

2494551

Registered provider: Witherslack Group Ltd

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is a privately owned children's home that is registered to provide care and accommodation for up to seven children who may have emotional and or/social difficulties and or/learning disabilities.

Due to COVID-19, at the request of the Secretary of State, we suspended all routine inspections of social care providers carried out under the social care common inspection framework (SCCIF) on 17 March 2020. We returned to routine SCCIF inspections on 12 April 2021.

The last full inspection of the home was completed in May 2019, and a monitoring visit was completed in January 2021. These reports are published on the Ofsted website.

Inspection dates: 17 and 18 January 2022

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

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

The effectiveness of leaders and managers **good**

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

Date of last inspection: 27 November 2019

Overall judgement at last inspection: sustained effectiveness

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
27/11/2019	Interim	Sustained effectiveness
01/05/2019	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

The children in this home build trusting relationships with the staff, who provide them with a good level of individualised care. The staff know the children well and provide a nurturing, therapeutic and caring environment for the children. This enables the children to enjoy stability and security and engage fully with their plans.

Staff support the children in making positive progress from admission to the home. Good relationships with the children enable the staff to support children to work through their trauma and emotional needs. This is achieved through regular in-house therapy, key-work sessions and restorative work. This means children are able to address any trauma needs effectively.

Staff have supported the children to follow their interests and hobbies. Children have been able to enjoy activities such as camping, fishing, horse riding and laser quest, as well as playing football in the extensive garden. One child is being supported to access more time working with horses and another is supported to engage in football training. These opportunities enable children to build their self-confidence.

All the children have education plans, and have excellent attendance. Staff work with the schools to reduce barriers to children attending. Children have up-to-date education, health and care plans and personal education plans which are routinely reviewed. Staff support children with transport to and from school, this ensures effective communication is in place with school staff. As a result, the children are on track to achieve their full educational potential. However, one child was not engaging in the extracurricular aspect of his education.

Children's health and developmental needs are well understood and supported. Staff work in partnership with the in-house clinicians and the children in care nurses to ensure that the children receive the support that they need. For example, staff advocated to change the dates for one child's planned operation so that he could enjoy Christmas as home. Intensive work is carried out in partnership to support the children's emotional well-being.

The staff focus on helping the children to develop their independence. Children are supported to learn to cook, budget, shop, clean and travel independently. Children's confidence and resilience improve because of these experiences.

Children take part in a monthly meeting in which they are consulted about any changes, their views and wishes are sought, and they have a voice in the running of their home. In addition, they receive extensive key-work sessions and staff apply a restorative approach to ensure that children learn to resolve conflict positively. These opportunities help the children develop a wider understanding of social issues such as equality and diversity, health, and identity. For example, children have been

instrumental in ensuring their bedrooms are personalised and that the home is a homely and welcoming environment.

Staff are proactive in ensuring that children remain connected to their families and friends. Staff support family time and help the children to rebuild positive relationships with their family members. Parents were very positive about the support they receive and the good communication with staff. One parent was pleased she was also being supported by the in-house clinicians to develop strategies to enable them to meet the needs of their child.

Professionals told the inspector how the staff work in partnership with them, are ambitious for the children, are child centred and knowledgeable about the children's needs. This means the children enjoy stability and security and are able to have positive outcomes in the future.

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

Children's robust risk assessments and behaviour support plans are regularly reviewed and updated to reflect their evolving needs. Effective management oversight of children's risk assessments means their risks are well understood, and the children are better protected and kept safe.

There is effective matching of the children prior to them coming to live at the home. Children have planned transitions in and out of the home. Children are supported to visit the home and the manager visits the children where possible prior to any move. Children are consulted about new admissions and the managers strongly advocate so that children have a say about their future. For example, children moving on from the home were supported to visit semi-independent settings prior to transitioning from the home. Where appropriate, children are supported to remain within the local community to enable a continuation of support from the staff.

Staff work in partnership with social workers, police, in-house clinicians and schools to help safeguard the children. Staff have fortnightly child focus meetings and monthly consultations with the clinicians. This excellent example of multiagency work enables risks to be assessed in partnership and positive therapeutic interventions to help reduce risks to the children. Staff were very positive and benefit significantly from the advice and input from the clinicians and adapt their strategies to align with the children's changing needs and behaviours.

Staff provide the children with positive routines, boundaries and structures which enable the children to develop social skills and progress in developing their independence skills. As a result, the children engage in education, therapy and in planned activities in the home and in the wider community.

The children fully engage with focused key-work sessions and restorative work after any incidents. These sessions enable the children to reflect and develop positive strategies to help keep them safe.

Staff access therapeutic and restorative practice training as well as mandatory training. They have monthly supervisions, yearly appraisals and performance reviews, which ensure that they are therapeutic and reflective care practitioners and more able to better protect the children.

