

SC470413

Registered provider: Unity Residential Care Services 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 and provides care for up to two children who experience social and emotional difficulties.

At the time of this inspection, one child was living at the home. This is the only child who has lived at the home since the last inspection.

There is a permanent registered manager, who is suitably experienced and is working towards his qualification.

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

Date of last inspection: 19 November 2024

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
19/11/2024	Full	Outstanding
20/02/2024	Full	Good
29/11/2022	Full	Good
21/09/2021	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

The inspector spoke with the child as part of the inspection.

The child benefits from living in a stable home that is welcoming. The home reflects the child who lives there and is suitably furnished. There are several photos of the child and staff on display. An artificial turf lawn has been laid so the child can play football all year round. The aesthetics of the home environment contribute to the child's feelings of belonging and permanence.

The child continues to thrive in education. They now attend a specialist school on a reduced timetable that is kept under review and is progressively increasing. Professionals said that the child's attendance is excellent, and their motivation to attend school is high. They have progressed from one-to-one learning to group learning. The child's education plans are overseen by the clinical support team to ensure that they provide structure and support their next steps effectively.

Staff provide support for the child's health needs and encourage them to attend routine health appointments. Where specialist help is required, leaders advocate on behalf of the child. As a result, the child has a bespoke package of therapeutic support. The child is sustaining improvements and is described as 'more settled' and 'happier'. Those who know them well said the child is able to manage their emotions more effectively.

Staff work well with the child's family. One family member praised the care their child receives. They said, 'Staff care for my child like one of their own. They understand their needs and have not just supported my child but have extended this to us as a family.' This practice contributes to the child receiving consistent care from staff and people who are important to them.

Staff place the child at the centre of their practice. They seek the child's wishes and feelings and use this information to inform the child's care plans. In addition to having regular opportunities to speak with staff, managers and leaders, a designated children's quality assurance lead visits the child quarterly to gather their views. Information gathered is shared with the team to ensure that everyone understands what is important to the child.

Since the last inspection, five staff members, including both managers, have left the home. Although many have remained in the company and maintained meaningful ties with the child, the changes have affected the child, who has experienced a sense of loss, requiring them to build new relationships. One professional noted a dip in progress and a slight rise in incidents but reported that the child has since settled well. They described how the new team has been 'amazing'.

On one occasion, a staff member responded poorly when the child was distressed. Other staff intervened to support the child, and leaders took appropriate action in response to the practice concern and to ensure the child's safety.

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

Staff understand the child's behaviours and risks well. They use calm, effective strategies to keep them safe and prevent incidents. Risk assessments are regularly reviewed and updated after each incident, with learning shared in team meetings and supported by the in-house therapist. This ensures a consistent, reflective approach that promotes the child's safety and well-being.

Staff understand the child's past experiences and individual needs and promote positive behaviour. They ensure that clear boundaries help the child understand safe and appropriate behaviours. Reward systems are in place to encourage the child, but these are not always effective or reviewed in a timely manner.

The use of physical intervention is rare, with only three incidents in the past six months. The records of the incidents are detailed and demonstrate the staff's proportionate response to some challenging situations. There is prompt managerial oversight of incidents.

When the child is missing from home, staff are confident in how to respond and follow procedures. As a result, the child has returned home a short time after leaving, and incidents are reducing. Staff know the triggers that may also result in the child going missing from home, and they proactively use strategies to de-escalate the situation at the point that it has not reached crisis. Incidents are reported in a timely manner with managerial oversight, and, where appropriate, a return home interview from the placing authority takes place.

While incidents are well managed, the missing-from-home protocol requires further detail, such as the child's curfew and frequency of welfare checks. This will ensure consistency when the child is reported as being missing from home.

Children receive good support to take age-appropriate risks to promote their independence. Clear plans are in place for the child to enjoy time with friends and in the community. The manager works with the child's placing authority to create this support plan to balance risk in a proportionate way.

The effectiveness of leaders and managers: outstanding

An enthusiastic manager leads the home. He is supported by the responsible individual, who is aspirational for the child. Before the arrival of the manager, the responsible individual navigated the home through the departure of the previous registered manager and interim manager. She has extensive knowledge of the child and is passionate about ensuring best practice. She has ensured that the home and the team have received a consistent level of support and oversight.

Leaders and managers have formed effective working partnerships with those who support the child. Effective communication with the placing authority, clinical team and school ensures that the child's voice is heard and acted on. When incidents occur, the team around the child reviews them to ensure that a coordinated approach is taken and the child receives consistent support from the multidisciplinary team.

Staff feel valued, and they are supported by leaders who are confident and enthusiastic about the child in the home and who are invested in their development. High-quality supervision is provided monthly with an emphasis on staff well-being. A theoretical model of reflective practice is embedded in staff supervision to support learning and development. Team meetings are attended by the clinical lead, and research-informed practice is disseminated and discussed as a whole group to support learning.

The manager has a clear understanding of the home's strengths and areas for development. He is aware that many staff members are still new to their role, while they have made excellent progress and the home is settled. He is committed to supporting further team development and embedding a learning culture in the home.

The manager has a system for reviewing all incidents in the home without delay. He will also revisit significant incidents weeks later to critically reflect on the decisions, experiences, and actions taken at the time. This additional analysis creates opportunities to review practice and identify patterns and trends, which ensures that the care plan remains relevant to the child's needs.

The manager implements effective monitoring systems. This ensures excellent oversight of all aspects of staff development, the child's needs, and the home environment. The responsible individual has good oversight and carries out her own full audit every three months. In addition, peer audits are carried out by other managers in the company to share best practice and provide an additional layer of scrutiny.

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

Recommendations

- The registered person should clearly outline the procedures to follow and the roles and responsibilities of staff when a child goes missing or is away from the home without permission. This includes specifying how staff should support the child on their return home. ('Guide to the Children's Homes Regulations, including the quality standards', page 44, paragraph 9.28)
- The registered person should ensure that staff use positive behaviour strategies in line with the child's relevant plans. ('Guide to the Children's Homes Regulations, including the quality standards', page 39, paragraph 8.13)

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: SC470413

Provision sub-type: Children's home

Registered provider: Unity Residential Care Services Limited

Registered provider address: 2 Lymevale Court, Lyme Drive, Parklands, Stoke-on-Trent ST4 6NW

Responsible individual: Emmaline Scoular

Registered manager: Martin Crowe

Inspector

Joanne Hawkins, Social Care Inspector

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