

2768400

Registered provider: Brooks and Brooks Recruitment Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is a private children's home that provides care for up to three children. The home's statement of purpose states that children living in this home may have a range of social and emotional difficulties.

The manager is suitably experienced and working towards the relevant qualification. She registered when the home became operational in May 2024. The manager is dual registered to manage another of the company's solo placement homes.

There were three children living in the home at the time of the inspection. The inspector spoke with two of the children.

This inspection was brought forward due to several serious safeguarding notifications having been received from the provider.

Inspection dates: 24 and 25 June 2025

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	requires improvement to be good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 12 November 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
12/11/2024	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Children develop trusting relationships with the staff team. They enjoy spending time with staff in the home and out on activities. Social workers and families report that staff do their best to support children through challenges in their lives. Children are provided with a stable place to live and so some children would like to live in the home until adulthood.

When children move into the home, transitions are carefully planned and child focused. Children make progress while living in the home.

Children are in good physical health. They are building relationships slowly with the in-house psychotherapist and have support from staff to access external mental health services. In addition, children use their positive relationships with staff to talk through any worries or anxieties. On one occasion, staff have not followed the guidelines on a child's prescription in terms of the number of days the medication was to be administered. In addition, one child's spare asthma inhaler was not accounted for on a medication record.

Children still experience barriers to their education, which the members of the staff team have been unable to overcome. Children's attendance in formal education remains sporadic or they refuse to attend. This has impacted on children's educational attainment. Small improvements have been made in terms of supporting one child to apply for a range of college courses, and another child engages daily in home education with a tutor. This was a recommendation at the last visit and so it has been escalated to a requirement.

Children are actively involved in shaping their daily routines through the setting of aims and expectations, participation in menu planning, and the use of weekly activity schedules. Regular family time is encouraged and tailored to reflect each child's individual needs and preferences. In preparation for adulthood, children are supported to build their independence through activities such as cooking, cleaning and independent travel, all of which are integrated into their weekly plans.

Children's key-work sessions are tailored to reflect their views and explore a range of relevant topics. These sessions are guided by structured planners to ensure they remain focused and responsive to each child's individual needs. Care plans are written from the child's perspective, embedding their voice and feelings throughout.

"You said, we did" consultations provide children with a meaningful platform to express concerns and make requests related to their care planning.

Transitions out of the home have had a positive impact on children's progress. For example, one child moved to a solo placement within another of the provider's homes, which has led to notable improvements in their development.

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

Children say they are safe living in this home. Staff understand children's risks, and risks for children associated with substance misuse and exploitation have reduced. Children mostly have positive relationships with each other. They try to understand each other's struggles and so there is not a bullying culture in the home.

Staff consistently follow the home's missing-from-care protocols and work proactively to minimise the length of time any child is away. The manager has strengthened oversight of missing-from-home records to ensure that actions taken by staff to locate children are clearly recorded and well sequenced. There have been no incidents of the children currently living in home going missing.

Staff respond appropriately to incidents of self-injury. Children receive timely medical assessments, relevant professionals are informed, and advice is sought from mental health specialists where needed. Regularly scheduled room searches are conducted to promote safety and prevent harm.

Targeted direct work helps children explore their emotions and develop alternative coping mechanisms. Where bedtime has been recognised as a particular trigger, the staff team has implemented structured routines and personalised support to help children feel settled and secure. These strategies are regularly reviewed for their effectiveness and are incorporated into each child's behaviour support plan.

Consequences are rarely used. Staff use their positive relationships to support children to make positive choices and to help them regulate their emotions. Restraint is used as a last resort to prevent children from hurting themselves or others around them. The manager oversees all restraint records and makes recommendations for practice improvements when required.

On one occasion following a serious allegation made by a child, the police were not notified until the local authority designated officer prompted leaders and managers to do so. During the inspection, the manager recognised that acting on behalf of the child and implementing good practice would have been to have notified the police without delay. The provider recognises that this is wider learning for the management team.

