

# 1244160

Registered provider: Witherslack Group Limited

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This is one of several privately run children's homes in the Witherslack Group and provides care for up to eight children who have emotional and/or behavioural difficulties.

The registered manager has been in post since March 2018 and was registered by Ofsted in November 2018.

**Inspection dates:** 9 to 10 October 2019

**Overall experiences and progress of children and young people,** taking into account **good**

How well children and young people are helped and protected **good**

The effectiveness of leaders and managers **good**

The children's home provides effective services that meet the requirements for good.

**Date of last inspection:** 11 December 2018

**Overall judgement at last inspection:** good

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
11/12/2018	Full	Good
14/12/2017	Interim	Sustained effectiveness
03/05/2017	Full	Good

## What does the 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, 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 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 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. (Regulation 13 (1)(a)(b)(2)(c))</p> <p>This particularly refers to providing training for all staff in self-harm awareness and how to manage the risk of children using ligatures.</p>	26/11/2019

### Recommendations

- Staff should understand factors that affect children's motivation to behave in a socially acceptable way. Staff should encourage an enthusiasm for positive behaviour through the use of positive behaviour strategies in line with the child's relevant plans. ('Guide to the children's homes regulations including the quality standards', page 39, paragraph 8.13)
- Regulation 19(2) details sanctions that are prohibited in behaviour management. Any sanctions used to address poor behaviour should be restorative in nature, to help children recognise the impact of their behaviour on themselves, other children, the staff caring for them and the wider community. In some cases, it will be important for children to make reparation in some form to anyone hurt by their behaviour and the staff in the home should be skilled to support the child to understand this and carry it out. ('Guide to the children's homes regulations including the quality standards', page 46, paragraph 9.38)
- The registered person should only accept placements for children where they are satisfied that the home can respond effectively to the child's assessed needs as

recorded in the child's relevant plans and where they have fully considered the impact that the placement will have on the existing group of children. ('Guide to the children's homes regulations including the quality standards', page 56, paragraph 11.4)

In particular, ensure that impact assessments are completed, and sufficient consideration is given to assessing the risks associated with children coming to live at the home in relation to the risks associated with children already resident.

## Inspection judgements

### **Overall experiences and progress of children and young people: good**

Children benefit from long and stable placements. Staff create a safe and welcoming environment where children can feel secure. Children make good progress from their individual starting points. For example, one child who previously struggled to attend school now attends full time. Other children have been helped to control their behaviour as they learn skills to help them manage their emotions. These are positive achievements.

Staff and managers have created a warm and nurturing home. Following a recent assessment of the decor, many areas of the home have been redecorated using soothing colours. A range of new projects are planned to enhance the home, for example creating a sensory path and putting in a sunken trampoline in the garden. There are also plans to redesign the pods in one lounge to create a range of different sensory environments where the children can have quiet time when they need space away from the group. Children have contributed their ideas to these plans.

Staff provide excellent support to the children and their families. This involves regular communication and supervision of family time, in line with the children's individual care plans. Parents speak highly about the quality of care being provided to their children. One parent spoke of the 'great staff' describing them as 'dedicated and committed to doing their best'.

Staff have a strong relationship with the school that the children attend. Children's attendance is excellent. The clinical and behavioural team works closely with the school and the home. This ensures that a consistent approach is maintained in supporting the children's academic, social and emotional needs.

Each child's identity is valued. Specific needs, whether these relate to culture, religion or learning needs, are understood and met to a good standard. Children are helped to embrace diversity, such as LGBTQ+, through taking them to experience a local festival. A range of themes are explored through discussions with the children. This helps children to develop an awareness and interest of differing cultures and beliefs.

Children are sensitively supported to move into and on from the home. Plans include

sharing the children's guide and undertaking initial visits to familiarise them with the home and to get to know the staff. A hand-decorated box full of thoughtful items is prepared to welcome each child on their arrival. Three children have successfully moved on, one returning to their family's care, another to live in supported housing and the other child moving to live with a foster family. This is a positive outcome for each of the children and arranged in line with their care plans.

Children's views are central to their care planning and also considered in the wider aspects of their home. This includes preparing their own selection of questions to ask adults, as part of the interview process, and sharing ideas that inform their day-to-day experiences, for example the decor of their bedrooms and the communal areas of the home. This helps the children to feel valued and adds to their sense of belonging and they take pride in their home.

