

Oakhill Secure Training Centre

Chalgrove Field
Oakhill
Milton Keynes
MK5 6AJ

Monitoring visit

Inspected under the secure training centres inspection framework

Information about this secure training centre

Oakhill Secure Training Centre is operated by G4S Care and Justice Services (G4S). The centre provides accommodation for up to 80 children, male and female, aged 12 to 18 years, who are serving a custodial sentence or who are remanded to custody by the courts. There were 38 children resident at the STC at the time of this inspection: 3 girls and 35 boys.

Education is provided on site in dedicated facilities by G4S. Healthcare services are provided by Dr PA. The commissioning of health services at this centre is the statutory responsibility of NHS England under the Health and Social Care Act 2012.

Inspection dates: 13 and 14 August 2026

This monitoring visit

1. At the full inspection in June 2026, inspectors identified significant weaknesses impacting on children's safety, care and wellbeing. Not all the recommendations were reviewed as part of this monitoring visit, and those not reviewed will be assessed at the next inspection. This monitoring visit was unannounced and focused specifically on the key issues that led to the inadequate judgement at the full inspection. Since then, the number of children living at Oakhill has reduced. Leaders have worked with the Youth Custody Service (YCS) to move on some children, who were responsible for a high number of assaults on peers and staff, to other custodial provision.

2. Insufficient skill, knowledge and experience of safeguarding practice remain across the leadership team. This is reflected in the very limited progress made, meaning children are not safer. This is further compounded by a lack of specialist child safeguarding professional supervision being provided to leaders.
3. A significant number of staff have been and remain suspended from duties following allegations of inappropriate conduct, including conduct that relates to children's safety, care and wellbeing.
4. Some of the weaknesses identified at the full inspection remain. A culture of safeguarding is not fully embedded across the centre. In some instances, there remain delays in staff reporting safeguarding concerns. The safeguarding team's responses to some concerns raised with them continue to be too narrow, meaning that potential shortfalls in practice that could impact on children's safety go unaddressed. This has also affected the timeliness and thoroughness in responding to safeguarding concerns. Senior managers are not always sighted on all safeguarding concerns or the full information relating to such concerns, and when they are sighted, this does not consistently lead to clear and decisive actions to prevent similar incidents happening again. Leaders acknowledge that shortfalls remain in the recording and tracking of safeguarding concerns and responses.
5. Leaders have recognised key themes that need to be addressed in tackling weaknesses in the safeguarding culture. They have formulated appropriate plans that include additional training for all staff in enhanced safeguarding, setting and improving professional standards and supporting children who self-harm. Improvement plans include the strengthening of recruitment and induction systems to ensure that the right people with the right skills are employed to work with vulnerable children with complex lives. The ability of leaders to implement these plans is reliant on the YCS working with centre leaders to balance the number of children being looked after at Oakhill in order to release staff from duties to take part in this training.
6. Since the full inspection, there have been some improvements. The use of conflict resolution has increased. Children are having more opportunities to mix with their peers, including at a recent and very successful family day. The vast majority of staff have now completed updated minimising and managing physical restraint (MMPR) training. The prevalence of violence, use of weapons and use of force have very recently reduced. The care of children who self-harm is starting to improve. Children appear happy and healthy, and they benefit from more respectful and engaging relationships with staff. Health services continue to be strengthened.
7. Staff now demonstrate a good understanding of children's needs and plans, although children's case records are disorderly, making plans less accessible to staff to inform and support their practice. Handover arrangements between day and night staff have improved and are now helping staff to understand children's current and changing circumstances and needs.
8. Health staff provide good-quality guidance for custody staff and managers relating to children's health conditions. Staff understand children's health needs better and know how and when to raise any concerns they may have with health professionals.

Children now have a named health practitioner, meaning they receive more consistent healthcare from someone who knows them and their needs well.