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

Leaders' and managers' decision-making in relation to allegation management requires improvement. In one instance, a staff member subject to an allegation by a child was temporarily moved out of the home but returned before the investigation had concluded. Although a risk assessment was completed outlining the terms of their return and direct

work was undertaken with the child, the provider failed to adhere to its own guidance due to staffing pressures placing all involved at potential risk.

On a separate occasion, an on-call manager instructed a staff member to continue their shift following an allegation made against them by a child. This was later addressed by the home's manager through discussions with senior leaders and reflective work with those involved.

Although children are consistently provided with feedback regarding the actions taken and outcomes of their allegations, these discussions are not always recorded in the allegation management documentation. Furthermore, records lack clear timelines and do not consistently document reporting timescales, or the progression of actions taken. As a result, it is not always evident that procedures have been followed.

A requirement in relation to the independent visitor obtaining regular feedback from children, staff and families about children's experiences of living in the home was made at the last inspection. There have been no identified improvements and so the requirement has been restated.

Following a period of leave from her role, the manager has requested additional monitoring to be implemented by the operations manager to help her to implement consistent record-keeping and to develop systems. The operations manager now undertakes bi-weekly audits until the manager is assured that systems are more organised.

The manager understands the children's individual needs, progress and the support they require. She remains focused on driving positive outcomes and has developed a targeted action plan, informed by her review of the quality-of-care report, to enhance the support provided. She is confident in constructively challenging decisions where she believes changes in practice could improve children's life chances.

Staff receive training tailored to the needs and experiences of the children, covering areas such as bereavement, post-traumatic stress disorder, and self-injury. Regular, supervisions provide opportunities for staff to reflect on children's needs and explore their own well-being. Staff report feeling well supported and highlight the manager's effective time management across her two homes. As a result, staff turnover has remained low, with changes occurring only in response to promotion or assessed risk.

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 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; 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)(h)) Leaders' and managers' decision-making in relation to allegation management processes should be improved, specifically relating to decisions about staff continuing to work with the child or remaining on shift. Allegation records should clearly record the reporting timescales and provide a clear timeline of action that has been taken to address the concerns raised. They should also include evidence of discussions had with children as part of the process.	7 August 2025
The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so.	7 August 2025

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; 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; maintain regular contact with each child’s education and training provider, including engaging with the provider and the placing authority to support the child’s education and training and to maximise the child’s achievement; help a child who is excluded from school, or who is of compulsory school age but not attending school, to access educational and training support throughout the period of exclusion or non-attendance and to return to school as soon as possible; help each child to attend education or training in accordance with the expectations in the child’s relevant plans. (Regulation 8 (1) (2)(a)(i)(iii)(iv)(vi)(vii)(x))	
When the independent person is carrying out a visit, the registered person must help the independent person— if they consent, to interview in private such of the children, their parents, relatives and persons working at the home as the independent person requires. (Regulation 44 (2)(a))	7 August 2025

Recommendations

- The registered person should ensure that they seek to involve the local authority and other relevant persons whenever there is a serious concern about a child’s welfare. Specifically, they report any serious allegations that suggest physical assault to the

police without delay. ('Guide to the Children's Homes Regulations, including the quality standards', page 42, paragraph 9.4)

- The registered person should ensure that all medicines are administered in line with a medically approved protocol. Records must be kept of the administration and storage of all medication. ('Guide to the Children's Homes Regulations, including the quality standards', page 35, paragraph 7.15)

Information about this inspection

The inspector has 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: 2768400

Provision sub-type: Children's home

Registered provider: Brooks and Brooks Recruitment Limited

Registered provider address: Hilton Jones Hollinwood Business Centre, Albert Street,
Oldham OL8 3QL

Responsible individual: Junior Brandford

Registered manager: Jade Andrews

Inspector

Cheryl Field, Social Care Inspector

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