# Swanwick Lodge

Hampshire County Council
Glen Road, Swanwick, Southampton, Hampshire SO31 7HD

Full inspection

Inspected under the social care common inspection framework

## Information about this secure children's home

This home is managed by a local authority. It is approved by the Secretary of State to restrict children's liberty.

The home can accommodate up to 10 children who are aged between 10 and 17. At the time of the inspection, 8 children were living at the home. All the children contributed to the inspection.

The home cares for children placed by local authorities under section 25 of the Children Act 1989. Admission of any child under section 25 of the Children Act 1989 who is under 13 years of age requires the approval of the Secretary of State.

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site in dedicated facilities.

The manager of the home has been registered with Ofsted since March 2022.

**Inspection dates: 21 to 23 April 2026**

| | |
|---|---|
| **Overall experiences and progress of children and young people,** taking into account | **good** |
| Children's education and learning | requires improvement to be good |
| Children's health | good |
| How well children and young people are helped and protected | good |
| The effectiveness of leaders and managers | good |

The secure children's home provides effective services that meet the requirements for good.

**Date of last inspection:** 1 July 2025

**Overall judgement at last inspection:** requires improvement to be good

**Enforcement action since last inspection:** none

## Recent inspection history

| Inspection date | Inspection type | Inspection judgement |
|---|---|---|
| 01/07/2025 | Full | Requires improvement to be good |
| 30/04/2024 | Full | Outstanding |
| 25/04/2023 | Full | Good |
| 05/04/2022 | Full | Good |

# Summary of findings

Since the previous full inspection, leaders and managers have implemented a plan that has led to improvements. There is a clear focus on strengthening staff training and development and embedding management systems that monitor, identify and promote continuous learning across the team effectively.

There has been a positive expansion and improvement in the health provision. This service now delivers consistent health oversight, ensuring that children are physically well and significantly reducing their previously unmet health needs.

Children told inspectors that they felt safe and listened to. This sense of being heard is contributing to a more settled and safer environment.

While in education, children have 'curriculum maps' specifically designed to meet their individual learning needs. The range of subjects offered to children is limited, as is children's attendance. This reduces the variety and consistency of their educational experiences and impacts on children's educational progress.

# Inspection judgements

### Overall experiences and progress of children and young people: good

Children are making meaningful progress. During the inspection, they spoke positively about their personal growth. One child spoke with pride about making better choices and calming quickly during incidents. Children were able to speak confidently and reflect positively on their personal progress.

Children speak positively about their relationships with the care staff. They have built trusted relationships with them. Children say that they get along well with one another. This is because improvements have been made in the planning process when children move in. This approach ensures staff understand children's needs and they help children to settle quickly.

Children start to safely access the local community as part of an independence plan as soon as it is assessed as safe to do so. Children enjoy taking part in a range of activities, including practical life skills and fun first-time experiences, such as go-karting and trips to the circus.

Regular multi-disciplinary meetings are held with internal professionals to review each child's progress and development needs. Children's views and wishes are captured and considered in these discussions, contributing to ongoing planning. This supports coordinated and collaborative care planning, with actions identified and followed. This is promoting positive outcomes for children.

When children make complaints, these are appropriately investigated and children are kept informed of the outcomes. Currently, the documents used are not child friendly, especially for supporting younger children in understanding the complaint procedure.

Children experience positive endings when moving on. Endings are thoughtfully planned and celebrated by staff. Children receive meaningful leaving gifts, such as a music keyboard, to support them in continuing the skills they have developed in their time at the home. Children leave the home feeling valued and with a sense of achievement.

Children do not have their equality and diversity needs proactively considered. Although staff respond appropriately to concerns related to equality and diversity, the proactive promotion of inclusion and recognition of children's cultural and diverse needs is not evident in practice. Current approaches tend to rely on children raising issues themselves, rather than reflecting a consistently inclusive environment where staff actively promote and support diversity.

**Children's education and learning: requires improvement to be good**

Education leaders have some understanding of the service's key strengths and take relevant action to address identified emerging weaknesses. They have addressed the main weakness identified at the previous inspection. When children are supported to attend, they do engage and make positive progress.

Children meet with teachers within their first few days of arrival to gather their views about education. This information is used to plan a timetable based on children's interests. However, due to the wide age range of children, the curriculum is not sufficiently varied or age-appropriate to support children appropriately. Typically, children do very similar work regardless of age, and there is very little vocational delivery.

Children's attendance and engagement in education is poor. Children's prior engagement with education before arriving at the home has typically been sporadic. Education and care staff take a gentle, encouraging approach to attendance but do not set clear enough expectations or routines to ensure education is a priority for children. This often leads to staff allowing children to choose alternative activities, such as cleaning their rooms.

Children's progress is not recorded from their starting points effectively. Staff can verbally describe the progress children make; however, this is not documented or shared effectively so that care staff can understand and support children's learning. This can result in not being able to celebrate small incremental improvements with children and their carers.

