

2787325

Registered provider: Solid Global Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is registered to care for one child with social and emotional difficulties and/or learning disabilities and mental health needs.

The manager and home registered with Ofsted in October 2024. This was the home's first inspection since registration. The manager is undertaking a level 5 diploma in leadership and management.

Inspection dates: 9 and 10 April 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	requires improvement to be good
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The effectiveness of leaders and managers	good
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The children's home provides effective services that meet the requirements for good.

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: good

At the time of this inspection, one child was living at the home. The child was seen and spoken to. The registered manager was not available during this visit due to being on holiday. The deputy manager facilitated the inspection.

The child's move to the home was well planned. Staff visited and spent time with the child in their previous placement, getting to know the child and helping the child to become familiar with the staff team. As a result, the child has settled quickly and started to make progress.

Staff have begun to form positive relationships with the child. The child is now asking for staff by their names and, on occasions, seeking out certain staff. The child was previously described as non-verbal. Now, the child is having full conversations with staff and other professionals involved in their care.

As the child becomes more settled, they are expressing their views much more, telling staff about their likes and dislikes. Staff have found out what the child's favourite colour is and that they like football and basketball. Staff now encourage visits to the local park to play football and basketball.

Staff make sure that the child does not miss out on important events. At Christmas, the child received presents and engaged in local festive events and activities. For their birthday, staff planned a party at the house, which included party food, cake and a bouncy castle. The child's family and all the staff attended.

A strength of this home is the multi-agency working. The child receives support from an art therapist and psychologist. Both support the child to explore their feelings and help with strategies when the child is struggling with their emotions.

When there are changes to the child's presentation, staff consult with professionals to consider how to support the child. Staff use monitoring charts so that they can identify the reasons for those changes. Professionals have made changes to the child's medication and staff have introduced rewards. These changes have been effective in reducing some health-related incidents for the child.

The child is not attending school. However, they do have a home tutor and this arrangement is going well. Staff support learning through activities and help the child to become more independent.

Feedback from the child's family and professionals is positive. All feel that the child is making progress and flourishing.

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

The child needs high levels of staffing to keep them safe. Staff are getting to know the child, understand the triggers for their behaviours and develop strategies to support the child when they are struggling with their emotions.

On occasions, staff have needed to use physical intervention to keep the child safe. In addition, staff use pro re nata (PRN) medication. A medical practitioner prescribes PRN medication to use when the child is struggling with their emotions. However, staff do not have clear written guidance as to when to use this medication and do not record this as a measure of control, in line with regulations. As a result, the use of PRN medication does not have sufficient oversight or scrutiny as to the appropriateness of its use.

Due to the risks associated with the child's vulnerability and risks from the child's behaviours, some areas of the home have been restricted. This includes staff locking the kitchen door to prevent the child accessing it, and the lounge can be locked if needed. External doors to the home are also locked. Agreements for these restrictions are in place. However, there is overuse in the locking of the kitchen and no clear guidance or recent review of the other restrictions.

The manager has put star-type locks onto the lounge and kitchen doors. These pose a risk if locked when someone is in the room. The person would not be able to get out of that room without someone unlocking it from the outside.

The child receives a variety of medication, which is administered by staff. There have not been any errors in their administration. There have been some recording errors, which the manager identified promptly and addressed with staff.

The child has access to online games machines and a mobile phone. Staff closely check these to make sure that the child is kept safe while online.

The effectiveness of leaders and managers: good

The home's deputy manager supported this inspection. She is knowledgeable about the child and the home. She demonstrates well the staff's commitment in making sure that the child has opportunities to express their views and have equal access to the community and education.

There have been some changes to staffing at the home. Leaders have considered the needs of the child and looked at the skills of staff, gender and culture. These changes mean that there are more experienced staff working at the home, meaning that the child is cared for by a culturally diverse staff team. This includes at least one male worker each day to help the child with their personal care.

Staff say that they are well supported by the manager. All staff spoke of her commitment to the home and the support she gives to them.

Staff receive a variety of training, which includes them accessing an autism learning course from a university provider. In addition, staff receive learning support from an art therapist and psychologist.

Staff attend monthly reflective sessions with the psychologist, which have helped staff to better understand the child's needs and how to support the child. However, the staff training matrix does not reflect all the learning that staff are undertaking.

The manager and responsible individual monitor the home and undertake audits. When shortfalls are found, improvements are made. These have included replacing the bath for a walk-in shower because it better met the child's needs. However, as part of the monitoring, leaders had not picked up that staff were not signing updated plans promptly to show they had read and understood the most up-to-date information.

The home's statement of purpose is not the version agreed at registration and does not have details of the needs of children the home will care for. When the manager has reviewed it, this omission has not been rectified and the updated version has not been sent to the regulator. As a result, the statement of purpose is not clear as to the needs of children who will live in the home, and the regulator is not able to check this against the agreed registration.

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 health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— achieve the health and well-being outcomes that are recorded in the child's relevant plans. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(ii)(iii)(iv)) This relates to having plans which tell staff when to give a child pro re nata medication.	23 May 2025
The registered person must ensure that— within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes— the name of the child; details of the child's behaviour leading to the use of the measure; the date, time and location of the use of the measure; a description of the measure and its duration;	23 May 2025

details of any methods used or steps taken to avoid the need to use the measure; the name of the person who used the measure ("the user"), and of any other person present when the measure was used; the effectiveness and any consequences of the use of the measure; and a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure; 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; and within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c)(iv)) This relates to staff ensuring that they record each time that pro re nata medication is used, as this is a chemical restraint.	
The registered person must ensure that— the privacy of children is appropriately protected; children can access all appropriate areas of the children's home's premises; and any limitation placed on a child's privacy or access to any area of the home's premises— is intended to safeguard each child accommodated in the home; is necessary and proportionate; is kept under review and, if necessary, revised; and allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. (Regulation 21 (a)(b)(c)(i)(ii)(iv))	23 May 2025

This is in relation to reviewing the practice of locking doors to prevent access to the outside of the home, kitchen and lounge. In addition, ensure that star locks on the kitchen and lounge doors are removed.	
The registered person must compile in relation to the children's home a statement ("the statement of purpose") which covers the matters listed in Schedule 1. The registered person must— keep the statement of purpose under review and, where appropriate, revise it; and notify HMCI of any revisions and send HMCI a copy of the revised statement within 28 days of the revision. (Regulation 16 (1) (3)(a)(b)) In particular, the provider must ensure that the statement of purpose has the details of the range of children who the home will care for, and the manager must ensure that they send revised copies of the statement of purpose to the regulator.	23 May 2025

Recommendations

- The registered person should have a workforce plan that can fulfil the workforce related requirements of regulation 16, schedule 1 (paragraphs 19 and 20). The plan should be updated to include any new training and qualifications completed by staff while working at the home and used to record the ongoing training and continuing professional development needs of staff, including the home's manager. ('Guide to the Children's Homes Regulations, including the quality standards', page 53, paragraph 10.8)
- The registered person is responsible for leading a team that provides high-quality care for all children living in the home. Specifically, the registered person must make sure that staff have read and understood the most up-to-date information about the child promptly. ('Guide to the Children's Homes Regulations, including the quality standards', page 52, paragraph 10.4)

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: 2787325

Provision sub-type: Children's home

Registered provider: Solid Global Limited

Registered provider address: 8 Astor House, 282 Lichfield Road, Sutton Coldfield B74 2UG

Responsible individual: Octovus Muchemenye

Registered manager: Clare Glover

Inspector

Debbie Bond, Social Care Inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

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