

2807234

Registered provider: The Rubix Care Group Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

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

This was the home's first inspection since registration. The manager registered with Ofsted in January 2025. There was one child living in the home at the time of this inspection. The child spoke with the inspector.

Inspection dates: 24 and 25 June 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

The child has made positive progress since moving to the home. The management team ensured that the move was planned and that consideration was given to the child's needs, the home's location and the skills and experience of the staff team.

The child has developed positive relationships with staff. This supports the child to enjoy their time with the people who care for them. The child is relaxed in the home and shares their wishes and feelings openly with staff.

Before living in the home, the child experienced significant disruption to their learning. Staff work hard to support the child with their education. As a result, the child has attended an alternative education provision, which is linked specifically to their interests in car mechanics. The child has since disengaged from this provision; however, staff have remained proactive in seeking a provision that meets the child's needs. The child has a structured daily plan and routine within the home, which is focused on developing their interests and supports them to apply for employment opportunities.

The health needs of the child are well met. The child is supported to attend health appointments and assessments. The in-house clinical team provides support to the staff to enable them to meet the child's needs. Staff encourage the child to have a healthy diet and to engage in activities such as going to the gym and trampolining.

The child has experienced consistent and supportive care since moving into the home. The youth offending team worker for the child said, 'The home has offered a level of stability that [name of child] hasn't had in the last 12 months.'

The child is living a considerable distance from their home and family. Staff work closely with the placing authority to ensure that family time is managed well and safely and reflects the needs and wishes of the child.

Staff recently supported the child to attend an awards evening for their placing authority, where they were nominated for an award linked to resilience. Staff from the home accompanied the child to the event, and professionals remarked on how confident they were and the positive relationship they had with staff.

Care planning for the child is detailed, and it is evident that staff know and understand the care plan. However, not all information was up to date and accurate and staff did not have a copy of the most recent education, health and care plan for the child.

The child's bedroom is personalised to the child's tastes, and they were able to move to a smaller room at their request. This demonstrates that the staff listened to the child's wishes and feelings. The child uses the communal areas of the home, and they enjoy spending time watching TV or playing on their games console with staff. The child's

bedroom was clean and tidy; however, the living room and hallway required some additional cleaning.

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

Staff understand the child's risks and know how to keep the child safe. The staff team members know the child well and have a sound understanding of their needs and known risks. Protocols are closely followed when there are episodes of the child going missing from the home, which ensures that risks are reduced for the child.

Risk assessments are reviewed regularly by the multi-agency team supporting the child. Although some detail was not included in the risk assessment, staff were fully aware and knew how to respond to areas of risk. The child receives care that helps them to stay safe.

The child's mental health and emotional well-being are fully understood. Staff have supported the child to attend specialist appointments; the in-house clinical team also supports the child's plan and those caring for the child to ensure that their needs are met.

Staff engage with the child in discussions about the risks the child faces. These have been both reactive and proactive. Staff have developed positive relationships with the child; they know the child well and the child feels comfortable talking with them.

Staff can de-escalate situations effectively. Physical intervention is used as a last resort and is a rare occurrence in the home. There have been two instances of physical intervention since the child moved in. Where staff have held the child, this has been necessary to avoid the child causing harm to themselves or others. Debriefs are offered to the child, although these are not always accepted. Additional individual sessions have taken place to ensure that the child's wishes and feelings are sought.

The child had a significant history of going missing from home prior to moving in. While incidents have continued to occur, these have significantly reduced in length of time. Missing-from-home protocols are clear and are consistently followed by all staff. Staff are aware of the risks associated with episodes of the child going missing from the home. Managers' evaluations are reflective and offer direction for further support strategies for future learning and practice, which are child focused.

The effectiveness of leaders and managers: good

The home's registered manager recently left the organisation at short notice.

The home is currently being managed by an interim manager, who knows the child and staff team well. He is experienced, enthusiastic and child focused. There is good support available from the responsible individual, who is present within the home. The

recent changes have been managed well; there has been no negative impact on the child.

Staff enjoy working in the home and feel supported by the management team. Regular team meetings take place. Reflective discussions and additional information-sharing from the in-house clinical team take place on a regular basis. This ensures that the staff are kept fully up to date about the child's needs and strategies for working with them.

Staff complete a range of face-to-face and online training that is reviewed regularly by the leadership team. Staff are enthusiastic to complete this. There are some gaps in relation to training for some newer members of staff, but these are within the provider's timescales for new starters. One member of staff who provides supervision has not completed the face-to-face supervision training. This has led to reduced opportunities for reflective discussions to be recorded.

There are systems in place to support management oversight. Leaders and managers have developed a tool to track incidents and consider themes. This provides an additional layer of reflection to incidents and supports the staff to keep the child safe. While there is management oversight of incidents, some minor shortfalls in recording have not been identified. In the child's care plan review, there was a missed opportunity to record progress and celebrate success. One incident report also included errors that had not been identified by management oversight.

Safer recruitment processes are in place. However, one member of staff had a gap in their employment history, and the provider could not demonstrate that this had been fully explored.

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 registered person must recruit staff using recruitment procedures that are designed to ensure children's safety. The registered person may only— employ an individual to work at the children's home if the individual satisfies the requirements in paragraph (3). The requirements are that— the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and full and satisfactory information is available in relation to the individual in respect of each of the matters in Schedule 2. (Regulation 32 (1) (2)(a) (3)(c)(d)) In particular, the registered person must ensure that gaps in employment are scrutinised and evidence of this is recorded.	6 August 2025
The care planning standard is that children— receive effectively planned care in or through the children's 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) (2)(a)(c))	6 August 2025

In particular, the registered person must ensure that children's information on admission to the home, including education, health and care plans, is up to date.	
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Recommendations

- The registered person should ensure that children are able to experience living in an environment where a consistently good standard of cleanliness is observed. ('Guide to the Children's Homes Regulations, including the quality standards', page 15, paragraph 3.9)
- The registered person should ensure that all staff receive supervision of their practice from an appropriately qualified and experienced professional, which allows them to reflect on their practice and the needs of the children assigned to their care. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.2)
- The registered person should ensure that staff are familiar with the home's policies on record-keeping and understand the importance of careful, objective and clear recording. ('Guide to the Children's Homes Regulations, including the quality standards', page 62, paragraph 14.4)

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: 2807234

Provision sub-type: Children's home

Registered provider: The Rubix Care Group Limited

Registered provider address: Unit 1 Cottam Lane Business Centre, Cottam Lane, Ashton-on-Ribble, Preston, Lancashire PR2 1JR

Responsible individual: Katie Stephens

Registered manager: Post vacant

Inspectors

Vicky Wainwright, Social Care Inspector
Carrie Mayes, Social Care Inspector

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