

2712599

Registered provider: A Wilderness Way Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

The home was registered as a multi-building children's home in November 2022. The manager was registered with Ofsted as part of this registration.

This children's home provides care for up to six children with social and emotional difficulties in up to four buildings under a single registration.

At the time of the inspection, there were five children living across four buildings.

The home offers short-term intensive stays, typically lasting 17 weeks. This is the first inspection of the home since its registration.

Inspection dates: 7, 8 and 9 November and 6 and 7 December 2023

Overall experiences and progress of children and young people, taking into account	inadequate
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How well children and young people are helped and protected	inadequate
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The effectiveness of leaders and managers	inadequate
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There are serious and widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded and the care and experiences of children and young people are poor and they are not making progress.

Date of last inspection: not previously inspected

Overall judgement at last inspection: not applicable

Enforcement action since last inspection: not applicable

Inspection judgements

Overall experiences and progress of children and young people: inadequate

Inspectors identified shortfalls in relation to safeguarding practice. These shortfalls have had an adverse impact on some children's safety and experiences. However, despite this, some children have made progress from their individual starting points.

Children are supported to build trusting relationships with staff. This helps children to experience a sense of belonging. However, the registered manager has not consistently updated children's relevant plans to inform care practices. Staff report that this has led to inconsistencies in practice and accept that this does not provide all children with stability of care.

Education outcomes for children are variable. Most children have access to education and learning during their short stay at the home. This has helped some children to make progress towards their education outcomes. However, for a child who has lived in the home for a longer period of time, plans do not demonstrate their progress. This is a missed opportunity to demonstrate each child's achievements.

Children have access to well-being practitioners who use a range of resources to support children's emotional health and well-being. However, the care and support provided to children are not always age-appropriate or delivered in line with children's plans.

Staff encourage children to attend regular health appointments. However, not all children's health needs are consistently met. Managers do not ensure that staff follow each child's relevant plans in relation to their health needs. This does not ensure that each child's health needs are prioritised.

Some children said that they have a good relationship with staff. However, when a child made a complaint about the use of a door sensor on their bedroom door, leaders and managers did not respond to this as a complaint. This does not demonstrate that all children are always listened to, and this is a missed opportunity to explore the child's wishes and feelings to make improvements to the quality of care that staff provide for children.

Managers and staff have created a comfortable and friendly environment for children to live in. Children's bedrooms reflect their individual styles. However, some children are not able to access all areas of their home. For example, one child's en-suite bathroom is locked, and another child is living in a separate annex to the main home.

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

Safeguarding practice across the settings is inconsistent. Some staff do not always demonstrate professional curiosity and they make assumptions or take a single source of information and accept it at face value. This presents a risk for some children.

Managers and staff do not always take effective action to mitigate and reduce risk. For example, some children are at risk due to self-injurious behaviours. Managers and staff have failed to robustly assess this risk. Further to this, there is a lack of appropriate guidance and support for all children in relation to self-injurious behaviours.

Despite this, incidents significantly reduce for some children. For example, there has been a reduction in missing-from-care incidents, smoking and substance misuse. One child said, 'I don't need to go missing because the staff listen to me.' Another child said, 'Staff have helped me to make changes.'

Children's risk assessments do not provide staff with sufficiently clear guidance to follow in practice. In the absence of clear guidance, staff do not always take effective action in response to safeguarding incidents. For example, staff managed an incident of choking but did not seek medical attention or guidance from a manager. Records do not demonstrate that this was subsequently addressed with staff.

Not all behaviour is managed effectively and, on occasions, police assistance is requested by some staff to support the management of behaviours. This does not demonstrate that all staff have the skills and experience to manage some incidents, despite receiving relevant training. This could lead to the criminalisation of children.

Following an incident when a child set a fire in the home, staff took some action to help the child understand this risk. Practical steps were taken to reduce some of the risk. However, managers did not know that a fire extinguisher used to extinguish the fire had been misplaced. The manager did locate the extinguisher during the inspection and replaced it.

There are gaps in staff training to support their understanding of relevant safeguarding concerns. Therefore, their ability to respond effectively to concerns in this area is limited.

