

2737729

Registered provider: Cannon Children Services Ltd

Assurance inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and is registered to provide care for up to two children who may have social and emotional needs.

The registered manager has recently resigned and was absent from the home. The interim manager was present during this inspection.

One child currently lives in the home and their views were sought.

Inspection date: 20 August 2025

Date of last inspection: 20 May 2025

Judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Information about this inspection

At this inspection, the inspectors evaluated:

- the care of children
- the safety of children
- the effectiveness of leaders and managers.

Inspectors have looked closely at the experiences and progress of children, using the social care common inspection framework. This assurance 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'.

Findings from the inspection

We identified the following serious and widespread concerns in relation to the care or protection of children at this assurance inspection:

- Shortfalls in safeguarding practice.
- Ineffective leadership and management.
- Shortfalls in how care is organised.

Requirements set at the home's most recent full inspection were not considered during this visit. These requirements will remain in place and will be reviewed at the next inspection.

The child is not provided with clear structure or routines as part of their day-to-day care. Planned weekly activities for the child are limited and repetitive. They do not support the child to participate in a variety of positive activities away from the home. Daily records and incident reports indicate that staff have not actively attempted to encourage the child's participation in a regular and consistent way.

Leaders have failed to ensure that staff receive support on how to build positive attachments and meaningful relationships with the child. The interim manager has established a positive relationship with the child; however, this is not reflected across the staff team. The child said that they feel lonely and have no relationships with staff. Staff report that the child isolates themselves in their bedroom.

There is no professional curiosity about whether the child's behaviours may reflect a lack of meaningful engagement from staff. This does not help the child to develop trusting relationships or provide them with the belief or confidence that they are cared for.

The child and staff do not eat or share mealtimes together. On the day of the visit, the child ate alone on the sofa, while staff ate separately in the kitchen. The dining table is too small for family meals. This limits communal time together and further isolates the child.

There have been recent improvements to the garden. However, the child does not benefit from a welcoming or homely environment. Their bedroom is not personalised, and areas of the home are institutionalised. For example, there are notices in communal areas. This does not provide the child with a positive sense of belonging.

The child has made two complaints about their care and support while living in the home. Managers have failed to respond to one of the child's complaints. Complaints have not been addressed in line with the home's policy. This failure means the child's voice, views, wishes and feelings are not heard and responded to. Failure to manage

complaints effectively shows weak safeguarding practice and a lack of child-centred care.

Staff have completed safeguarding training and have received additional training to support the child's specific needs. Staff have also received training in behaviour management. Despite this training, staff have not always managed safeguarding concerns effectively. Staff have, on occasion, relied on police involvement to manage behaviour that may challenge. It is not always clear why police involvement was necessary, especially where risks had already been mitigated. This does not ensure effective relation-based behaviour management.

Incident forms have been shared with the regulator; however, requests for updates have not been responded to in a timely way. This could prevent the regulator from monitoring the care being provided and the safety of children promptly.

Leaders have failed to ensure the child receives support to understand and manage their emotions in a more positive way. Incident records do not always reflect child-centred language. When incidences have occurred, staff have limited, proactive or meaningful conversations with the child. External support services that could help the child understand the impact of specific risks have not been explored. This does not adequately support the child or reduce future risks.

The director manages staff rotas, limiting the manager's oversight and accountability. Leaders have failed to ensure the home has sufficient staff to provide safe and effective care. Staff shortages have meant that staff are working across the provider's two homes and are working excessive hours. One staff member worked 11 days consecutively. This practice raises concerns around staff well-being, and safe care of children.

The provider's on-call systems have not been effective, leading to staff and children being unsupported. The responsible individual's physical presence and oversight is limited. There is insufficient scrutiny of the care being provided, incident and behaviour management, staff well-being and quality assurance processes. This limits support and opportunities for staff to learn how to improve their practice. Managers have not identified or fully explored weaknesses in the quality of care for the child.

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

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— 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 effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(v)(vi)(vii)(e)) This specifically relates to the registered person ensuring that identified concerns are recorded and acted on in a timely way. This also relates to children who have gone missing from home having the opportunity to speak with an independent person (a return home interview).	7 October 2025
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. (Regulation 23 (1) (2)(b))	7 October 2025

This specifically relates to the registered person ensuring that written agreement is provided by the health professional for prescribed medication.	
*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 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; demonstrate that practice in the home is informed and improved by taking into account and acting on— feedback on the experiences of children, including complaints received; 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)(d)(f)(g)(ii)(h) This specifically relates to the registered person ensuring the roles and responsibilities of staff are clear, staff being qualified or trained to undertake senior responsibilities, ensuring that correct processes are followed when a child makes a complaint, ensuring the home has sufficient staff to care for children and ensuring the monitoring of all aspects of care and practice.	7 October 2025

The registered person must— keep the statement of purpose under review and, where appropriate, revise it; and notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16 (3)(a)(b)) This specifically relates to the registered person ensuring that the statement of purpose is updated and the information is accurate.	7 October 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; 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; treat each child with dignity and respect; help each child to understand and manage the impact of any experience of abuse or neglect; help each child to develop resilience and skills that prepare the child to return home, to live in a new placement or to live independently as an adult; provide to children living in the home the physical necessities they need in order to live there comfortably; provide to children personal items that are appropriate for their age and understanding; and	7 October 2025

make decisions about the day-to-day arrangements for each child, in accordance with the child's relevant plans, which give the child an appropriate degree of freedom and choice;

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)(a)(b)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(ix)(i)(ii))

This specifically relate to the registered person ensuring children have positive routines and experiences, that staff have the training, understanding and skills to build meaningful relationships with children and to support them with direct work. The registered person should also ensure the home reflects a child friendly environment.

*These requirements are subject to a compliance notice.

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: Amy Martin

Inspectors

Tazim Akhtar, Social Care Inspector

Thirza Smith, Social Care Inspector

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