

SC065684

Registered provider: J & R Care Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is registered to provide care for up to six children. It is owned and operated by a private organisation. There were six children living at the home at the time of the inspection.

The registered manager post has been vacant since August 2024.

The children living at the home attend the organisation's school, which is located on the same site. The inspector only inspected the social care provision.

Inspection dates: 15 and 16 April 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	requires improvement to be good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 10 April 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/04/2024	Full	Good
01/08/2023	Full	Good
05/10/2022	Full	Good
02/11/2021	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

The home is welcoming and has recently undergone a significant update; this provides children with a comfortable home to live in. Children's bedrooms are personalised and reflect their individuality well.

Staff provide care and support tailored to the needs of each child, including supporting children to develop their independent living skills when appropriate to do so. This helps the children to become more independent as they grow and builds their confidence.

Children's views, wishes and feelings are gained in several ways, including through daily house meetings, individual sessions with staff and in everyday interactions. Menu choices and activities are discussed, and children can make their own choices. This means that children's voices are consistently heard and considered. Additionally, the monthly consultation session with a director ensures that children are provided with a 'safe space' where they can discuss things away from day-to-day care staff.

Staff ensure that children have positive experiences. They provide children with routines and instil boundaries. Staff spend time talking to the children and show an interest in their hobbies and interests. The youth development lead has encouraged and supported children to enrol in local community clubs, which provide them with the opportunity to build new social circles outside of the home.

Staff form secure relationships with the children. Consequently, children talk to them about their feelings and past experiences. Key-work sessions are used to have meaningful conversations with children about important issues and help to strengthen relationships further. One child is due to move out of the home. This is being undertaken at the child's pace, following staff and other professionals listening to the child's wishes and feelings. This has enabled the child to gradually increase the time that they are away from the home and feel reassured throughout.

Plans and risks assessments are comprehensive and give a great insight into the children's needs and risks and how these are to be managed to ensure their safety and well-being. Managers are highly responsive to emerging safeguarding concerns and keep risk assessments and safety plans under regular review, sharing updates across the professional network. This ensures that children are provided with high-quality care.

Staff are supportive of one another and exhibit kindness and warmth towards the children and each other. Relationships between children and staff are mutually respectful and kind. Staff speak proudly and fondly about the children in their care and have high aspirations for them. All the children spoken to said that they like living in the home and are happy and feel safe.

Children's understanding of diversity is promoted. Staff are open to discussing equality and diversity in the home and have taken the opportunity to discuss this during daily house meetings. Children greatly enjoy the home-made meals that the staff provide daily. There is always fresh fruit and vegetables available. Children are keen to learn about cultural dishes and clearly feel the love poured into every dish that they receive.

Children's healthcare needs are managed very well. Any documentation is clear, and children's medication is administered safely. There is also close liaison with external agencies and healthcare professionals. When medication errors are identified, managers review the processes and update them to reduce the risk of further errors being made.

Children attend full-time education and are progressing well. Staff work collaboratively with education staff to provide seamless support and care to children.

Family time is both supported and encouraged. Staff listen to the children and liaise well with other professionals. Staff also work closely with the children's parents and family members, when appropriate.

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

Staff understand the risks and vulnerabilities of the children and respond to any concerns swiftly. They work in line with safeguarding policies and procedures and escalate any concerns to other professionals, including the police and other specialist services. This ensures that children receive wraparound care and support.

Children do not often go missing. When they do, staff follow protocols and liaise with professionals appropriately to ensure the child returns home safely as soon as possible. Staff show empathy and support children who go missing. They gently reassure them on their return, ensuring that intelligence is shared with the police and social care professionals. Staff also advocate for children to ensure that they receive return home interviews promptly.

The knowledgeable staff understand what to do when they identify a safeguarding concern. All necessary action and appropriate steps are taken in a child-focused and timely way. This ensures that children's safety and well-being are promoted.

Incidents are well managed, and staff have good de-escalation skills. Risk assessments and other plans are clear and include children's views about how best to support them. Physical intervention is only used as a last resort and children's views are sought.

Staff work hard to support children to build and maintain their relationships with each other, including regularly discussing bullying with the group and allowing them to have input in the daily house meetings. Staff manage the children safely in joint activities as well as individually. Children learn social skills, which will benefit them now and in maintaining future relationships.

