

SC476270

Registered provider: Cambian Childcare Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is owned by a large private provider. It is registered to provide care for up to five children. Children are likely to have emotional and behavioural difficulties and may have experienced trauma.

There is no manager in post.

At the time of the inspection, four children were living in the home. All children were present for some of the inspection and the inspector was able to speak with them and gather their views.

Inspection dates: 21 and 22 January 2025

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and/or widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and the care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: 23 April 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
23/04/2024	Full	Requires improvement to be good
04/05/2023	Full	Good
08/06/2022	Full	Requires improvement to be good
05/10/2021	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Children's safety, experiences and progress have been compromised by poor leadership and management and failure to take effective action to improve the quality of care in the home. As a result of these findings, three compliance notices have been issued under regulation 6, regulation 12 and regulation 13. A notice of restriction of accommodation has also been issued so that no more children can move into the home. This will be kept under review.

Since the assurance inspection in November 2024, no children have left the home, and one child has moved in. The child had a planned move from another home in the company.

Relationships between children and staff are inconsistent. Staff are warm and affectionate towards children and children give staff hugs. However, during the inspection a child was upset for a prolonged length of time. Staff did not maintain physical boundaries for the child who was able to continually access an area of the home which is out of bounds for children. Staff did not use the strategies in the child's risk management plans to prevent the child's behaviours from escalating. The child's social worker was also in the home. They said that staff struggle to manage their child's behaviours because they do not understand the child's therapeutic needs and do not relate to the child therapeutically. Staff said that this child should not be living in the home. Another child's social worker said that their child had made significant progress and were overall pleased with the care. However, they were concerned at staff's ability to manage the impact of some children's unwanted behaviours on their child.

Children live in an empty shell of a home. Areas of the home have a strong unpleasant smell and are dirty and unkempt. Communal areas are bare, without photographs or curtains and the home is cold. Damage is clearly visible on the walls of some children's bedrooms. One child's bedroom has a hole in the wall and a drawer is missing from their chest of drawers. A light fitting, without a lightbulb, hangs from the ceiling. The home does not reflect the personality or interests of the children living there. A child said that they did not like living in the home because it was 'wrecked'. This sparse and unhygienic environment compromises children's safety and does not convey to children that they are worthy of a pleasant, clean home.

Children's engagement in education is mixed. Some children make progress and have positive outcomes in education. Other children have not attended education for a considerable amount of time or have not been enrolled at a school since moving into the home. Managers and staff have failed to put in place strong routines and structured activities which will support these children and maintain their interest in education.

One child's healthcare records do not reflect a child's health needs. Staff are not guided to monitor the child's symptoms and to support the child. This disorganised approach to

health care planning arrangements has contributed to the child's needs not being fully understood or met by staff and managers.

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

Staff lack the skills and guidance to safely support children when they are presenting with behaviours that are challenging. As a result, both staff and children have been hurt. Staff do not understand how to safely support children with their specific complex needs. They do not always use approved therapeutic strategies to de-escalate children's complex behaviours, quickly resorting to physical intervention. Children are emotionally and physically impacted by witnessing these behaviours and they say they do not always feel safe.

Managers fail to provide staff with clear guidance about how to respond to risk-taking behaviours. Risk management plans do not contain all relevant risks for children and are not updated and reviewed following significant incidents. Because of this, staff lack confidence about what to do in demanding situations and have resorted to contacting the police. This increases the risk of criminality for children and does not support them to feel safe.

Managers fail to effectively review incidents. They are not professionally curious when physical intervention reports do not include strategies to de-escalate children's complex behaviours. Discussions with children or staff following incidents of restraint do not consistently take place. Managers do not therefore support staff to reflect on their practice and to request support if needed. Additionally, children's experiences are not understood, and poor practice remains unchallenged.

