

Clayfields House Secure Unit

Nottinghamshire County Council

Clayfields House Secure Unit, 18-20 Moorbridge Lane, Stapleford, Nottingham NG9 8GU

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure children's home is managed by a local authority. It is approved by the Department for Education to restrict children's liberty.

The home can accommodate up to 20 children aged between 10 and 17 years. Up to 12 children can be placed by the Youth Custody Service and up to eight children can be accommodated under section 25 of the Children Act 1989. Admission of any child under section 25 of the Children Act 1989 who is under 13 years of age requires the approval of the Secretary of State. There were 11 children living at the home at the time of the inspection.

The commissioning of health services in this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site in dedicated facilities.

The manager has been registered with Ofsted since May 2018.

Inspection dates: 5 to 7 August 2025

Overall experiences and progress of children and young people, taking into account	requires improvement to be good
Children's education and learning	outstanding
Children's health	requires improvement to be good
How well children and young people are helped and protected	requires improvement to be good
The effectiveness of leaders and managers	inadequate

The secure 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: 10 September 2024

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
10/09/2024	Full	Good
23/01/2024	Full	Good
24/10/2023	Full	Inadequate
18/07/2023	Full	Inadequate

Inspection judgements

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

While children are making progress and having some positive experiences, the overall judgement is impacted by shortfalls in leadership and management, the help and protection of children and the support that children receive for their health needs.

Children actively participated in the inspection and spoke confidently with inspectors. Children present as being in good spirits, and their positive relationships with staff are evident in their interactions. Children say that they feel safe and are well looked after.

Staff have a good knowledge and understanding of children's needs and vulnerabilities. This is reflected in the direct work that staff carry out with children around their thoughts, feelings and emotional well-being.

Children's individual plans do not identify their heritage and culture. This has the potential to inhibit the staff's ability to help children to develop a sense of their own identity. Positively, children say that their cultural needs are met, and there are visual displays in the home about a range of different cultures and evidence of cultural-themed events.

There is a wide array of enrichment activities. Children speak highly about a recent festival held at the home, which included fairground rides and an inflatable assault course. Children also took part in a graduation ceremony, which is an experience many may not otherwise have had. These opportunities promote a sense of enjoyment, pride and personal achievement for children.

Transition planning starts early and is discussed in case management meetings attended by health, care and education staff. Children are central to planning and their wishes and feelings are considered. Early planning leads to timely and effective decisions for children, while sensitive support from staff ensures that children's moves are as smooth as possible.

Feedback from external professionals, such as children's social workers, is positive. Professionals regard children's relationships with staff, the quality of targeted work with children, communication and partnership working as being good.

Children's education and learning: outstanding

Children's education and learning are extremely effective. Leaders and staff are passionate about wanting children to achieve their full potential in life. Children enjoy their lessons, and their attendance is very high.

Children benefit from highly structured, broad and very personalised curriculums that cover core subjects and the development of useful vocational skills. They follow a very well-designed and innovative reading curriculum that helps them to develop a desire to read for pleasure. Learning environments are safe, calm and highly conducive to learning. They support children, many of whom have not attended school for a considerable time, to want to learn and to gain valuable qualifications. Children aspire to, and achieve, GCSE and functional skills qualifications; an achievement that most of them did not believe possible.

Staff assess what children already know and can do thoroughly as soon as they arrive at the home. They know and understand the children extremely well. Staff involve the children closely in the planning of their learning and take full account of their ambitions and interests. They incorporate these very effectively into their learning programmes and into transition planning. On arrival at the home, children begin to recognise their huge talents and abilities and aspire to achieve the best they can be. Education leaders ensure that children's learning programmes and outcomes are shared regularly frequently with parents/carers, care staff and professionals through meetings and subject reports. This approach supports children to achieve their ambitions and recognises and celebrates children's huge successes outside the home.

Staff meticulously monitor the progress that children make across all subjects. They share this with the children and help them to identify the swift steps of progress that they make from their starting points. Children find this extremely motivational and it encourages them to want to do well and achieve more. Children make rapid and, very often, substantial progress over the course of their stay.

Education staff are excellent role models for children. Children develop extremely positive working relationships with staff and each other. In education, children are respectful of peers and staff. Their behaviour is exemplary. Children develop very high levels of confidence and self-esteem through their learning. They are proud of their achievements.

Education leaders monitor the quality of the provision frequently and rigorously. They understand the strengths and weaknesses of the provision. The education advisory board provides highly effective governance in its oversight of the quality of education and provision overall. Education leaders have fully rectified the weaknesses identified at the previous inspection.

