Lansdowne Secure Unit

Registered provider: East Sussex County Council

Lansdowne Children's Centre, Hawks Road, Hailsham, East Sussex BN27 1NP

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 Secretary of State to restrict children's liberty. The home can care for up to 7 children aged between 10 and 17. There were 4 children living at the home at the time of the inspection. One of these children moved out in a planned move during the inspection.

The home provides care for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities. Admission of any child who is under 13 years of age requires the approval of the Secretary of State under section 25 of the Children Act 1989.

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 January 2024.

Inspection dates: 21 to 23 July 2026

Overall experiences and progress of children and young people, taking into account	**requires improvement to be good**
Children's education and learning	good
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: 3 June 2025

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
03/06/2025	Full	Good
17/09/2024	Full	Good
15/11/2022	Full	Good
14/12/2021	Full	Good

Summary of findings

The effectiveness of management oversight has declined since the last inspection. Delayed oversight of incidents has meant that concerns about staff practice have not always been identified and reported in a timely manner. There is limited professional reflection on staff practice in staff supervision and managers do not consistently identify learning to make timely improvements.

Due to difficulties with recruitment, there are a high number of agency staff working in the home. They are not receiving supervision sessions with the home's managers.

There are shortfalls in how care and health managers work together. This has been impacted by capacity pressures and gaps within the health team which has led to care staff adopting single-agency approaches. Children's plans are not always followed by staff.

Children have positive experiences and are making progress from their starting points. Children's views are listened to and acted on. Children enjoy learning and receive education that is tailored to their needs.

There has been insufficient progress made against the previous requirements and recommendation. These have been restated.

Inspection judgements

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

Children make some progress; however, their experiences are affected by shortfalls in other areas that are a result of ineffective partnership working between department leaders in the home.

Children have made some clear progress from their starting points. Professionals and families say that staff focus heavily on building positive relationships with the children, especially when they first move in. This approach helps staff to build a good rapport with children and gain a better understanding of the children's complex lives at an early stage.

Children's wishes and feelings are sought and reflected in the care that staff provide. Staff actively seek children's views in meetings and through each child's weekly statement, which provides a focus for each child for the week ahead. Alongside this, staff use direct work to capture children's views, promoting participation and giving children a genuine voice in decision-making that affects their lives.

Children are encouraged and supported to explore their interests. They enjoy many positive experiences and access community activities on a regular basis. For example, one child attends a local boxing club. This supports children's confidence and helps to build their self-esteem.

When children are due to leave the home, good proactive forward planning assists children to be prepared for their move. Children participate in planned activities in the community and are supported to build positive social links. Staff work sensitively with children to prepare transition plans that clearly set out children's views and their specific care needs. Children's time at the home is celebrated and marked by farewell celebrations and a 'My journey' book. This helps children to feel less anxious and more confidently prepared for the future.

Children's education and learning: good

Most children make at least expected progress from their starting points. In many instances, they exceed the predicted outcomes. Most children develop positive attitudes towards learning and their attendance at education improves considerably. However, in a few instances, written feedback on children's work does not help them to understand how they can improve their work.

Teachers plan clear and individualised curriculums based on children's prior learning and attainment, education, health and care plan outcomes when relevant, and their interests and aspirations. Staff are skilled in re-engaging children in learning, many of whom have not attended a formal education setting for a considerable time.

Teaching staff know the children very well. They develop positive and trusting relationships with them. Staff use this knowledge effectively to plan interesting lessons and activities and to ensure that children have positive experiences. However, teaching staff do not routinely receive professional training to ensure that they maintain high-quality teaching skills.

Children have access to a diverse range of fiction, non-fiction and self-help books. Staff identify what children enjoy reading and ensure that these books are available for them to read for pleasure. Most children improve their reading skills significantly.

Children take part in enrichment and extra-curricular activities that enhance their learning and prepare them well for their next steps. These include taking part in community activities, such as going to the theatre and sport clubs and doing work experience. Staff take time to understand children's aspirations and career plans and support them very effectively in their transition to their next placement.

Children follow an individualised personal, social, health and economic curriculum that staff plan carefully and sensitively around children's personal experiences and needs. Children learn about positive and healthy relationships and tolerance, and develop self-esteem and confidence.

