2737729

Registered provider: Cannon Children Services Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned and operated by a private company. It provides care for up to 2 children who may experience social and emotional difficulties.

There is no registered manager in post. Since last full inspection, the home has appointed two managers. The acting manager has not yet applied for registration.

At time of inspection, one child was living in the home. They did not wish to contribute to the inspection.

Inspection dates: 7 to 8 April 2026

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	inadequate

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: 20 May 2025

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection:

At the last assurance inspection of the home, serious and widespread concerns were identified. As a result, compliance notices were issued under Regulation 6 and Regulation 13. Following a monitoring visit, these were lifted as the compliance notices were met.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
20/05/2025	Full	Requires improvement to be good
25/09/2024	Full	Requires improvement to be good
27/02/2024	Full	Good

Summary of findings

The child has made some progress since moving to the home. There has been a reduction in concerning incidents. The child has been encouraged to explore interests and hobbies that have supported a sense of belonging and stability. However, gaps have been identified with a lack of education for the child and medication procedures not always been followed. Staff have not always ensured that protocols are followed when the child has been at risk. This has resulted in inconsistencies in safeguarding practice. Leaders and managers have not had adequate oversight or taken steps to support and upskill the staff team. Areas for development have not been identified, affecting the quality of care provided to the child.

Inspection judgements

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

The child is making some progress from their starting point since moving to the home. They are starting to build relationships with staff, and staff recognise the areas of achieving future goals for the child. Staff speak positively about the child and reflect on the child's progress since moving to the home.

Staff support the child's interests and hobbies. For example, the child enjoys playing the guitar and skateboarding. Staff have also found clubs, in the local area, for the child to attend and develop these skills and interests further. This has supported the child to build friendships and develop a positive sense of belonging and stability.

External professionals report that there is good communication between the managers at the home and other agencies. One professional shared that they would like to receive weekly updates on the child so that they are more informed on their care. The respective local authority for the child has not always been involved when updating strategies that staff use to manage the child's risks and vulnerabilities. This is a missed opportunity for collaborative working, and for key professionals to have a say in the care of the child.

The child has not seen their family members regularly since moving into the home. This has been hampered by court attendance. However, However, the manager and staff are not promoting family time, nor have they escalated the lack of contact plans to the responsible local authority. This has resulted in the child not having quality time with people who are important to them.

The child has experienced some significant life events and changes since living at the home. Leaders had not shown understanding of the emotional impact of these events on the child. Consequently, support and conversations had not taken place to help the child during this time. Strategies were not put in place to manage any changes in the child's behaviour or presentation. Additionally, individual work with the child has not taken place to support their emotional wellbeing or their understanding of what has taken place.

The child has limited educational provision. Staff have not implemented daily routines on a consistent basis or provided the necessary encouragement that would support education. This has resulted in minimal educational support for the child. The new manager understands this and has responded quickly to make positive steps. They have now got a tutor in place and are communicating with colleges and external education providers to develop better educational support for the child. This has not yet been embedded into the day-to-day care of the child and hampers the child's educational attainment.

The home is welcoming and inviting. However, the bathroom used by the child is worn and has some damage. It also does not have a lock on the door that would ensure privacy for the child when using the bathroom. This is known by staff and managers, but appropriate action has not been taken to rectify this.

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

There has been a reduction in incidents involving the child going missing from care since they came to live at the home. Professionals working with the child report a reduction in exploitation risk. As a result, the child has been able to develop more independence and require less staff support. This will support the child with their social development.

Staff do not fully understand the protocols and documents on how to respond to risk, particularly when the child is missing from home. As a result, there are several incidents where staff have not followed the correct protocols. Staff have not always understood the potential risks of the child, when making decisions on how to respond. This has resulted in delays in reporting the child as missing. When protocols have not been followed, managers have not taken action to learn and develop staff practice.

