

2819221

Registered provider: Waltham Children's Services Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned. The home registered with Ofsted in March 2025. It provides care for up to two children who experience social and emotional difficulties.

The manager registered with Ofsted in March 2025.

At the time of this inspection, one child was living at the home. This child was seen as part of the inspection but did not wish to speak to the inspector.

Inspection dates: 12 and 13 August 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	requires improvement to be good
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The effectiveness of leaders and managers	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: not applicable

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 who lives at this home has complex needs. Court-ordered restrictions are in place to keep the child safe. The child has made positive progress since living at the home.

On the day of the inspection, the court-ordered restrictions placed on the child were removed. This is progress for this child. Staff have supported the child to access their community successfully in safer ways to reduce their need for these restrictions. This is helping the child to take more age-appropriate risks.

Staff help the child to build positive relationships. The child identified trusted staff they can talk to. This gives them the opportunity to express their views about their care and feel listened to. The child is spoken with about their care plans by staff who know the child well.

Staff encourage age-appropriate boundaries and routines. They use incentive charts to help the child think about their day-to-day routines and self-care skills. The child is now taking part in cooking and in cleaning their bedroom. This is helping them to develop their independence and take on responsibility for their personal space, which they were not previously doing.

Staff spend time with the child doing different activities. The child has gone crabbing at the beach, spent time at arcades and had a day out at a theme park. This is helping the child to have positive experiences following a period of in-patient mental health assessment.

Staff have created good relationships with the child's family. This has increased the amount of time the child is able to spend with their family. The manager has arranged for a parent to visit the home regularly, which has recently included overnight stays at the home. This is a creative way of supporting the child's proposed care plan to return to live at home in the future.

The child was not accessing any education when they moved into the home. The manager has advocated for education reviews to take place and challenged professionals appropriately about necessary education support. The manager has sought out a farm setting that can provide some alternative learning once a week as an interim measure. The manager has also arranged additional volunteering at another local farm to give the child more opportunities outside of the home.

Feedback from the child's social work manager and mental health team was positive about the progress the child has made.

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

The manager and staff have a good understanding of the complexity of the child's behaviours and risks which include ingesting items as a way of harming themselves. On most occasions, staff respond by seeking medical advice in line with the child's plans. However, on one occasion when the child ingested salt in their juice, medical advice was not sought as staff observed the child and deemed them to be ok. Staff are working proactively to reduce the risks. This has led to a reduction in the number of incidents and hospital visits.

The child has sometimes needed to be held as part of keeping them safe. Records in relation to restraint are not always completed quickly after the incident. Debriefs with children and staff, including agency staff, do not always happen or are not recorded well. One staff debrief was not recorded until 12 weeks later. Poor record-keeping of incidents undermines leaders' and managers' ability to have good oversight of incidents at the time they occur.

There have been three incidents which have required staff to hold the child. Staff have responded appropriately and quickly in response to the child's behaviours. At times, staff have been unable to prevent the child from ingesting or harming themselves.

On one occasion, an allegation was made about a staff member during an incident. Other staff who were present did not recognise this effectively and report it to senior leaders. This meant leaders and managers were not able to respond to the concern and take effective safeguarding action immediately. This allegation was not reported to Ofsted until three weeks later. Failure to report significant incidents quickly to Ofsted undermines the regulatory function and means that Ofsted is not able to ensure managers have taken swift and appropriate action to safeguard children. Although the manager has since identified some learning points, the effectiveness of this is yet to be seen.

Since the home opened, several new staff have joined the team. Safe recruitment checks have generally been completed appropriately. However, there was a lack of professional curiosity about why one staff member left a previous role. This was not followed up by the manager or explored with the previous setting to understand more about the applicant's recent employment history.

Since the child moved into the home, they have not gone missing from home and, overall, the frequency of significant incidents has reduced. This is progress and means the child no longer requires crisis mental health intervention. Their mental health worker said, 'The staff team around the child really adapted to their needs and built a care plan with them that was holistic and understanding.' Despite several shortfalls in the areas of help and protection, it is clear that staff are well meaning and have helped to reduce some of the vulnerabilities for the child.

The effectiveness of leaders and managers: good

The manager is enrolled on a relevant management qualification. The manager is invested in the outcomes for the child and the staff.

Leaders have identified some of these shortfalls and have introduced a care consultant to help them review systems to improve practice. This has led to an increased confidence in the staff and manager. Subsequently, notifications have been submitted in a timely way following a delay in the initial one.

Staff attend training, team meetings and have informal supervision with the managers. They speak about the child and discuss the care plan. Staff are fully informed about how they should respond when incidents arise. However, staff have not received regular formal supervision until after their three-month probation review. This does not help the manager to review individual staff practice effectively. This also undermines the manager's understanding of the skills and development needs of the whole staff team.

The provider has experienced some challenges with their recording system. Records about the child and their experiences are sometimes not recorded until weeks later. While this undermines the principles of careful and clear recording it does not appear to have had an impact on the child, who has continued to make sustained progress.

In view of the court-imposed restrictions, and the three to one staffing levels, there have been some occasions when the child has been supported by more agency staff than core staff. This does not help the child to build relationships with staff who know them well. On one occasion, the child was supported overnight by three members of staff of the opposite sex. Although there were extenuating circumstances, which the manager tried to rectify, this led to the child being unsettled. Consequently, an incident occurred in the community.

Staff are offered mandatory training in line with the home's policy, and this is in date for all staff. Staff have received some additional training to meet the specific needs of this child.

The staff spoke positively about their experiences at the home and the support they have provided for the child. They clearly know the child well and want them to achieve good outcomes. The manager and staff are proud of the progress the child has made.

Feedback from the child's parent was exceptionally positive. This is echoed by the senior clinical practitioner from the child and adolescent mental health service who describes staff as, 'Proactive rather than reactive and respond therapeutically whilst balancing (the child's) safety.' She also states this is the "best move for the child by far."

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 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— 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. (Regulation 12 (1) (2)(a)(v)(vi)(vii))	1 November 2025
The registered person must ensure that— within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes— the effectiveness and any consequences of the use of the measure; and within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")— has spoken to the user about the measure; and has signed the record to confirm it is accurate; and	1 November 2025

within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(vii) (b)(i)(ii)(c))	
The registered person must ensure that all employees— receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b))	1 November 2025
The registered person must notify HMCI and each other relevant person without delay if— there is an allegation of abuse against the home or a person working there. (Regulation 40 (4)(c))	12 September 2025

Recommendations

- 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. In particular, they should ensure that records are completed without delay after events. ('Guide to the Children's Homes Regulations, including the quality standards', page 62, paragraph 14.4)
- The registered person should ensure that no more than half the staff on duty at any one time, by day or night, at the home should be from an external agency. ('Guide to the Children's Homes Regulations, including the quality standards', page 54, paragraph 10.17)
- The registered person is responsible for maintaining good employment practise. They must ensure that recruitment, supervision and performance management of staff safeguards children and minimises potential risks to them. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.1).

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: 2819221

Provision sub-type: Children's home

Registered provider: Waltham Children's Services Limited

Registered provider address: 46 Hullbridge Road, South Woodham Ferrers,
Chelmsford, Essex CM3 5NQ

Responsible individual: Stephen Manley

Registered manager: Fiona Hyde

Inspector

Rebecca Hannell, Social Care Inspector

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