Children benefit from staff receiving additional learning opportunities which has developed and improved their understanding of child's needs and their teaching practice. Staff are provided with opportunities to progress their careers through further professional learning, including apprenticeships in transformational leadership, trauma-informed practice, speech and language therapy and developing an

understanding of neurodiversity, which they value. The education team also benefits from being part of a wider service, allowing leaders to draw on a broader range of staff to support children's individual interests when they arise. For example, external professionals teach children bike maintenance and outdoor pursuits to support their independence skills.

Leaders and tutors are proud of the progress children make. Much of this progress relates to the development of positive relationships with staff and peers, ability to manage emotions, confidence, resilience, teamwork and problem-solving. Leaders provide weekly assemblies that reinforce learning from personal, social, health and economic education. Children often attend these sessions collectively, demonstrating developing social skills and tolerance of others.

Children take part in a wide range of life-skills learning opportunities, including personal budgeting and outdoor learning through participation in the Duke of Edinburgh's Award scheme, which they gain accreditation for.

**Children's health: good**

Children benefit from a well-integrated Health and Wellbeing Team that works collaboratively to meet the children's known and emerging needs. Regular formulation meetings, multidisciplinary discussions and shared outcome measures ensure that care is reflective and responsive. For some children, this has contributed to improved emotional wellbeing, reduced incidents of self-harm, increased engagement with therapeutic support and the development of trusting relationships with clinicians. Children's views are routinely sought and used to shape interventions. Following incidents of single separation (where a child is locked into an area alone due to significant risk) or physical restraint, children receive appropriate health and wellbeing checks, helping to safeguard their physical and emotional welfare.

Children are supported to access a wide range of universal and specialist health services when required. This includes Speech and Language Therapy, Occupational Therapy and in-house neurodevelopmental diagnostic assessments. Previous gaps in psychology provision have been addressed, and children can now access psychological input in a timely way when they need to. Consistent health oversight helps children to feel physically well, reduces unmet health needs and encourages positive health-seeking behaviours. Therapeutic strategies are implemented in line with children's assessed needs and, where applicable, reflected clearly in their education, health and care plans.

Creative and tailored approaches help children to regulate, communicate and engage more effectively in daily life. Sensory strategies are used consistently, are well coordinated with the wider staff team and are clearly understood, helping children feel supported and more able to manage challenge.

Children benefit from effective medicines management arrangements. Robust governance, including routine audits, reflective practice and appropriate staff training, supports consistent administration and accurate recording. Children are helped to

understand their medication at a level that is meaningful to them, promoting autonomy and trust. Clinician-led oversight of prescribed medicines and approved homely remedies ensures that children's health needs are managed safely and responsively.

Children experience sensitive and nurturing approaches from staff that balance care with appropriate expectations. Staff promote children's strengths while providing structure and age-appropriate responsibility, supporting positive engagement and a growing sense of pride and achievement.

Children receive thoughtful and timely transition planning that reflects their lived experience. Health summaries, discharge assessments, pen portraits and direct professional-to-professional communication ensure that children's needs, preferences and effective strategies transfer with them to new placements. Children are prepared gradually and involved in the process, helping to reduce anxiety and promote emotional security at a key point of change. This focus on continuity supports children to feel valued, understood and safe as they move on.

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

Children say they feel safe. One child said living here is the safest they have ever felt. Staff understand and manage children's risks effectively. Children's behaviour support plans include details about some items that can be used to support children, such as a weighted toy and stacking cups. It is evident from children's interactions with staff that they feel safe.

Restrictive measures, such as single separation and managed away (where a child is separated from other children but with staff), are used appropriately and for a minimal length of time. The reasons for these being used are clear, and there are clear records of staff checking on children's wellbeing throughout. During managed away incidents, staff engage children in discussions or key-work sessions about the reason they are being managed away and explore how they feel about it. This supports children to understand the reasons and reflect on their actions.

There is a reduction in the use of physical restraint. Staff use de-escalation skills before physical restraint is used. Practice is not always the best standard to help prevent the need for physical intervention. Restraint reduction strategies are not always clearly identified in children's risk assessments to support staff practice.

Children are supported and helped to stay safe because staff respond effectively to safeguarding concerns. This includes thorough implementation of the home's safeguarding procedures when there are any incidents. Managers ensure that safeguarding concerns are escalated and responded to effectively. For example, managers work closely with the local authority designated officer (LADO). Concerns about staff practice are discussed with the LADO in a timely manner. The LADO views incidents using CCTV to support with their oversight of practice. Managers take effective actions, following LADO advice where required.

Consequences are not clearly tracked and reviewed. When children receive consequences, such as not being allowed to access certain areas of the home, this is recorded in the incident form. However, there is not a central log of all consequences to understand how frequently these are being given to children. There is also no review of the effectiveness of all consequences. This could mean that inappropriate or ineffective consequences are being repeated due to lack of oversight.

