

2784684

Registered provider: Action for Children

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is registered to provide care for up to 6 children who have physical and learning disabilities.

There were 6 children in the home at the time of inspection.

The home was registered with Ofsted in March 2024.

An interim manager has been covering the registered manager's maternity leave since October 2025.

Inspection dates: 3 and 4 March 2026

Overall experiences and progress of children and young people, taking into account

requires improvement to be good

How well children and young people are helped and protected

requires improvement to be good

The effectiveness of leaders and managers

requires improvement to be good

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: 30 July 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none



Recent inspection history

Inspection date	Inspection type	Inspection judgement
30/07/2024	Full	Good

Inspection judgements

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

Since the last inspection, the quality of care provided to meet children's needs has declined. Several requirements and recommendations were identified for safeguarding and leadership practice during this inspection. There have been management changes that have contributed to this decline. An interim manager is currently covering a period of maternity leave at the home.

Although staff are nurturing and committed to providing children with stability, routine and a sense of permanence, they do not consistently recognise or respond to the impact that safeguarding concerns have on children's experiences and outcomes. Information shared by children and the content of key-work sessions are not routinely explored or followed up. Consequently, staff do not develop a clear understanding of the children's wider developmental needs, which limits their ability to provide well-informed and effective support.

Children are encouraged and supported to build positive relationships with each other. They enjoy a range of activities together in the home, the community and on holidays, supported by well-considered risk assessments. These activities help the children to feel safe, build friendships and have fun.

Staff attend health appointments consistently and provide appropriate support to ensure that children receive the medical care they require. However, the recording of some children's health information is inconsistent, which reduces the reliability and accuracy of health monitoring.

Staff provide effective support for children's education and individual learning needs. One child, for example, has made progress in verbal communication due to consistent interaction, encouragement and patience from staff.

Children's voices are heard when planning for meals and activities through house meetings, and staff support the children to express their wishes and feelings through pictures and artwork. This is an area of good practice and contributes to children feeling valued.

However, the team does not yet have training in some specialist communication approaches. This limits staff's ability to fully meet the needs of children who rely on alternative communication methods.

Children's transitions are managed well, both when they arrive at the home and when they move on to new arrangements. Each transition is managed with diligence and care, ensuring that children's individual needs are prioritised. Recently, one child moved to their parents' care abroad. Staff meticulously planned the travel

arrangements and accompanied the child, ensuring that the child settled safely in their parents' care.

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

While staff demonstrate confidence in completing individual risk assessments before taking children out in the community, they are less confident when responding to risk-taking behaviours. This reduces their ability to manage more complex or escalating situations effectively.

Restraints are used only when necessary to protect children. However, a significant incident occurred in a hospital setting, during which a child was highly distressed and sustained injuries. Staff were not confident in recording and reporting the incident and were unable to provide an accurate, chronological account of events. As a result, opportunities for reflection, learning and improvement were lost, and staff practice was not strengthened. The event highlighted substantial gaps in staff's safeguarding knowledge and practice. Furthermore, there is currently no effective system in place to guide staff in safeguarding procedures, decision-making or post-incident review. This lack of structure considerably reduces the home's capacity to ensure that safeguarding practice is robust, consistent and aligned with statutory expectations.

Behaviour management practice is not always appropriate or aligned with the home's statement of purpose. Although the manager has reviewed this practice and has begun to implement changes, staff still require clearer guidance to ensure that any consequences used are proportionate, appropriate and supportive, rather than punitive. Records do not clearly outline the behaviour of concern, the rationale for any consequence applied, who authorised or implemented it and what follow-up actions were taken. Children's views are not routinely sought to ensure their feedback informs staff practice, promotes reflection and supports learning. While one-off key-work sessions are completed, these are not consistently followed up or triangulated with the child's care plan. As a result, opportunities for meaningful learning and behaviour-change work are missed, and staff are not embedding a coherent or therapeutic approach.

Work relating to identity and emotional wellbeing lacks structure and consistency. For one child, the manager made an initial enquiry with a sexual identity support service in November 2025, but this was not recorded in the chronology or case notes and no significant progress has been made. Information is scattered across multiple locations, and there is no system in place to ensure follow up. This gap in practice only came to light during the inspection. The delay leaves the child without the structured support needed to promote their emotional wellbeing and identity development.

Children who self-harm are monitored, and staff seek advice from external agencies. However, when external support is insufficient or delayed, staff do not challenge this effectively or advocate robustly on the child's behalf. As a result, no structured

support plan is in place to help the child understand or manage their self-harming behaviour. This lack of professional curiosity and advocacy represents a missed opportunity for early intervention and reduction of risk.