Managers fail to identify safeguarding concerns in their review of restraints. On one occasion, managers failed to identify that a child received injuries during restraint. They did not report this to external safeguarding professionals, including children's social workers. Additionally, managers are slow to carry out internal investigations requested by safeguarding professionals. This leaves children without a resolution and increases staff's anxiety.

Managers and staff fail to take effective action when children are bullied by other children. Discussions with children are ad hoc, do not use resources to engage children and do not capture children's views and experiences. Managers have failed to implement clear strategies despite children hurting other children and saying they do not feel safe. Children are therefore placed at risk of harm and concerns continue about children's fragile relationships.

Staff do not follow children's plans and educate children about keeping themselves safe. They do not use resources to engage children in discussions about issues such as internet safety, safe touch, or bullying.

The effectiveness of leaders and managers: inadequate

There is a significant lack of managerial oversight and support in the home. Poor leadership and management and failure to take effective action to improve the quality of care has compromised children's safety, experiences and progress. Minimal progress has been made in areas of requirement since the last inspection and all requirements raised at this time have been re-issued.

The registered manager recently left at short notice. The responsible individual and other managers are in day-to-day charge of the home. Shortly before the inspection, senior managers were concerned about the quality of leadership. They carried out an in-depth audit and identified widespread shortfalls in the quality of care that children receive. They have created an action plan to address these shortfalls.

Partner agencies have mixed views about the service. They say that staff responses are chaotic at times with poor communication from managers and staff. An education professional said that children, at times, attend school without the necessary equipment or their lunch. Some professionals are pleased with the care provided to children and say that communication has recently improved.

Although staff receive regular supervision sessions, discussions with managers are not reflective, and managers do not set out clear plans for improvement when staff raise concerns. As a result, staff feel unsupported and say there is no point raising issues because managers will not take action to resolve them. Staff say that working in the home is challenging, and that morale is low.

Managers fail to effectively monitor and improve the quality of care for children. Audits lack detail and evaluation of key areas of practice. Actions are not specific and do not have clear timescales for review. Therefore, they do not have an impact on the quality of care that children receive. Additionally, actions identified by the independent visitor in their monthly report are not addressed and are regularly repeated. This includes actions to keep children safe. This poor management oversight compromises the safety and wellbeing of children and staff.

Managers do not ensure that staff are guided to deliver therapeutic care to children, in line with the home's statement of purpose. They do not ensure that staff follow children's plans and support children's behaviours therapeutically. Managers do not reflect with staff on their therapeutic practice in supervision and post incident de-briefs. Meetings with the company clinician are not prioritised and either do not regularly take place or are poorly attended by staff. This means that staff do not have a good understanding of the children's complex behaviours and how to respond therapeutically.

Staff have access to training that should help to enhance their knowledge to support children. However, staff are not provided with specific training or effective guidance to support children's specific needs, such as Autism, incontinence or sexualised behaviours

that may cause harm. Staff said that when some of these behaviours are presented, they do not know how to appropriately respond.

The home has a stable staff team who say that they want to provide children with consistent care. There is a mixture of experienced and qualified staff. Most staff are currently enrolled on a relevant qualification. Staff build relationships with children by sharing children's hobbies and interests and spending time with children in the home and in the community.

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, 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; help each child to understand how to keep safe; have the skills to identify and act upon signs that a child is at risk of harm; 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)(ii)(iii)(v)(b)) This specifically relates to managers ensuring that risk management plans address children's known risks, and that plans are clear about the action staff need to take to reduce these risks. That managers put measures in place to increase the confidence and skill of staff in managing significant incidents	09 March 2025

and reflect on learning to improve practice in keeping children safe. Additionally, that managers ensure that staff educate children to keep themselves safe.	
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— understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person. (Regulation 12 (1) (2)(a)(vii)) This specifically relates to the registered person ensuring that staff understand their roles and responsibilities when a child is injured during an incidence of restraint and that managers promptly carry out internal investigations into safeguarding matters when requested by safeguarding professionals	09 March 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— 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 staff work as a team where appropriate; ensure that staff have the experience, qualifications and skills to meet the needs of each child; understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home.	09 March 2025

