

2722944

Registered provider: Beacon Childcare Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and provides care for up to 4 children with special educational needs and/or disabilities.

The home registered with Ofsted in August 2024, when the children and staff moved following the planned closure of another home in the same organisation. The registered manager has been in post since the home was registered.

Inspection dates: 18 and 19 November 2025

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 11 March 2025

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/03/2025	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

At the time of the inspection, there were 2 children living in the home and a young person who has recently become an adult. Observations of children and the young person showed that they are settled and have positive relationships with staff. Despite the progress the children are making in some aspects of their lives, there are serious concerns in respect of how well children are helped and protected and therefore all aspects of the inspection are judged as inadequate.

Both children and the young person benefit from a level of stability. One child has lived in the home since it was registered, having previously lived in the former home before it changed location. Two brothers are enjoying living together, which supports their relationship.

Both children and the young person are making good progress from their starting points. One child who moved into the home earlier this year has settled into a good routine, which they previously struggled with. They are now able to eat at the table with peers, and there are improvements with their diet and behaviour, meaning that their medication has been significantly reduced. The child's parent said that they have been like a different child since moving to the home.

Staff understand both children and the young person's non-verbal communication and were observed to be attentive and responsive to their needs. They are also supported to contribute through children and young people's meetings. However, records do not always clearly show both children and the young person's choices, wishes and views.

Bedrooms are not personalised to each child and the young person. Consultation about this has taken place with them; however, staff have not been creative in making the bedrooms homely and individualised. In addition, one child has broken drawers in his bedroom, the window is very dirty, the wardrobe is not secure and there are dirty marks over the wall. Another child's bedroom has holes in a TV cabinet that look unsightly. These features do not provide clean, safe and welcoming spaces for children and young people to feel comfortable in.

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

Both children and the young person are not always protected from harm. They are fully reliant on staff to keep them safe. One child, who requires high levels of supervision, has been able to leave the home without staff's knowledge on two occasions. On both occasions, a member of the public found the child. They were exposed to considerable risk while missing.

The manager and consequently staff, do not fully understand children's needs and risks or how they should be cared for. They have not monitored reviews of a child's deprivation of liberty (DOL) order, meaning that they are unaware that a DOL order was still in force. This limits their ability to implement the agreed safety measures or help inform whether such a serious order is appropriate.

Information about both children and the young person's behaviours and risks is not clear or consistent. Contradictory information about incidents means that children's experiences of living in the home are not fully understood by managers and staff. For example, one child's daily records referred to an incident report about a child hurting themselves, but the manager was unable to provide evidence of an incident form being completed. In addition, 2 children's plans stated that there was no known risk of going missing from home but then stated elsewhere that incidents had occurred previously. This raises concerns about the manager's oversight of children's records and the systems in place to ensure that managers and staff can identify, understand, review and manage risk effectively.

The manager and a staff member lack understanding of what constitutes a physical intervention. Consequently, staff fail to record sufficient information about restrictive practices used by staff preventing the manager, staff and people who are significant to the child from fully understanding children's experiences during incidents. This practice also undermines the systems in place to monitor the effectiveness of restrictive practice and to determine whether the restriction is justified and that the least restrictive measures are used.

Medication is not always administered safely. During the inspection, one child's medication was administered but not recorded due to staff being interrupted. This omission creates a risk of duplication of medication, which could compromise the child's health and wellbeing. Staff also failed to administer one medication for an extended period because the manager believed it was only to be used as and when needed. This means that the child did not receive medication in line with their plans and prescriber's directions.

The provider has failed to take effective action to ensure that the manager's working hours are not consistently excessive. On one occasion, staffing levels fell below what was needed to meet the children's needs and a serious incident occurred. A risk assessment is now in place to provide guidance on managing shortfalls in staffing in the future.

Staff recruitment is completed safely. All required checks are completed to reduce the risk of unsuitable individuals working in the home with vulnerable children.