Children's health: requires improvement to be good

Children benefit from interventions from dedicated healthcare staff. However, due to staffing capacity, support is predominantly reactive rather than proactive. For example, children are not receiving public health promotion and emotional well-being sessions, which were previously led by healthcare staff.

Some children are not receiving their prescribed medication due to staff not ensuring that each child has the medication that they require. This means that some children

have missed doses of medication and there is a lack of clarity in records as to why. Children understand the purpose of their medication. One child reported not receiving it as frequently as needed. Although no negative impact of these medication errors was evident during the inspection, leaders could not provide assurance about the potential issues that these missed doses may be having on children's health and well-being.

Children receive timely and comprehensive health assessments, which support staff in understanding their immediate and longer-term health needs. These assessments are paced appropriately for each child. Information from assessments, care plans and clinical formulations are shared in weekly meetings, helping all staff to provide informed care. However, there have been occasions when key health information, such as a child with a physical impairment, has not been sufficiently highlighted in plans. If staff were less familiar with individual children, this would make it difficult for them to identify and respond to emerging risk.

The health team are not routinely made aware that children are in single separation, where a child is locked into an area alone due to significant risk. This means that the health team cannot make an informed decision about whether a child needs support for their emotional well-being during the time that they are locked in their room.

Children benefit from having clearly defined pathways of care across health services. This includes structured referral routes for attention deficit hyperactivity disorder, autism spectrum disorder and cognitive assessments, as well as access to a general practitioner and dental services.

Staff consider and plan for children's transitions early to ensure continuity of healthcare. Proactive planning includes the development of holistic health care plans, created in partnership with the child, and oversight of placement specifications to ensure that health needs can be met. Staff recognise the uncertainty that children experience when future placements are not yet confirmed, and respond with sensitivity and support.

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

There are occasions when it is necessary for staff to use physical restraint and single separation to protect children and others from harm. During the inspection, inspectors identified records of several incidents where the justification for use of these restrictive measures was not clear. Managers were able to provide information that offered assurances that practice is appropriate. However, this is undermined by poor recording.

Since the last inspection, one child has been subject to a physical restraint that is not in line with staff training and that was unjustified. Managers identified and reported this incident to the local authority designated officer (LADO), with an agreed outcome for staff training to be refreshed. However, leaders did not address the fact that one staff member witnessed the restraint and did not report it. The manager is working with the LADO and safeguarding partnership to strengthen the level of external scrutiny of practice in the home, but this is not yet in place.

Discussions take place with children following physical restraint. However, the child's voice is not represented meaningfully in the records or used to inform subsequent actions and learning that could help with children's ongoing care and support.

Children are seen by health professionals following physical restraints. However, when children have injuries, records do not demonstrate that there is sufficient consideration given to whether they were caused by the restraint. Additionally, for children with known health conditions that may make restraint more uncomfortable for them, there are no robust plans in place that advise staff about the most-appropriate holds to use.

There have been occasions when children's belongings have been taken out of their bedroom when they are placed on single separation. Records do not demonstrate that this is always justified. When it is necessary for safety reasons, CCTV reviews show that staff do not always remove belongings in a way that shows respect for the child. During the inspection, managers confirmed that the practice of routinely removing items from a child's room is no longer applied.

On some occasions, when children are managed away, where a child is kept apart from other children due to risk, records incorrectly describe this as single separation and lack sufficient detail. Management oversight has not consistently identified the use of incorrect terminology. This weakens accountability and reduces the opportunity for effective review and learning.

Children have positive relationships with staff. There are times when staff's persistence in supporting children and adherence to guidance in children's risk assessments enables effective de-escalation. Children describe trusting relationships with staff and said that they can talk to them about anything that is worrying them. They feel listened to and safe.

Children engage well in offence-related work and key-work sessions that address their individual needs, risks and vulnerabilities. Approaches to address bullying are also effectively implemented by staff. Children engage positively with staff, who help them to understand the impact that bullying can have.

The effectiveness of leaders and managers: inadequate

There is insufficient scrutiny by the registered manager of records of physical restraint, single separation and managing away. As a result, records of these measures do not demonstrate that, at the time the restrictive practice was used, leaders have applied enough professional curiosity to assure themselves that it was necessary and proportionate.

The registered manager has not ensured that records of physical restraint consistently provide sufficient detail about the methods used. Similarly, records of single separation do not demonstrate how managers have assessed whether the legal criteria continue to be met for the duration of the single separation. While children's views are sometimes

sought following incidents, there is limited evidence that these are used effectively to inform learning or improve practice.

