

Aycliffe Secure Services

Durham County Council
Aycliffe Secure Centre, County Hall Durham, County Durham DH1 5UL

Full inspection

Inspected under the social care common inspection framework

Information about this secure children's home

This secure children's home is operated by a local authority and is approved by the Department for Education to restrict children's liberty. The home cares for up to 34 children aged between 10 and 17 years across 5 houses.

There were 25 children living in the home at the time of this inspection. The home provides care for up to 8 children placed by the Youth Custody Service and up to 26 children under section 25 of the Children Act 1989 who are placed by local authorities.

The 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.

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 is not registered with Ofsted.

Inspection dates: 9 to 11 December 2025

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

There are serious and widespread failures that mean children are not protected and their welfare is not promoted or safeguarded.

Date of last inspection: 28 January 2025

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
28/01/2025	Full	Good
11/07/2023	Full	Good
21/09/2022	Full	Good
03/11/2021	Interim	Sustained effectiveness

Inspection judgements

Overall experiences and progress of children and young people: inadequate

The overall experiences and progress of children are inadequate due to a range of poor practices that significantly impact on the care and safety of children. These include a child being harmed by staff, inappropriate use of physical restraint, failure to notify the local authority designated officer (LADO) of safeguarding concerns in a timely manner and failure of managers to monitor and act on shortfalls.

Staff lack sufficient understanding of children's cultural needs, identity and backgrounds. Some children said that staff do not recognise or respond appropriately to racist comments from other children. One child said, 'I will be leaving here soon, but I want to know that I have shared my experiences so other children do not have the same as me.' Additionally, a member of staff said, 'Strengthening the response to discrimination, ensuring supportive follow-up for affected children and staff, and reinforcing an open reporting culture would improve both staff wellbeing and safeguarding practice across the home for the children.' These concerns have not been identified or addressed due to ineffective leadership and management oversight, and some staff are not sensitive to children's culture and identity.

Most professionals generally speak positively about the support children receive, although some told inspectors that 'communication from the home could be better'. For example, one child's social worker highlighted that they were unaware that the child had raised concerns about comments made by staff. There is also a clear disconnect between leaders and managers and one child's social worker. The breakdown in this relationship means that crucial information is not consistently shared effectively in the child's best interests.

Children know how to make a complaint if they have any worries or concerns. When complaints are made, leaders and managers explore and respond to these appropriately. Children can comment on whether they are satisfied with the outcome. Some children feel that staff do not always support them in making complaints, and one record shows a staff member advising a child not to 'make threats' with complaints. This approach does not assure children that their concerns will be taken seriously and may discourage them from raising issues.

Children engage well in their intervention work. They have built positive relationships with their case managers and key workers. Life-story work helps them understand their past experiences and the reasons why they live at the home. Life-story materials are meaningful, regularly updated and used to promote reflection and emotional understanding. As a result, children are better able to make sense of their past and present experiences.

Children's education and learning: good

Teachers and instructors are appropriately qualified and create calm and caring learning environments where children feel welcomed and understand the high expectations set for them. They know the children well and provide work that is mostly appropriate.

Most children attend the educational provision regularly and often show improved attendance compared to their previous settings. They benefit from individualised support, including small-group learning and one-to-one sessions. When children do not attend, including during periods of behaviour-related incidents, education staff visit them on their living units and provide work to help sustain engagement and continuity of learning.

Children demonstrate improved behaviour over time and enjoy their lessons. Staff manage behaviour effectively, using lots of praise and rewards to recognise progress. Termly review meetings with families and carers celebrate achievements and showcase children's work. When conflicts arise, staff act sensitively to deescalate, which often is in the best interest of children.

All education staff are committed to their work, working in the best interest of the children. Children make positive progress in education. There is a collaborative process to establish children's academic and social starting points. This includes gathering the child's views on preferred and disliked subjects and reviewing relevant documents. The special educational needs coordinator (SENCo) conducts assessments in reading, writing and mathematics, while staff complete initial evaluations within days of arrival. These outcomes effectively identify gaps in knowledge and inform planning.

Education staff are dedicated to developing and improving the curriculum. Newly appointed senior leaders have enabled further enhancements, such as improving writing for children. Leaders also recognise that the post-16 curriculum does not fully meet individual needs or the aspirations for older children, and they have plans in place to address this.