(Regulation 13 (1)(a)(b) (2)(a)(b)(c)(f)(h)) This specifically relates to managers ensuring that clinicians work with the staff team to develop skills in therapeutic care; that the home's monitoring systems are effective and implemented to help to identify and address areas for improvement in the quality of care provided to children; that managers exercise critical oversight and reflection of incidents and that de-briefs with children and staff take place, and they act, when needed, to bring about improvement in the quality of children's care.	
* The quality and purpose of care standard is that children receive care from staff who— understand the children's home's overall aims and the outcomes it seeks to achieve for children; use this understanding to deliver care that meets children's needs and supports them to fulfil their potential. In particular, the standard in paragraph (1) requires the registered person to— ensure that the premises used for the purposes of the home are designed and furnished so as to— meet the needs of each child; and enable each child to participate in the daily life of the home. (Regulation 6 (1)(a)(b) (2)(c)(i)(ii)) This specifically relates to managers ensuring that children live in a clean and hygienic, well maintained and comfortably furnished home and that the home is personalised to reflect children's tastes and their personalities.	09 March 2025
In meeting the quality standards, the registered person must, and must ensure that staff— seek to involve each child's placing authority effectively in the child's care, in accordance with the child's relevant plans; seek to develop and maintain effective professional relationships with such persons, bodies or organisations as the registered person considers appropriate having regard to the range of	09 March 2025

needs of children for whom it is intended that the children's home is to provide care and accommodation. (Regulation 5 (a)(d)) This specifically relates to managers ensuring that they promptly inform a child's social worker when a child is injured and maintain regular communication about children's progress.	
The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers; help each child to understand the importance and value of education, learning, training and employment; promote opportunities for each child to learn informally. (Regulation 8(1) (2)(a)(iii)(iv)(v)) This specifically relates to managers ensuring that staff support children who are not in education with structured routines and opportunities to learn to prepare them to return to education.	09 March 2025
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; understand the child's health and well-being needs and the options that are available in relation to the child's health and	09 March 2025

well-being, in a way that is appropriate to the child's age and understanding; take part in activities, and attend any appointments, for the purpose of meeting the child's health and well-being needs; and understand and develop skills to promote the child's well-being. (Regulation 10 (1)(a)(b)(c)(2)(a)(i)(ii)(iii)(iv)) This specifically relates to managers ensuring that staff support children's health needs in line with plans agreed with the child's social worker.	
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— meet each child's behavioural and emotional needs, as set out in the child's relevant plans; understand and communicate to children that bullying is unacceptable; and that each child is encouraged to build and maintain positive relationships with others. (Regulation 11(1)(a)(b)(c) (2)(a)(i)(xii)(b)) This specifically relates to managers ensuring that they implement a plan to address bullying and unkind behaviour in the home.	09 March 2025
The registered person must ensure that— within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—	09 March 2025

details of any methods used or steps taken to avoid the need to use the measure;

a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;

within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so ("the authorised person")—

has spoken to the user about the measure; and

has signed the record to confirm it is accurate; and

within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35 (3)(a)(v)(viii)(b)(i)(ii)(c))

This specifically relates to the registered person ensuring that staff and children are given the opportunity to share their views and experiences following the use of restrictive physical interventions within appropriate timescales and that staff maintain accurate records in line with regulation.

* These requirements are subject to a compliance notice.

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: SC476270

Provision sub-type: Children's home

Registered provider: Cambian Childcare Ltd

Registered provider address: Metropolitan House, 3 Darkes Lane, Potters Bar EN6 1AG

Responsible individual: Deborah Robertson-Kesterton

Registered manager: post vacant

Inspectors

Karen Gillingwater, Social Care Inspector
Kev Brammer, Regulatory Inspection Manager

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