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2707907

Registered provider: Cambian Childcare Limited

Monitoring visit

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 5 children who experience mental health difficulties and may not be able to live in the community without support.

At the time of this inspection, 2 children were living at the home. The manager registered with Ofsted in February 2026.

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

Inspection date: 20 April 2026

This monitoring visit

An assurance visit took place on 2 March 2026. At that visit, serious and widespread concerns were identified with leadership and management of the home and keeping children safe. Compliance notices were served under regulation 12, the protection of children standard, and regulation 13, the leadership and management standard.

At this inspection, inspectors found that children are not being kept safe. Leaders and managers do not understand the complex needs of the children to ensure that they are protected from harm. The proposed responsible individual has been assigned to the home to provide focused oversight. However, during the inspection, the responsible individual said that she is 'not able to look at everything'. Several incidents have occurred where managers' oversight has not identified poor staff practice and emerging risks to children.

During the inspection, a child showed an inspector that they were in possession of a set of keys that open all the doors in the house. The child had photographic evidence of when, and how, they were able to obtain the keys. The child said that they did this to demonstrate that staff do not have appropriate oversight of the

environment and how this relates to children's safety. Staff had not identified that these keys were missing. The manager told inspectors that staff should be checking each set of keys daily but that this had not been happening. Staff are not following environmental checks, meaning that children are not being kept safe.

A child who has complex needs and a significant risk of self-harm informed inspectors that they had been given unsupervised access to a spare room. In that room was unsecured medication, which the child was aware of. Despite this, staff had not ensured that the room was safe for the child to go into. When the child told staff about this, staff said that they would need to do a search of the child's bedroom. The search did not take place for several hours. Staff did not recognise the increased risk to the child and did not take prompt action. This upset the child as they felt that staff did not make any effort to keep them safe. The manager was aware of this incident. However, records to demonstrate what the child told staff and when the child spoke to staff are not in place. The manager has not carried out thorough investigations to understand why the child was exposed to these risks. Leaders and managers have not recognised the significance of this incident, the risks posed to the child and how this made the child feel.

Leaders and managers do not respond to allegations appropriately. An incident report clearly states that a child had made an allegation about a staff member. There is no evidence to demonstrate that this was discussed with external safeguarding partners. There is also no evidence to show how leaders and managers have recognised the allegation, how they have dealt with it or how the child has been responded to. Leaders and managers have failed to identify an allegation and have failed to respond to potentially harmful action from a staff member.

Leaders and managers do not recognise the unsafe use of physical intervention. A child was attempting to leave the home by climbing a fence. When the child was on the fence, staff took hold of the child's hood and pulled the child backwards off the fence. Following this, the child was restrained. However, the child was able to use their legs to climb up the fence again. Staff did not let go of the child until they were at the top of the fence. This is unsafe practice from staff. The inappropriateness of these interventions has not been identified at all. Each staff member has provided a different narrative about what happened and, in some cases, there are significant discrepancies. During the inspection, the responsible individual advised that she had looked at the report along with 2 senior managers in the quality assurance team. There is a culture of senior managers failing to read reports through a safeguarding lens. This does not identify poor practice and enables it to continue.

Managers do not understand how to ensure that medication is dispensed safely or the consequences of this on children's health. One child has been given medication on 5 separate occasions because they were agitated. However, at the time that the medication was given, it had not been prescribed for this reason. When the medication was given, records show that the child was not agitated. Oversight of the use of medication to ensure that it is given in the right dosage and for the purpose it was intended is insufficient. At the time of the inspection, the medication had been

prescribed to be dispensed as required. There has been no guidance provided from leaders and to ensure that staff have the correct instructions on when, and how, they should provide the medication. This means that the potential for medication abuse is continuing.

Several staff are not trained to provide medication to children. Staff from other homes on the site, who are trained, have been coming over to the house to dispense medication. Leaders and managers could not provide a reason as to why staff in the home are not trained to enable them to dispense medication themselves. The involvement of staff from other homes to administer medication adds to the confusion. This adds to the confusion about when medication should be dispensed, as there are no clear guidelines for staff to follow.