The effectiveness of leaders and managers: inadequate

Leaders do not have a clear understanding of risks to children or children's needs. Oversight of practice is weak and is not prioritised, and this results in children being placed in situations of potential risk.

The management response when children go missing is poor. There have been 2 avoidable missing incidents. The provider failed to fully investigate the first incident or consider effective risk management strategies to avoid any further incidents. Because of this, the same child went missing again. On this occasion, staff did not follow the child's plans, and there was a delay in reporting it to the police. The manager has not completed training to support them to assess and reduce risk. As a result, measures to reduce the risk of children going missing are not yet fully identified and actions are not fully implemented.

Leaders and managers use of monitoring tools is insufficient, and they lack full oversight of the home. This results in a lack of appropriate responses to children and no effective oversight of the care that children are receiving.

Staff complete a range of training to meet children's complex needs. They find the training useful; however, some staff lacked understanding of what they had learned. For example, some staff had a poor understanding of physical intervention, and staff had not understood their responsibilities when children go missing. Managers have ensured that all staff have refreshed their missing from home training following the incidents, and staff spoken to did now understand what action they need to take.

Feedback received from staff, parents and professionals was positive. Parents feel welcome in the home, they are kept up to date and are pleased with their child's progress. Professionals report effective communication with staff and managers.

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; 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 designed, furnished, and maintained so as to protect each child from avoidable hazards to the child's health. (Regulation 12 (1) (2)(a)(i)(iii)(v)(vi)(b)(d)) In particular, the registered person must ensure that they have a full understanding of any risks related to a child before they move into the home, together with any court orders that are in place to keep children safe. In addition, they must also ensure that they and their staff have the skills needed to be able to identify when a child may be at risk of going missing from home and take effective action to prevent harm. Furthermore, they	28 January 2026

must ensure that staff understand their responsibilities when children go missing from the home and have a clear understanding of the processes to follow. The registered person must ensure that children's bedrooms are homely, safe and adequately furnished, that they are kept clean and that any damaged items are replaced without delay.	
*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— ensure that the home has sufficient staff to provide care for 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)(d)(f)(h)) In particular, the registered person must ensure that the manager maintains effective oversight of the home and that this is not compromised by them working excessive hours. The manager must ensure that they have good oversight of children's plans to ensure their welfare is promoted. In addition, they must ensure that staff record and report incidents accurately so they can maintain effective oversight of the care that children are receiving. Additionally, leaders and managers must ensure that investigations take place after significant incidents, including a full review of the practice and measures needed to avoid recurrence.	4 January 2026

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— the name of the child; details of the child’s behaviour leading to the use of the measure; the date, time and location of the use of the measure; 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; 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 35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)) In particular, the registered person must ensure that they and their staff have a good understanding of behaviour management, including physical interventions, and that the correct processes are followed when incidents occur.	28 January 2026
The registered person must maintain records (“case records”) for each child which—	28 January 2026

include the information and documents listed in Schedule 3 in relation to each child; are kept up to date; and are signed and dated by the author of each entry. (Regulation 36 (1)(a)(b)(c)) In particular, the registered person must ensure that there is a clear incident reporting procedure in place and that staff record all incidents consistently and in a manner that allows them to be monitored effectively.	
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— 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)(b)(c)) In particular, the registered person must ensure that staff have the skills and understanding to administer medication safely, including the recording of any medication given to a child. In addition, they must ensure that all medication that is prescribed to a child is given in line with the prescription.	28 January 2026
The registered person may only use devices for the monitoring or surveillance of children if— the child's placing authority consents in writing to the monitoring or surveillance (Regulation 24 (1)(b))	28 January 2026

*These requirements are subject to a compliance notice.

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: 2722944

Provision sub-type: Children's home

Registered provider: Beacon Childcare Ltd

Registered provider address: 155 Bromford Lane, Erdington, Birmingham B24 8DJ

Responsible individual:

Registered manager: Depriye Goodluck

Inspector

Vicky Smith, Social Care Inspector

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