

2806499

Registered provider: Horizon Care Mayfield Lodge Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home provides care for up to three children who have physical disabilities, learning disabilities, sensory impairments, or social and emotional difficulties.

At the time of this inspection, two children were living at the home.

The home changed ownership in 2024. Both children and the manager lived or worked at the home under the previous provider.

The manager registered with Ofsted in August 2023 and then re-registered with the home in January 2025.

Inspection dates: 30 April and 1 May 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	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: not applicable

Inspection judgements

Overall experiences and progress of children and young people: good

This is the first inspection of this home under a new provider. However, both children have lived at this home for three and four years, respectively. This has provided the children with consistency and permanence. They have close and nurturing relationships with staff. All the staff observed spoke to and about the children with genuine affection and warmth.

Staff understand how the children communicate, and they provide support to children to enhance their communication skills. Both children's communication has progressed over the last year. One child uses picture symbols and was observed to direct staff to the symbol they wanted. Smaller, keyring-sized symbols are available so that the child can access these easily when out of the home. Staff know the children so well that they quickly know which choices to offer them. This helps to reduce frustrations and prevents difficulties from escalating.

Children access education that is in line with their needs. One child's school was unable to meet their needs. Support was provided by the home by way of staff attending with the child. However, the school ended the child's placement. Tutoring has been arranged by the home while an alternative is sought.

Staff keep children occupied inside and outside the home. They engage in various activities, including swimming and going to the park and the beach. When the children are at home, they have plenty of time for sensory play. Activities offered are in line with children's particular needs, and activities are reduced when they are not able to take part. Journals and daily records capture important memories for the children and their families. Journals are kept up to date and are meaningful.

Creative and effective strategies have been implemented to address the health needs of one child. A team of health professionals works alongside the staff in the home. Close working relationships, joint training and clear agreements about responsibilities are in place. This has taken some time to implement, but it meets the child's needs. Staffing ratios are used as an 'at most' measure, with efforts made to minimise them where possible. There is extensive involvement with other professionals to support this child's health needs.

Support to improve children's dental hygiene is strong. For one child, a gradual increase in dental hygiene support has been implemented, with staff using songs and modelling good brushing techniques, which has enabled the child to brush their teeth independently and for longer periods.

The home has been divided into two living areas to accommodate the children's particular needs. However, this means that there are few spaces for everyone to come

together. Some of the rooms and furniture are basic and outdated. Not all areas replicate a homely, family environment.

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

Staff know the risks for the children and are aware of their moods, backgrounds and needs. Both children have a deprivation of liberty order in place. Staff consider how they can use this in the least restrictive way possible; for example, they can use staffing ratios as a maximum rather than a routine practice.

Staff are aware of small behaviours that can lead to difficulties. They can read the children quickly and are able to distract or support them appropriately.

Physical interventions are used for minimal lengths of time when children are at risk of harming themselves or others. Discussions take place with staff after the incidents. Managers consider what could be done differently or whether staff actions may have contributed to the incident. Discussions with children do not routinely take place, as this is often more traumatising for them. Written recordings do not always make clear why discussions have not taken place with children after incidents.

Concerns raised about staff have been reported quickly and investigated thoroughly. The manager takes effective action and speaks to authorities, parents and staff quickly. As a result of a medication error, the whole team repeated training. Medical advice was sought, and the error had no impact on the child.

Effective links are in place with professionals and parents. This means that important information about the children is shared quickly. Safer recruitment of employed staff is in place. The manager has some oversight of the healthcare team, ensuring that all individuals who come into the home undergo Disclosure and Barring Service checks.

The effectiveness of leaders and managers: good

The home is operated by a permanent and consistent manager whose knowledge of the children in the home is exceptional. The change in the service provider and the support from health services has resulted in many new staff members being in post. Staff spoken to said they feel highly supported by their manager.

The manager has good systems in place to review care and considers how to understand patterns and trends. This information has fed into health professionals' assessments. It has also contributed to a deeper understanding of certain situations and challenges faced by the children. For example, one child found Tuesdays particularly difficult. To help the child, activities were reduced and staffing changes were made.

Staff have received specific training to meet the children's needs, which has helped them feel more confident. Despite the use of a healthcare team, all staff receive training to meet the children's needs.

Regular review meetings take place with wider professionals for the children, and weekly team meetings are now taking place.

Language in children's plans generally provides clear guidance to staff. These are sometimes written in the first person when the child has not used the terms before, which may be confusing. Work is in place to address this issue through team meetings and review meetings.

Feedback from staff, family members and professionals has largely been positive, acknowledging the commitment and dedication of the team and the manager.

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 quality and purpose of care standard is that children receive care from staff who— understand the children's home's overall aims and the outcomes it seeks to achieve for children; use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. In particular, the standard in paragraph (1) requires the registered person to— ensure that the premises used for the purposes of the home are designed and furnished so as to— meet the needs of each child; and enable each child to participate in the daily life of the home. (Regulation 6 (1)(a)(b) (2)(c)(i)(ii)) This specifically relates to ensuring that the home is clean, comfortable and homely. It must provide a nurturing environment that meets the needs of the children.	4 July 2025

Recommendation

- The registered person should ensure that records of incidents and restraints are clear. Meaningful conversations should be held with any child or member of staff involved to allow them to reflect and learn from the experience. Where it is not appropriate to have a conversation with a child, the reasons for this should be clearly recorded. ('Guide to the Children's Homes Regulations, including the quality standards', page 49, paragraph 9.59)

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: 2806499

Provision sub-type: Children's home

Registered provider: Horizon Care Mayfield Lodge Ltd

Registered provider address: 264 High Road, Harrow HA3 7BB

Responsible individual: Abhay Shah

Registered manager: Patricia Smith

Inspector

Nickie Doney, Social Care Inspector

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