2752143

Registered provider: Keys Child Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is owned by a large, private provider and offers care for up to five children who may experience social and emotional difficulties or have learning disabilities.

At the time of this inspection, five children were living at the home.

The manager registered with Ofsted when the home opened in January 2024.

Staff at the home are referred to as adults. This is reflected in the report.

Inspection dates: 12 and 13 August 2025

Overall experiences and progress of children and young people, taking into account	**good**
How well children and young people are helped and protected	good
The effectiveness of leaders and managers	good

The children's home provides effective services that meet the requirements for good.

Date of last inspection: 21 August 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
21/08/2024	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Children have close and trusted relationships with adults. Four of the children told the inspector that there are adults who they can talk to at the home. One child did not speak to the inspector but was seen to have close relationships with adults and approach them for support. All the children gave a real sense that this is their home. Throughout the inspection, children approached the adults naturally for hugs or to tell them about their day. Adults demonstrate a nurturing approach towards children, and this is also seen in children's records.

Adults encourage children to be involved in the day-to-day aspects of their lives. Children's views are sought routinely; this helps children to understand and be involved in any changes. Children understand the rules even though they might not agree with them.

All the children have experienced disruption in their education at points. There have been significant periods when children have been out of education. The adults at the home have worked hard to help each child make progress. One child, who has been out of education for 10 years, is now engaging well in work experience. Adults at the home have worked tirelessly to challenge professionals regarding education. Home learning has been implemented, although children sometimes choose not to engage. One child has been supported to remain in their school, which is a considerable distance away from the home. This has provided consistency and safety for the child.

Children's health needs are well supported. Older children are appropriately encouraged to make and attend their health appointments. Children are encouraged to brush their teeth regularly.

Children take part in activities and outings together. One parent explained how being with other children has really helped their child make progress. Children participate in many enjoyable activities, such as having tea at the beach, bowling and going to theme parks and festivals. These activities are captured effectively in memory books, which are largely kept up to date.

Children and adults come together for evening meals. Not all the children eat at the same time, but they will often sit together. A balance of food is offered. Snacks and treats are sometimes allocated in snack boxes to prevent one or two children from eating them all.

Some children have been involved in a 'young inspectors' project and have been carrying out their own inspection of the home. Very few suggestions were made for change. This shows that children are encouraged to express their views about their home.

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

Adults are aware of the risks children face. There is clear guidance for adults on what steps to take to keep children safe. Since the last inspection, the manager has developed one-page safety plans that help adults to quickly see what they need to do. More detailed risk assessments sometimes contain information that is out of date and could be confusing for adults to use.

All children spoken to said that they feel safe at the home. The adults have close relationships with the children. Professionals and parents said that the adults really know the children well and understand them. This helps the adults to keep children safe.

Adults understand and follow the necessary steps to keep children safe. Plans to support children to prevent them from using ligatures are clear, and adults follow these when needed. Adults know the steps to take if children go missing from the home. There has been one incident when a child went missing from the home. Adults followed the safety plans, and the child returned within two hours. The child shared their location with adults, which demonstrates the close relationships they have. Adults were then able to encourage the child to return.

Incidents of restraint have been minimal. Records are generally detailed. Conversations take place with children about restraint. The letters written to children about these incidents capture the reasons why adults have intervened. However, they do not always capture the child's views, which could result in missing valuable learning opportunities.

Some children use vapes. Adults encourage children to cease using vapes by educating them about the health risks involved. However, there is little challenge to the children vaping, and adults lack curiosity about the potential legal ramifications. No plans are in place to help children reduce their use of vapes.

When concerns are raised about adults, they are taken seriously and reported quickly. Outcomes are explained to children. Learning from concerns is shared with the team and the children, and changes are made to practice as necessary.

Two medication errors have occurred. There was no effect on the children as a result. The learning from these errors has led to positive changes in terms of clearer accountability. However, the current system for recording medication is confusing for adults.

Conversations take place with children about their feelings and how to manage them. The home has recently sustained damage, which has sometimes frightened the other children. Adults establish clear boundaries about what is and is not acceptable. Children are given options and resources. When damage occurs, it is promptly repaired. Children are not routinely included in helping repair the damage, which does not help them value their home.

Positive behaviour is promoted. Incentive charts are used, and rewards are earned. Children are encouraged to be kind, and efforts have been made to support children in building positive relationships with one another.

Safer recruitment processes are in place. This enables leaders and managers to make suitable decisions about the adults who work at the home.

The effectiveness of leaders and managers: good

The manager leads by example and has high aspirations for all the children. Feedback from parents and professionals demonstrates that the manager understands all the children well. They advocate strongly for the children in their care. The manager models the high level of care they expect the children to receive from all the adults working at the home.

Adults feel supported in their roles. They feel supported by their team and manager.

Staffing is managed effectively, and no agency staff are used. Children speak about adults being consistent. Close working relationships are in place with professionals working with the children. All professionals and parents spoken to said they are kept informed and updated. They speak of good communication with the home, particularly before children move in.

The manager has good oversight of the care provided and systems in place to review this. Records and team meetings demonstrate this. This helps the adults to provide consistent care. Investigations into concerns about adults' practice take place quickly. The learning is shared with the team and, where appropriate, with the children.

Children's records and risk assessments are highly detailed. Language used in the home can sometimes be outdated. Referring to children in records by the number of their bedroom and use of words like 'shift lead' does not help to create a homely feel. Some records are written in first person when they have not been written by the children. This can be confusing and unhelpful for children reading them.

The home environment is much like a family home. Clear processes are in place for the use of door alarms or sensors. These are only used where there is an assessed need, and discussions take place with children about this.

What does the children's home need to do to improve?
Recommendations

- The registered person should ensure that children are offered advice, support and guidance on health and well-being to enhance and supplement what is provided by their school, in accordance with their individual health plans and the ethos of the home. Adults should have the relevant skills and knowledge to help children understand and, when necessary, work to change negative behaviours in key areas of health and well-being. This specifically involves collaborating with the children to help them reduce their use of vapes and outlining in their plans how the home will support them in doing so. ('Guide to the Children's Homes Regulations, including the quality standards', page 35, paragraph 7.18)
- The registered person should ensure that all adults adhere to Regulation 23. Records for the administration of medication must be clear for all adults. The arrangements for managing, administering and disposing of medication are fundamentally the same as those a good parent would make, but they are subject to additional safeguards. ('Guide to the Children's Homes Regulations, including the quality standards', page 35, paragraph 7.15)
- The registered person should ensure that children's records are 'living documents' and that adults record information in a way that is meaningful to children. ('Guide to the Children's Homes Regulations, including the quality standards', page 58, paragraph 11.19)

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: 2752143

Provision sub-type: Children's home

Registered provider: Keys Child Care Limited

Registered provider address: Maybrook House, Third Floor, Queensway, Halesowen B63 4AH

Responsible individual: Michelle Callard

Registered manager: Coral Pugh

Inspector

Nickie Doney, Social Care Inspector

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