Staff are trained in physical intervention and de-escalation strategies and apply this to their practice. As a result, there are now very low levels of physical interventions. When incidents happen, staff use de-escalation strategies effectively based on their understanding of the children's emotional needs, and work restoratively to support the children to regulate their emotions. There is effective recording of all incidents. Children and staff have debriefs following these incidents and there is excellent management oversight of the records. Staff are supported to reflect and learn with support from clinicians and managers from each incident. This helps the staff to feel safe and comfortable and work well as part of a team.

Missing from home incidents have significantly reduced. When children have been missing, staff follow protocols and work in partnership with the police to ensure the safe return of children quickly. Staff search local areas and places frequented by the children and the manager supports them in their search. On a recent occasion, a parent was also involved in the search. Children have independent return home interviews and staff ensure that they complete key work after each incident to help the children understand the risks of being missing from home. This level of intervention ensures that the children can make better decisions.

There are regular monthly team meetings, focused meetings, clinical consultations, daily handovers, and communication systems in place to support the staff in providing continuity of care for children. These systems enable the staff and managers to have robust oversight of the children's plans. All these processes ensure that staff have the skills to carry out their roles. As a result, children receive consistent responses from the stable staff team.

The effectiveness of leaders and managers: good

The manager and deputy manager are experienced and ambitious for the children in their care, as well as for the staff team. This means that the managers and staff have high aspirations for the children, and the staff are motivated to support the children.

Staff training and performance development reviews are prioritised by the managers. For example, managers ensured that all staff had completed bespoke training in Pathological Demand Avoidance to meet the needs of one child after he was admitted to the home. As a result, the child's needs are met effectively. Managers have also made referrals for specialist assessments of children when needs are identified. Staff feel supported by the manager and receive regular supervision. However, one staff member's supervision was not up to date at the time of the inspection.

The manager has always informed the regulator about incidents that are considered to be serious, apart from on one occasion which the manager did not feel met the threshold for notification. However, given the young age of children involved, this was considered as necessary by the regulator. There was, however, no impact on children.

Good partnership working with key professionals ensures that there is good communication and access to support. This helps the staff to meet the holistic care and developmental needs of the children.

The managers complete impact assessments in partnership with in-house clinicians, social workers and families to ensure the compatibility of children to the home. This means that children can experience positive admissions into the home and enjoy placement stability. However, impact risk assessments are not always analytical. This does not enhance the manager's ability to predict potential concerns when matching children.

The staff are supported to be resourceful and creative with their practice in meeting the needs of the children. As a result, staff are empowered and children enjoy lots of positive experiences which are captured on their records and in photos that are displayed around their home.

The managers are child centred. They model child-centred practice and have implemented consultation systems to enhance the voice of the child. This means that the children are listened to and valued by the managers. For example, the manager consulted the children about improving the garden space, and there is now a plan for outdoor gym equipment to be installed.

There are good levels of staff retention, which means children experience stability in care. Staff have thorough inductions to help develop their knowledge and skills.

The manager and deputy have effective management oversight of the home, and have effective monitoring and auditing systems in place to help monitor and review the progress of children's plans and staff performance. These systems have helped them to improve practice and provide additional training when needed. Staff feel supported and able to disclose practice concerns. This led to immediate action, training and support relating to the administration of medication following a medication error, which did not have an impact on the children. In such instances, communication with professionals and parents is clear and transparent.

Professionals told the inspector that the managers and staff have great relationships with the children, they understand the children's needs and they advocate on their behalf. This means that children experience a stable, therapeutic, nurturing environment which enables them to make good progress and raise their aspirations.

Recommendations

- 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)
- The registered person should notify Ofsted and other relevant persons if one of the situations specified in regulation 40(4)(a)-(d) occurs, or if there is an incident relating to the protection, safeguarding or welfare of a child living in the home which the registered person considers to be serious (40(4)(e)). ('Guide to the children's homes regulations, including the quality standards', page 63, paragraph 14.10)
- The registered person must have systems in place so that all staff, including the manager, receive supervision of their practice from an appropriately qualified and experienced professional, which allows them to reflect on their practice and the needs of the children assigned to their care. Professionally qualified staff employed by the home, e.g. teachers or social workers, should be provided with relevant professional or clinical supervision by an appropriately qualified and experienced professional. ('Guide to the children's homes regulations, including the quality standards', page 61, paragraph 13.2)
- The registered person should ensure prescribed medicines are only administered to the individual for whom they are prescribed. Medicines must be administered in line with a medically approved protocol. Records must be kept of the administration of all medication, which includes occasions when prescribed medication is refused. ('Guide to the children's homes regulations, including the quality standards', page 35, paragraph 7.15)
- The registered person should ensure staff understand the specialist support children may need to be able to engage positively and achieve in education. ('Guide to the children's homes regulations, including the quality standards', page 26, paragraph 5.4)

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'.

Children's home details

Unique reference number: 2494551

Provision sub-type: Children's home

Registered provider: Witherslack Group Ltd

Registered provider address: Lupton Tower, Lupton, Carnforth LA6 2PR

Responsible individual: Graeme Cheyne

Registered manager: Shelly Taylor

Inspector

Noel Cooper, Social Care Inspector

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