

2788618

Registered provider: North Star Children's Homes Ltd

Full 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 7 children who may have learning disabilities or experience social and emotional difficulties. At the time of the inspection, 4 children were living in the home.

The manager registered with Ofsted in December 2025. The current responsible individual is not currently at work or overseeing the home. The registered provider has recently appointed a new individual to perform this role but is yet to formalise this change and notify Ofsted.

Inspection dates: 8 and 9 June 2026

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and widespread failures that mean children are not protected or their welfare is not promoted or safeguarded.

Date of last inspection: 24 April 2025

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
24/04/2025	Full	Good
27/11/2024	Full	Good

Summary of findings

This inspection identified weaknesses in care planning, risk mitigation and admission processes which have led to inconsistent support and poor-quality care for children. There are shortfalls in staff practice, including failures to ensure children's health and day-to-day needs are consistently met.

Educational engagement is mixed, and none of the children are engaging in full-time education. However, the staff and children share positive relationships, which have led to some children making progress.

Safeguarding arrangements are ineffective, and responses to concerns are untimely. Poor decision-making and a failure to report concerns appropriately contribute to a weak safeguarding culture.

Senior leaders have not ensured that staff have the skills and experience to safely meet children's needs. Furthermore, monitoring and oversight systems have not identified or addressed risks or the quality of care for children in an appropriate and timely way.

Although leaders have begun to take action, improvements are at an early stage and have not yet led to sustained changes, resulting in widespread shortfalls across the home.

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Since the last inspection, 5 children have come to live at the home, and 2 children have moved on from the home. For one child, care planning was not sufficiently robust and did not adequately consider the child's needs or the potential impact on the child and other children. As a result, risk assessments did not mitigate these risks effectively, which led to an unplanned and sudden ending for the child.

In addition, one child moved to the home from another home within the same organisation. However, records do not demonstrate that there was effective planning to assess how the staff would meet this child's needs or to consider the impact on children already living in the home. Another child has moved on as part of a planned transition.

Children's educational attendance is mixed. None of the children are accessing full-time education, and attendance for those who do go to school is variable. While, for some children, their current level of engagement represents progress, this is not sustained or consistent. Plans to support children's education are not sufficiently effective. As a result, children can spend periods of the day in their bedrooms or sleeping. This means that most children are missing out on important educational opportunities, which has a negative impact on their learning and development.

Staff do not always ensure that children have access to their prescribed medication. For example, one child ran out of important medicines to manage their serious and complex health condition for several days. This placed the child's health at potential risk of harm and demonstrates that staff are not meeting children's basic health needs.

Staff have developed positive relationships with children. This has supported some children to make progress in expressing their feelings and in building trusting relationships with staff.

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

Some staff do not understand what they are required to do when there are safeguarding concerns. This has resulted in delayed responses and, in some cases, a failure by leaders to take appropriate action when serious concerns have been raised by both children and staff. This creates a poor safeguarding culture in the staffing team, which places children at risk of harm.

In addition, senior leaders have not consistently demonstrated effective safeguarding practice. They have not always followed advice provided by the local authority designated officer to mitigate risk when concerns about staff conduct have arisen, nor completed internal investigations as instructed. Furthermore, records could not confirm whether a referral to the Disclosure and Barring Service had been made following the dismissal of a staff member. Some records contain conflicting and, at times, misleading information, which undermines their reliability and effectiveness in enabling staff to safeguard children.

There have been several allegations and concerns raised by staff and children. However, only a small number of these have been reported to Ofsted in line with statutory requirements. This means the regulator does not have an accurate and overall picture of the safeguarding processes operated by senior leaders and action taken to explore these concerns.

Some children have serious and complex health needs. However, most staff do not have the skills or experience required to meet these needs, despite care plans indicating that such support is in place. For example, one child requires access to emergency, life-saving medication. Most staff are not trained to administer this medication, and leaders have not ensured that a suitably experienced member of staff is always available to support the child. Furthermore, risk assessments and staff practice do not ensure that the medication accompanies the child when they are in the community. Another child has a serious medical risk should they consume food or liquids orally. However, plans do not adequately address this risk, and staff are not equipped with guidance to support the child safely. These shortfalls place the children at significant risk of harm. Action was taken by senior leaders during the inspection to address the immediate risks.

One child has healthcare needs relating to nutrition and ostomy care. While senior leaders and staff report that the child manages these needs independently and understands the associated risks, care plans state that staff provide a high level of support and have received appropriate training. In practice, only 4 staff members have had this training, leaving most staff without the necessary knowledge and skills to support this child's complex health needs. Practice does not reflect safe standards of care. This includes the unsuitable storage of the child's nutrition, poor hygiene in relation to sterile equipment, and a lack of staff understanding about how to safely support the child's medical needs. These shortfalls place the child at risk of harm and demonstrate a failure to ensure that care is both safe and consistent with their assessed needs.

The effectiveness of leaders and managers: inadequate

There are significant shortfalls in senior leaders' oversight of the care provided to children in the home. While managers have identified some areas for development, staff practice and records highlight a range of concerns that have not been addressed appropriately or in a timely way. This limits leaders' ability to ensure that practice is consistently safe and responsive to children's needs.

