

Marydale Lodge

Nugent Care 2019

Blackbrook Road, St Helens, Merseyside WA11 9RJ

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure children's home is run by a voluntary organisation and is approved by the Secretary of State to restrict children's liberty. The home can accommodate up to 12 children aged between 10 and 17 years who are placed by local authorities under section 25 of the Children Act 1989. There were four children living at the home at the time of the inspection. All the children contributed to the inspection.

Admission of any child under 13 years of age under section 25 of the Children Act 1989 requires the approval of the Secretary of State. 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 of the home has been registered with Ofsted since August 2025.

Inspection dates: 14 to 16 October 2025

Overall experiences and progress of children and young people, taking into account	Outstanding
Children's education and learning	Good
Children's health	Good
How well children and young people are helped and protected	Outstanding
The effectiveness of leaders and managers	Outstanding

The secure children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection and care.

Date of last inspection: 14 January 2025

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
14/01/2025	Full	Good
30/01/2024	Full	Outstanding
11/10/2022	Full	Good
19/01/2022	Interim	Sustained effectiveness

Inspection judgements

Overall experiences and progress of children and young people: outstanding

Children make significant progress, and they spoke very positively with inspectors about the exceptional support they receive from all staff. One social worker said the child had made 'momentous' progress. Relationships between children, staff and managers are strong and built on mutual trust and respect. Staff know the children very well, understand their individual needs and adapt their practice to best suit each child. Staff are proud of children's achievements and celebrate their progress. There is a calm, relaxed culture where staff nurture and develop very positive relationships with children. This creates a warm, open environment where children have very positive experiences.

Children's wishes and views are well understood and unquestionably used as the foundation for developing high-quality, wraparound care. The child-focused ethos ensures that care is not only responsive, but also deeply personalised and therapeutic. Since the last inspection, eight children have moved in and nine have moved on. Currently, four children are living at the home. Inspectors met and spent time with the children, who were engaging and confident.

Children's relationships with their families are promoted, encouraged and supported. Children spend high-quality and meaningful time with their families and friends. Parents and families attend children's meetings, which keeps them informed and updated on their child's care. When any concerns or complaints are raised, these are reviewed and acted on. Family members say they know their children are safe and are being well supported. Staff understand the importance of these relationships and are committed to ensuring that these are nurtured. For example, one child was supported to attend a family wedding.

Children are supported with thorough transition planning for when they leave the home. Plans are regularly discussed. One social worker described that staff are 'proactive in thinking about children moving on'. End of placement journeys are completed. These are clear, comprehensive and reflective documents where the progress children have made is celebrated. Any learning is also identified. This shows an evaluative focus to ensure that any improvements that can be made are identified for future children. When there have been delays in future placements being identified, managers challenge the local authority to uphold their responsibilities to the children. This means that children know as soon as possible about where they will be moving to help them prepare.

Staff provide regular opportunities for children to share their thoughts, feelings and views. This ensures that, for example, activities provided are of interest to the children. Children enjoy a range of activities including cooking, bouncy castles and karaoke. Children spend time in the community as part of planning for moving on.

Children are involved in the plans and can choose what activities they do. Staff explore children's identity and cultural needs to ensure that children are supported to thrive. This also ensures that children feel a sense of belonging and respect.

Direct work sessions happen regularly and are highly responsive and purposeful to the individual needs of each child. Staff demonstrate exceptional dedication and tenacity, resulting in children making sustained and meaningful progress across all areas of their lives. This includes addressing the risk factors that led to the children being placed at the home. Staff use a comprehensive range of resources to support their discussions with children. Children's views about each direct work session are attained to ensure that the work is beneficial. Staff review the effectiveness of the work, and any gaps or learning are quickly identified and actioned. Children consistently engage with enthusiasm and say they feel staff have helped them address their risky behaviours and prepare them for their futures.

Children's education and learning: good

Managers and teachers establish what children already know and can do on arrival at the home, including their reading skills. They use this information to identify gaps in children's knowledge, particularly across English, mathematics and information and communication technology, and to establish individual learning pathways based on children's needs and interests. Consequently, children benefit from an individualised and broad curriculum that helps them to mostly re-engage in learning after long periods of not attending school. Staff use the new 'special educational needs profile' effectively to support children with special educational needs and to help them to overcome their barriers to, and fear of, education.

Education staff know the children very well. They are skilled in working with children who have complex needs and have developed positive relationships with them. Managers and teachers involve the children, their parents/carers and professionals where appropriate, in designing the curriculum. Teachers base learning resources and activities on topics and hobbies that children enjoy, and this supports children to engage in learning.

