

2652383

Registered provider: Norfolk County Council

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is operated by a local authority. It provides care for up to 2 children may have sensory impairment, learning disabilities, autism and/or physical disabilities.

The registered manager has been in post since October 2024.

One child was living at the home at the time of this inspection and the inspector saw them.

Inspection dates: 24 and 25 February 2026

Overall experiences and progress of children and young people, taking into account	outstanding
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How well children and young people are helped and protected	outstanding
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The effectiveness of leaders and managers	outstanding
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The children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection and care.

Date of last inspection: 27 November 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
27/11/2024	Full	Good
01/11/2023	Full	Requires improvement to be good
28/11/2022	Full	Good
19/01/2022	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: outstanding

Staff demonstrate exceptional skill when supporting children, particularly those who initially resist care. Through warmth and consistent responses, staff helped 2 children feel valued and loved. One child increasingly participated in ordinary childhood experiences with confidence, for example attending friends' birthday parties safely.

Children contribute to everyday and complex decisions about their lives. Staff empower children to raise any concerns confidently and involve independent advocates where appropriate. When decisions cannot reflect children's wishes, staff explain this.

Staff explore each child's needs and consider the impact of experiences carefully. Staff adapt communication methods to suit each child and ensure the child shapes and understands their care arrangements, health needs and safety plans. Staff create accessible materials to reinforce this understanding.

Staff show professional curiosity about the child's health. Staff understand the purpose and effects of prescribed medication and ensure the child does too. Leaders promote a holistic approach to behaviour support, with relational and therapeutic strategies explored before medical intervention.

Relationships with families are highly positive and families feel grateful for the support staff give. Staff work creatively to strengthen family and child dynamics, including planning overnight stays. Outreach work strengthens family relationships and prevents children from reaching a crisis point. This demonstrates a strong commitment to reunification when it is safe.

Staff help children develop their self-awareness and ability to manage difficult feelings. This enabled a child to move from crisis to stability within a short time frame. As a result, the child has moved on from the home. This was carefully planned and deeply personal. One professional described the recent move as exceptional. Staff arranged a celebration that reflected the child's interests, including a filmed farewell of staff singing the child's favourite song. Children leave knowing they are valued and remembered.

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

Staff use risk assessments confidently to guide daily practice, helping the child develop skills to keep themselves safe. Families express full confidence in the child's safety. Managers expect staff to view all aspects of care as safeguarding responsibilities, including health and safety. Structured monthly discussions focus on specific vulnerabilities, such as asthma management and medication oversight, ensuring practice remains informed and consistent.

Staff respond to incidents with experience, consistency and confidence. Serious incidents have reduced significantly. For example, one child who previously required intensive wound care now rarely displays self-injurious behaviours. Staff maintain clear contingency plans should a child go missing from the home, although the risk is low.

Staff are committed to using least restrictive practice. Staff understand the child's behaviours and associated risks in depth. They use therapeutic and relational strategies consistently to minimise the need to hold or guide the child. Additional safety measures, including those in vehicles, such as a harness, are reduced as soon as possible.

Staff prioritise repairing relationships after incidents by using restorative sessions. These sessions are purposeful and meaningful. The child and staff reflect together in a safe space and enjoy a shared activity to reinforce trust and emotional security.

Leaders view recruitment as a safeguarding priority. Managers have strengthened selection processes with applicants completing safeguarding scenarios, reflective tasks and completing an additional interview to assess motivation and values. This robust recruitment process helps to prevent unsuitable candidates from being appointed.

Children live in a safe and adaptable environment. Staff balance safety with independence effectively. They supervise activities rather than restrict access. For example, staff support children to cook safely instead of removing equipment. This helps children to develop practical life skills safely.

The effectiveness of leaders and managers: outstanding

Leaders model reflective and values-led practice. Roles are delegated to staff with clearly defined responsibilities. This strengthens staff understanding of the service and their accountability. Staff lead on specific areas of practice with confidence and this strengthens leaders' ability to develop the service. Staff compliment the manager and their approach to leadership.

Staff culture is positive and child focused. Staff speak with pride about their work, their commitment to the child's wellbeing and the service. There is a stable staff team, with internal progression into senior roles. Staff feel well supported emotionally and professionally.

Managers advocate for the child and offer their support to other services. When the child's education provision was struggling to meet the child's needs, resulting in suspension, the manager offered that staff temporarily attend education with the child to help education staff to better understand the child's needs. Professionals recognise leaders as solution-focused and determined.

Staff training is bespoke and responsive to the child's needs. Leaders invest in additional development when risks arise. For example, staff completed specialist education training

to strengthen learning support during a period of school instability. Research-informed approaches are embedded into induction, promoting consistent practice from the outset.

Managers ensure that staff's approach to care is led by the child's needs and current research. For example, staff found research stating that the use of a calm, low-arousal environment helps children settle when they return from school and this approach is being embedded into daily practice.

Monitoring and supervision systems are embedded and effective. Supervision is reflective and developmental, and a child gave feedback about staff for their appraisal. This shapes future activities and care planning. Staff maintain up-to-date records that support effective monitoring. Managers are improving the language used in the child's daily records to ensure it reflects the same clarity and standards as other documentation.

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

Recommendation

- The registered person should ensure that staff record information about the child 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: 2652383

Provision sub-type: Children's home

Registered provider: Norfolk County Council

Registered provider address: County Hall, Martineau Lane, Norwich, Norfolk NR1 2DH

Responsible individual: Joanne Reeve

Registered manager: Emma Tolhurst

Inspector

Vikki Thwaites, Social Care Inspector

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