

2784147

Registered provider: Oasis Midlands Limited

Assurance inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and provides care for up to 3 children with social and emotional difficulties. The home was registered with Ofsted in December 2024.

The manager registered with Ofsted in October 2024.

Two children live at the home, and both were present during the visit and spoke with the inspector.

Inspection date: 15 January 2026

Date of last inspection: 14 July 2025

Judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Information about this inspection

At these inspections, the inspector evaluated:

- the care of children
- the safety of children
- the effectiveness of leaders and managers.

Inspectors have looked closely at the experiences and progress of children, using the social care common inspection framework. This assurance 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'.

Findings from the inspection

We did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance inspection.

There has been an increase in incidents over recent months. The 2 children living in the home experience periods of heightened emotional distress, which lead to frequent episodes of behaviour that place them and others at risk of harm. These incidents include damage to property, verbal and physical aggression towards staff and, on occasions, behaviour that has required police involvement to manage immediate risks.

Despite the need to request police support, managers and staff advocate effectively to ensure that the children are not unnecessarily criminalised, and restorative approaches are prioritised wherever possible. Police involvement has been appropriate given the level of risk posed to the children, staff and the environment. These incidents have also contributed to an increase in situations requiring physical intervention due to the severity and immediacy of the risks presented.

Physical interventions are used proportionately and only when necessary to prevent harm. Staff implement de-escalation strategies that are consistent with the children's individual positive behaviour support plans. The quality of incident recording has improved and now aligns with regulatory requirements. Children are offered opportunities to reflect following incidents. When they do not initially engage, staff make further attempts to support reflection and encourage them to share any concerns.

Reflective conversations with children are generally therapeutic in nature. However, on some occasions, opportunities were missed when children shared important insight into their triggers, and this information was not added to their positive behaviour support plans. This reduces staff's ability to anticipate patterns of behaviour and to support the children more effectively. In a small number of cases, the language used during reflective discussions risked creating feelings of blame or shame. This is inconsistent with the home's therapeutic approach and has the potential to impact negatively on children's emotional safety.

Staff are supported to reflect following incidents. However, this is often undertaken in group settings rather than individually. This limits opportunities for confidential safeguarding reflection and may reduce staff confidence in raising concerns about practice. In one serious incident, staff and managers did not have the opportunity to reflect until a number of days after the event. This delay weakens the effectiveness of learning, emotional support and timely adjustments to practice following high-risk incidents.

Managers and leaders have oversight of all incidents. However, evaluations are often descriptive and do not consistently analyse triggers, children's emotional needs or

patterns of behaviour. For example, one child has experienced multiple physical interventions in their bedroom. While managers recognise the tension that staff experience and acknowledge that guiding the child to their bedroom can support quicker regulation, evaluations have not sufficiently explored the frequency of these incidents or identified strategies to reduce reliance on this approach. This lack of analytical oversight risks normalising restrictive practice and may undermine the child's perception of their bedroom as a safe and secure space.

When children go missing from the home, staff mostly follow the missing-from-care protocols and take action to locate them. However, during one incident, staff lost sight of a child for approximately 40 minutes before contacting the police. This was against the guidance provided within safety plans to contact the police immediately. Given the child's age and vulnerability, such delays significantly increased the risk of harm and reduced opportunities for timely, protective action.

When children share concerns or make allegations about staff practice, managers take timely and protective action, including removing staff from the home when required. Appropriate notifications are made to the local authority, the designated safeguarding officer and Ofsted, and children are spoken to and supported throughout the process. This responsive approach promotes a culture in which children's voices are prioritised and safeguarding concerns are taken seriously.

Managers are taking steps to strengthen therapeutic practice through trauma-informed training, reflective discussions, clinical supervision and regular consultation with the home's clinical lead. While these actions are appropriate, their impact on reducing the frequency of restraint is not yet consistently evident. Although there are early indications of a decrease in incidents, the continued use of restraint in children's bedrooms requires further scrutiny to ensure that practice moves more consistently towards less restrictive and more therapeutic approaches.

Only the requirements raised at the full inspection were reviewed during this visit.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
14/07/2025	Full	Requires improvement to be good

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; 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)(f)(h)) In particular, the registered person must ensure that post-incident evaluations provide sufficient analysis to inform and improve behaviour management practice and reduce the risk of incidents recurring. This includes ensuring that staff follow missing-from-care protocols consistently and that children's views about how they wish to be supported are clearly recorded in their positive behaviour support plans.	1 March 2026
The registered person must ensure that— within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")— has spoken to the user about the measure; and has signed the record to confirm it is accurate. (Regulation 35 (3)(b)(i)(ii))	1 March 2026

This specifically relates to the provider ensuring that staff and managers involved in physical intervention are consulted and given the opportunity to discuss the incident and reflect on their wellbeing and practice within 48 hours of the incident occurring.

Recommendation

- The registered person must ensure that staff consistently promote positive behaviour using strategies that are aligned with each child's relevant plans. This specifically includes the use of therapeutic and trauma-informed language that supports children to reflect on their behaviour in an empowered way, rather than experiencing shame or guilt. ('Guide to the Children's Homes Regulations, including the quality standards', page 39, paragraph 8.13)

Children's home details

Unique reference number: 2784147

Provision sub-type: Children's home

Registered provider: Oasis Midlands Limited

Responsible individual: Andrew Pearsall

Registered manager: Lenneah Thomas

Inspector

Nateisha Cardoza-Evans, Social Care Inspector

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