

SC063997

Registered provider: Keys Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home is owned by a private company. It provides care for up to three children with social and emotional difficulties.

There has been no registered manager since 1 April 2025. A manager is now in place and plans to make their application to register with Ofsted.

At the time of the inspection, one child was living in the home. The child was not present at the home, due to an ongoing incident being dealt with by the home and appropriate agencies.

Inspection dates: 9 and 10 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: 11 September 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/09/2024	Full	Good
27/02/2024	Full	Good
07/03/2023	Full	Outstanding
15/09/2021	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Children's achievements are celebrated by staff and managers, who care deeply about them. Children and staff have fun together. Staff are supportive of children's hobbies and interests, and they regularly spend time together visiting theme parks, spas and going shopping in nearby cities. Staff create memory books for children to take with them when they move, helping them remember their experiences and support their life story.

Leaders and staff have tried different strategies to support children with their education, including tutors coming to the home and access to alternative provisions. For one child, staff supported them to gain local employment, which helped develop practical skills in the workplace. Staff support children to complete exams and to explore apprenticeship opportunities.

At times, children have moved out of the home quickly when there have been significant incidents. This has been challenging for both children and staff. In response, leaders have sought to work closely with key agencies to plan these moves and attempt to reduce the impact of moving out of the home. Staff have supported children with positive endings when they move out, including meals out and letters from staff to children about their time at the home. This helps children feel valued.

Staff are curious and confident in their work with children, regularly using different ways to communicate and help children to reflect on their choices. Staff work closely with substance use specialists and benefit from regular support from therapists in therapeutic work with children. Children's meetings are regular, child centred and helpful to children.

Staff support family time, helping children stay connected with their parents and others who are important to them, meaning they maintain meaningful relationships. Staff communicate well with parents and important people in children's lives, which supports their care.

Children's health needs are generally well met, but staff do not always record contact with medical professionals when health information is unclear.

The home is homely and welcoming. Managers and staff are proud of the recent redecoration of areas of the home, including children's bedrooms. Children are encouraged to personalise their rooms. However, there are some isolated shortfalls in practice with regard to the safe storage of household items. The manager is now taking action to rectify this, but the impact of this change is yet to be measured.

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

When children go missing from home, staff know how to respond and follow procedures. Staff work well with other professionals, contact important people and search known

areas to find children. Safeguarding protocols are in place and developed with the wider network. Children are welcomed home and staff are pleased to see them. Managers seek to understand the reasons why children go missing through multi-agency working. When children are absent from home, managers and staff encourage children to come home and are creative in their approaches to this.

Risk management plans to support children's safety are tailored to their individual needs and behaviours. These are regularly updated after incidents. Staff have oversight of the updates to plans in a prompt manner, supporting consistency in children's care.

Staff are skilled at using therapeutic approaches to help children with their behaviour, and as a result, children are rarely held. There was an incident involving physical intervention, which was not properly recorded. There was no direct impact to children. However, leaders and managers acted quickly and recognised this shortfall. They are now seeking to improve recording practice.

Staff understand the potential impact on children linked to substance use and fire-setting and respond promptly and appropriately to reduce risks. They follow procedures, seek independent health advice when needed, and check children's rooms to help keep them safe. Staff use creative approaches to engage children and support them in managing these risks. Staff have found training related to these issues useful. Fire drills are carried out, and there has been an external review of fire safety in the home. While some follow-up actions remain outstanding and staff responses during drills have not always been robust, these areas are being addressed to strengthen safety further. Leaders are working to improve oversight and ensure all actions are completed.

Children know how to raise their concerns with staff. When allegations are made, practice is generally good. However there have been some inconsistencies in terms of recording, which has led to some delay in staff responding to some allegations. However, when concerns are identified, appropriate action is taken to ensure children are supported and safeguarded. The recording of children being told of the outcome of allegations has also improved.

There have been shortfalls in medication practice, including consistent recording and learning being embedded from previous errors. On occasion, staff have administered medication before completing follow-up training. However, managers have taken steps to strengthen practice through training of the staff team.

The effectiveness of leaders and managers: good

There have been several changes in the management team during the inspection year, with three different managers in post. There has been no registered manager since April 2025. The changes have been felt by staff and children alike and this has impacted the consistency and implementation of some changes, such as shortfalls in recording of incidents and case recordings. Oversight from leaders and managers has improved and the new manager has plans to support the staff team with expectations related to recording.

During this period of change, staff have benefited from consistent oversight from the responsible individual and senior leaders within the organisation. The responsible individual plays a key role in leading the home, providing strong oversight along with direct support to both staff and the manager. Their visible presence is valued by the staff team. The responsible individual has identified areas for improvement which are in the process of being implemented. The impact is yet to be measured.

The new manager in place is enthusiastic, driven and cares for the children, and has positive plans for the home. Feedback from a professional was, 'The manager is very passionate about the children; she genuinely cares about them.'

Team meetings are held regularly and are valued by staff and managers. They provide space to share learning and reflect on how best to support children, and safeguarding themes are discussed based on children's needs. Therapists contribute through consultations, supporting staff in their care of children.

Staff feel well supported and valued by managers but would welcome more feedback on their practice to help them develop further.

Staff receive supervision as part of their ongoing support. There have been gaps in supervision of staff and occasions where recommended follow-up sessions focused on specific issues were not completed.

Staff value training and feel it supports their practice. Training has been prioritised and relates to the needs of children and the staff team. The manager has some training that needs to be brought up to date. Leaders have developed a specific training plan for the next year to develop the staff team.

What does the 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 must comply within the given timescales.

Requirement	Due date
The registered provider must appoint a person to manage the children's home if— (a) there is no registered manager in respect of the home. (Regulation 27 (1)(a)) In particular, the manager must make an application to register without delay.	6 October 2025
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular the registered person must ensure that— medicines kept in the home are stored in a secure place so as to prevent any child from having unsupervised access to them; medicine which is prescribed for a child is administered as prescribed to the child for whom it is prescribed and to no other child; and a record is kept of the administration of medicine to each child. (Regulation 23 (1)(2)(a)(b)(c)) In particular, medication practice should be robust and ensure learning is implemented from medication errors, including staff competency to administer medication.	10 November 2025

Recommendations

- Staff skills for safeguarding should include being able to identify signs that children may be at risk, and support children in strategies to manage and reduce any risks. Staff should support children to understand how to ask for help to stay safe and that

the home is an environment which supports this, ensuring items that may pose a risk to children are safely stored. ('Guide to the Children's Homes Regulations, including the quality standards', page 43, paragraph 9.10)

- The registered person should actively seek independent scrutiny of the home and make best use of information from independent and internal monitoring to ensure continuous improvement, including ensuring recommendations from fire assessments are fully implemented. Further, ensure that staff know their responsibilities related to fire alarms. ('Guide to the Children's Homes Regulations, including the quality standards', page 55, paragraph 10.24)
- 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. Staff should record information on individual children in a non-stigmatising way that distinguishes between fact, opinion and third-party information. Information about the child must always be recorded in a way that will be helpful to the child. ('Guide to the Children's Homes Regulations, including the quality standards', page 62, paragraph 14.4)
- The registered person must have systems in place so that all staff, including the manager, 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)

Information about this inspection

The inspector has 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: SC063997

Provision sub-type: Children's home

Registered provider: Keys Care Limited

Registered provider address: c/o Pinsent Masons LLP, The Soloist Building, 1 Lanyon Place, Belfast, Northern Ireland BT1 3LP

Responsible individual: Katie Harrison

Registered manager: Post vacant

Inspector

Lorna Walker, Social Care Inspector

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