Children make at least expected progress in their learning during their stay. In a few instances, they progress quickly through different levels of learning, such as in English and mathematics, and achieve their functional skills qualifications. All children achieve relevant short awards that are linked to aspects of their learning across all the subjects that they study. Teachers support children, where appropriate, with practice GCSE-level questions in preparation for their next steps.

Children benefit from a wide variety of activities that broaden their knowledge and understanding beyond the academic curriculum that they follow. They enjoy work experience that prepares them for their next steps. They attend school trips and take part in curriculum-based activities, such as music production and a butterfly project. Teachers prepare children well for adulthood. This includes helping them to develop independent living skills and daily routines to promote personal hygiene.

Children mostly receive effective feedback on the quality of their work that is appropriate for their needs. Most feedback is verbal to help them to talk through and understand how to improve their answers without feeling anxious or threatened. However, in a few instances, teachers do not guide children to revisit or finish learning activities.

Children improve their reading skills significantly. Staff embed reading across the curriculum. Children who are emergent or non-readers access suitable books that cover appropriate topics and content for teenagers.

Leaders have taken appropriate steps to address the recommendation from the previous inspection. However, while the new careers education, information, advice and guidance provision is now in place, it is too soon to evaluate its impact.

Children's health: good

Children receive timely health assessments on admission, including in physical health, mental health, substance misuse, autism and attention deficit hyperactivity disorder, identifying need at the earliest opportunity.

Children receive the medication they need, when they need it, to stay healthy and well. There are effective systems and processes in place to manage medication safely. Children have their own personalised risk assessments for staff to follow. Medicine records reviewed are accurate and have been completed in line with appropriate policies and procedures, and children have their medication reviewed regularly.

Each child has a health transition plan. This guides staff to provide children with good care and support when moving in or out of the home. Ongoing support is available for two months after children leave the home to ensure that they can continue to access health services, promoting continuity of care and helping to alleviate any stresses and anxieties that children may have once they return to the community.

Health professionals work well with children to capture the child's voice when planning care and treatment. There are examples of when care plans have been written alongside children and when health staff have changed the way that they deliver care to meet the wishes of children.

Health professionals know the children well. There are examples of when strong working relationships have been built with children and care staff, leading to some positive experiences and progress being made. For example, children have been keener to engage with therapy services as trust has been built up between them and staff members.

Current education, health and care plans are reviewed as part of the health assessment and planning process. Relevant areas of these are included for the benefit of children, and health staff are part of updating existing education, health and care plans, making sure that any identified or emerging needs are correctly identified.

Children have not always had up-to-date speech and language assessments, as well as timely access to dentistry when needed. It is unclear what formal actions have been taken by leaders to reduce the risk of any potential negative impact on the well-being and experiences of children.

Although there are examples of when children have positive health outcomes, this is not always well documented. Health assessments, care and risk management plans, as well as minutes of meetings, are difficult to follow and do not always reflect the benefits that health input has had for children.

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

Children say they feel very safe. They have developed trusted relationships with staff, even when they have initially found it difficult to accept support. Staff speak warmly about the children and maintain a positive, compassionate approach, even during challenging times. The staff are consistent and thorough in understanding children's past experiences and how these can influence children's behaviours. They always offer positive, unconditional regard. Praise, positive reinforcement and the celebration of achievements are embedded in daily practice. This approach helps children to develop positive self-esteem, reduce incidents and develop understanding of how to repair relationships.

There are exceptional practices. There are highly effective safeguarding systems that help to keep children safe. Restrictive practices are not used often and there is detailed scrutiny, including oversight by health professionals, that ensures appropriate use and an embedded systemic cycle of continual improvement and learning. Staff's practice learning and development ensures that they understand what is behind children's actions, and their welfare and well-being are very important to managers and central to an emotionally resilient workforce that provides high-quality care for children.

Children are very effectively safeguarded, with highly consistent support provided following any incidents. There is a strong emphasis on healing and recovery for the child. There is an open culture where reflective conversations with both children and staff are thorough, with a strong focus on understanding events from all perspectives. Staff continually develop their skills and approaches, ensuring the ongoing well-being of all children. Managers promote a psychologically safe environment for staff, which enables them to remain resilient and responsive in their support of children.

Children are only managed away from the group when it is necessary to protect them or the safety of others. When this occurs, children are supported to understand the purpose and the specific steps required to help them rejoin the group safely. Staff actively encourage participation in meaningful activities and targeted interventions that address the underlying reasons for the use of managing away. These plans are effective in supporting children's successful reintegration and promoting long-term positive engagement in the group.

