

# 2757947

Registered provider: Positive Independence Ltd

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This is a multi-building setting operated by a private provider. The setting operates across three properties, caring for up to 4 children who may require support with emotional or social difficulties.

The manager registered with Ofsted in May 2024.

At the time of this inspection, 4 children were living across the 3 homes. They were all spoken to.

### Inspection dates: 7 and 8 January 2026

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| <b>Overall experiences and progress of children and young people, taking into account</b> | <b>good</b> |
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|                                                             |      |
|-------------------------------------------------------------|------|
| How well children and young people are helped and protected | good |
|-------------------------------------------------------------|------|

|                                           |                                 |
|-------------------------------------------|---------------------------------|
| The effectiveness of leaders and managers | requires improvement to be good |
|-------------------------------------------|---------------------------------|

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

**Date of last inspection:** 26 February 2025

**Overall judgement at last inspection:** good

**Enforcement action since last inspection:** none

## Recent inspection history

| Inspection date | Inspection type | Inspection judgement |
|-----------------|-----------------|----------------------|
| 26/02/2025      | Full            | Good                 |

## Inspection judgements

### **Overall experiences and progress of children and young people: good**

The 3 homes that form this multi-building registration are subject to continuous renovation and improvement. The adults ensure that the environments are clean, warm and homely. Children's bedrooms are fantastic spaces that reflect their personalities and interests. The organisation has plans to move a child from one home to a new house that is a significant improvement on the current one. The child is involved in the process and is excited about their new room. This process was considered for another home in the multi-building setting but this was not in line with the child's needs or wishes. This was instrumental in the decision not to relocate to that home.

Children's education and learning is a priority across the homes. Children are supported to attend school or alternative provisions that better suit their needs or learning styles. When provisions no longer meet children's needs or they struggle to attend, new ideas and approaches are explored with energy and commitment. Children are advocated for strongly by key staff to ensure they are receiving tailored support and that providers understand their individual needs. The home tutoring for one child has been a success, and the child is on course to achieve qualifications in mathematics and English.

Adults building relationships with children is the foundation to why children make progress living in the homes. There is a positive atmosphere across the homes and children respond positively to this because it is authentic and genuine. Children have meaningful relationships with certain adults, and a youthful and energetic staff team means that they enjoy shared activities and interests. A focus on relationships also provides a platform for important discussions to take place with children about different aspects of their life and care. Children are continually consulted about their care and encouraged to speak up about changes they would like to see.

Adults understand the sometimes complex aspects of different children's family set-ups. Children are supported to build and rebuild relationships that have suffered previous damage. Adults understand the impact that family dynamics can have on children's wellbeing and ensure they are supported when things become more challenging. Setbacks within family dynamics are met with patience and reset and always with the child's needs at the centre of planning for next steps.

Adults support children to improve and maintain good health and wellbeing. There is a strong ethos of fun in the homes that children respond to positively. When children need more intervention emotionally, this is recognised and provided. Children's physical health needs are met. Children who have specific diagnoses and related-health concerns have robust support plans in place. Adults handle personal issues with sensitivity so that children feel more willing to engage with appointments and plans to improve their situation.

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

Children have safety plans in place. Although plans are reviewed regularly to ensure that actions for staff are up to date, there are some key pieces of information missing from those reviews. This has not impacted on children, and the adults know children's risks and how to respond to keep children safe. There are some inconsistencies in how some safety plans are removed when risk reduces. This is not the case for all the children and does not currently impact on them.

Adults have developed an in-depth understanding of children's behaviours. Individual plans reflect careful consideration as to what can trigger behavioural responses from children. Adults understand that children's past and current experiences can be difficult to process. Adults offer consistent and genuine care when children struggle to regulate their emotions. Children are supported to move on from incidents where behaviour has become dangerous or damaging. Adults see the reason behind the behaviour and that is the focus when managing and responding to incidents.

The need for the use of restraint with children is rare. When this has taken place, it has been as a last resort, and adults feel strongly that this is the expected approach. Physical intervention is carried out by adults who have received the appropriate training to hold children safely. Incidents of restraint are thoroughly and carefully recorded. Children are given the opportunity to talk about incidents. Adults are also provided with time to discuss and reflect on incidents. Managers have effective oversight to ensure safe practice and that any intervention carried out was in the best interests and safety of the child.

Children who struggle with substance misuse or managing their emotions are not given up on. The adults instead provide security and love that is consistent and forgiving. Adults focus on supporting the child through the more challenging periods and celebrating when things are positive and safer. The child responds to this approach and relationships with adults are vital to them navigating the impact of their past and current situation.

When children have made allegations against adults, this is managed effectively in line with safeguarding procedures. Professionals are updated and referred to where this is required. There is a lack of recording of when the outcomes of investigations are shared with staff involved and the children raising the initial concern. Managers have stated that this has taken place but that records have not been made.

