are not consistently offered the opportunity to speak to someone independent when they return home, and there is no challenge or follow up with social workers about this. These are missed opportunities to understand why children have gone missing from home and what they experienced while away.

The effectiveness of leaders and managers: inadequate

Leaders and managers have not created an environment of high aspiration for children. They have been unable to implement systems to ensure effective oversight of incidents, staff supervision, recruitment and day-to-day practice. Staff report feeling undermined and unsupported by leaders. Management arrangements do not support staff or keep children safe.

Leaders and managers have failed to work together effectively. This has led to significant breakdown in the team's ability to work together. This lack of cohesion has meant that staff are unclear on their responsibilities and why systems are in place. There is a lack of

scrutiny and support between the manager and the responsible individual, which means that there has been insufficient oversight of practice.

The responsible individual has not provided adequate guidance or effective oversight of the home. Monitoring and reviewing systems to help the manager address shortfalls are not in place, and there is little evidence of meaningful scrutiny or challenge. As a result, the registered manager does not have the required direction, support or accountability needed to ensure safe and consistent practice in the home.

Decisions about children's care are made by the organisation's directors and the responsible individual. These are not always communicated clearly or consistently to the registered manager or staff. This creates confusion and results in mixed messages about expectations and practice. This has caused frustration for the child in the home.

Managers have failed to ensure that concerns about staff practice or conduct are investigated fully. Their responses lack curiosity and rigour and fail to place the safety of children at the centre. In one example, concerns about professional boundaries towards a child have not been addressed effectively. This lack of action puts children at further risk.

Staff supervision is inconsistent. Several members of staff have not received supervision for many months, while others have received no supervision. Staff report that they need to request supervision instead of it being an essential aspect of their practice. This lack of structure means staff do not receive the guidance, reflection or support needed to enhance their professional development.

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; have the skills to identify and act upon signs that a child is at risk of harm; manage relationships between children to prevent them from harming each other; 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. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(d))	17 June 2026
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.	17 June 2026

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; and 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))	
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—	17 June 2026

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—

manage and review the placement of each child in the home;
and

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 each child's relevant plans are followed;

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)(ii)(iii)(c)(e)(i))

The registered person must prepare and implement a policy ("the behaviour management policy") which sets out—

how appropriate behaviour is to be promoted in the children's home; and

the measures of control, discipline and restraint which may be used in relation to children in the home.

The registered person must ensure that—

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")—

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;

17 June 2026

the effectiveness and any consequences of the use of the measure; and a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure. (Regulation 35 (1)(a)(b) (3)(a)(v)(vi)(vii)(viii))	
In meeting the quality standards, the registered person must, and must ensure that staff— if the registered person considers, or staff consider, a placing authority's or a relevant person's performance or response to be inadequate in relation to their role, challenge the placing authority or the relevant person to seek to ensure that each child's needs are met in accordance with the child's relevant plans. (Regulation 5 (c)) This requirement is restated.	17 June 2026
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— 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. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(ii))	17 June 2026
The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The registered person may only—	17 June 2026

employ an individual to work at the children's home; or if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home, if the individual satisfies the requirements in paragraph (3). The requirements are that— the individual is of integrity and good character; the individual has the appropriate experience, qualification and skills for the work that the individual is to perform; the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and 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)(b) (3)(a)(b)(c)(d))	
The registered person must ensure that— the privacy of children is appropriately protected; any limitation placed on a child's privacy or access to any area of the home's premises— is intended to safeguard each child accommodated in the home; is necessary and proportionate. (Regulation 21 (a)(c)(i)(ii))	17 June 2026
The registered person must ensure that all employees— undertake appropriate continuing professional development; receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(a)(b))	17 June 2026
Subject to paragraph (6), the registered person must establish a procedure for considering complaints made by or on behalf of children. In particular, the procedure must provide that no person who is the subject of a complaint takes any part in its consideration or	17 June 2026

investigation, except at the informal resolution stage if the registered person considers it appropriate. The registered person must ensure that a record is made of any complaint, the action taken in response, and the outcome of any investigation. The registered person must ensure that no child is subject to any reprisal for making a complaint or representation. (Regulation 39 (1) (2) (3) (4))	
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Recommendation

- The registered person should ensure that children are offered a return home interview following any incidents when they have been missing from the home, and leaders and managers should challenge local authorities if this is not provided. In particular, leaders and managers should take account of the information provided when assessing further risks and put arrangements in place to protect children. ('Guide to the Children's Homes Regulations, including the quality standards', page 45, paragraph 9.30)

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: 2644283

Provision sub-type: Children's home

Registered provider: Rocksteady Care Ltd

Registered provider address: 18 Wealden Avenue, Tenterden TN30 6NN

Responsible individual:

Registered manager: Charlotte Turner

Inspectors

Ben Wilson, Social Care Inspector

Mark Newington, Social Care Inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

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