Children's health: good

Children take part in the brief 'assessment of need' when they arrive at the home. Further assessments then take place using a comprehensive tool to identify mental health, substance misuse and physical health needs. There is a multidisciplinary approach with children's health care. Health staff work closely with each other and continually share information so that the needs of children can be met in a timely and supportive way.

Speech and language, and occupational therapy specialists, play a key role in the home's health processes. Referral information is reviewed, and once children are settled, their education, health and care (EHC) plans are evaluated with the home's SENCo to ensure that they remain appropriate to children's current needs. Where necessary, practitioners

provide reports to local authorities to inform EHC plan reviews and ensure children's records are accurate and up to date.

Mental health practitioners at the home maintain links with the dynamic support register (DSR) and care, education and treatment review processes wherever those records are held. For example, where a child admitted to the home has been receiving support from DSR key workers, liaison with those support workers helps to ensure that practitioners at the home can continue the work they have already begun. It also helps children not have to manage additional professional relationships while living in the home.

The speech and language therapist recognises that many children arrive with unidentified needs. Some children have previously undergone assessments during stressful periods, and this may not have produced reliable outcomes. Where this is the case, further assessments are completed once children are more settled to secure a more accurate understanding of their needs. This information is then used to inform care planning and targeted support. Similarly, for children with a diagnosis of attention deficit hyperactivity disorder, additional assessment and information-gathering are undertaken to confirm diagnostic accuracy and support safe prescribing.

Substance misuse practitioners help children to understand the reasons for them becoming involved with substances. Discussions with children include work in relation to county lines, child criminal exploitation and exploration of their own vulnerabilities. This results in those children understanding their own circumstances so that they can better prepare for their future when they leave the home.

Care staff do not consistently record whether medicines have been administered, and remaining stocks of liquid medication are sometimes estimated rather than accurately measured. Although weekly stock audits by health practitioners help to identify errors and escalate these to senior leaders, further action is required to ensure that care staff maintain accurate and reliable medication records.

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

There are several instances where physical restraint is used by staff inappropriately as a measure of control or to secure compliance with staff requests, rather than to safeguard children or others from harm. Records do not consistently or accurately reflect the circumstances of incidents or staff responses. Management review and evaluation are weak, and leaders do not consistently identify or address poor practice and the use of unauthorised holds. Inspectors found that some incidents were avoidable and occurred because of poor staff decision-making and a lack of understanding of children's safety plans.

One child was harmed by staff during an incident where physical restraint was used. This was not identified by managers during their review of the incident using CCTV. Staff who witnessed the incident failed to report this to managers. These failures allow unacceptable conduct to go unchecked and place children at risk of harm. Managers notified the LADO about this incident during the inspection.

Leaders and managers do not refer all relevant safeguarding concerns in a timely manner to the LADO. This limits the LADO's independent scrutiny of incidents and prevents their external oversight. The failure of managers and staff to follow procedures and adhere to statutory guidance places children at risk of harm.

Personal searches of children are not frequently used. When they are used, the records kept are of poor quality and do not include the actions taken. They do not include important details, such as what items of children's clothing were searched by staff and the child's views and feelings.

Single separation and managed away are generally used appropriately and for minimal periods. However, staff do not always record observation checks in line with children's risk assessments. In some cases, managers identified that children's welfare checks were not always carried out within suitable time frames, but they did not record actions to be taken when significant gaps in the frequency of checks had occurred. This does not provide assurance that managers take action to ensure that children are being supported to stay safe. During periods of managed away, children's records do not show that they are offered education or activities when education leaders state that this is taking place.

Searches of children's bedrooms are carried out routinely rather than being risk-led or for a specific purpose. This practice is invasive of children's safe and private spaces and is not proportionate to risks to children's safety.

The effectiveness of leaders and managers: inadequate

There have been some changes to the management of the home. There is a new responsible individual, and a long-standing home manager moved into a deputy manager position and has now applied to Ofsted to be the registered manager. Ofsted are currently considering this application.

The home manager is new to the role and has failed to demonstrate adequate leadership. Systems to monitor practice and evaluate the quality of care provided by the service have significantly declined since the last inspection and are now ineffective. The manager did not demonstrate familiarity with the role nor a clear knowledge of the expectations and his responsibilities. The failures have placed children at risk of harm. Despite recognising some areas where improvements are needed, the impact of actions taken to address shortfalls has been limited.

Leaders and managers do not take swift or decisive action when there are serious concerns about staff practice. As a result, children have been exposed to harm and have been subject to poor staff practice. Some staff do not use the whistleblowing procedure should they need to report any concerns about staff conduct.