Children know how to complain or raise concerns when they have been frustrated or unhappy with their care. Children have access to advocacy services and have used them successfully to voice their views. Managers have liaised with these services about those discussions with children. The manager then ensured that time was taken to explore concerns with the child, and the child was happy with the outcome.

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

The multi-building setting is led by an experienced registered manager. There are several changes being proposed within the organisation that involve the registration of these homes and the management structures within. New managers have been appointed, and the registered manager has taken a step back from some of the day-to-day running of the homes. These changes are a work in progress and there has been some impact in terms of the registered manager having effective oversight of practice and management tasks.

Adults receive the required mandatory training as part of their induction and ongoing development. There are shortfalls in more specialised training for staff that are supporting children with certain diagnoses or who have been subject to substance misuse. Staff feel that more bespoke training would provide them with improved skills and experience when supporting children.

Adults feel well supported in the organisation. There is a low turnover of staff because they enjoy working in the homes and are encouraged to develop professionally and aspire for personal progression. However, there are shortfalls in staff receiving the required level of organised supervision. New staff and those on probation are not getting the expected one-to-one time in line with the home's plans. Although there is a successful programme of staff being supported to gain the required qualifications, one staff member's access to this has been delayed due to a lack of confirmation of passing their probation.

Team meetings are taking place and the planning and regularity of these are improving. However, the recording of the content of the meetings is poor and the use of AI tools to do this is not yet streamlined in a way that captures discussions effectively.

Although there are systems in place to ensure that managers follow safe recruitment processes, there is a lack of management oversight for this. Some checks have been missed, with a reference for one staff member not having been sought. The registered manager has not checked these processes before staff have taken up post. This has not impacted on the safety of children.

The use of quality assurance and monitoring of care requires improvement. The registered manager is not involved in this process, and the new managers are still streamlining their preferred methods of oversight. The 6-monthly quality of care review reports do not contain consultation from children about their care or the homes that they live in.

Professionals all speak highly of the homes, adults and managers. They say that adults know the children well and that care is genuine and committed. One professional said: 'The move there was the best thing that could have happened for [name of child].'

Professionals have good working relationships with the adults and trust the organisation, especially when things are more challenging for children.

# 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      |
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| <p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that—</p> <p>helps children aspire to fulfil their potential; and</p> <p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>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;</p> <p>ensure that staff work as a team where appropriate;</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home's workforce provides continuity of care to each child.</p> <p>(Regulation 13 (1)(a)(b) (2)(a)(b)(c)(e))</p> <p>This specifically relates to the registered manager having effective oversight of the homes to ensure that appointed homes managers are carrying out roles effectively.</p> <p>This also relates to staff being supported to access training that provides them with the skills and knowledge to meet specific identified needs of children living in the homes.</p> | 30 April 2026 |

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| <p>The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety.</p> <p>The registered person may only—</p> <p>employ an individual to work at the children's home; or</p> <p>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).</p> <p>The requirements are that—</p> <p>full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2.</p> <p>(Regulation 32 (1) (2)(a)(b) (3)(d))</p> | <p>28 February 2026</p> |
| <p>The registered person must ensure that all employees—</p> <p>undertake appropriate continuing professional development;</p> <p>receive practice-related supervision by a person with appropriate experience; and</p> <p>have their performance and fitness to perform their roles appraised at least once every year.</p> <p>(Regulation 33 (4)(a)(b)(c))</p> <p>This particularly refers to supervision of staff taking place consistently and in line with their progress or probationary period.</p>                                                                                                                                                                                                                                        | <p>31 March 2026</p>    |
| <p>The registered person must complete a review of the quality of care provided for children ("a quality of care review") at least once every 6 months.</p> <p>In order to complete a quality of care review the registered person must establish and maintain a system for monitoring, reviewing and evaluating—</p> <p>the quality of care provided for children;</p>                                                                                                                                                                                                                                                                                                                                                                           | <p>30 April 2026</p>    |

the feedback and opinions of children about the children's home, its facilities and the quality of care they receive in it; and

any actions that the registered person considers necessary in order to improve or maintain the quality of care provided for children.

After completing a quality of care review, the registered person must produce a written report about the quality of care review and the actions which the registered person intends to take as a result of the quality of care review ("the quality of care review report").

The registered person must—

supply to HMCI a copy of the quality of care review report within 28 days of the date on which the quality of care review is completed; and

make a copy of the quality of care review report available on request to a placing authority, if the placing authority is not the parent of a child accommodated in the home.

The system referred to in paragraph (2) must provide for ascertaining and considering the opinions of children, their parents, placing authorities and staff.

(Regulation 45 (1) (2)(a)(b)(c) (3) (4)(a)(b) (5))

This particularly refers to ensuring there are suitable monitoring systems in place and that reports include feedback from children.

## 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:** 2757947

**Provision sub-type:** Children's home

**Registered provider:** Positive Independence Limited

**Responsible individual:** Wayne Brankin

**Registered manager:** Daniel Yates

## Inspectors

Chris Haines, Social Care Inspector

Lorna Walker, Social Care Inspector

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