

2790898

Registered provider: ARRONBETH LTD

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned and managed by a private provider. It provides care for one child who may experience social and emotional difficulties or learning disabilities.

The home and manager registered with Ofsted in October 2024. The registered manager is currently on planned leave. The deputy manager led the inspection.

There was one child living in the home at the time of the inspection. The inspector met with the child.

Inspection dates: 19 and 20 May 2026

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	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: 15 April 2025

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
15/04/2025	Full	Good

Summary of findings

The child has settled well at the home and developed positive relationships with staff. Staff demonstrate a commitment to understanding the needs of the child and they provide individualised care that helps to reduce risks for the child. Specialist therapeutic advice is sought to ensure that staff can support the child as effectively as possible. Physical interventions are used as a last resort to ensure the safety of the child. There is a particular emphasis on reflection for both staff and managers, which supports the development of a consistent, responsive approach to care. Leaders and managers are committed and proactive in supporting staff development, ensuring ongoing improvements in practice. Staff feel valued and welcome the opportunity to develop their therapeutic skills.

Inspection judgements

Overall experiences and progress of children and young people: good

Children moving into the home benefit from a clear, structured plan. The move is child focused and allows time for the child to begin to form meaningful relationships with staff through visits and activities before the move. Similarly, when children move out of the home, staff ensure that this is managed sensitively. Staff stay connected with the child where appropriate, supporting continuity and familiarity during a period of change.

The child has fun at the home and does crafts with staff and innovative activities such as making lip balm. The child has had the opportunity to have many experiences such as going to a famous makeup flagship store, farms, sub-tropical butterfly zoo, and local parks, all of which contribute to the child's enjoyment and development.

Staff have formed positive relationships with the child's family. Staff have taken a creative approach to maintaining relationships by arranging joint activities for the child and their family, such as feeding the geese at the park to support family relationships.

Staff have been creative in supporting the child's education, tailoring activities to the child's interests and learning preferences. Staff have engaged the child in fun, educational experiences such as learning about caterpillars and butterflies. Additionally, staff have incorporated the child's interests into learning opportunities, which makes education more interesting and meaningful.

There have been occasions where health appointments have not been attended because of the child's anxiety. Staff are addressing this by considering creative approaches. This includes doing educational work with the child, staff attending a professional conference to increase their knowledge, and implementing a gradual approach. Staff continue to reflect and look for new strategies to improve engagement with health services.

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

When children move into the home, leaders and managers arrange for a 12-week assessment of the child. This draws on the expertise of a psychologist alongside the knowledge and experience of staff members, providing a comprehensive understanding of the child's needs. This supports staff to deliver tailored care to the child.

Staff develop a safety plan for the child, which is written in child-friendly language. Staff ensure that the plan includes thoughtful, sensitive wording, avoiding any stigma. The plan is designed so that the child can understand it, helping them to recognise how staff will help them. This strengthens the child's sense of safety.

Staff engage in regular reflective sessions to develop a consistent approach to the child's care. Staff recognised that their initial approach to bedtime routines was distressing for the child. Through reflection and therapeutic guidance, staff adapted their practice to better meet the child's emotional needs, demonstrating responsive and child-centred practice.

Staff support the child to develop increasing independence. The child can play outside with other children with appropriate supervision. This enables the child to develop friendships and social skills in a safe environment.

When a previous child went missing from the home, staff followed procedures promptly. They took immediate action to look for the child and alert other agencies appropriately. There was clear management oversight of the incident and independent return home interviews were offered once the child returned safely.

A relatively high number of physical interventions have been used to maintain the safety of both the child and staff. The minimum level of intervention has been used for the shortest duration necessary on each occasion. There was a shortfall in management oversight of episodes of physical intervention for a short period due to senior leaders being on leave, but this has since been rectified. Following interventions, there are post-incident discussions with staff and the child.

The home generally communicates effectively with partner agencies and shares relevant information in a timely manner. However, there have been two isolated incidents where safeguarding concerns relating to a child not living in the home were not shared with the appropriate agencies. Additionally, management oversight did not identify these omissions. This demonstrates that staff have an inconsistent understanding of procedures for responding to safeguarding concerns, particularly when they relate to children outside of the home.

The effectiveness of leaders and managers: good

Staff speak highly of leaders and managers, describing them as supportive and approachable. This enables staff to seek guidance when needed and contributes to them feeling valued.

There is a thorough induction process for new staff, alongside a commitment to ongoing professional development. Initiatives such as a therapeutic training pathway, reflective sessions with a consultant psychologist and observations and feedback from the therapeutic lead all serve to assist in strengthening staff skills and support continuous improvement.

Managers are proactive in identifying gaps in staff knowledge and sourcing relevant training. For example, specialist training has been sourced to develop staff understanding of sexualised behaviours in children.

The deputy manager promotes staff wellbeing effectively, including the introduction of mindfulness in team meetings. This encourages staff to reflect on their own wellbeing and reinforces the support structure in place.

Leaders and managers challenge and escalate concerns where appropriate. This has led to positive outcomes for the child, including securing a specific assessment that was needed for the child.

There was a period where management oversight was not completed for several weeks. Leaders and managers addressed this shortfall by widening responsibility for oversight, ensuring that incidents are reviewed promptly. However, inconsistencies remain. There have been incidents of senior residential workers providing management oversight without a further layer of oversight by the management team. This has led to key safeguarding actions, including the sharing of information with external professionals being overlooked.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions that the registered person 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 must comply within the given timescales.

Requirement	Due date
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— have the skills to identify and act upon signs that a child is at risk of harm; manage relationships between children to prevent them from harming each other; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; and take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1) (2)(a)(iii)(iv)(v)(vi) In particular, this relates to staff sharing safeguarding concerns about children outside the home with relevant professionals.	1 September 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— ensure that staff work as a team where appropriate;	1 September 2026

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; 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)(b)(c)(f)(h))

In particular, this relates to management oversight not being effective in addressing safeguarding concerns.

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: 2790898

Provision sub-type: Children's home

Registered provider: ARRONBETH LTD

Registered provider address: Hurworth Community Association, 41 Hurworth Road, Hurworth Place, Darlington DL2 2BN

Responsible individual:

Registered manager: Kimberley Hawlor

Inspector

Karen Karlsson, Social Care Inspector

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