Investigations into staff conduct are undertaken when concerns arise. However, staff are not informed when an investigation has been concluded. As a result, outcomes are not discussed in supervision, and opportunities for reflection, accountability and learning are missed. This limits the manager's ability to embed improvements into practice and strengthen safeguarding culture.

Documentation relating to one investigation was dispersed across multiple locations rather than being held together as a single, complete record. Although the manager was ultimately able to retrieve all relevant documents, this process highlighted significant weaknesses in the home's systems for storing, organising and maintaining safeguarding information. Such inconsistencies present risks to transparency, auditing and effective oversight of staff conduct concerns.

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

The newly appointed interim manager, who is covering the role during the previous manager's maternity leave, is not familiar with the service's existing requirement and recommendations from the previous inspection.

Feedback from parents is mixed. While parents reported that their children are cared for and nurtured, they also expressed concerns about the quality and consistency of communication from the home.

Additionally, feedback from external agencies is mixed. Professionals reported that children are cared for and spoken of warmly by staff. However, they expressed concern about the home's inconsistent communication and weak recording practices. The lack of timely information limits collaborative working, highlighting the need for improved information-sharing systems and more robust management oversight, to ensure that practice is consistent and meets regulatory standards.

There are missed opportunities for children to understand the work being completed with them and to track their own progress. Letters to children are inconsistent in quality and frequency, and key-work sessions are written from the staff's perspective rather than being addressed directly to the child. This approach limits the value of these documents as reflective tools and reduces children's ability to engage meaningfully with their plans. As a result, children are not supported to build insight into their experiences, recognise their achievements or contribute to their ongoing development.

Staff receive regular supervision and attend team meetings; however, these forums are not reflective in nature. Opportunities to discuss learning from incidents, review practice and identify areas for improvement are not being used effectively. As a

result, staff are not supported to develop their skills, deepen their understanding or embed learning into day-to-day practice.

The organisation of staffing, particularly in relation to shift leadership, delegation of senior responsibilities and management oversight, is disorganised. Tasks are completed by different staff members without a clear structure or coordinated approach, resulting in inconsistencies and gaps in practice.

The manager recognises these concerns, and training is due to take place for the management team. However, weaknesses remain in safeguarding, the provision of guidance on recording and a defined operational framework to ensure that staff are equipped to provide safe, consistent and accountable support. Weaknesses in these areas mean that team coordination is not fully effective and limits the quality of care provided to 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
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 work as a team where appropriate; 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; demonstrate that practice in the home is informed and improved by taking into account and acting on— research and developments in relation to the ways in which the needs of children are best met; and	20 July 2026

feedback on the experiences of children, including complaints received; and 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)(b)(c)(d)(e)(f)(g)(i)(ii)(h))	
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; help each child to understand how to keep safe; 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; and are familiar with, and act in accordance with, the home's child protection policies; that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(v)(vi)(vii)(e))	20 June 2026
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— 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;	20 July 2026

help each child to develop socially aware behaviour; encourage each child to take responsibility for the child's behaviour, in accordance with the child's age and understanding; help each child to develop and practise skills to resolve conflicts positively and without harm to anyone; 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; are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same. (Regulation 11 (1) (2)(a)(i)(ii)(iii)(iv)(v)(vi)(x))	
In meeting the quality standards, the registered person must, and must ensure that staff— seek to involve each child's placing authority effectively in the child's care, in accordance with the child's relevant plans; seek to secure the input and services required to meet each child's needs; if the registered person considers, or staff consider, a placing authority's or a relevant person's performance or response to be inadequate in relation to their role, challenge the placing authority or the relevant person to seek to ensure that each child's needs are met in accordance with the child's relevant plans; and seek to develop and maintain effective professional relationships with such persons, bodies or organisations as the registered person considers appropriate having regard to the range of needs of children for whom it is intended that the children's home is to provide care and accommodation.	20 July 2026

(Regulation 5 (a)(b)(c)(d))	
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Recommendations

- The registered person should ensure that staff are enabled to reflect and consider learning when they have been involved in incidents in the home. ('Guide to the Children's Homes Regulations, including the quality standards', page 39, paragraph 8.15)
- The registered person should ensure that the recordings of key-work sessions are purposeful, evaluative and non-stigmatising, so that they are helpful to a child. Children should have additional resources and opportunities; specifically, staff should follow up any further needs identified in key-work sessions. ('Guide to the Children's Homes Regulations, including the quality standards', page 52, paragraph 10.4 and page 62, paragraph 14.4)

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: 2784684

Provision sub-type: Children's home

Registered provider: Action for Children

Registered provider address: 3 The Boulevard, Ascot Road Watford WD18 8AG

Responsible individual: Claire Cahill

Managers: Nicola Curtis, Daniel James

Inspector

Shaheda Dhandia, Social Care Inspector

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