Staff do not respond empathetically when children share difficult thoughts and ideas. One child expressed that they felt unsafe in the home. Staff told the child that they can call the police. The child also made comments of suicidal ideation. Staff have not responded compassionately. Another child told staff that they had a graphic thought of causing harm to themselves. Staff did not acknowledge the upsetting content and were unable to respond with empathy. This does not provide children with validation of their thoughts and feelings.

Leaders and managers have begun to provide staff with relevant training in mental health and self-harm. Supervision sessions are also taking place regularly. In these sessions, staff highlight children's risks and how staff would respond if there were signs of risks increasing. However, managers have not provided meaningful oversight of incidents to ensure that staff practice is safe.

Several staff have been suspended from their roles. Investigations into poor practice are ongoing. Investigation reports have been completed by a regional manager from elsewhere in the organisation. The investigation reports are detailed, and necessary human resources processes are being undertaken.

Other requirements previously set were not reviewed and have been restated. As a result of the findings at this visit, the compliance notices under regulation 12, the protection of children standard, and regulation 13, the leadership and management standard, have also been restated.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
08/09/2025	Full	Requires improvement to be good
07/05/2024	Full	Good
27/06/2023	Full	Good

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 with 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)(e)(f)(h))) In particular; The registered provider must ensure that leaders and managers have the appropriate skills and understanding to provide effective oversight of all aspects of the home, implementing processes to ensure professional scrutiny of all records and reports. The registered provider must ensure that leaders and managers are competent safeguarding practitioners, taking appropriate action to keep children safe. This includes	15 May 2026

managing allegations, staff responses to increases in children's risks, ability to evaluate physical interventions, the safe dispensing of medication and any other safeguarding matters that arise. The registered provider must ensure that leaders and managers identify poor practice and poor decision-making, taking prompt action to minimise this being repeated. This requirement is restated.	
*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; 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; 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 effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(v)(vi)(vii)(b)(e))	15 May 2026

In particular; the registered provider must ensure that staff have a clear understanding of their safeguarding responsibilities to be able to identify safeguarding matters. The registered provider must ensure that staff respond safely and effectively to safeguarding matters, such as when risks to children increase. This requirement is restated.	
A responsible individual must— have the capacity, experience and skills to supervise the management of the home, or the homes, in respect of which the responsible individual is nominated. (Regulation 26 (7)(b))	15 May 2026
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular, the registered person must ensure that— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(a)(b)(c))	15 May 2026
The registered person must prepare and implement a policy ("the behaviour management policy") which sets out— 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 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—	15 May 2026

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 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; 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")— has spoken to the user about the measure; and has signed the record to confirm it is accurate; and within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation (1)(b) (3)(a)(iv)(v)(vii)(viii)(b)(i)(ii)(c))	
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; 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— understand and apply the home's statement of purpose; ensure that staff— understand and apply the home's statement of purpose; protect and promote each child's welfare;	15 May 2026

treat each child with dignity and respect; 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)(a)(b)(i)(ii)(iii)(iv)) In particular, ensure that staff deliver the care described in the statement of purpose. Ensure that staff understand and embody trauma-informed working and relevant therapeutic models. This requirement is restated.	
The care planning standard is that children— receive effectively planned care in or through the children's home. In particular, the standard in paragraph (1) requires the registered person to ensure— that each child's relevant plans are followed. (Regulation 14 (1)(a) (2)(c)) In particular, ensure that staff follow the instructions in children's care plans. This requirement is restated.	15 February 2026

*These requirements are subject of a compliance notice.

Recommendation

- The registered person should ensure that risks associated with young adults over the age of 18 are managed in a home with children. They should explain, for example, how a young person bringing alcohol into the home would be managed and whether staff have received 'protection of vulnerable adults' training. ('Guide to the Children's Homes Regulations, including the quality standards', page 42, paragraph 9.7)

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the children's home since its last Ofsted inspection.

This inspection was carried out under the Care Standards Act 2000.

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, London UB8 1UX

Responsible individual:

Registered manager: Samantha Cornelius

Inspectors

Hannah Phillips, Social Care Inspector
Sarah Orriss, Social Care Inspector

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