2788296

Registered provider: Woodleigh Healthcare Children Services Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home registered with Ofsted in May 2024 and is privately operated. It provides care for up to two children with learning disabilities.

At the time of this inspection, one child was living at the home. The child moved into the home on 8 January 2025. No other children have lived at the home since registration.

The manager is registered with Ofsted.

Inspection dates: 19 and 20 February 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 and the care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: not previously inspected

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: not applicable

Inspection judgements

Overall experiences and progress of children and young people: inadequate

The child's views were sought during this inspection.

The overall care of the child is compromised by inexperienced staff, poor safeguarding practices, and ineffective management oversight. As a result, the child's overall experiences have been adversely affected.

Staff failed to contact emergency services when the child had a suspected absence seizure, lasting approximately 26 minutes. Staff did not implement additional monitoring of the child following the seizure, which potentially placed the child at risk of harm. The manager did not identify the impact of this delay in providing prompt healthcare to the child. As a result, the child was placed at increased risk of harm should they have become unwell again. Additionally, this information was not shared with the relevant professionals.

Staff have failed to provide healthy and well-balanced meals for the child. This is despite the child having known health conditions. Although a menu is created each week, this is not followed. Alternative processed and takeaway fast food has frequently been provided. This does not support the child to have a healthy lifestyle and promote their health and well-being.

The child is supported to engage in activities in the home. However, the child has very limited opportunities to engage in activities away from the home. This is because managers have not implemented plans and assessments to manage staff anxieties around supporting the child in the community. This does not support the child to have varied opportunities to help improve their confidence and enhance their social engagement.

Managers have not implemented a care plan for the child. As a result, staff were not aware of all the child's cultural needs; therefore, not all of these have been met.

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

The staff team is relatively new and underdeveloped in caring for children with complex needs and behaviours that can challenge. As a result, staff have struggled to manage the child's behaviour. The child does not have a behaviour support plan, which weakens staff's understanding of the child's needs and places the child at increased risk of harm. For example, despite the child requiring support from three members of staff, they were not directly supervised by staff for 38 minutes on one occasion. Staff monitored the child's behaviour from behind a closed door.

Managers have failed to implement risk assessments and plans for the child, despite the child living at the home for six weeks. This means that staff are not equipped with the

skills and knowledge to respond to the child's emotional and behavioural needs during stressful times and have limited guidance on what they must do to keep the child safe.

The child's medication has not always been administered in line with the prescriber's instructions. The child has frequently been administered 'when required' pain relief with no management oversight. Managers have not identified that, on 16 occasions, the dose administered to the child has been double the prescriber's instructions.

Staff are not aware of the action they must take in the event of the child going missing from care. Furthermore, managers have failed to implement a missing-from-care protocol. There is no current guidance for staff that details how to respond if the child goes missing and the steps staff should take to keep the child safe.

Staff recruitment procedures do not safeguard children. Managers have not consistently implemented safer recruitment checks for staff. For example, one member of staff does not have an up-to-date Disclosure and Barring Service check or previous employment references. Consequently, increased safeguards in relation to the vetting of staff are not in place.

Management oversight of incidents of physical restraint is poor. Managers have failed to identify shortfalls in staff care practice, resulting in this approach continuing. The child has not received debriefs following incidents of restraint. This prevents the child's views and wishes from being heard.

The effectiveness of leaders and managers: inadequate

The home is led by a new manager, who registered with Ofsted in May 2024. There has been a lack of management oversight of the home, and senior leaders have not provided sufficient scrutiny or support to enable the new manager to develop in their role. Quality assurance processes have failed to ensure that necessary improvements are made. As a result, children have not been provided with care in line with the home's statement of purpose.

Monitoring and review systems are ineffective. Leaders and managers have not addressed several shortfalls in care practice. For example, risk assessments and behaviour support plans have not been implemented for the child, physical restraint records lack scrutiny and have not identified shortfalls in practice, a medical emergency was not responded to for 18 days, and managers have not ensured that the child's cultural needs are met. These shortfalls have the capacity to negatively impact on children's experiences.

Staff do not have the required training to meet the child's specific needs. For example, the team has not received training in the Picture Exchange Communication System or Makaton, despite the child being nonverbal. This lack of training prevents the child's voice from being fully heard because not all staff understand the child's communication methods.

Local authority plans for the child are not available. The manager has failed to make efforts to escalate their concerns regarding the lack of a suitable plan with the responsible local authority. Consequently, the manager has not been able to ensure that the local authority plan informs the care provided to the child.

