2768530

Registered provider: Children to Prosper Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is operated by a private provider and offers care for up to two children with complex needs who require specialist support.

At the time of this inspection, one child was living at the home.

The registered manager left in September 2025.

Inspection dates: 29 and 30 September 2025

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

There are serious and/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 3 June 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
03/06/2024	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Since the last inspection, no children have moved in or out. The child living at the home contributed to the inspection.

There are serious and widespread failings in how well children are helped and protected and the leadership and management of the home. As a result, children's overall experiences and progress are judged to be inadequate.

Staff do not have clear or up-to-date care plans to follow. The current plans do not provide accurate information, particularly in how the child communicates. The child is neurodiverse. There is nothing in care plans about what this means for the child on a day-to-day basis and how they interact. The child's health plan does not provide details of why the child is taking controlled medication. At times, the child is cared for by agency workers who are lone working. None of the staff have received training in neurodiversity or been given effective guidance about how to work with the child. The staff's understanding of neurodiversity is limited. During one key-worker session, the child said that they find certain tasks a challenge due to their neurodiversity. The child said a member of staff had told them they had neurodiverse family members who 'seem to carry out their own independence'. This is shaming and shows a lack of understanding. The child has an independence plan linked to their age which does not take account of their capabilities.

The child has been prescribed medication. An email from the prescriber explainers that the medication is to help the child when they are upset. There was no evidence provided at the inspection to demonstrate that the manager had challenged the practitioner about the email or suggested alternative behaviour management strategies. The staff do not have the training to understand the cause of the child's behaviours. Therefore, the medication is being used instead of effective management guidance and training. This is detrimental to the child's health and well-being.

The child is often left alone, usually in the evening when they have their electronic devices, for up to two hours at a time. Records of key-work sessions do not reflect the child's voice. The manager said that this is not an accurate reflection of events. This means that the child's day-to-day experiences are not well documented or evaluated.

The child is supported with their education. They recently started a course at college, and spend full days there. This is progress for the child. Staff focus on encouraging the child to understand the importance of education. This will help them to have better life chances in the future.

The child's talents and interests are recognised. A piano has been purchased for the child to play, which helps them to feel good about themselves.

The manager has requested support from external agencies. Following an episode of suicidal ideation, the child was referred to mental health services. The staff requested that mental health practitioners visit the home to support the child.

Staff talk about the child with pride. There is a desire to help the child achieve and make progress. The child is spending more time at the home. They prepare food for themselves and take part in activities.

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

Leaders and managers have failed to keep children safe. At an assurance inspection in March 2025 serious and widespread concerns were identified. This was because the staff were not trained in how to prevent significant self-harm. Most of the staff who received that training have since left. The risk assessment for the child has remained the same and the risks are high. The new staff have not had self-harm training. This highlights a very poor understanding of safeguarding children.

The child's risk assessments do not identify significant risks or provide staff with clear strategies to manage these. Consequently, the staff are not equipped with the information that they need to help them to protect the child from harm.

During one incident, the staff left the child alone where they could not see them. The staff could hear the child hurting themselves. However, they did not offer medical attention or put in place extra observations overnight to ensure the child's physical health and welfare. There has been no follow-up with the child about their emotional or mental health. The manager has not identified the significance of this incident and the emerging risks. These risks have not been included in the risk assessment to guide staff and support the child.

There has been a second incident of suicidal ideation. Staff did not respond to the child with a supportive response. There has been no follow-up with the child to demonstrate that the staff are worried about them.

The staff do not support safe internet use. The child has access to a laptop. A remote security system prevents the child from viewing unsafe content. However, the child searches for unsafe and inappropriate content, which is not discussed with them. Conversations do not cover the extent of the concerns or demonstrate appropriate professional curiosity.

The child has not been kept safe from unsafe individuals. There has been one incident when the child was sent a video online. Managers are unsure who sent this and said this 'may have come from a child'. The child remains in touch with the individual who sent the video. There is no risk assessment about this and there has been no referral to the police.

An internet safety risk assessment advises staff to check on the child every 20 minutes when they are using their laptop. Despite this, there are periods of up to two hours when the child has the laptop and is not checked. This demonstrates that staff do not follow the instructions provided to them to keep the child safe.

Records focus on the child's behaviours without trying to understand their mood and how they can be helped with their feelings.

When serious safeguarding incidents occur and staff practice concerns are identified, these are usually dealt with appropriately. As a result, one staff member was dismissed.

Safer recruitment takes place. Appropriate references and overseas checks are requested. This means that individuals are appropriately checked to work at the home.

The effectiveness of leaders and managers: inadequate

At the time of the inspection, the manager was due to leave. The deputy manager was taking over as manager. There has been a poorly planned handover. This does not ensure that the new manager is provided with all the necessary information to successfully make improvements.

Since the last inspection, the home has had three responsible individuals. The first responsible individual left in July 2025. Ofsted was not informed. The second responsible individual left quickly. A third responsible individual is now in post. She is experienced and knowledgeable and understands the shortfalls. She is committed to making improvements to the home.