Children's health: requires improvement to be good

Although health staff are available to care staff, partnership working between them is not always effective and there is a lack of clarity around staff's different roles and responsibilities. For example, some information shared by health staff at core groups is not always acted on or shared with wider teams of staff working closely with children in their care. This means that important health advice and guidance might not always be understood or subsequently used to inform practice.

Health staff are not routinely involved in the oversight and review of risk assessments to ensure they are accurate following core group and multidisciplinary meetings. For example, in one case, a child was taken to hospital and a plaster cast applied for a fractured bone. A risk assessment was completed by a care manager. However, health staff were not involved in verifying the contents of the risk assessment, meaning that important health information that might better support the child had not been reviewed for accuracy by the right individuals.

Although health practitioners work effectively to ensure that current staff vacancies, such as the lack of a mental health practitioner, do not impact on a child's health, in some instances this leads to a lack of consistency in a child's experiences. In one instance, a child was seen by various psychiatrists, which resulted in the child's medication being changed numerous times.

There have been a small number of medication administration incidents, resulting in children receiving the wrong dose or not receiving their medication. Health staff are not currently included in the review of such incidents, and they do not receive information related to learning and action taken. As a result, health professionals cannot contribute to learning outcomes from incidents, which would improve practice and reduce risks to children.

Managers have recognised that some elements of health assessment processes were not always undertaken in a timely way. They have ensured that children's admission timetables now include dedicated time with health staff. This enables staff to carry out their responsibilities more efficiently to identify, for example, children's needs relating to neurodiversity. As a result, children can be placed on specific pathways for continued assessment and treatment without delay.

The introduction of weekly health clinics ensures that children's physical and mental health needs are both continually assessed, providing physical and mental health reviews and oversight following any use of restraint. These assessments provide detailed information to better inform care and treatment planning, resulting in children making measurable progress in their physical and emotional wellbeing.

Health professionals have worked with care staff colleagues to deliver various training programmes to multidisciplinary staff, including trauma-informed and restorative justice

training via a 'train the trainer' programme. Additional specialist training helps staff better understand children's behaviours and what might lie behind them, helping to improve therapeutic relationships.

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

In most cases, staff use physical intervention appropriately and safely. However, there have been times when staff have used holds they are not trained to use and which carry a higher risk. Managers identified these and took appropriate and effective action. There was also one occasion when a pain-inducing technique was used. While this was used to prevent serious injury to staff, the oversight to ensure this was proportionate and necessary was not timely. Furthermore, the review was not carried out with sufficient professional curiosity to identify learning and reduce the risk of recurrence.

Children's behaviour support and safety plans are relevant, accurate and up to date, providing clear strategies for staff to follow. While these plans are good, they are not always routinely adhered to by staff. For example, bedroom searches, to ensure children do not have access to items that could pose a risk to them, are not completed at the stated frequency. As a result, children have at times experienced inconsistent responses and one child has been able to retain items they should not have access to.

When there are safeguarding concerns, appropriate actions are taken in most cases, including referral to the local authority designated officer (LADO). There have been delays in some referrals due to managers not reviewing concerns in good time, meaning shortfalls in staff practice go unaddressed while incidents await a manager's review. Managers recognised and have taken action to remedy this, including reviewing all incidents to ensure there are no gaps. The LADO said referrals they receive are appropriate and there is a good working relationship with the home's managers.

Single separation, where a child is locked into an area alone due to significant risk, is rarely used. The rationale for separation continuing is clearly documented, with checks completed promptly to assess children's wellbeing and whether the criteria remain met. On 2 occasions, managers' oversight has not identified when the criteria ceased to be met. Although the separation was brief and the children were not adversely impacted, this means that the period of separation was not ended at the earliest opportunity. In some records, the rationale for the use of the measure is not clearly defined, nor is the distinction between enforced and elective separation.

Children are supported to understand risk and how to keep themselves as safe as possible. Intervention work is designed with each child's needs in mind. This work focuses on helping children to recognise their emotions, understand their feelings and explore effective ways to manage them, with or without staff support. Targeted sessions help children recognise healthy relationships and build self-esteem and how to keep healthy and safe.