The manager and staff receive supervision. However, the quality of supervision is variable. There is no evidence of senior management oversight of staff supervision, and senior leaders have failed to ensure that the manager's supervision identifies shortfalls in the home and includes guidance to support the manager to develop in their role.

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; 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)(b)(c)(f)(h)) This specifically relates to the manager embedding monitoring and review systems in the home to improve the quality of care. It also relates to the manager implementing plans and assessments for the child to provide guidance to staff detailing how to support the child.	4 April 2025

Furthermore, it relates to staff receiving child-specific training to meet the individual needs of the child.	
*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; and are familiar with, and act in accordance with, the home's child protection policies; 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; that the effectiveness of the home's child protection policies is monitored regularly. (Regulation 12 (1) (2)(a)(i)(iii)(v)(vi)(vii)(b)(e)) This specifically relates to ensuring that risk management plans reflect the child's needs and include guidance on how staff should respond to risks. It also relates to ensuring that staff understand their role and responsibility in safeguarding children, alerting medical professionals without delay when there are concerns about a child's health.	4 April 2025
The health and well-being standard is that— the health and well-being needs of children are met;	4 April 2025

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; understand and develop skills to promote the child's well-being. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(iv)) This specifically relates to ensuring that children are provided with healthy and nutritious meals. It also relates to the manager implementing a health plan for the child in consultation with health professionals to ensure that the child's health needs are met.	
The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The requirements are that— full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2 (Regulation 32 (1) (3)(d)) This specifically relates to the manager ensuring that robust safer recruitment procedures are implemented and adhered to when appointing staff to work at the home.	4 April 2025
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; and	4 April 2025

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)(b)(i)(ii)(c)) This specifically relates to the manager ensuring that child debriefs take place following any incident of restraint. It also relates to the manager's oversight of records, ensuring that practice concerns are identified and addressed.	
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular the registered person must ensure that— medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child. (Regulation 23 (1) (2)(b)) This specifically relates to the manager ensuring that medication is administered in line with the prescriber's instructions and that they have oversight of 'when required' medication being administered.	4 April 2025
The children's views, wishes and feelings standard is that children receive care from staff who— take their views, wishes and feelings into account in relation to matters affecting the children's care and welfare and their lives. In particular, the standard in paragraph (1) requires the registered person to— ensure that staff— ascertain and consider each child's views, wishes and feelings, and balance these against what they judge to be in the child's best interests when making decisions about the child's care and welfare; help each child to express views, wishes and feelings; regularly consult children, and seek their feedback, about the quality of the home's care;	4 April 2025

ensure that each child— is given appropriate advocacy support; ensure that the views of each relevant person are taken into account, so far as reasonably practicable, before making a decision about the care or welfare of a child. (Regulation 7 (1)(c) (2)(a)(i)(ii)(iv)(b)(iii)(d)(iii)(e)) This specifically relates to ensuring that children have access to advocacy services and are provided with an opportunity to express their views and wishes, including after a restraint.	
The enjoyment and achievement standard is that children take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, cultural, intellectual, physical and social interests and skills. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— develop the child's interests and hobbies; participate in activities that the child enjoys and which meet and expand the child's interests and preferences; and make a positive contribution to the home and the wider community; and that each child has access to a range of activities that enable the child to pursue the child's interests and hobbies. (Regulation 9 (1) (2)(a)(i)(ii)(iii)(b)) This specifically relates to the manager ensuring that the child has opportunities to participate in community activities. It also relates to ensuring that the child's hobbies and interests are explored and supported.	4 April 2025
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;	4 April 2025

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. (Regulation 5 (a)(b)(c)(d)) This specifically relates to the manager ensuring that escalations are made if relevant documents are not received from local authorities.	
The care planning standard is that children— receive effectively planned care in or through the children's home; and have a positive experience of arriving at or moving on from the home In particular, the standard in paragraph (1) requires the registered person to ensure— that arrangements are in place to— manage and review the placement of each child in the home. (Regulation 14 (1)(a)(b) (2)(b)(ii)) This specifically relates to the manager ensuring that children's care plans are on file, accurate and up to date.	4 April 2025

*These requirements are subject to a compliance notice.

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: 2788296

Provision sub-type: Children's home

Registered provider: Woodleigh Healthcare Children Services Limited

Registered provider address: 23 Woodleigh Close, Leicester LE5 2HW

Responsible individual: Paul White

Registered manager: Nurun Mazumder

Inspector

Zoey Lee, Social Care Inspector

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