

SC387148

Registered provider: Fairfield Residential Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The provider states in its statement of purpose that the home provides care for up to five children with learning disabilities and/or autism spectrum disorder. The home is run by a private company and provides education on site at a registered school. The inspector focused solely on inspecting the social care provision at this setting.

At the time of the inspection, five children were living at the home. The inspector observed four children during the inspection.

The manager registered with Ofsted in December 2015.

Inspection dates: 3 and 4 September 2025

Overall experiences and progress of children and young people, taking into account	requires improvement to be 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	requires improvement to be 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: 3 October 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
03/10/2024	Full	Good
14/11/2023	Full	Good
20/09/2022	Full	Requires improvement to be good
28/03/2022	Interim	Improved effectiveness

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

The same children have continued living in this home since the last inspection. This has been helpful to the children, as it has provided consistency and allowed them to develop relationships with each other and the staff in a predictable environment.

The home is a large, detached property. Recent improvements have included a sensory board and a pergola in the garden and a reading corner in the living room. Children are enjoying these new additions to their home. Children's bedrooms are personalised, safe places for them to spend time or calm down. However, their plans do not clearly identify the use of custom-made beds as a measure for calming children to ensure that the strategy is used appropriately.

Four of the children attend the provider's education provision, which includes facilities both on and off site. Another child attends a local specialist school. All children engage with their individual education plans and are making progress.

Children's sensory needs are well met, and the staff are aware of what supports children to calm and how to ensure that the children receive the sensory input they require.

Children's basic health needs are met. The manager has identified when the children need additional support and has arranged this through the local authority's learning disability team. However, despite clear plans being in place, one child is not supported in following physiotherapy plans as directed by an occupational therapist.

The staff have positive relationships with the children's families, which benefits the children. Parents spoken to said that the communication between them and the team is good and that their children are making progress. Children have made progress due to well-planned targets that are regularly monitored and reviewed. Children's achievements include using the toilet independently, writing their own name, feeding themselves and developing their communication.

Due to the children's communication needs, they cannot inform staff how and when they have sustained injuries. When the staff observe these, they are appropriately recorded. Although the staff will ensure that appropriate first aid is administered, the cause of the injury is not always recorded.

The children enjoy a wide range of activities in the community, including shopping, going to the cinema, trips to parks and farms, and using public transport. Activities in the home are creative and promote learning alongside being fun and interactive.

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

The children have positive relationships with staff who know them well. Staff can de-escalate situations and support children in calming down without intervention. However, there are several shortfalls in how staff respond when children are injured.

There are children who live at the home who bang their heads significantly when they are anxious or upset. One child has access to a helmet, which is used appropriately, and a learning disability nurse is involved. However, there have been several occasions when the children have banged their heads and caused visible injuries, and the staff have not obtained medical advice to ensure their safety and well-being. As a result, a protocol was put in place during the inspection to ensure that the staff are clear on what to do in such instances.

There have been two medication errors since the last inspection, both involving the omission of medication. These were appropriately managed with the staff members involved, and there was no effect on the children. However, no medical advice was sought for precautionary purposes.

Staff are regularly provided with the opportunity to raise and discuss safeguarding concerns in the home. Staff said they feel confident in raising any concerns. There has been one complaint since the last inspection, made by a member of the public. This was acknowledged and investigated appropriately.

The use of restraint is rare. When there is a need for mechanical restraints, these are agreed and form part of the children's plan. However, these plans do not outline how the staff will reduce these restrictions in the future.

The manager ensures that she follows safer recruitment processes, which reduces the risk of unsuitable adults working with the children.

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

The manager is suitably experienced and qualified. They are supported by a motivated and child-centred deputy manager.

The staff said they feel supported by the management team and receive regular supervision sessions. However, the recorded sessions do not demonstrate the impact that they have on the staff's practice with children. There is little evidence of reflection or supervisee contribution.

Team meetings take place regularly, which are child centred and thorough. The meetings are occasionally used as training sessions for the staff to develop their knowledge and skills. The most recent session was around key-work responsibilities and how to record children's progress towards meeting their targets.

The manager has systems in place to monitor the quality of care provided to children, and they use the independent person's report to make improvements. The manager has a good understanding of the children and the staff team. However, the leadership team has not always fully considered concerns raised by staff members. In addition, there have been several incidents that have not been reported to Ofsted. This reduces the regulator's oversight of what is going on for the children living at the home.

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— 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; have the skills to identify and act upon signs that a child is at risk of harm; and that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(a)(i)(iii)(b)) This relates specifically to the registered person ensuring that there are plans in place for the staff to follow when children self-injure by banging their heads. This must include when medical advice should be sought. This further relates to the medical advice being sought following medication administration errors.	17 October 2025
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—	17 October 2025

lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose; ensure that the home's workforce provides continuity of care to each child; and demonstrate that practice in the home is informed and improved by taking into account and acting on— feedback on the experiences of children, including complaints received. (Regulation 13 (1)(a)(b) (2)(a)(e)(g)(ii)) This relates specifically to the registered person ensuring that any complaints made by staff members are thoroughly investigated to ensure that the children are kept safe and their well-being is promoted.	
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; and children are helped to lead healthy lifestyles. 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; and take part in activities, and attend any appointments, for the purpose of meeting the child's health and well-being needs. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(iii)) This relates specifically to the registered person ensuring that the children are supported in participating in physiotherapy activities as directed by an occupational therapist.	17 October 2025
The registered person must notify HMCI and each other relevant person without delay if—	17 October 2025

there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(e))	
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Recommendations

- The registered person should ensure that any restrictive practices are identified within a broad-ranging, robust behaviour support plan that aims to create circumstances where continued use of such restraint will no longer be required. ('Guide to the Children's Homes Regulations, including the quality standards', page 47, paragraph 9.45)
- The registered person should ensure that supervision sessions include the supervisees' contributions. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.2)

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: SC387148

Provision sub-type: Children's home

Registered provider: Fairfield Residential Limited

Registered provider address: 108 Whitworth Road, Rochdale OL12 0JJ

Responsible individual: Samuel Cope

Registered manager: Debra McGarrigan

Inspector

Kerri Lynch, Social Care Inspector

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