Staff have not always documented incidents in the required detail so as to highlight the actions they have taken in response to incidents. For example, in one report, there was a two-hour gap before the child was reported as missing, with no detail on the actions staff had taken. Additionally, reports do not highlight whether an independent return home interview was requested or completed when the child returned home.

Senior managers take appropriate action if the child makes an allegation. They involve external agencies and ensure safeguarding procedures are followed. However, risk assessments for the child are not yet sufficiently strong in this regard. They do not outline the strategies for staff to follow in the event of an allegation being made. Therefore, staff are not appropriately equipped with the strategies and skills to respond appropriately in the event of an allegation being made.

Staff have been conducting daily bedroom searches in response to concerns that the child had brought back alcohol to the home. Managers have not agreed regular reviews of this or consulted with the local authority on this strategy. This practice has continued

for some time, without being necessary or proportionate. This has impacted on the child's privacy.

The child is registered with local health services and is regularly supported to attend health appointments. Where required, the child is supported to seek medical support for accidents and any health concerns. Occasionally, staff will administer the child some over-the-counter medication. Staff have not followed protocols with regard to recording the safe administration of medication, and have missed information such as the dosage administered and the time that the medication was given. Some medication that is no longer required for the child has not yet been disposed of appropriately. The acting manager has noted these concerns and has started to take steps to ensure that medication is managed safely and appropriately. However, the new mediation systems are yet to be fully embedded in staff practice.

The effectiveness of leaders and managers: inadequate

There has been a change of manager since the monitoring visit. The home has been without a registered manager since August 2025, and there have been some occasions where there has not been a manager appointed within the home, which has made communication with wider professionals challenging.

Staff have not received regular supervisions, or appraisals of their care practice, with the manager. They do not have clearly set targets for their development. This has been a missed opportunity for managers to support staff and provide feedback regarding their care practice. As a result, managers have not always challenged staff practice or provided learning to improve day-to-day care.

Leaders and managers have not recognised where a member of staff has missed the timescale for completion of the required qualification for residential care workers. This has resulted in no clear plans of support for the member of staff for completion of this crucial qualification in a timely manner.

There is a lack of appropriate management, including senior management oversight of the day-to-day functioning and quality assurance. Areas for learning after incidents and in the day-to-day running of the home have not been fully evaluated by leaders, and action plans are consequently not put in place to correct these areas. The managers have not yet embedded the preferred model of care as outlined in the statement of purpose. This has resulted in delays to improvement of care practice that aligns with the chosen and preferred model of care practice in the home.

The statement of purpose and other documents are not accurate or consistent in relation to the correct staff structure or of staff training and development.

Senior managers complete safer recruitment checks. However, on one occasion, information shared regarding a reference has not been explored further during the verification process. These are missed opportunities to ensure that staff appointed to

work in the home are safe and have the right motivations for working with vulnerable children.

There are limited quality assurance processes, and the quality of external independent visitor reports have not met the requirements of the regulation. The acting manager is aware of these concerns and has communicated these issues to senior managers, along with ideas on how to improve. Senior managers have a clear understanding of the challenges and plans in place to improve things. The manager has not yet had sufficient time to embed these changes effectively.

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; 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. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(v)(vi)(vii)(b)) In particular, risk assessments and home care plans identify risks for children and the strategies to respond to those risks, including an agreed protocol for when a child goes missing from the home.	9 July 2026

This also relates to staff being skilled and confident in consistently following the agreed strategies to keep children safe. This also refers to ensuring that records of incidents are clear, detailed and demonstrate management oversight, reflection and learning. This also refers to ensuring that any bedroom searches are necessary and proportionate in response to risk, while respecting the privacy of the child. And this refers to ensuring that return home interviews are completed following any incidents of the child going missing from home.	
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 work as a team where appropriate; ensure that staff have the experience, qualifications, and skills to meet the needs of each child; ensure that the home's workforce provides continuity of care to 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; and 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)(b)(c)(e)(f) (h))	9 July 2026