**The effectiveness of leaders and managers: good**

The registered manager and  health are reflective and recognise the strengths and areas for development for the service. As a result, care and health provision for children is good. The registered manager has addressed previous shortfalls that had been identified, and she has a clear vision for the home. She remains focused on bringing about continued progress to benefit children.  Education has not yet implemented a good enough monitoring system, and some shortfalls, such as curriculum planning and delivery, and children's attendance, have not yet been identified and addressed.

Staff report positively on the developments within the home, noting improved morale and stronger teamwork. They describe a more cohesive approach to working together, which has contributed to a calmer and more relaxed atmosphere. This change in the team is having a beneficial impact on the children, who are experiencing a more settled environment.

Reflection and learning are actively identified, shared and embedded into daily practice, ensuring that staff remain responsive, adaptable and curious to children's evolving needs. There is a strong culture of reflection and thoughtful adaptation is evident, with revised practices introduced to better support children's development and wellbeing.

Increased and improved monitoring systems to develop staff practice regarding recording, supervision and training are effective in driving continuous learning. This means learning is identified to address concerns or emerging patterns. This is then shared with staff to assist in the development of practice. This is a new system that is still being developed and shows a proactive approach to support staff developing their skills and knowledge.

Staff receive regular one-to-one sessions that provide meaningful opportunities to reflect on their practice, seek guidance and discuss any questions or concerns. The sessions support the development of staff's skills and confidence, ensuring that they clearly understand their roles, duties and responsibilities while strengthening their ongoing professional development and knowledge. Staff receive a strong level of support through regular wellbeing meetings. They also benefit from team meetings, as well as daily support and guidance from the management team. This assists and enhances staff's work with children.

While there is good management oversight following physical restraint incidents, managers have missed in some incidents, identifying other strategies or less restrictive options that could have been attempted. This limits opportunities to develop staff

practice. Managers review incidents promptly but, occasionally, this has been before all staff statements have been completed. This means managers do not have all the information available to them and learning could be missed.

The average occupancy level has been at 92.2%. The number of children currently living at the home is less than the number of available places. The home reduces occupancy where required to support staff training. The home operates a care block model, when children require higher ratios of support additional placements are not made.

# What does the secure 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(s) must comply within the given timescales.

| Requirement | Due date |
|---|---|
| The registered person must ensure that—<br><br>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—<br><br>the effectiveness and any consequences of the use of the measure. (Regulation 35 (3)(a)(vii))<br><br>In particular, all consequences should be clearly recorded and the effectiveness reviewed. | 24 August 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—<br><br>helps children aspire to fulfil their potential; and<br><br>promotes their welfare.<br><br>In particular, the standard in paragraph (1) requires the registered person to—<br><br>ensure that staff have the experience, qualifications and skills to meet the needs of each child;<br><br>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(c)(h))<br><br>In particular, that managers identify learning following physical restraint incidents to support staff's development of their de-escalation skills. Staff should use de-escalation skills. | 24 August 2026 |

| | |
|---|---|
| The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so.<br><br>In particular, the standard in paragraph (1) requires the registered person to ensure—<br><br>that staff—<br><br>help each child to achieve the child's education and training targets, as recorded in the child's relevant plans;<br><br>help each child to understand the importance and value of education, learning, training and employment;<br><br>help each child who is above compulsory school age to participate in further education, training or employment and to prepare for future care, education or employment;<br><br>help each child to attend education or training in accordance with the expectations in the child's relevant plans.<br>(Regulation 8 (1) (2)(a)(i)(iv)(ix)(x)) | 24 August 2026 |

## Recommendations

- The registered person should ensure that children can take up issues or make a complaint. In particular, documentation for children to make a complaint should be child friendly and accessible to children of all ages. ('Guide to the Children's Homes Regulations, including the quality standards', page 22, paragraph 4.13)
- The registered person should ensure that children are able to maintain and develop their cultural or religious beliefs as far as practicable and where appropriate. ('Guide to the Children's Homes Regulations, including the quality standards', page 17, paragraph 3.22)

# 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'.

## Secure children's home details

**Unique reference number:** SC038719

**Provision sub-type:** Secure Unit

**Registered provider:** Hampshire County Council

**Registered provider address:** The Castle, Winchester SO23 8UG

**Responsible individual:** Richard Hadley

**Registered manager:** Sarah Herbert

## Inspectors

Thirza Smith, Social Care Inspector
Jo Birtwhistle, Social Care Inspector
Leanne Lyon, Social Care Inspector
Haley Lomas, His Majesty's Inspector
Thomas Davis, Children's Services Inspector (CQC)
Tracey Ledder, Senior His Majesty's Inspector, Quality Assurance Manager

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