An allegation made by a child was not responded to sufficiently. Although the manager responded to this matter as a complaint, they did not share it with the local authority designated officer or Ofsted. Failing to follow safeguarding processes does not enable other agencies to carry out their own safeguarding procedures.

The use of door sensors on children's bedroom doors is not adequately assessed for all children. For some children, this monitoring is not used in accordance with legislative guidance to ensure that there is no more intrusion than necessary. This does not ensure that children's need for privacy is reviewed in line with their ongoing needs.

Staff recruitment procedures are effective. All staff are checked and vetted before starting work. These checks ensure that only suitable adults are employed to work with children in the home.

The effectiveness of leaders and managers: inadequate

There is a suitably qualified registered manager in post. Staff work as a team, and the team has a sense of ownership about its practice.

Management oversight and evaluation of children's records are not sufficient and do not always identify shortfalls relating to staff practice. This limits the improvements that managers and staff can make to continuously improve the quality of care provided for children. For example, although managers review records in relation to safeguarding incidents, they do not scrutinise incidents to identify any lessons to be learned or ensure that steps are taken to reduce risk and prevent incidents recurring.

Managers do not consistently share all relevant information with the appropriate agencies. This means that placing authorities do not always have the most up-to-date information about incidents for their child or medical updates. However, most professionals provided positive feedback about the care and support that the children receive.

Staff have not received training or support in understanding children's complex needs and behaviours. One child has a diagnosis of attention deficit hyperactivity disorder (ADHD), but staff have not been provided with sufficient training to support their understanding of this diagnosis or how it affects the child that they care for. One child's records include specific behaviours, but staff have not received training in this area. This limits staff's ability to respond effectively to this child's needs.

Staff benefit from regular supervision. Staff spoken to were positive about the support provided by the manager. However, records do not demonstrate how a particular concern from a member of staff relating to the availability of the on-call manager was addressed. This was in relation to a safeguarding incident.

Managers are not working in line with the home's statement of purpose. In particular, the statement of purpose does not accurately detail the model of care the home provides and does not consider the impact of longer-term placements on children's education outcomes.

The director took immediate action to rectify some of the safeguarding issues identified during the visit. A follow up action plan clearly showed the actions taken to safeguard children.

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, 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; help each child to understand how to keep safe; have the skills to identify and act upon signs that a child is at risk of harm; take effective action whenever there is a serious concern about a child's welfare; that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child's health. (Regulation 12 (1) (2)(a)(i)(ii)(iii)(vi)(d)) Specifically, the registered person must ensure that staff take effective action to safeguard children. In addition, the registered person must ensure that children's risk assessments clearly outline children's risks and the strategies that staff must follow in practice to reduce these risks. The registered person must ensure that staff have the skills to identify and respond to safeguarding concerns. This should include training around child exploitation, sexualised	5 February 2024

behaviour and supporting children who have suffered sexual abuse.	
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— ensure that staff have the experience, qualifications and skills to meet the needs of 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; demonstrate that practice in the home is informed and improved by taking into account and acting on— feedback on the experiences of children, including complaints received; 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)(c)(f)(g)(ii)(h)) Specifically, the registered person must ensure that staff receive training to support their understanding of and ability to meet children's identified needs. This should include training relating to ADHD and pica. The registered person must ensure that they respond to all complaints made by children. Furthermore, the registered person must evidence that they use feedback and complaints from children to improve the quality of care provided to children. The registered person must ensure improved monitoring and review of significant incidents and children's records. They must demonstrate evaluation and scrutiny of records to identify and address any shortfalls relating to safeguarding practice or the quality of care provided to children.	5 February 2024