In particular, this refers to ensuring that quality assurance and monitoring systems are in place, that they are used regularly and that they are recorded. That regulation 44 reports that meet regulatory requirements. The registered person must ensure that staff are supported through regular supervision, and appraisals with the manager, that provide constructive feedback to improve staff practice and learning. Also, the registered person must ensure that staff are supported to make progress in obtaining their qualification, and that steps are taken when deadlines for completion have passed. This also refers to ensuring that staff working in the home respond in line with the home's statement of purpose, specifically the model of care the home has in place. This also refers to the manager ensuring that they keep the home's documents up to date and accurate, including the statement of purpose.	
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— Ensure that staff- Provide personalised care that meets each child's needs as recorded in their relevant plans, taking account of the child's background. ensure that the premises used for the purposes of the home are designed and furnished so as to— meet the needs of each child; and enable each child to participate in the daily life of the home. (Regulation 6 (1)(a)(b) (2)(b)(iv)(c)(i) (ii))	9 July 2026

This particularly refers to ensuring that staff understand the impact of significant life events for children, and put in place appropriate support for their wellbeing, as well as helping children to understand the outcomes of these events. This also particularly relates to ensuring that there is a lock on the bathroom door, and that repairs are made to the damage in the bathroom.	
The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— help each child to achieve the child's education and training targets, as recorded in the child's relevant plans; support each child's learning and development, including helping the child to develop independent study skills and, where appropriate, helping the child to complete independent study; understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers; help each child to understand the importance and value of education, learning, training, and employment; promote opportunities for each child to learn informally; and that each child has access to appropriate equipment, facilities, and resources to support the child's learning. (Regulation 8 (1) (2)(a)(i)(ii)(iii)(iv)(v)(b)) This particularly refers to ensuring that the home has plans for the child's education and for structuring days for children not in schools so that they continue to learn.	9 July 2026
The care planning standard is that children— receive effectively planned care in or through the children's home; and	9 July 2026

In particular, the standard in paragraph (1) requires the registered person to ensure— that, subject to regulation 22 (contact and access to communications), contact between each child and the child's parents, relatives and friends, is promoted in accordance with the child's relevant plans. (Regulation 14 (1) (2)(d)) This particularly refers to making arrangements and promoting time with family for children.	
In meeting the quality standards, the registered person must, and must ensure that staff— seek to involve each child's placing authority effectively in the child's care, in accordance with the child's relevant plans; if the registered person considers, or staff consider, a placing authority's or a relevant person's performance or response to be inadequate in relation to their role, challenge the placing authority or the relevant person to seek to ensure that each child's needs are met in accordance with the child's relevant plans. (Regulation 5 (a)(c)) This particularly refers to ensuring that the home escalates where there is no agreed plan in place for family time with the local authority. This also refers to ensuring that the local authority is kept informed about the children's care through weekly reports. This also refers to ensuring that the local authority is made aware when searches to children's bedrooms are completed.	9 July 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— a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(c)) This particularly refers to ensuring that medication which is no longer required is disposed of correctly. This also refers to ensuring that when children are given homely remedies or over-the-counter painkillers a clear record is kept of the dose, time and who administered the medication.	9 July 2026

The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The registered person may only— employ an individual to work at the children's home; or if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home, if the individual satisfies the requirements in paragraph (3). The requirements are that— full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1) (2)(a)(b) (3)(d) This specifically refers to managers sufficiently exploring information provided on references when completing safer recruitment checks through the verbal verifications.	9 July 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: 2737729

Provision sub-type: Children's home

Registered provider: Cannon Children Services Ltd

Registered provider address: 2 Calais Hill, Tyler Hill, Canterbury CT2 9LT

Responsible individual: Dauty Ndhlovu

Registered manager: Post Vacant

Inspector

Becki Cornes-Sinclair, Social Care Inspector

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