The lack of oversight from leaders and managers also results in poor-quality records. In some documents, the language used by staff to describe children is inappropriate and lacks sensitivity. This does not promote a respectful and child-focused approach.

Communication between leaders and managers is inconsistent and lacks the clarity required to support effective practice. Key information is not routinely shared, leading to gaps in understanding and missed opportunities to respond to children's needs. This contributes to delays in decision-making and undermines the home's ability to provide effective care to children.

Some serious incidents have not been shared with Ofsted as required. This limits Ofsted's oversight of practice at the home and how managers respond to safeguarding concerns and poor staff practice.

Over the past 12 months, the home has operated at approximately 69% occupancy. This is due to one area of the home being closed for refurbishment.

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

Statutory requirements

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 protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>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. (Regulation 12 (1) (2)(a)(b))</p>	<p>25 January 2026</p>
<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>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home’s workforce provides continuity of care to each child;</p> <p>understand the impact that the quality of care provided in the home is having on the progress and experiences of each child</p>	<p>25 January 2026</p>

<p>and use this understanding to inform the development of the quality of care provided in the home; and</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)(c)(e)(f)(h))</p>	
<p>*Restraint in relation to a child is only permitted for the purpose of preventing—</p> <p>injury to any person (including the child);</p> <p>serious damage to the property of any person (including the child); or</p> <p>a child who is accommodated in a secure children’s home from absconding from the home.</p> <p>Restraint in relation to a child must be necessary and proportionate.</p> <p>These Regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order. (Regulation 20 (1)(a)(b)(c) (2) (3))</p>	25 January 2026
<p>In meeting the quality standards, the registered person must, and must ensure that staff—</p> <p>seek to involve each child’s placing authority effectively in the child’s care, in accordance with the child’s relevant plans; and</p> <p>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 needs of children for whom it is intended that the children’s home is to provide care and accommodation. (Regulation 5(a)(d))</p> <p>In particular, the registered person must ensure that children’s external professionals are kept up to date with all relevant information.</p>	25 January 2026
<p>The quality and purpose of care standard is that children receive care from staff who—</p> <p>understand the children’s home’s overall aims and the outcomes it seeks to achieve for children; and</p>	25 January 2026

<p>use this understanding to deliver care that meets children’s needs and supports them to fulfil their potential.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff—</p> <p>treat each child with dignity and respect; and</p> <p>provide personalised care that meets each child’s needs, as recorded in the child’s relevant plans, taking account of the child’s background. (Regulation 6 (1)(a)(b) (2)(b)(iii)(iv))</p> <p>In particular, the registered person must ensure that staff consistently demonstrate an understanding of children’s diverse cultural and identity needs.</p> <p>Children’s bedrooms must only be searched if there are reasonable grounds for believing that there is a risk to the child’s or another person’s safety or wellbeing.</p>	
<p>The children’s views, wishes and feelings standard is that children receive care from staff who—</p> <p>take their views, wishes and feelings into account in relation to matters affecting the children’s care and welfare and their lives.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that staff—</p> <p>help each child to express views, wishes and feelings. (Regulation 7 (1)(c) (2)(a)(ii))</p> <p>In particular, the registered person must ensure that the staff help children feel safe to make complaints about any worries or concerns they may have.</p>	25 January 2026
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40 (4)(e))</p>	25 January 2026

* These requirements are subject to a compliance notice.

Recommendations

- The registered person should ensure that the necessary support is given to children to enable them to access their education or training. In particular, there should be a clear post-16 offer that children can access. ('Guide to the Children's Homes Regulations, including the quality standards', page 28, paragraph 5.13)
- The registered person should ensure that incidents of single separation are fully recorded about what checks are undertaken and that these are completed in line with the home's policy. Any education or activities offered while a child is in single separation or being managed away should be recorded. ('Guide to the Children's Homes Regulations, including the quality standards', page 50, paragraph 9.65)

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: SC035648

Provision sub-type: Secure Unit

Registered provider address: County Hall Durham, County Durham DH1 5UL

Responsible individual: Clare Nicholls

Registered manager: Post vacant

Inspectors

Gemma McDonnell, Social Care Inspector

Jo Birtwhistle, Social Care Inspector

Leanne Lyon, Social Care Inspector

Hayley Lomas, Further Education and Skills

Danial Carrick, Care Quality Commission

Jo Stephenson, Regulatory Inspection Manager, Quality Assurance Manager

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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

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