The health and well-being standard is that— the health and well-being needs of children are met; children receive advice, services and support in relation to their health and well-being; and children are helped to lead healthy lifestyles. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to— achieve the health and well-being outcomes that are recorded in the child’s relevant plans; take part in activities, and attend any appointments, for the purpose of meeting the child’s health and well-being needs; and understand and develop skills to promote the child’s well-being. (Regulation 10 (1)(a)(b)(c) (2)(a)(i)(iii)(iv)) Specifically, the registered manager must ensure that staff understand and meet the outcomes in children’s relevant plans. Further to this, staff working with children should be appropriately trained and skilled to promote children’s well-being.	5 February 2024
The education standard is that children make measurable progress towards achieving their educational potential and are helped to do so. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— help each child to achieve the child’s education and training targets, as recorded in the child’s relevant plans; understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers;	5 February 2024

maintain regular contact with each child's education and training provider, including engaging with the provider and the placing authority to support the child's education and training and to maximise the child's achievement; and help a child who is excluded from school, or who is of compulsory school age but not attending school, to access educational and training support throughout the period of exclusion or non-attendance and to return to school as soon as possible. (Regulation 8 (1) (2)(a)(i)(iii)(vi)(viii)) In particular, the registered person must ensure that they understand children's educational needs and have access to their relevant plans. Furthermore, ensure that children are supported to achieve in education and encouraged to participate in educational activities that will enable them to return to an education setting.	
The care planning standard is that children— receive effectively planned care in or through the children's home; and have a positive experience of arriving at or moving on from the home. In particular, the standard in paragraph (1) requires the registered person to ensure— that each child's relevant plans are followed. (Regulation 14 (1)(a)(b) (2)(c)) Specifically, this relates to ensuring that managers and staff have access to children's relevant plans, such as healthcare plans and education plans. Furthermore, managers and staff must follow children's relevant plans in practice to ensure that children's needs are being met.	5 February 2024
The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on— mutual respect and trust; an understanding about acceptable behaviour; and	5 February 2024

positive responses to other children and adults. In particular, the standard in paragraph (1) requires the registered person to ensure— that staff— meet each child’s behavioural and emotional needs, as set out in the child’s relevant plans; help each child to develop socially aware behaviour; help each child to understand, in a way that is appropriate according to the child’s age and understanding, personal, sexual and social relationships, and how those relationships can be supportive or harmful; help each child to develop the understanding and skills to recognise or withdraw from a damaging, exploitative or harmful relationship; understand how children’s previous experiences and present emotions can be communicated through behaviour and have the competence and skills to interpret these and develop positive relationships with children; and are provided with supervision and support to enable them to understand and manage their own feelings and responses to the behaviour and emotions of children, and to help children to do the same. (Regulation 11 (1)(a)(b)(c) (2)(a)(i)(ii)(vi)(vii)(ix)(x))	
The registered person must ensure that— the privacy of children is appropriately protected; children can access all appropriate areas of the children’s home’s premises; and any limitation placed on a child’s privacy or access to any area of the home’s premises— is intended to safeguard each child accommodated in the home; is necessary and proportionate; is kept under review and, if necessary, revised; and	5 February 2024

allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. (Regulation 21 (1)(a)(b)(c)(i)(ii)(iii)(iv)) This relates to the practice of locking children's en-suite bathrooms, and to children having access to all parts of their home.	
The registered person may only use devices for the monitoring or surveillance of children if— the monitoring or surveillance is for the purpose of safeguarding and promoting the welfare of the child concerned, or other children; the child's placing authority consents in writing to the monitoring or surveillance; so far as reasonably practicable in the light of the child's age and understanding, the child is informed in advance of the intention to do the monitoring or surveillance; and the monitoring or surveillance is no more intrusive than necessary, having regard to the child's need for privacy. (Regulation 24 (1)(a)(b)(c)(d)) This relates specifically to the use of door sensors for all children without a safeguarding purpose.	5 February 2024
The registered person must compile in relation to the children's home a statement ("the statement of purpose") which covers the matters listed in Schedule 1. Subject to paragraph (6), the registered person must ensure that the home is at all times conducted in a manner which is consistent with its statement of purpose. (Regulation 16 (1) (5)) Specifically, leaders and managers must ensure that the home operates in line with the statement of purpose. In particular, the statement of purpose should accurately detail the model of care the home provides.	5 February 2024

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: 2712599

Provision sub-type: Children's home

Registered provider: A Wilderness Way Limited

Registered provider address: Stoneybeck, Penrith CA11 8RP

Responsible individual: Kate Somerside

Registered manager: Kirsty Walker

Inspectors

Emma Thornton, Social Care Inspector
Sally Griffiths, Social Care Inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

T: 0300 123 1231
Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
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