

SC063673

Registered provider: After Care (NW) Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned and operated by a private provider. It offers care for up to four children who may experience social and emotional difficulties.

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

The manager registered with Ofsted in July 2024.

Inspection dates: 23 and 24 September 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: 8 October 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
08/10/2024	Full	Good
19/07/2023	Full	Requires improvement to be good
10/05/2022	Full	Requires improvement to be good
24/03/2022	Interim	Improved effectiveness

Inspection judgements

Overall experiences and progress of children and young people: good

All children were present and were spoken to as part of the inspection.

Since the last inspection, three children have moved out of the home, and three children have moved in. Children's moves out of the home were in line with their wishes and feelings, and two children were able to return to the care of their families.

When there are plans for children to move into the home, the manager ensures that information is obtained from their placing authorities, which helps them to consider children's needs against the skills of the staff team. Children have the opportunity to visit the home before moving in. This helps them settle into their new home.

When children are not attending school, the manager and staff team work with the wider professional network to plan for their education. They ensure that children who are not attending school have access to in-house tutoring and promote their engagement. For example, one child who has been out of education for an extended period has recently engaged in home tutoring. This is significant progress from the child's starting point.

Children are encouraged and supported to attend health appointments. However, on one occasion, staff did not ensure that information from one child's health appointment was recorded or shared between the staff team. This led to a delay in the child accessing medication to support their sleep routine.

Staff understand the importance of children's relationships with their families. Children's families speak about how staff involve them in their children's care. One child's family member described the staff as 'brilliant' and said that they share updates about their child's care with them in a format that suits their communication needs.

Staff encourage children's hobbies and interests. For example, one child who has an interest in performing arts has been able to access a summer club to pursue this hobby. Another child enjoys bike rides. One member of staff leaves their bike at the home so that they and other staff can join the child on bike rides.

Staff do not consistently implement effective strategies to promote positive routines and ensure appropriate boundaries around electronic devices for all children. Although there has been some progress, one child spends excessive time in their bedroom using electronic devices. This has affected their access to education and their overall engagement in day-to-day activities in the home.

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

Staff understand their roles and responsibilities to keep children safe. They build positive relationships with children. These relationships support staff in having meaningful

conversations with children about any potential risks and seeking their wishes and feelings about their care.

Staff respond well to incidents of self-harm. They provide children with emotional warmth and the opportunity to talk about how they are feeling. They ensure that the children are provided with first aid and seek further medical advice and support when necessary. Staff carry out room searches and remove items that could cause harm.

Incidents of children going missing from the home are rare. When children are missing, staff search for them and contact their family and friends to try and locate them. Children are offered a return home interview to provide them with the opportunity to discuss the incident with someone independent of the staff team.

Staff are skilled in de-escalation. Staff members have occasionally used physical intervention as a final measure to safeguard the safety of children and others. These interventions are proportionate. Following incidents of physical intervention, children are provided with the opportunity to express their views. Staff explore with the children the most effective way to support them to prevent further incidents from occurring.

Staff respond appropriately to children's complaints. The manager takes immediate action to safeguard the child while their complaint is explored.

Staff have a clear understanding of the plans to keep children safe. However, children's written plans do not include all strategies identified to help keep them safe. Furthermore, plans are not always updated with the most current information. This does not help staff carry out their role and keep children safe.

The effectiveness of leaders and managers: good

There is a suitably qualified and experienced manager in post. The manager has a nurturing approach to caring for children. She has a good understanding of the children's individual needs and has built a positive relationship with each child.

Staff speak positively about working at the home. They say they feel well supported in their roles and are confident in speaking with the manager or their colleagues should there be something they are unsure about. When discussing the support provided by leaders and managers in the home, one member of staff said that they 'couldn't have asked for anything better'.

There is some inconsistency in the management oversight of children's care. Shortfalls in staff practice are not always identified and addressed. For example, management oversight does not identify when staff's recording of missing-from-home incidents is poor and lacks relevant details.

Team meetings are regularly held and well attended. They are used as an opportunity to reflect on staff practice and develop their skills and knowledge. For example, staff reflect on incidents and consider how they could make improvements. This supports them in

continually developing their practice.

Staff are suitably trained in line with the children's needs. The manager is aware of the development needs of the staff team. She ensures that staff receive training that is relevant to their areas for development and children's specific needs.

The manager has made best use of the quality of care review to consider the strengths and areas for development to improve the quality of care provided to children. However, the quality of care review does not include the opinions of children, their parents, placing authorities or staff.

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 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— 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 the home; 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)) Specifically, the registered person must ensure that there are consistent and effective monitoring and review systems in place to identify and address any shortfalls in staff practice and children's records.	20 November 2025
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure—	20 November 2025

that staff— meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans; help each child to develop socially aware behaviour; communicate to each child expectations about the child’s behaviour and ensure that the child understands those expectations in accordance with the child’s age and understanding. (Regulation 11 (1)(a)(b)(c) (2)(a)(i)(ii)(v)) Specifically, the registered person must ensure that staff support children in having positive routines and boundaries, particularly in relation to their time spent on devices.	
The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— achieve the health and well-being outcomes that are recorded in the child’s relevant plans; take part in activities, and attend any appointments, for the purpose of meeting the child’s health and well-being needs; and that each child has access to such dental, medical, nursing, psychiatric and psychological advice, treatment and other services as the child may require. (Regulation 10 (1)(a)(b) (2)(a)(i)(iii)(c)) Specifically, the registered person must ensure that staff record all details of the outcomes of children’s health appointments and that any necessary follow-up action is taken. In particular, children must receive medication they have been prescribed in a timely manner.	20 November 2025
The registered person must maintain records (“case records”) for each child which—	20 November 2025

include the information and documents listed in Schedule 3 in relation to each child;

are kept up to date. (Regulation 36 (1)(a)(b))

Specifically, the registered person must ensure that children's records and plans include all relevant and up-to-date information.

Recommendation

- The registered person should ensure that the quality of care review considers the opinions of children, their parents, placing authorities and staff. ('Guide to the Children's Homes Regulations, including the quality standards', page 64, 15.2)

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: SC063673

Provision sub-type: Children's home

Registered provider: After Care (NW) Limited

Registered provider address: 45 Kensington Road, Southport PR9 0RT

Responsible individual: Timothy Blundell

Registered manager: Helen Bench

Inspector

Hayley Smith, Social Care Regulatory Inspector

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