The effectiveness of leaders and managers: inadequate

Quality assurance of incidents involving physical intervention does not always provide sufficient scrutiny. On several occasions, management oversight has been significantly delayed. Managers do not always consider the situation holistically, review all aspects of staff practice or consider what learning needs to be embedded. There has been insufficient progress in some areas since the last inspection, and both requirements have been restated.

There are a high number of agency staff working at the home due to a shortage of applicants for permanent positions. There are occasions when over half of those working in the home are agency staff. While these staff are regular, familiar to the children and know the children well, there is a lack of effective co-working between permanent staff and agency staff, which has affected the consistency of staff practice.

Agency staff are not receiving supervision sessions from the home's managers and are not routinely or directly involved in reflective conversations that take place after incidents or the use of restraint. This means opportunities to fully discuss their practice and ways of working and share updates about the children are being missed. While there are some arrangements in place to share information, these have not been effective at achieving a shared understanding and approach to practice.

Staff do not receive regular supervision sessions. When they do take place, they discuss the children, but do not consider recent incidents. This means there is a lack of opportunity for staff to individually reflect on their practice and identify what has gone well, as well as any learning they can take forward to improve the care they provide to children.

There are weaknesses in partnership working between department leaders and their teams. For example, there is a lack of strategic information-sharing and coordination between health and care managers. Additionally, agency staff do not attend team meetings, where important updates are shared. These gaps impact on the quality of guidance that staff receive and, consequently, the care they provide to children.

Staff provide mixed feedback about their experiences of working in the home. They know the children well, they have good relationships with them and care about their progress and outcomes. Some staff feel that their wellbeing is not always promoted, or that their good practice is celebrated. Some also feel that staff do not consistently support one another.

The registered manager is aware of some of the areas in need of development, but monitoring systems are not implemented well enough to ensure that managers are sighted on all shortfalls in practice in a timely way. The registered manager has spent time talking to staff to obtain their views so she can use their feedback to inform the plans that will address the identified shortfalls. The manager is aware of the impact of

staffing shortages and is working with the local authority to change recruitment systems to try and increase the number of permanently employed staff. Leaders are also liaising with commissioners regarding capacity and gaps in the health provision.

The average occupancy level has been at 56.5% in the last 12 months. This is due to staffing vacancies and the need for enhanced staffing levels to support some of the children's highly complex needs.

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
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; understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person; and take effective action whenever there is a serious concern about a child's welfare. (Regulation 12 (1) (2)(a)(i)(v)(vi)) In particular, ensure that staff follow children's plans, referrals to LADO are made in a timely manner, single separation is accurately recorded and all staff working at the home, including agency staff, understand what restraint techniques are approved to use at the home and there is scrutiny of any high-level restraint techniques used.	11 September 2026
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.	11 September 2026

In particular, the standard in paragraph (1) requires the registered person to— ensure that the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care to 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; and use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b) (2(d)(e)(f)(h)) In particular, ensure that there are arrangements in place to ensure effective and integrated multidisciplinary working across all departments. In particular, ensure that management oversight is completed in a timely manner and identifies any learning. This requirement is restated.	
The registered person must ensure that all employees— undertake appropriate continuing professional development; receive practice-related supervision by a person with appropriate experience. (Regulation 33 (4)(a)(b)) In particular, ensure that staff are receiving regular one-to-one supervision sessions at the frequency set out in the home's policy. Supervision must be supportive and reflective and assist professional development. This requirement is restated.	2 October 2026

Recommendations

- The registered person should ensure children receive feedback on their academic work to help them to understand how they can improve their work or challenge misconceptions. ('Guide to the Children's Homes Regulations, including the quality standards', page 26, paragraph 5.2)
- The registered person should ensure that teaching staff receive the professional learning they need to maintain and further develop high-quality teaching skills. ('Guide to the Children's Homes Regulations, including the quality standards', page 53, paragraph 10.11)

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: SC031490

Provision sub-type: Secure unit

Registered provider: East Sussex County Council

Registered provider address: East Sussex County Council, County Hall, St Anne's Crescent, Lewes, East Sussex BN7 1UE

Responsible individual: Deborah Ennis

Registered manager: Beverly Scott

Inspectors

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