

2775570

Registered provider: Cornerways Homes

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This privately run home provides care for up to one child with emotional and social difficulties. There were no children living in the home at the time of the inspection.

There has been no registered manager since November 2024. A new manager is in post and Ofsted has received their application to register.

This is the first inspection since the home was registered in August 2024.

Inspection dates: 10 and 11 February 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: not previously inspected

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: none

Inspection judgements

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

The home provides care for one child. Since the home opened, two children have moved into the home. These moves were not successful, and both children left the home as their needs could not be met by staff.

Children's educational progress has not always been good. One child did not receive any informal or formal education opportunities while at the home. Another child moved in during October 2024 and did not have any formal education provided until the middle of January 2025, which took the form of a tutor for three hours a day. Shortly after starting this, the tutor was absent and a replacement was not provided. The child then moved out. Before the tutor started, there is no evidence of learning activities that the child completed or how these were evaluated. Leaders and managers have failed to challenge the local authority and education partners to provide education. This limits children's educational attainment.

Staff are not providing the therapeutic service described in the statement of purpose. The psychological support and assessments from a specialist service are not always provided in the timeframe described. As this support and guidance were not being provided, care plans could not inform staff appropriately. Records show that this influenced children's care. The staff were not always able to think and write about children in ways that reflected the trauma they had experienced in their early life. This is misleading for commissioners who are seeking homes for children.

Both children had diagnoses of neurodiversity and complex needs, which were described in their referral documents and mentioned briefly in care plans. Clear information for staff on what this meant for the children in their day-to-day lives was not stated in care plans. Staff spoken to were not aware of the children's diagnoses. This meant that staff were not helped to understand how the children experienced their world and processed information, or the best way to communicate with them.

Staff supported both children to be active. The children were given access to several outdoor activities, including regular visits to a skate park, going fishing and soft play. Children spent large amounts of time outdoors and staff enjoyed spending time with them.

Staff helped children to see people who were important to them. One child was supported to spend regular time with his family. Another child made friends at a local youth club. This is especially important as there were no other significant others in the child's life.

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

Both children had experienced significant trauma in their early lives. The children had diagnoses of neurodiversity and other complex needs. Risk assessments failed to provide staff with adequate guidance on how these experiences relate to children's behaviours or how to respond therapeutically to a crisis. This meant that staff struggled to de-escalate children's behaviour. On one occasion, this resulted in a child being handcuffed, arrested and held in a police cell. Managers recognised that staff could not cope. As a result, both children had to move after a short time. This adds to the lack of permanency and stability that children have already experienced.

Staff were not attuned to children's feelings. Following restraints, incidents and allegations, staff have not recognised children's distress. This does not provide good examples of staff being reflective and accountable. This is particularly important to children who struggle to make links between cause and effect. Staff have restrained children on numerous occasions for their safety. On occasions, agency staff were involved in the restraints; however, there is no evidence that agency staff were trained to use restraint. There was no risk assessment to consider how the lack of training might affect the safety of children and staff. An allegation was made following one restraint that involved agency staff. Details of the allegation were passed to safeguarding partners and the social worker; however, details about the lack of training were not included. This failure to be transparent puts limitations on decision-making by safeguarding agencies.

Some staff have not reported allegations in a timely manner. During the inspection, it was identified that a child had made an allegation to a staff member about another member of staff. The staff member had not dealt with this at the time and brought this up in a supervision session with the deputy manager the next day. Managers explored this during the inspection. There was no evidence that the deputy manager or the member of staff who reported it, had made any record of the allegation. This meant that the allegation was not reported or investigated. When leaders and managers have been aware of poor practice, they have responded quickly. This has resulted in a staff dismissal and termination of probation.

Both children had risks of self-harm, which included ligature risk. Risk assessments acknowledged the risk, and ligature cutters were purchased. However, the staff did not receive training on how to use ligature cutters. This has the potential to cause further, unintentional difficulties in managing self-harm incidents.

Staff responded to children being missing from home well. Staff recognised the risks posed to children from the local area. Children were reported to police when required and staff followed children. The staff made every effort to keep children safe when they were away from staff.

The fire risk assessment is in date and the actions demonstrate an active understanding of fire safety.

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

At the time of the inspection, there was no registered manager in post. When the home opened, senior leaders identified managerial problems, resulting in the manager being dismissed. The deputy manager has recently left the organisation. Several issues identified at the inspection relate to this period.

Since the home registered, there is only one staff member remaining from the original team. To provide adequate staffing, regular agency staff have been used. On one occasion, a child explained to staff that he found a particular day difficult as there were no core staff at the house. Managers have recognised that the use of agency staff may have contributed to the children being unsettled.

The children both had complex needs and neurodiversity. Referral documents identify that the children required therapeutic care from trauma-informed staff. Some staff have not received training in these areas. This means that staff did not have the knowledge to assimilate a trauma-informed approach into their practice and were not able to communicate and help children to heal.

Staff supervision sessions have not always been regular. When they have taken place, there has been minimal attention to the children's risks and complex behaviours. Supervision sessions have not always followed the reflective process set out in the statement of purpose. Therefore, staff have not had an appropriate space to explore the meaning of children's behaviour and what the underlying reasons for it are.

A new manager has been appointed. She is keen to make the necessary changes to the home and has already started to implement these. In particular, she has begun to embed a culture of staff reflecting with children when they make mistakes. This encourages staff to take ownership of their decisions, and is meaningful for children.

Leaders and managers have reflected on what has happened. To increase staff stability in the future, the interview process has developed to better test for staff resilience and understanding of the role. Alongside this, the induction process has increased in duration and includes more meaningful content to fully equip new staff with the knowledge and expectations of the role.

Staff feel supported by leaders and the new manager. They described managers as always being available.

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— 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; 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 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)(v)(vi)(b)) In particular, ensure that risk assessments include clear guidance and instructions on how to manage risks and de-escalate crisis episodes, taking into account neurodiversity, and include specific therapeutic interventions. Ensure that staff receive appropriate training in the safe use of ligature cutters or any other devices needed to keep children safe. Ensure that all staff have received training on how to safely restrain children, especially where the risk of restraint is high. Ensure that the safeguarding procedure for managing allegations is embedded in all staff practice.	30 March 2025

Ensure that staff take responsibility for their contribution to how children feel and understand why this is important.	
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; 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; ensure that the home's workforce provides continuity of care to each child; understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home; 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)(c)(d)(e)(f)(h)) In particular, ensure that the service provided by staff is in line with the statement of purpose, including reflective supervision and comprehensive therapeutic interventions provided by an external service. Ensure that therapeutic consultations, advice, assessments and reports are integrated into care plans and risk assessments and that staff understand these.	30 March 2025

Ensure that staff receive training that reflects the individual needs of children, such as neurodiversity and other complex needs. Ensure that referral information is fully evaluated so that children's needs are assessed properly against the resources available.	
The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. 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; promote opportunities for each child to learn informally; 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)(v)(viii)(x)) Ensure that effective challenge is made to education partners where there is a lack of educational placements or plans for children. Ensure that when children are not in education there is a comprehensive plan of learning and records show what the child has completed in order to assess their progress.	30 March 2025

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: 2775570

Provision sub-type: Children's home

Registered provider: Cornerways Homes

Registered provider address: Cornerways Homes, 34 Bancroft, Hitchin SG5 1LA

Responsible individual: Melissa Mathews

Registered manager: Post vacant

Inspector

Hannah Phillips, Social Care Inspector

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