Single separation (where children are locked into an area, usually their bedroom, due to serious risk to self or others) is used appropriately and proportionately. Management oversight is robust, with regular checks, to ensure that any period of single separation ends promptly once the criteria for its use is no longer met.

Restrictive physical intervention is used only as an absolute last resort and only when necessary to protect the safety of the child or others. Staff are exceptionally resilient and skilled at de-escalation, ensuring that physical intervention is always proportionate. When intervention is required, staff apply the least restrictive hold possible, maintaining the child's dignity and emotional well-being throughout. Incidents are managed calmly and respectfully, with a strong emphasis on minimising distress. Each incident is followed by thorough reflection and review, involving the child where appropriate, to continuously improve practice and further reduce the need for intervention.

There is a strong and shared knowledge and understanding that safeguarding is everyone's responsibility. Very good-quality risk assessments are known by staff, implemented by them to help keep children safe and reviewed very regularly so that they always remain relevant. There is good oversight by healthcare staff of all restraint and restrictive incidents. Safeguarding practices extend beyond children in the staff's immediate care. Staff consider risks to children in the wider context. For example, they take proactive steps to safeguard children's siblings and other family members where appropriate, demonstrating a holistic and far-reaching approach to child protection.

The effectiveness of leaders and managers: outstanding

The registered manager embodies the therapeutic ethos of the home and is a strong role model, determining the highest standards of practice and care. She has a dedicated and very skilled management team. Senior leaders of the charity and the education manager at the home understand mostly what actions they need to take to further develop and improve the provision. Managers speak about the children with deep affection and a strong sense of responsibility, consistently advocating to ensure that they receive the highest standard of care and support. The managers are a driving force in ensuring that children receive the very best care. Managers understand the importance of children forming positive attachments with the staff who care for them.

Monitoring systems are highly effective in promoting positive practice and driving continuous improvement. The areas for improvement from the last inspection have been fully addressed. Reflection and learning are actively identified, shared and then embedded into daily practice, ensuring staff remain responsive, adaptable and curious about children's evolving needs. There is a strong culture of reflection, and thoughtful adaptation is evident, with revised practices introduced to better support children's development and well-being.

Staff are exceptionally well supported by the management team. The induction process for new recruits is robust and ensures that they are well prepared for their roles. Inspectors consistently heard and observed that staff feel highly valued, included and empowered to make a meaningful impact in children's lives. They spoke with genuine enthusiasm about their work, highlighting the range of development opportunities available to them. Children also spoke highly of the staff, expressing trust and appreciation for the care and support they receive. These sentiments were not only shared verbally but were also observed in children's relationships with staff throughout the inspection. The high-quality support provided for staff means that children are cared for by motivated, inspiring and committed people.

Managers have developed plans to continue increasing staffing capacity. Once new staff have completed their induction, received appropriate training and gained experience, the number of children cared for will gradually increase in line with their registration.

The average occupancy over the last 12 months is 55%. This is due to maintenance work on one of the six-bed units, challenges in staffing levels and one six-bed unit being used for one child to meet this child's needs.

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

Recommendations

- The registered person should be responsible for ensuring that each child's day-to-day health and well-being needs are met. In particular, there should be clear evidence of actions taken to mitigate health risks, including addressing staff shortages such as speech and language therapy as well as poor access to certain health services, such as dentistry. ('Guide to the Children's Homes Regulations, including the quality standards', page 33, paragraph 7.3)
- The registered person should ensure that healthcare practitioners monitor clinical outcomes and experiences at regular intervals, using recognised outcome tools where appropriate and relevant, and they should ensure that outcomes are evaluated using the views of the child, staff and parents/carers/next of kin where appropriate. ('Healthcare Standards for Children and Young People in Secure Settings', page 57, paragraph 12.5.1)
- The registered person should ensure that children's progress in education can be measured and evidenced. Leaders should conduct a detailed scrutiny of children's workbooks to triangulate the sequencing of learning to ensure that children make at least their expected progress over time. ('Guide to the Children's Homes Regulations, including the quality standards', page 26, paragraph 5.2)

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'.

Secure children's home details

Unique reference number: SC022448

Provision sub-type: Secure Unit

Registered provider: Nugent Care 2019

Registered provider address: Nugent, 99 Edge Lane, Edge Hill, Liverpool L7 2PE

Responsible individual: Vacant

Registered manager: Megan Foster

Inspectors

Thirza Smith, Social Care Inspector

Shaun Common, His Majesty's Inspector, Quality Assurance Manager

Jo Birtwhistle, Social Care Inspector

Leanne Lyon, Social Care Inspector

Suzanne Wainwright, His Majesty's Inspector

David Roberts, Health and Justice Inspector

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