2707907

Registered provider: Cambian Childcare Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned. It provides care for up to five children with ongoing mental health difficulties and who may not be able to live in the community without continued support.

The registered manager left in February 2025. A new manager is in post. She has submitted her application to register with Ofsted.

At the time of the inspection, four children were living at the home. Since the last inspection, one child has moved out and one child has moved in. Three of the children felt comfortable to take part in the inspection.

There is a separately registered school on site. The inspectors only inspected the social care provision.

Inspection dates: 8 and 9 September 2025

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

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: 7 May 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
07/05/2024	Full	Good
27/06/2023	Full	Good

Inspection judgements

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

The quality of children's care plans is mixed. Most of the children have clear and concise plans. However, for one child, their care plan referred to a child that lives in a different home on the same site, meaning that staff have not been provided with important information on how to meet the child's needs. Leaders and managers recognised the seriousness of this, and new plans were written during the inspection.

Staff are not clear on the approach to take with children who vape. During the inspection, on two separate occasions, two children were vaping in the house. This was done in front of managers and children were not challenged in response. This does not provide children with a clear message about acceptable boundaries or about what is best for their health.

Key-work sessions are frequent. However, they usually take place in reaction to incidents. This means that the planned work needed to help children achieve their targets is not consistently undertaken. Following two separate incidents, the records of key-work sessions are identical, with only the date being changed. This work was carried out by a manager. This diminishes the meaning of key-work sessions and does not provide effective role modelling to staff about how to engage and debrief with children following incidents.

The home uses a framework to monitor and evaluate children's progress. This framework has not yet been incorporated into children's plans. This means that important information that could help staff to support children to achieve their targets does not inform day-to-day practice.

Risk assessments advise staff to use the prescribed therapeutic model, but reports show that this is not being used. In her evaluation of events, the manager has not identified this shortfall in staff practice. Discussions with staff during the inspection evidenced that there is confusion about the model and how to deliver this. This means that the model is not yet understood by the team, and staff are not being offered support to help them improve their practice.

Overall, children have positive and meaningful relationships with the staff team, especially with the manager. However, through speaking with a child and looking at records, there are some issues with a small number of staff that impact on these relationships. Leaders and managers are aware of this and have started to explore how to make improvements.

Three of the children, all of whom were living in the home at the last inspection, have made progress in their individual ways. One child said: 'I don't need to be here any

more.' This demonstrates the support that staff have provided to the child in helping them to develop their independence.

For one child, managers have consistently escalated the lack of transition planning with the local authority. The home has continued to look after the young adult during this time, which has provided essential stability for them. This has helped the child to feel more able to talk about their anxiety.

All children are now making progress with their education. Due to their needs, they have not always been able to attend school. The current manager has supported the children to understand the importance of education. This has led to two children being able to take their formal exams. This is a remarkable achievement for them that boosts their self-esteem and promotes their life chances.

Children have access to meaningful activities. Recently, children have been to the beach, horse riding and for walks in nature. Staff understand children's preferences and ensure that activities take place that children enjoy.

Two children have pets. These are important to the children and give them a sense of responsibility. Children enjoyed showing off their pets off during the inspection.

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

Risks for older children are understood well, and appropriate risk assessments are in place. However, for a younger child who has recently moved in, risks have not been properly understood and evaluated. There is a lack of risk management and informative assessments to support staff to understand how best to support the child to keep safe.

One child has complex and high-level risks. These have not been appropriately risk assessed. For example, the child has previously used ligatures. However, there is no risk assessment for this, meaning that staff do not have clear guidance on how to help the child if they were to do this again. This places the child at risk of harm.

Reports show that some incidents are chaotic and not well managed. On one occasion, a child was found lying on their bathroom floor. Instead of exploring what was happening for the child, the staff member let the child go out of the home late at night. The child subsequently had seizures on the ground outside. There was poor communication between staff on shift, causing a delay in seeking advice from health professionals. This means that opportunities to provide early intervention to support the child did not occur, which left the child at risk of harm.

Staff are not confident in responding to behaviour that challenges. Reports show that staff interpret children's actions negatively and then step back from helping them. This does not provide children with clear boundaries.

There is no clear guidance on how staff should respond when children are spending time with other children who live on the same site. On one occasion, this led to a child in the home receiving a love bite from another child. When asked why this happened, staff said they were not sure what to do. This means that staff have not always been clear on how to keep children safe from peer-on-peer risks.