9. The written plans for children who self-harm have improved in terms of providing clearer, child-focused guidance, with known triggers and appropriate responses, and staff spoken with during the visit demonstrated understanding of how these plans need to be implemented to help keep children safe. Improved reviews of incidents are informing safety planning, although progress has not been sufficient to prevent some avoidable incidents. Leaders rightly recognise that there is more to do, as set out in paragraph 5.
10. Some very recent progress has been made in terms of a reduction in the use of physical restraint by staff on children. It is too early to fully evaluate the impact of the updated MMPR training that most staff have received. Some staff continue to be unsure about when and how to intervene when children's behaviours present significant risk to themselves or others. When staff use physical restraint with children, children's views are still not consistently sought to help understand what the triggers to the incident were so that this learning can be used to try to prevent further incidents. Although the quality of children's handling plans has improved, their health conditions are not always reflected in these plans. This means that not all staff understand how to safely hold a child with a specific health condition, and this brings with it the risk of harm.
11. Since the full inspection, there has been one incident where an inverted wrist physical restraint hold was inappropriately used on a child. This caused unnecessary pain and distress to the child. Although the incident was referred for external investigation, the investigation was limited, and a cross-departmental review was not undertaken. This was a missed opportunity to identify all learning to reduce the risk of reoccurrence.
12. A positive atmosphere was observed during the inspection, with staff and children engaging well together. Most children spoke positively about their relationships with staff and said that they had someone they could talk to if they had any worries.
13. Some staff spoken with stated that things have been difficult for them since the full inspection. They said that they are fearful of 'getting things wrong' and what the consequences of this could be for them. Leaders agreed that they have work to do to develop a positive culture of learning, support and transparency.
14. While most staff receive formal supervision from their line managers, the quality has not improved. Most supervision session records, for staff at every level, lack evidence of reflective practice discussions to promote learning, development and confidence in their work with children. This continues to contribute to the lack of progress in improving safeguarding practice across the centre.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
June 2026	Full	Inadequate
February 2026	Assurance	No Judgement
September 2025	Monitoring	No Judgement
July 2025	Full	Inadequate

What needs to improve:

Recommendations

- Ensure that all staff are fully cognisant of children's safety plans and implement them fully.
- Ensure that in the safeguarding of children:
 - referrals to the local authority and/or local authority designated officer contain all relevant details from appropriate fact-finding
 - the safeguarding team is sufficiently curious about concerns raised and that it looks more broadly into any incident to explore concerns fully
 - concerns are fully followed through even if they are passed to other departments
 - escalation processes are followed to remind external professionals of their safeguarding responsibilities to visit or speak with children in a timely manner.
- Implement a policy or strategy that is known and delivered by all staff across the centre, which is focused on reducing the rates of violence, use of physical restraint and weapons and which models child-focused practice, including through the use of de-escalation.
- Strengthen the quality of recording of the child's voice following any incident where physical restraint has been used.
- Strengthen public protection arrangements to ensure that children are appropriately considered for telephone and mail monitoring. Ensure that all staff understand this process and implement it.
- Widen the range of enrichment activities so that they are accessible to more children, supported by a predictable timetable that staff and children can follow easily and consistently.
- Staff should support children, including helping them prepare for the future, by ensuring that key-work sessions are completed promptly and fully.
- Continue to improve the quality of education children receive to ensure that they can make rapid and sustained improvements from their starting points.
- Ensure children's MMPR plans on residential units set out any details of children's underlying or specific health conditions and what staff must do, in order to ensure that if children are physically restrained, staff know what to do to ensure children's safety and wellbeing.
- Further develop and embed robust performance and quality assurance systems across the centre to ensure that there is detailed and thorough oversight of the quality of practice that then improves.
- Strengthen the quality, consistency and impact of formal supervision for staff at all levels to help them to provide good-quality, safe care to children and to promote continual development of staff.
- Ensure that all outstanding mandatory training is completed by staff, including self-harm training, and continue to develop the training programme at pace to better equip staff to meet the range of needs of the children living at the centre.

Information about this inspection

The purpose of this visit was to monitor the action taken and the progress made by the secure training centre since its last inspection.

The centre was inspected under the secure training centres inspection framework.

This inspection was carried out in accordance with Rule 43 of the Secure Training Centre Rules 1998 (produced in compliance with Section 47 of the Prison Act 1952, as amended by Section 6(2) of the Criminal Justice and Public Order Act 1994), and Section 80 of the Children Act 1989. His Majesty's Chief Inspector's power to inspect secure training centres is provided by Section 146 of the Education and Inspections Act 2006.

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Secure training centre details

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