

2737729

Registered provider: Cannon Children Services Limited

Full 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.

The manager registered with Ofsted in November 2024.

At the time of the inspection, there were no children living in the home.

Inspection dates: 20 and 21 May 2025

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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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: 25 September 2024

Overall judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Recent inspection history

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

Inspection judgements

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

At the time of the inspection, there were no children living in the home. One child had recently moved out, having lived here for two years. The provider gave notice on the child's placement, feeling it could no longer meet their needs.

Communication between the provider and the placing authority was not effective. This prevented a positive and planned move for the child. The child's life journey book, which should have captured key memories from his time at the home, was incomplete. As a result, the child left without the opportunity to reflect on or carry meaningful memories from his time at the home. Managers failed to adequately plan for the child to remain in touch with the staff team, despite having lived here for a significant time. This can impact on a child's ability to reflect on and make sense of their experiences.

The child established a level of stability, routine and the opportunity to develop some meaningful relationships with staff. The child was supported to participate in activities and was encouraged to develop age-appropriate independence skills.

The child's views were regularly captured through children's meetings and reflection diaries. Children can make complaints. When they do, they are taken seriously, and managers investigate these.

Staff supported the child to maintain family relationships. They were supported to visit and call relatives. When safeguarding concerns arose with family time, staff worked with the social worker to implement a safety plan.

Staff work effectively with the wider professional network to support the child's education and health needs. Feedback from school professionals and the placing social worker suggests the child's time at the home had some positive aspects.

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

Staff have completed safeguarding and behaviour management training. However, only three staff have child-specific training to support children with attention deficit hyperactivity disorder and sexualised behaviours. Risk assessments and behaviour support plans provide staff with information about the child's known risks. However, medication risk assessments and care plans for prescribed medication are confusing and lack clarity. Staff have not sought assurances from the prescribing doctor on how to safely administer such medication.

Direct work undertaken with the child focused on risk, behaviour and understanding emotions. While some sessions were well tailored and engaging, others lacked a child-centred approach. Staff adapt materials to meet the child's learning needs, and managers regularly review this work to guide practice.

Changes to family time impacted on the child's emotional health. There was an increase in missing-from-home incidents, verbal and physical assaults on staff, self-harm events and presenting sexualised behaviours. Managers have not challenged the local authority effectively to ensure that missing-from-home interviews have been completed. Risk assessments and behaviour support plans were updated to reflect the changes. However, strategies to reduce risk and safeguarding incidents were not sufficiently considered by managers. When services were delayed, or withdrew support from the child, managers have not challenged or advocated in a timely manner.

Staff did not manage the child's behaviours effectively. Staff report feeling unable to continue providing appropriate care. Staff were not able to gain the child's views following some incidents. This provided limited opportunities for reflection and learning. This also prevented the child's voice from being heard during challenging times.

Staff failed to safely store items in the home. On two occasions, a child accessed an electronic storage device and medication. The incidents were appropriately managed, and the child received medical attention for ingesting the medication. Managers have made changes to policy and procedures to ensure this does not happen again.

Staff have sought specialist help for a child who misuses substances and vapes. Risk assessments were completed about the subject matters to provide staff with advice and guidance. The specialist worker visited the home and spoke to the child associated with drugs and the health implications. Staff also completed a health-focused discussion with the child.

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

The leadership team comprises of a registered manager and a responsible individual. Staff were not present at the time of inspection as no children were living in the home. Despite not being present, staff were able to respond to a feedback request. Staff have provided positive feedback, particularly in relation to the guidance and support from the management team. Staff share they have had safeguarding training and guidance on promoting positive behaviours.

Leaders are aware of the challenges and areas of improvement. However, there is some confusion about roles and responsibilities and who will action such changes. There is no deputy manager, however, staff take on senior tasks without the required level of skill or experience. Key documents, such as the statement of purpose and

workforce development plan, are not reflective and accurate of the current situation regarding training and staff employment.

The home environment, particularly the child's bedroom, did not fully support a sense of belonging or a place of comfort. The wardrobe doors had been removed by the child and had not been replaced. The garden is not a usable safe space. Managers have plans to landscape the garden and decorate the home, recognising this needs to improve.

The manager has some oversight of key events. They evaluate incidents and key-work sessions. However, the manager does not have full oversight of staff training or how to access information on the electronic recording system. The child complained about staff using personal mobile phones during shifts, indicating gaps in staff's professional conduct and management oversight of practice.

Managers encourage regular team meetings. Staff have regular supervision discussions. However, night staff's supervision records do not include reflective discussions about the child. This prevents a thorough understanding of the child's needs.

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 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).	21 August 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))	21 August 2025

This specifically relates to the registered person ensuring 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— 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. (Regulation 13 (1) (2)(a)(c)) This specifically relates to the registered person ensuring the roles and responsibilities of staff are clear. This also relates to staff being qualified or trained to undertake senior responsibilities.	21 August 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.	21 August 2025

Recommendation

- The registered person should ensure that staff provide a nurturing environment that is welcoming, supportive and which provides appropriate boundaries in relation to their behaviour. The home should also meet children's basic day-to-day needs and physical necessities. Staff should seek to meet the child's basic needs in the way that a good parent would, recognising that many children in residential care have experienced environments where these needs have not been consistently met, and doing so is an important aspect of demonstrating that the staff care for the child and value them as an individual. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.7)

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: Amy Martin

Inspectors

Simon Hunter, Social Care Inspector
Tazim Akhtar, Social Care Inspector

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