

Clayfields House Secure Unit

Registered provider: Nottinghamshire County Council

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

Assurance 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 8 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 13 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: 6 to 8 January 2026

Date of last inspection: 5 August 2025

Judgement at last inspection: requires improvement to be good

Enforcement action since last inspection: none

Information about this inspection

At this inspection, the inspectors evaluated:

- the care of children
- the safety of children

- the effectiveness of leaders and managers.

Inspectors have looked closely at the experiences and progress of children, using the social care common inspection framework. This assurance 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'.

Findings from the inspection

We did not identify any serious or widespread concerns in relation to the care or protection of children at this assurance inspection.

The home is clean and tidy, and children said that they like living there. They said that they feel safe living in the home and that they can talk with staff when they have any concerns or worries.

Children serving long sentences are supported to spend time in the community. One child has developed increased resilience and confidence through the consistent support of their intervention worker. When there were barriers to accessing the community, the health team worked with the child to address anxieties and develop effective coping strategies to use when out in the community. These strategies have also been effective in the home.

Effective joint working between leaders and managers and the health team are now established. Health professionals work collaboratively with care staff and share information in a timely way, supporting continuity of care and ensuring that children receive appropriate and responsive health support.

Some staff do not have a clear understanding of the difference between when a child is managed away and single separation. A lack of clarity has led to inconsistent practice and poor-quality recording. This has reduced the leaders' and managers' ability to accurately monitor incidents and assess these interventions on children, weakening oversight and evaluation of practices.

The frequency and duration of holds during the use of physical restraint are reducing. Following a review of CCTV, staff manage incidents well and often use their relationships to support de-escalation. Nevertheless, records lack detail on what led up to an incident, and this has not been picked up through management oversight.

The health team reports that it is informed of incidents involving single separations. However, health assessments following single separations are not recorded consistently in children's records. Senior leaders cannot be assured that required health checks have taken place, leading to shortfalls in management oversight of children's wellbeing following a single separation.

New processes have not improved the administration and recording of medication. Staff do not follow policy and are not completing weekly medication audits. Children continue to miss prescribed doses of their medication, with no explanation being recorded. Furthermore, some children do not have the medication that they need to support their health needs, because staff have not ordered it.

Leaders and managers do not consistently notify Ofsted of significant events. Furthermore, some notifications are not submitted within a reasonable time frame. This limits external oversight and assurance. While leaders recognise their responsibilities, current systems and checks are not sufficiently robust to ensure that all notifiable events are identified and reported in line with regulations.

Regulation 10 and the recommendations raised after the last inspection have not been reviewed during this inspection. Regulation 23 has not been met and is restated. Regulations 13 and 40 have been partly met and are restated. Regulations 33 and 35 have been met.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
05/08/2025	Full	Requires improvement to be good
10/09/2024	Full	Good
23/01/2024	Full	Good
24/10/2023	Full	Inadequate

What does the secure 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 health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p> <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>	7 February 2026
<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>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</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)(c)(h))</p>	7 February 2026
<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>	7 February 2026

<p>a record is kept of the administration of medicine to each child. (Regulation 23 (1)(c))</p>	
<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>	<p>7 February 2026</p>

Recommendations

- 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 de-escalate 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)

Secure children's home details

Unique reference number: SC036740

Provision sub-type: Secure unit

Registered provider: Nottinghamshire County Council

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

Responsible individual: Jennifer Whiston

Registered manager: Paul Thomas

Inspectors

Gemma McDonnell, Social Care Inspector

Leanne Lyon, Social Care Inspector

Deana Fowle, Care Quality Commissioner

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