### **How well children and young people are helped and protected: good**

Staff provide the children with a safe environment to live in and have a good understanding of the children's needs. Staff are closely supported by the clinical team that offers guidance on all aspects of the children's care. The clinicians' input is translated into care plans to provide the staff with clear guidance to enable them to respond to the children's needs.

The manager ensures that consideration is given to selecting the children who move into the home. The current group of children are appropriately matched. However, pre-admission impact assessments do not fully demonstrate how the risks associated with children coming to live in the home have been assessed against risks associated with children already living at the home.

Staff place importance on praise and reward, using these methods to encourage positive behaviour. Where consequences are given, these are in response to unacceptable or unsafe behaviours. The range of sanctions given do not incorporate restorative measures. This is a missed opportunity which would help the children to take more responsibility for their actions and to create a positive shift in modifying behaviour.

The staff are vigilant in monitoring the dynamics between the children. Incidents of bullying are addressed with the children through focused discussions. This helps the children to develop the skills to maintain healthy relationships with the other children who live in the home.

Incidents of children going missing are rare. Staff follow the children's risk assessments to manage any incidents of children going missing from the home. This is effective and ensures that the children are returned quickly to the safety of the home. One child, who affiliates with gang culture, receives external support as part of the plan to provide early intervention. This is raising the child's awareness of the risks associated with this culture and is also helping them to make considered choices to keep themselves safe.

A real strength of this home is the quality of the one-to-one discussions staff hold with

the children. During these conversations, the children are helped to explore their emotions and to consider how they affect the way they behave and react to situations. Children are responsive to this support, which is helping them to develop a greater understanding of themselves.

Restraint is used appropriately, and staff use this to intervene to manage risky or harmful behaviour. The manager reviews and collects data to look at patterns of behaviour to gain a deeper understanding of the triggers and to evaluate the effectiveness of each intervention. While there is some reduction in the number of restraints used and severity of incidents, the team members are still in the process of gaining a greater understanding of how behaviour is linked to the children's past trauma, to develop their skills to positively manage the children's behaviour.

### **The effectiveness of leaders and managers: good**

The manager has been in post since March 2018. He is currently undertaking the level 5 diploma in leadership and management for residential childcare, which is near completion. He is closely supported by the regional manager and senior leaders, who share his vision and plans to develop the home. The manager is implementing these plans with energy and enthusiasm, providing effective leadership and support to the staff team, based on his in-depth understanding of the individual needs of the children.

The home is in a phase of change. Leaders and managers are successfully taking the staff team through this process with the support of the clinical team. The model, which was behaviourist, is moving towards a therapeutic underpinned model of care. During such a phase of transition, there are some areas needing development, which leaders and managers are aware of. For example, the team is being helped to gain a greater understanding of children's emotions and how these connect to their specific needs and early experiences. Staff are positive about the consultation and training they receive and are implementing their knowledge into practice.

Leaders and managers have focused on recruiting experienced staff to improve retention. While some staff have moved on since the last inspection, the home is now almost fully staffed, having appointed several qualified staff. This has improved the level of skill and experience in the team, whose members are supportive towards each other and are working well together.

The staff, and the registered manager, receive frequent and effective supervision. Staff use these one-to-one sessions to reflect and enhance their practice. Newly appointed staff receive a comprehensive induction and complete mandatory training to prepare them for their roles. This ensures that they understand the ethos and aims of the home. Staff receive regular reviews of their practice. This informs their training and development to enable them to maintain a good standard of care to the children.

The staff's skills are being further enhanced through training workshops, which form part of their monthly team meetings. However, a number of staff have not received training in managing self-harm and the risk posed by ligatures. While most incidents have been

low-risk and managed well, staff need to have the necessary skills to respond to children if the risk around these behaviours escalates.

The manager understands the strengths and weaknesses of the home. He uses established systems to monitor and evaluate the service. These include feedback from the independent visitor. The development plan for the home is detailed and provides clear targets for continuous improvement.

## **Information about this inspection**

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the differences made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

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'.

## Children's home details

**Unique reference number:** 1244160

**Provision sub-type:** Children's home

**Registered provider:** Witherslack Group Limited

**Registered provider address:** Witherslack Group, Lupton Tower, Lupton, Carnforth  
LA6 2PR

**Responsible individual:** Howard Tennant

**Registered manager:** Dean Fuller

## Inspector

Joe Davys: social care inspector



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