The home's leaders and managers at the time of this inspection were the same as those at the time of the assurance visit in March 2025, when serious training shortfalls were identified. They have not recognised the seriousness and have been repeated. Leaders and managers have failed to learn from previous mistakes.

The oversight provided by leaders and managers is poor. They have not ensured that staff have been equipped with the knowledge to work with vulnerable children. Most of the staff team have only been in post for six weeks. Despite this, staff are lone working for periods of up to 24 hours. Agency staff are also lone working. One staff member who has lone worked at least twice has not completed any basic training at all, including in safeguarding or first aid. Staff have not been given basic training on how to de-escalate emotional situations, or in therapeutic ways of working. During the inspection, managers ensured that first-aid training was arranged as a matter of urgency.

Additionally, staff have not been had training that is specific to the child's needs, such as self-harm, neurodiversity, internet safety or ligature training. The lack of training is demonstrated in the poor responses to suicidal ideation, self-harm and internet safety. The deputy manager has not had training on neurodiversity.

Staff have not been trained in the therapeutic model. This is not in line with the service described in the statement of purpose. Managers have not identified when staff have not responded therapeutically to children and have not offered any guidance on how to use the therapeutic model. The staff have responded to the child in thoughtless ways, causing the child emotional harm.

Leaders and managers have failed to evaluate incidents effectively. The manager said there are issues with staff understanding appropriate recording. Through her evaluations, the manager has not identified how she is resolving this. She has not ensured that records are accurate.

Leaders and managers have not identified poor practice by individual staff. One staff member had supervision the day after an incident when the child self-harmed. The staff member did not respond appropriately, however, this is not reflected in the record of supervision and feedback provided to the staff member was overly positive. This does not provide staff with an accurate representation of their performance and does not provide them with an opportunity to learn.

Induction for new staff is weak and based on processes rather than practice. The information for new staff, including agency staff, is not up to date. Supervision sessions are not always regular, and do not take place for agency staff. This does not provide staff with opportunities to reflect on their practice.

Leaders and managers have not ensured that the requirements raised at the monitoring visit have been met.

Staff feel supported by the manager and the deputy manager. A social worker has provided positive feedback about the care provided by the home.

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— 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 staff have the experience, qualifications and skills to meet the needs of each child; ensure that the home has sufficient staff to provide care for each child; use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(b) (2)(a)(c)(d)(e)(f)(h)) In particular: implement a system that ensures that children's safeguarding risks and care planning arrangements have full management oversight and professional scrutiny; ensure that all staff have training in first aid, autism, ADHD, ligature, self-harm and internet safety; ensure that all safeguarding, self-harm and significant incidents have full management oversight and professional scrutiny;	16 November 2025

ensure that risk assessments, care plans and other records are updated, and staff have an understanding of the current and emerging needs for the child, to keep them safe. This requirement was raised at the last inspection and is restated.	
*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— assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child; have the skills to identify and act upon signs that a child is at risk of harm; 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; that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(a)(i)(iii)(v)(vi)(b)) In particular: ensure that staff are skilled at recognising safeguarding matters; that managers and staff understand the requirements and expectations in following risk assessments and these contain thorough and up-to-date information about known risks and vulnerabilities; ensure risk assessments provide staff with clear strategies on how to support children and that appropriate action is taken to help reduce risks. This requirement was raised at the last inspection and is restated.	16 November 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; provide personalised care that meets each child's needs, as recorded in the child's relevant plans, taking account of the child's background; 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. (Regulation 6 (1)(a)(b) (2)(a)(b)(i)(ii)(iii)(iv)(vi))	1 December 2025
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— meet each child's behavioural and emotional needs, as set out in the child's relevant plans;	1 December 2025

communicate to each child expectations about the child's behaviour and ensure that the child understands those expectations in accordance with the child's age and understanding; help each child to understand, in a way that is appropriate according to the child's age and understanding, personal, sexual and social relationships, and how those relationships can be supportive or harmful; help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship; understand how children's previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children. (Regulation 11 (1)(a) (2)(a)(i)(v)(vi)(vii)(ix))	
The registered person must— ensure that each employee completes an appropriate induction. The registered person must ensure that all employees— receive practice-related supervision by a person with appropriate experience. (Regulation 33 (1)(a) (4)(b))	16 November 2025
A person may only manage a children's home if— having regard to the size of the home, its statement of purpose, and the number and needs (including any needs arising from any disability) of the children— the person has the appropriate experience, qualification and skills to manage the home effectively and lead the care of children. (Regulation 28 (1)(b)(i))	16 November 2025

*These requirements are subject to a compliance notice.

Recommendation

- The registered person should ensure that, at all times, no more than half the staff on duty at any one time are from an external agency. ('Guide to the Children's Homes Regulations, including the quality standards', page 54, paragraph 10.17)

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: 2768530

Provision sub-type: Children's home

Registered provider: Children to Prosper Limited

Registered provider address: 71 Knowl Piece, Wilbury Way, Hitchin, Hertfordshire SG4 0TY

Responsible individual:

Registered manager: Post vacant

Inspector

Hannah Phillips, Social Care Inspector

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