

1244280

Registered provider: Witherslack Group Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This home is privately owned and run. It provides care for up to seven children who have social and/or emotional difficulties. The home is in the same grounds as another children's home and a school, both of which are separately registered and owned by the same provider.

The manager registered with Ofsted in 2018. She holds suitable qualifications for this role.

Inspection dates: 28 and 29 August 2024

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	good
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The children's home provides effective services that meet the requirements for good.

Date of last inspection: 1 August 2023

Overall judgement at last inspection: good

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
01/08/2023	Full	Good
10/08/2022	Full	Good
29/03/2022	Interim	Improved effectiveness
15/06/2021	Full	Requires improvement to be good

Inspection judgements

Overall experiences and progress of children and young people: good

Children who live in the home experience stability. All of the children have lived in the home for a considerable period of time and have good relationships with staff. As a result, children make good progress in most areas of their lives.

Leaders and managers notice and act when children's needs change and they require a different, or a more suitable environment so that they can make progress. Efforts are made for children to move within the same provider to enable continuity of care. The stability alongside the strong relationships children have with staff, support the progress children make while they live in the home.

All professionals and family members shared positive examples of children receiving good quality care from staff in the home. Everyone spoken to was able to recognise the progress that children have made. Communication with professionals and the children's family is generally good and weekly summaries of children's experiences and adventures are shared by staff.

Children have continued to benefit from wraparound support between home and education. This has enabled some children to return to education after significant periods of time. All children are enrolled at the on-site school and most have regular attendance. Children benefit from highly-bespoke packages that support children to achieve. Children's achievements are celebrated within the home.

The clinical team provide an initial formulation to support staff to understand children's behaviour in the context of their experiences. This helps the staff team's understanding of appropriate care for children and supports the implementation of clear strategies to support staff with managing children's specific needs.

Children are encouraged to explore their religious and cultural heritage with staff from a similar ethnic background. This has allowed children to show an interest and follow religious observances for the first time. The children have had opportunities to learn and ask questions and this has resulted in children being highly respectful of difference. Staff have been generous to share this element of their lives with children to promote tolerance and understanding.

Regular conversations with children take place in a planned and unplanned way. These conversations are linked to the needs of children or in response to an event. Most of these conversations are purposeful. However, some lack focus and the recording does not represent therapeutic parenting. Leaders are aware of this and have plans in place to address the quality of children's records with staff.

Children's health needs are mostly well understood, with appropriate plans in place to address needs. However, one child moved into the home with a known health need but

staff in the home did not make a referral to the relevant health care team until eight months later. This has delayed support for the child and prevented a treatment plan from being developed.

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

Children have strong, trusting and valued relationships with staff. Some staff have unconditional positive regard for children. This helps children to learn how to maintain relationships even though there may be challenges. Children enjoy spending time with staff and staff have a good understanding of how to support individual children. Boundaries are maintained, but the way this is achieved is highly individualised and specific to the child.

Children are encouraged to participate in regular fire drills. When children choose not to participate, conversations with children take place to ensure they understand what to do if there was a fire. The fire brigade has also visited the home and undertaken fire safety discussions with staff and children.

Children have gone missing from the home since the last inspection. However, staff keep in regular contact with children when they are missing and search for them in all known and suspected locations. Risk assessments and Philomena protocols are followed and strategy meetings take place when required. When children return, staff take opportunities to discuss the dangers and risks.

Risk assessments are detailed and capture all relevant risks. These are complemented by other documents, written in conjunction with the clinical team, which detail clear, individualised strategies for staff to follow to support children when they are in a crisis. This has supported a reduction in physical intervention over the inspection period.

Physical intervention used when children are in periods of crisis is necessary to safeguard children and others. However, the records do not always detail the strategies staff have used to prevent escalation. The manager's oversight does not sufficiently consider learning from the incident.

One safeguarding notification was not submitted to Ofsted in a timely way and several have not shared sufficient information to allow Ofsted to have an understanding of the providers response to safeguarding. When additional information has been requested, the manager has shared this.

The effectiveness of leaders and managers: good

Leaders, managers and staff know children well. When they speak about children, their do so with a smile on their faces. Staff shared that they feel supported in their role and enjoy their work. They feel like a family, which translates to how children feel about where they live. Managers and staff are committed to children. The relatively stable workforce supports the stability of children.

Staff receive regular, reflective supervision. This includes checks on their wellbeing and detailed discussions about children. Team meetings are well attended, held regularly, offer learning opportunities and enable the whole team to discuss children together. Meetings are well run with staff sharing responsibilities. Team meetings are further enhanced by the child focussed meetings led by the clinical team. This helps to embed the model of therapeutic parenting across the team.

Allegations and complaints are managed well. Thorough investigations take place and appropriate action is taken to safeguard children. When children have made a complaint, they receive an appropriate response from the manager.

Mandatory training is up to date and systems around this are effective. Training by the clinical team has been delivered to upskill staff and specific needs of two children in the home. This has supported staff to change the way they deliver care for these children and has resulted in children being supported to regulate their emotions and feel safe within the home.

Management oversight of children's documents has not been robust enough to identify practice concerns and address them. However, the most recent management audit of the home demonstrates the leadership team understand the quality of practice and areas which need to be strengthened. This gives some reassurance that leaders and managers know the home well and what needs to develop further.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions that the registered person 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 must comply within the given timescales.

Requirement	Due date
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. In particular, the standard in paragraph (1) requires the registered person to— use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13 (1)(a)(b)(2)(h)) This relates to the oversight of monitoring and review systems. Systems should ensure that records accurately depict children's experiences, use appropriate language. When poor practice is identified, appropriate action is taken to address this to prevent the practice continuing.	30 September 2024

Recommendations

- The registered person must ensure that children's records are 'living documents' and should be written in a way that aligns to the care being provided to children. The child's voice should be evident within their records. (Guide to the Children's Homes Regulations, including the quality standards' page 58, paragraph 11.19)
- The registered person must ensure that, when children have identified health needs, they receive an appropriate service to help maintain their health and dignity. Referrals for services should take place in a timely way. (Guide to the Children's Homes Regulations, including the quality standards' page 34, paragraph 7.11)

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.'

Children's home details

Unique reference number: 1244280

Provision sub-type: Children's home

Registered provider: Witherslack Group Limited

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

Responsible individual: Richard Matthews

Registered manager: Michelle Hird

Inspectors

Joanna Beal, Social Care Inspector

Jan Edwards, HMI Social Care

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