Some of the language used by staff when they are completing children's records does not demonstrate that children have received a nurturing response from staff. This means that, should children wish to access their records in the future, they may not be able to fully make sense of their experiences at the home or understand the support that they received.

There is insufficient joint strategic working between health teams and the care leadership team. This limits the development of a cohesive and coordinated approach to meeting children's health and well-being needs. The absence of a shared plan for the short- and long-term planning, delivery and development of health services is weakening the effectiveness of partnership working. As a result, leadership and oversight are not sufficiently integrated, increasing the risk of inconsistent health provision and missed opportunities to improve outcomes for children.

Supervision sessions are not carried out consistently with staff. When staff have missed their session there is no evidence to suggest that another one has been scheduled. Furthermore, some sessions are brief and do not reflect on the needs of the children. This is a missed opportunity for staff to develop their skills and share practice.

The registered manager has not notified Ofsted about all serious events. This limits the regulator's ability to monitor the management's response to incidents.

The average occupancy level has been at 57%. The number of children currently living at the home is lower than usual due to some refurbishment works. Additionally, the complexity of one child's needs means that they need higher than usual staffing levels.

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
<p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children’s home that—</p> <p>helps children aspire to fulfil their potential; and</p> <p>promotes their welfare.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>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;</p> <p>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;</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2)(a)(f)(h))</p> <p>In particular, leaders and managers should ensure that their oversight and review of records, predominantly relating to physical intervention and restrictive practice, is robust and provides clear direction where shortfalls or learning are identified.</p> <p>In particular, leaders should ensure that the joint working between disciplines is strategically and operationally aligned in order to promote children’s health outcomes.</p>	8 September 2025
<p>The health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p>	8 September 2025

<p>children receive advice, services and support in relation to their health and well-being. (Regulation 10 (1)(a)(b))</p> <p>In particular, the registered person should ensure that children have plans that accurately reflect their health needs and that the plans are consistently understood and implemented.</p>	
<p>The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home.</p> <p>In particular the registered person must ensure that—</p> <p>a record is kept of the administration of medicine to each child. (Regulation 23 (1)(c))</p>	8 September 2025
<p>The registered person must ensure that—</p> <p>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—</p> <p>a description of the measure and its duration;</p> <p>the name of the person who used the measure ("the user"), and of any other person present when the measure was used;</p> <p>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")—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> <p>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 (a)(iv)(vi)(b)(i)(ii)(c))</p>	8 September 2025
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>an incident requiring police involvement occurs in relation to a child which the registered person considers to be serious;</p>	8 September 2025

<p>there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(b)(e))</p>	
<p>The registered person must ensure that all employees— receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(b))</p>	<p>8 September 2025</p>

Recommendation

- The registered person should ensure that staff are familiar with the home’s policies on record-keeping and understand the importance of careful, objective and clear recording. Information about the child must always be recorded in a way that will be helpful to children. In particular, key-work records should be accurately completed and fully evidence the detail of the direct work, including the child’s view. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 62, paragraph 14.4)
- The registered person should ensure that when considering whether restraint is warranted, staff take account of the relevance of any disability, health problem or medication to the behaviour in question and the action that might be taken as a result; the child’s previously sought views on strategies that they considered might deescalate or calm a situation, if appropriate; the method of restraint which would be appropriate in the specific circumstances; and the impact of the restraint on the carer’s future relationship with the child. (‘Guide to the Children’s Homes Regulations, including the quality standards’, page 49, paragraph 9.55)

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.’

Secure children's home details

Unique reference number: SC036740

Provision sub-type: Secure Unit

Registered provider address: Nottinghamshire County Council, County Hall, Loughborough Road, West Bridgford, Nottingham NG2 7QP

Responsible individual: Jennifer Whiston

Registered manager: Paul Thomas

Inspectors

Gemma McDonnell, Social Care Inspector

Cath Sikakana, Social Care Inspector

Tash Williams, Social Care Inspector

Suzanne Wainright, His Majesty's Inspector, Further Education and Skills

Deana Fowle, Children's Services Inspector, Care Quality Commission

Helen Simmons, Quality Assurance Manager

The Office for Standards in Education, Children’s Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children’s social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children’s services, and inspects services for looked after children, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email enquiries@ofsted.gov.uk.

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence, write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

This publication is available at <http://www.gov.uk/government/organisations/ofsted>.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
W: www.gov.uk/ofsted

© Crown copyright 2025