

2805366

Registered provider: Yorkshire Primary Care 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 offers care for up to one child who may experience social and emotional difficulties.

The manager registered with Ofsted in October 2024.

There were no children living at the home at the time of the inspection.

Inspection dates: 7 and 8 April 2026

Overall experiences and progress of children and young people, taking into account	requires improvement to be 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	requires improvement to be good
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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: 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 who has recently moved on from the home had mixed experiences. Although they benefited from a planned move, staff provided inconsistent support with the child's health and education.

Staff successfully built positive relationships and supported the child to make progress in some areas. However, safeguarding practice was inconsistent, and the manager's risk management failed to guide staff effectively.

Management systems are in place but not used consistently to drive improvement. Leaders and managers have identified areas for development and have started to strengthen training, care planning and oversight to ensure children receive safe and effective care in future.

Inspection judgements

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

Staff practice is child-focused, and staff maintain clear boundaries with children. However, practice is inconsistent. This is recognised by staff who are working to improve this. Professionals report positive care from staff and clear communication from the manager.

During the child's time living in the home, their educational attainment declined. The staff held regular discussions with the child to promote daily routines and attendance at school. The child was encouraged by the staff to attend school and understand the longer-term plans for their future, but this did not improve the child's engagement nor did staff efforts establish a consistent daily school routine.

The emotional health needs of the child were not consistently met. Over time, the child was less engaged in activities and spent increasingly more time alone. This reduced the opportunities for the staff to support the child's emotional wellbeing. However, staff did support access to health appointments, including immunisations, while respecting the child's wishes and cultural identity.

When children are welcomed to the home, they experience a well-planned move. Staff are involved in the transition planning to gain a better understanding of each child and their wishes. This approach helps staff design activities that are reflective of children's identities and supports the immediate forming of positive relationships.

The child was supported to have regular time with their family. Staff worked with the child's family to understand their views and develop plans that were appropriate and safe for everyone. Staff planned to review arrangements for family time when needed to improve the experience for the child.

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

Staff do not practice a strong safeguarding culture in the home, or show appropriate professional curiosity. Staff do not routinely enquire about children's whereabouts or who they spend time with. Staff failed to consistently recognise or explore safeguarding risks with the child. Although under the legal age, the child was tattooed and had a body piercing. This was not managed well by the staff.

Risk assessments do not consistently provide clear guidance for staff. The assessments are not always updated to reflect all known risks and do not always set out how staff should respond to keep children safe. As a result, staff do not always use identified strategies to reduce the risk of harm.

Staff do not always recognise risks. Furthermore, staff do not take appropriate action when there are signs a child may be at risk of harm. Staff failed to consistently carry out room searches, despite there being known risks.

Missing episodes reduced over time. Staff know the procedures to follow when a child goes missing from home. When incidents occur, staff record the information clearly and speak to children on their return. The staff work with children to understand why they left the home and discuss alternative strategies to keep them safer in the community.

There was no use of physical intervention since the last inspection. Staff understand children's care plans and how to manage behaviour effectively without the need for holding children. Staff were familiar with the child's plans and effectively supported the child in line with the plans.

Staff use child-centred language to explore safeguarding concerns and relevant issues. These conversations help staff understand children's experiences to support safer behaviour. Both the child and staff benefited from these conversations.

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

The manager recognises that they lack confidence when leading and managing the home. However, staff report they feel supported and guided by the manager. The manager does not always implement change within set timescales. Actions from audits and independent reviews are not always completed as planned. This means progress in the home is slow and difficult.

Not all safeguarding notifications are submitted to the regulator in line with the regulations. Leaders and managers do not always recognise when incidents meet the threshold to notify Ofsted. This reduces the ability of the regulator to maintain effective oversight of the home and how it is being managed. However, the manager does share information with other professionals, including placing authorities and the police.

Staff confidence is developing. Staff are increasingly involved in care planning and risk assessment for children moving into the home. This improves staff understanding of children's needs. Staff have completed refresher training and apply this to their practice.

The home supported another child to move on in line with their wishes and long-term plans. The child experienced stability and reduced risks during their time at the home. Staff provided a thoughtful ending, including meaningful experiences and mementos for the child.

Leaders and managers work across more than one children's home. They identify areas for development and use learning from other organisations to improve practice. The manager and staff are beginning to adopt this learning and improve care practice.

Staff have received additional training in a specific model of care and behaviour management. The staff demonstrate a clear understanding of the model used by the home. However, this approach is not yet embedded in practice, as no new children have moved into the home.

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; 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. (Regulation 12 (1)(2)(a)(iii)(v)(vi)) In particular, the registered person must ensure that incidents are recognised and explored, and when actions are identified that could reduce the risk of harm to children, these are followed through, such as completing room searches and phone checks. In addition, when concerns are identified, staff understand their responsibility to exercise professional curiosity.	20 May 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—	20 May 2026

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 use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(f)(h)) In particular, the registered person must ensure that when children are not making progress and take sufficient action to positively develop their experience. Also, that information identified using monitoring processes is fully recorded and actions are taken in response to findings.	
The registered person must notify HMCI and each other relevant person without delay if— there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(e))	20 May 2026

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: 2805366

Provision sub-type: Children's home

Registered provider: Yorkshire Primary Care Ltd.

Registered provider address: 89 Welbeck Drive, Bradford BD7 4BX

Responsible individual: Rebecca Logan

Registered manager: Bethany Smith

Inspector

Vikki Thwaites, Social Care Inspector

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