

2690141

Registered provider: Athena Children's Services Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home was registered with Ofsted in October 2022 and is privately owned. It provides care for up to three children who experience social and emotional difficulties.

The manager has applied to register with Ofsted.

Inspection dates: 12 and 13 January 2026

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: 10 February 2025

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/02/2025	Full	Good
25/04/2023	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Since the last inspection, 2 children have moved in, and 2 children have moved out. At the time of the inspection, 2 children were living at the home. Both children took part in the inspection.

Staff build positive and meaningful relationships with children and enjoy spending time with them. This helps children to feel comfortable talking to staff about things that are worrying them.

Both children attend mainstream education provisions. Staff understand the children's individual barriers to learning and advocate for children. Staff support the wider educational network to have a better understanding of these barriers. For example, one child's individual needs have conflicted with some aspects of school rules. The manager has helped the child to meet the rules and guided the school to have a better understanding of the meaning of this for the child. The manager has also raised concerns with the school when required, for example, when a child felt that a teacher had broken confidentiality agreements. The manager has continued to ensure the school follows their own policies to promote a full investigation into the child's complaint.

One child is nearing adulthood. They are focused on achieving their educational goals. They have been able to identify how staff have helped them and also recognised their own achievements. Alongside this, the child has taken an interest in cooking. Staff have encouraged this and have helped the child to improve their skills. This helps equip the child with a life skill needed to ensure a better success at independent living.

Children are encouraged to see friends and family regularly. During the inspection, one child had a friend to visit. This is a regular, normal activity at the home. Staff build relationships with the families of friends to help ensure that children are kept safe. This helps children have experiences associated with being teenagers.

Children are offered regular activities, such as movie nights. Children sometimes choose not to take part and their choices are respected. Both children recently went on a holiday abroad. One child said, 'The villa was amazing'. Children swam in a lagoon and relaxed on the beach. This gives children a wonderful experience that they will remember. Staff took photos of these experiences and have curated them into memory books.

Care plans do not provide enough detail to demonstrate how staff are helping children to attain their targets. For example, one child is exploring their religion and culture. Staff have helped the child with this, such as providing lessons on a religious text and a language. Staff took the child to shop for an item of cultural clothing. No purchase was made and the child said they would look elsewhere. There is no record to demonstrate what further action has been taken or what is needed. This cultural exploration is not

referred to at all in any care plan, and it is unclear how the manager has oversight of what staff are doing and what needs to be done.

One-to-one sessions between staff and children are not always meaningful. Staff record these sessions daily and they are often records of conversations. As the care plans lack detail, there is no clear direction for these sessions. Records also demonstrate that staff are not using the prescribed therapeutic model. The manager has not identified these issues, meaning that staff are not being guided to understand how to best use these sessions and the model to better help children.

The ceiling of the upstairs bathroom has areas of peeling paint. The flooring of the bathroom is heavily worn, looking dirty. The bins in the back garden are overflowing with rubbish. This detracts from what is otherwise a nurturing environment for children to live in.

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

Children are safe. Children feel comfortable to talk to staff about any difficulties they are experiencing. As a result, the frequency and severity of incidents is minimal.

One child has not been involved in any incidents at all. Staff have helped another child to have more confidence in themselves. This has helped the child to be at reduced risk of exploitation and missing from home incidents have reduced. When these do happen, staff are clear about what action they must take.

Recruitment records demonstrate that effective checks take place. All new staff are vetted in line with safer recruitment guidelines before they start work. This makes it more likely that safe adults are working in the home.

Restrictive intervention is used as an absolute last resort, and holds are infrequent. When these have happened, staff have used other strategies first to minimise using restraint. This has meant that less restrictive types of restraint have been needed and the child has been helped to feel calmer, quicker. Following restraints, staff spend time with the manager to discuss how they felt and what they could do differently in the future. The manager could not locate her overall evaluations on the electronic recording system. This limits her overall understanding of what has happened and how they can support staff, especially in incidents when the police have been called and the reasons for this.

Staff recognise children's risks, however, there is not sufficient written guidance to underpin decision-making and strategies. Risk management plans contain large amounts of information. Some of this is historical and relevant, however, the current risks and strategies are not clear. Some risks have not been translated into care plans. For example, specific details about self-harm. While not an immediate risk, the incident has not been included in risk plans, meaning there is a lack of necessary guidance for staff. Another child's biggest risk has not been considered in risk assessments. Although these gaps have not affected children's safety, unchecked they have the potential to do so.

The effectiveness of leaders and managers: good

The manager has been in post for nearly a year. She has previously worked in the home as the deputy manager. Currently, she is also managing another home in the organisation. She understands the children well. She is supported by a knowledgeable responsible individual.

Managers and staff have high aspirations for the children. They are committed to providing a supportive and nurturing environment. Staff turnover is low. This provides consistency for the children. Staff said they enjoy being in the home. The positive team culture provides the stable foundations for the children to improve their outcomes.

The manager ensures that rigorous investigations take place when required. Poor staff practice is not tolerated. Organisational interventions are used quickly and effectively.

External professionals are positive about the progress children make. One said that concerns about exploitation have 'gone' and 'having a good placement', where the child feels 'safe', is the reason for that.

Staff complete an induction that includes mandatory training, such as safeguarding children and fire safety. Following this period, staff undergo a competency assessment. This process considers what staff have learned and how this will affect their practice. However, despite a child receiving a particular diagnosis in June 2025, staff have not yet completed training in this topic. This means staff may not be equipped with the knowledge required to understand how to best meet the child's needs.

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, 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: Ensure that children's placement plans contain sufficient information about children's aims and goals, and how staff will help children to achieve these. Ensure the manager has oversight of placement plans to monitor the work staff are completing and whether this needs to be adapted.	01 March 2025

Ensure keywork sessions link clearly to the placement plan and how sessions aim to help children.

Ensure risk management plans clearly demonstrate children's current risks and current strategies to minimise these, alongside historical, relevant information.

Ensure the manager identifies records that show the therapeutic model is not being used and that the manager explores if this is a practice issue to support staff to improve.

Ensure staff receive high-quality training in neurodiversity that equips them with the skills and knowledge to meet children's individual needs.

Recommendations

- The registered person should ensure that all areas of the home are sufficiently decorated, including the ceiling and flooring in the upstairs bathroom. ('Guide to Children's Homes Regulations, including the quality standards', page 15, paragraph 3.7)
- The registered person should ensure that all records of physical restraint are appropriately evaluated to consider whether the threshold for intervention is met and the wider context of the incident. ('Guide to Children's Homes Regulations, including the quality standards', page 46, paragraph 9.36)

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: 2690141

Provision sub-type: Children's home

Registered provider: Athena Children's Services Limited

Registered provider address: 71 Spring Road, Kempston, Bedford MK42 8LT

Responsible individual: Tanisha Boughton

Manager: post vacant

Inspector

Hannah Phillips, social care inspector

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