Staff are appropriately trained and incorporate their knowledge into daily practice. The on-site trainer in physical intervention and de-escalation regularly reviews incident reports, as well as keeping the staff up to date with their training. This ensures that children are cared for consistently by experienced and informed staff.

The home is well maintained by the in-house maintenance team, which means that any remedial works are completed in a timely way. Health and safety processes are effective. Children have recently received training in fire extinguisher safety, which enabled them to gain more of an understanding around fire safety.

The effectiveness of leaders and managers: requires improvement to be good

The home has not had a registered manager since August 2024. This has caused some feelings of instability among the staff team and children. For a three-month period, interim management arrangements were in place. During this period, there were some shortfalls in management oversight and some areas of practice. For example, when children moved into the home, these admissions were not always well planned, and not all risks were considered. This did not have a negative impact on most children but had the potential to do so. In another example, leaders did not offer sufficient challenge to other agencies to ensure that they provided enough information.

However, significant improvements have been made since the new responsible individual was introduced. The responsible individual was the home's previous registered manager and knows the service well. They have identified key areas for development and taken swift action to start to address these.

The responsible individual and other leaders are relentless in their pursuit of a new registered manager. However, recent recruitment initiatives have been unsuccessful, requiring senior leaders to become more creative in their effort to recruit a suitable candidate. In the meantime, the responsible individual strives to provide children with high-quality care. This vision is shared by staff and company directors.

Managers ensure that the staff receive regular supervision and participate in team meetings, reflective practice sessions and child-focused meetings, which help to improve practice. The in-house psychologist plays an integral part in supporting the staff team to work with the children in a trauma-informed way.

Leaders and managers are aware of the home's weaknesses, including a lack of management capacity at present due to there not being a registered manager in post. This has had an impact on the oversight and monitoring of elements of their role. Examples include when a recommendation to book a doctor's appointment for a child went unnoticed and two members of staff were not identified as having exceeded the time limit to complete their level 3 diploma.

Managers work in partnership with health, education and social care professionals and therapists to meet children's needs in all areas and this is resulting in consistent care for children.

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 provider must appoint a person to manage the children's home if— there is no registered manager in respect of the home; and the registered provider— is an organisation or a partnership; does not satisfy regulation 28; or is not, or does not intend to be, in day-to-day charge of the home. If the registered provider appoints a person to manage the home, the registered provider must, without delay, give HMCI notice of— the name of the person so appointed; and the date on which the appointment takes effect. (Regulation 27 (1)(a)(b)(i)(ii)(iii) (2)(a)(b))	29 May 2025
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— assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child. (Regulation 12 (1) (2)(a)(i))	29 May 2025

Specifically, ensure that children's risk assessments when moving into the home clearly describe children's most relevant risks.	
For the purposes of paragraph (3)(b), an individual who works in the home in a care role has the appropriate qualification if, by the relevant date, the individual has attained— the Level 3 Diploma for Residential Childcare (England) ("the Level 3 Diploma"); or a qualification which the registered person considers to be equivalent to the Level 3 Diploma. The relevant date is— in the case of an individual who starts working in a care role in a home after 1st April 2014, the date which falls 2 years after the date on which the individual started working in a care role in a home. (Regulation 32 (4)(a)(b) (5)(a))	15 October 2025

Recommendations

- The registered person is responsible for ensuring that each child's day-to-day health and well-being needs are met. ('Guide to the Children's Homes Regulations, including the quality standards', page 33, paragraph 7.3)
- The registered person must challenge (under regulation 5(c)) any placing authority who asks them to accept a child in the absence of a complete and current relevant plan, as the expectation that a placement of a child without the necessary information would go ahead (in circumstances other than an emergency) is inadequate in relation to their role. It is essential that homes understand what will be required of them before they accept responsibility for a child's placement, to avoid disruption and instability for the child in future and for other children in the home. ('Guide to the Children's Homes Regulations, including the quality standards', page 56, paragraph 11.5)

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: SC065684

Provision sub-type: Children's home

Registered provider: J & R Care Limited

Registered provider address: J & R Care Limited, Ash House South Centre Road,
New Ash Green, Longfield, Kent DA3 8JF

Responsible individual: Noella Ngenwie

Registered manager: Post vacant

Inspector

Emma Haskell, Social Care Regulatory Inspector

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