One child is more susceptible to harm through their mobile phone use because inappropriate individuals have contacted them previously. This has not been adequately risk assessed and there are no instructions on how to keep the child safe when online.

Physical interventions are proportionate, and necessary. Reports demonstrate that staff have used their relationships with children to ensure physical restraints take place for the minimum length of time. Since the last inspection, the use of physical intervention has significantly decreased. This means that children have been supported to make progress with managing their emotions.

All incidents, including incidents involving significant self-harm, are minimal, particularly for children who have lived at the home for a while. Staff have supported these children to have healthier coping strategies. This also means that they are more likely to have successful outcomes once they move on from the home.

Investigations into any poor practice are carried out quickly. Appropriate action is taken where needed, such as the use of human resources processes.

There have been no missing-from-home events since the last inspection. There has been one occasion when a child left the home in an unplanned way. However, staff were able to ensure that they always had sight of the child. Staff are highly aware that children are vulnerable to harm when out of the home and ensure they understand the steps to take to prevent them from going missing.

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

Since the last inspection, the registered manager has left, and an interim manager was appointed. The change in manager was difficult for children and there was a period of instability. The current manager has taken charge of the home, and incidents have reduced overall. She has worked hard to positively change the culture and character of the home.

There are clear practice and performance issues with some groups of staff. Leaders and managers have identified this. However, action in the form of support for staff has not been taken quickly enough or in the right way. For example, one staff member is on a performance management plan. This is vague and does not provide specific examples of reflection on poor practice or how to improve this.

Leaders and managers have not appropriately considered the importance of staff supervision. Staff who are on performance management plans are supervising less-

experienced staff. These supervision sessions are of poor quality and do not support staff to reflect and learn from their practice or how to make improvements when needed.

Staff have had relevant training. However, they are not always able to discuss what they have learned and how this learning has impacted on and improved their practice. Staff said that there are no risks in the home, which is not an accurate understanding of the children's needs and known risk factors.

The manager has appropriate oversight of the home. However, poor practice is not routinely identified by the manager, including when staff have not used the prescribed therapeutic model of care to support children in crisis.

The manager has been instrumental in promoting a calmer environment for the children. This has contributed to children feeling more comfortable and has led to a significant decline in incidents. Staff report that they enjoy working in the home.

Staff feel very well supported by the manager. One staff member said that the manager is 'amazing' and another said that she listens to staff and children. Social workers have also been complimentary about the change in the home since the new manager started.

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; 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; 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 premises used for the purposes of the home are located so that children are effectively safeguarded; that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health; and	3 November 2025

that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(iii)(iv)(v)(vi)(b)) Ensure that all known risks, such as mobile phone use, are appropriately assessed and that staff are aware of these. Ensure that clear risk assessments are in place to advise staff on how to respond to ligatures for individual children. Ensure that staff have clear instructions on how to intervene when necessary, when children are responding negatively with other children in other homes. Ensure that staff follow risk assessments at all times. The manager must intervene when this is not the case. This requirement was raised at the last inspection and will be reviewed at the next inspection.	
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)(g)(h))	3 November 2025

In particular, ensure that the manager's evaluation of incidents identifies poor staff practice and that this is appropriately managed. Ensure that supervision sessions are reflective spaces for staff and that they are conducted by competent supervisees. Managers must ensure that staff can assimilate training into practice and understand children's needs. Manager must identify when the therapeutic model has not been used and address this. This requirement was raised at the last inspection and will be reviewed at the next inspection.	
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. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)) In particular, that there is a clear approach towards children vaping which is detailed in children's plans. Ensure that all staff are consistent in their approach towards children vaping.	3 November 2025
The quality and purpose of care standard is that children receive care from staff who— understand the children's home's overall aims and the outcomes it seeks to achieve for children;	3 November 2025

use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background. (Regulation 6 (1)(a)(b) (2)(b)(iv)) In particular, ensure that all children have individual care plans that clearly show how the staff will support children to make progress. Ensure that care plans integrate the different models of care being used within the service.	

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: 2707907

Provision sub-type: Children's home

Registered provider: Cambian Childcare Limited

Registered provider address: 4th Floor, Parkview, 82 Oxford Road, Uxbridge UB8 1UX

Responsible individual: Michael Coleman

Registered manager: Post vacant

Inspectors

Hannah Phillips, Social Care Inspector
Sarah Orriss, Regulatory Inspection Manager

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