Staff do not receive supervision in line with the home's statement of purpose or have their performance appraised. Where actions have been identified following incidents or concerns, records do not consistently demonstrate that these are followed up or reviewed during supervision. This limits opportunities for reflective practice and oversight. Furthermore, when staff raise safeguarding concerns during supervision, leaders do not consistently escalate these concerns appropriately. This means that potentially significant issues are not always explored or responded to, which undermines the effectiveness of safeguarding arrangements.

The home is not operating in line with its statement of purpose. The document contains conflicting and unclear information, which does not provide an accurate overview of the home and the range of children they care for. In addition, despite several changes to senior leadership, staffing and the home's registration, the statement of purpose has not been submitted to the regulator.

Staff care about the children and are committed to achieving positive outcomes for them. They say that they feel supported by both the deputy manager and the registered manager. Although some staff feel that communication is not consistently effective, recent changes to staffing arrangements have led to some improvements.

The registered manager is committed to making improvements and wants the best for the children. Leaders and managers responded immediately to some of the crucial concerns identified during the inspection. Their action plan provides some assurance that they understand the shortfalls and the impact they have on children. However, this work is at an early stage and is not yet embedded into practice.

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. 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 the child's health and well-being needs and the options that are available in relation to the child's health and well-being, in a way that is appropriate to the child's age and understanding. (Regulation 10 (1)(a)(b) (2)(a)(i)(ii)) In particular, the registered person must ensure that: • staff have the appropriate skills, training and experience to meet each child's health needs • arrangements are in place to ensure that children's emergency medication is available at all times and that a suitably competent member of staff is able to administer it without delay • there are clear and effective care plans and risk management strategies for children with complex health needs; that staff understand these plans and implement them consistently in practice; and that these plans are made in consultation with children's health professionals	5 July 2026

• medical equipment, nutritional supplies and aids are stored safely and maintained in clean, hygienic conditions	
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)) In particular, the registered person must ensure that: • children are effectively safeguarded and that senior leaders and staff take prompt and appropriate action when concerns arise • safeguarding procedures and guidance for staff are robust, clearly understood and consistently implemented and that where improvements are identified, these are made without delay so that children receive safe, effective care.	5 July 2026

• staff understand their safeguarding responsibilities, are familiar with the home's child protection policy and know how to recognise and report concerns about a child's welfare • senior leaders provide effective support and oversight for staff that promotes an open and transparent culture where safeguarding practice is prioritised and continually strengthened • senior leaders act on advice from consultation with the local authority designated officer and ensure referrals to external agencies are submitted	
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)) In particular, the registered person must ensure that children have timely access to their prescribed medication and that sufficient stocks are consistently maintained to meet their needs.	5 July 2026
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;	5 July 2026

ensure that staff have the experience, qualifications and skills to meet the needs of 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)(e)(f)(h)) In particular, the registered person must ensure that: • the statement of purpose reflects the care and support provided, for the range of children living at the home • the staff have the necessary skills, training and experience to meet the children's needs • senior leaders ensure staff support children to receive good-quality and consistent care	
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— support each child's learning and development, including helping the child to develop independent study skills and, where appropriate, helping the child to complete independent study; 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. (Regulation 8 (1) (2)(a)(ii)(viii))	31 August 2026

In particular, the registered person must ensure that: - the staff support all children to engage in meaningful educational activities while not engaging in or attending formal education - that there are plans for all children to access an appropriate educational establishment and work towards a suitable timetable where full-time education is not yet suitable	
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 children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home's statement of purpose; that each child's relevant plans are followed. (Regulation 14 (1)(a)(b) (2)(a)(c)) In particular, the registered person must ensure that: - the needs of children currently living in the home are carefully considered and that care planning enables staff to provide effective support to meet the needs of children who come to live at the home and the range of needs of children are clearly reflected in the home's statement of purpose - children are supported to move on from the home in a positive and planned way - plans for supporting children, including those developed by external health professionals, are clearly understood by staff, embedded in practice, and consistently implemented	5 July 2026
The registered person must notify HMCI and each other relevant person without delay if—	5 July 2026

there is an allegation of abuse against the home or a person working there; there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(c)(e))	
The registered person must ensure that all employees— receive practice-related supervision by a person with appropriate experience; and have their performance and fitness to perform their roles appraised at least once every year. (Regulation 33 (4)(b)(c))	31 August 2026
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))	5 July 2026

Recommendation

- The registered person should ensure that all incidents of control and discipline are subject to systems of regular scrutiny to ensure that their use is fair and the above principles as set out in 9.35 are respected. ('Guide to the Children's Homes Regulations, including the quality standards', page 46, paragraph 9.36)

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: 2788618

Provision sub-type: Children's home

Registered provider: North Star Children's Homes Ltd

Registered provider address: 14, David Mews, London W1U 6EQ

Responsible individual: Lisa Simmons

Registered manager: Thomas Webb-Bowen

Inspector

Sara Stoker, Social Care Inspector

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