SC458812

Registered provider: Phoenix Learning & Care Holdings Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is owned by a private company that operates several children's homes in the region. It provides care for children with social and emotional difficulties. There was one child living at the home at the time of this inspection, who was living there at the time of the last full inspection.

The manager has been registered with Ofsted since July 2024. The responsible individual who had been in post since 2020 left in March 2025.

Inspection dates: 2 and 3 July 2025

Overall experiences and progress of children and young people, taking into account	**good**
How well children and young people are helped and protected	good
The effectiveness of leaders and managers	requires improvement to be good

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

Date of last inspection: 30 October 2024

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
30/10/2024	Full	Requires improvement to be good
14/08/2023	Full	Good
13/06/2022	Full	Good
11/05/2021	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

The child currently living in the home was present and spoken with, in the presence of staff members, during the inspection. The child is making good progress and enjoys positive experiences.

Staff and managers actively support and champion the child's education, driven by high aspirations for their academic success. They maintain regular communication with professionals and advocate effectively to ensure the child's specialist plan is completed and shared, preventing disruption. These efforts have led to a positive educational experience and excellent attendance.

The child's health needs are well met, with routine check-ups completed and specialist referrals made for therapeutic and neurodivergence support. Staff help the child follow medical advice through nurturing, empathetic care and engaging activities, such as karaoke and movie nights. This approach, especially following a recent accident, is aiding faster recovery and reducing the risk of long-term complications.

The home is well decorated and reflects the child's personality, with items featuring their favourite cuddly characters. Craft kits and materials are readily available and tailored to the child's interests. Staff and the manager proudly display and discuss the child's artwork, reinforcing shared pride. Photos with family and staff enhance the warm, homely atmosphere, which helps the child to feel secure. However, although photos are available, the child does not have a current memory book to support future recollection and life-story work.

Managers actively advocate on the child's behalf, including engaging with school leaders to review a policy on self-injurious behaviour, raising concerns about potential unintended feelings of shame or blame placed on the child. The child does not currently have an advocate. This decision has been made in consideration of the number of professionals already involved to ensure appropriate support.

Staff support the child to maintain meaningful relationships, with practical and emotional encouragement around family time. A parent said that their time with the child is respected, communication is effective, and they value weekly updates that help them feel connected to their child's week. These actions help to preserve the child's identity and sense of belonging.

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

Staff deliver nurturing and trauma-informed care. The child has experienced eight instances of restraint since the last inspection, each deemed proportionate and necessary to prevent harm. Therapeutic oversight provides staff with clear, practical guidance, highlighting where alternative actions could have been taken. This supports

learning and improves consistency in applying the therapeutic model. However, post-incident discussions are not always completed, which risks losing the child's voice.

The child's individual needs require some restrictions to manage self-injurious behaviours. When searches are necessary to safeguard the child, these are well recorded to capture the rationale. However, the steps to reduce restrictive measures in the future and the conditions needed to achieve this are not clearly set out.

The managers have supported the child to build peer connections, through an initiative across the provider's homes. This has successfully helped to establish new friendships and enabled the shared experiences of outings and sleepovers, helping the child's development in line with their age. However, the manager accepted they can do more to ensure that safe sleeping arrangements consider known and potential risks.

The manager ensures medication is administered in line with expectations. When an error occurred, they responded promptly and appropriately, promoting staff learning. However, staff did not fully explore one child's dose of medication to fully understand how to best support them.

Safer recruitment practices are followed. When complaints are made there is guidance to support the manager and those involved on actions to be taken.

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

The manager has grown in confidence and is a good communicator. They identify many of the home's strengths and areas for development, crediting the support received as key to this progress. Despite improvements, inconsistency remains, and development work is not yet embedded enough to show sustained impact. Leaders and managers acknowledge this, and, supported by the staff team, remain committed to driving further improvement. For example, care plans guide staff in supporting the child, but some lack specific, measurable actions, and not all updates are reflected across relevant documents.

The home's systems are primarily online, but managers support staff with paper files. In some cases, the most up-to-date documents are not printed, risking staff following out-of-date plans. There is inconsistency in the quality of recording and application of system processes. When staff do not follow these processes, oversight is affected. For example, if physical intervention incidents are not correctly recorded, therapist oversight is not triggered. Managers do not always identify these errors.

The home environment is welcoming. However, staff bedrooms display information about the child and organisational messages, compromising confidentiality and detracting from the homely feel. Managers responded swiftly to address this during the inspection.

The managers take action to address staffing sufficiency, recruiting to all vacancies, and securing agreement for an additional staff member to build resilience during a period of

notable change. They acknowledge the impact of an unstable workforce on morale, culture and consistency for the child and are actively working to address it.

What does the children's home need to do to improve?

Recommendations

- The registered person should ensure that where appropriate, the design of the home enables children to develop independence skills within the supportive environment of the home. In particular, staff should ensure that any restrictions to equipment are based on risk and clearly documented in their care and support plans. There must be specific timescales for review and strategies to reduce and, where possible, remove the restriction. Also, information relating to the child and advice notes for staff must be stored securely to maintain confidentiality and avoid an institutional environment, including in staff sleeping areas. ('Guide to the Children's Homes Regulations, including the quality standards', page 17, paragraph 3.25)
- The registered person should ensure that staff are given specific detail when administering prescribed medication and where the home has questions or concerns about a child's medication, they should approach an expert such as a general medical practitioner, community pharmacist or designated nurse for looked-after children. ('Guide to the Children's Homes Regulations, including the quality standards', page 35, paragraph 7.15)
- The registered person should ensure that staff are supported to understand and meet each child's needs and fulfil their responsibilities though access to individual plans which are of consistent quality and contain the necessary detail to support them in their role. Furthermore, the application of systems and monitoring should ensure that all incidents requiring oversight by the therapeutic team are processed effectively to achieve this. ('Guide to the Children's Homes Regulations, including the quality standards', page 52, paragraph 10.5)
- The registered person should ensure that staff keep appropriate memorabilia of children's time living in the home. In particular, staff should provide context to the photos that are included in memory books so that children are helped to remember where they were, what they were doing and who they were with when they look back at the photos in later life. ('Guide to the Children's Homes Regulations, including the quality standards', page 62, paragraph 14.5)

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: SC458812

Provision sub-type: Children's home

Registered provider: Phoenix Learning & Care Holdings Limited

Registered provider address: Support Hub, Unit 5, Chinon Court, Lower Moor Way, Tiverton, Devon EX16 6SS

Responsible individual:

Registered manager: Codie-Al Cleugh

Inspector

Ashley Arkless, Social Care Inspector

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