

SC475748

Registered provider: Witherslack Group Limited

Full inspection

Inspected under the social care common inspection framework

Information about this children's home

This is a private children's home registered for up to seven children. The home's statement of purpose states that children living in this home may have a range of social and emotional difficulties or learning disabilities.

The home is operating without a registered manager. An experienced acting manager has been appointed. He has submitted his application to become registered with Ofsted.

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.

Inspection dates: 15 and 16 March 2022

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

How well children and young people are helped and protected **requires improvement to be 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: 21 January 2020

Overall judgement at last inspection: outstanding

Enforcement action since last inspection: none

Recent inspection history

Inspection date	Inspection type	Inspection judgement
21/01/2020	Full	Outstanding
21/06/2018	Full	Outstanding
24/10/2017	Full	Good
14/02/2017	Full	Good

Inspection judgements

Overall experiences and progress of children and young people: good

Children have positive and trusting relationships with staff. Children feel listened to and involved in their care planning. Inspectors observed supportive and respectful interactions between staff and children. Staff are kind and encouraging in their practice. Staff are highly skilled in their work and have a good understanding of children's needs.

The current group of children are settled, and they are making progress in all areas of their care. Matching risk assessments demonstrate that careful consideration is given to the planning for new children moving into the home. This ensures that children are suitable to live together, and staff have the skills to meet children's needs. For children who have moved on unexpectedly, their transitions have been managed sensitively by the staff team.

Social workers and parents say that children are well cared for and happy at the home. The staff team communicates well with professionals and parents to keep them up to date with children's progress and development. Children's time with family and friends is regularly promoted by the staff team.

Children have good school attendance and enjoy their education. They attend the provider's school and the continuity of care between the two settings is effective. Children's health needs are monitored well by the staff team. Children have regular access to therapeutic support, which includes support from the in-house clinical team. Consequently, children thrive because of the effective working relationships between the staff team and health and education practitioners.

Detailed key-work sessions are a strength of the staff team. They are meaningful and specific to children's needs and behaviour. Positive reinforcement is evidenced through achievement records and incentives, with children routinely rewarded for positive behaviour.

Children are encouraged to be active and engage in regular activities to keep them occupied and support them to build relationships with peers in the local community. Children are now engaging in activities in the community, such as going to the local youth groups and clubs on a weekly basis, now that the COVID-19-related restrictions have eased. Children are also supported with basic routines and daily tasks to develop their independence skills.

How well children and young people are helped and protected: requires improvement to be good

Generally, allegations are managed appropriately, with thorough investigations undertaken by senior managers. Children and staff are supported throughout the process. However, there has been one incident that resulted in an allegation and

while it was managed effectively, the incident was preventable. This is not a reflection of the broader safeguarding practice in the home and there has not been a repeat of this unsafe practice. The management of safeguarding concerns for children is positive overall. Staff take appropriate action and relevant professionals are accessed to protect and support children.

Safe administration of medication has not been followed on one occasion, in relation to homely remedies. Medication was administered that is not listed in the home's policy. Additionally, it was administered within close timescales of another drug without medical guidance being sought about the potential impact of the two drugs combined. However, this practice is not widespread and there is no evidence that this has been repeated for other children.

Comprehensive risk management plans are in place for children who have a risk of self-harm and potential use of ligatures. A recommendation was made at the last inspection that all staff be trained in self-harm. However, not all staff have received this training and equally, they have not all been trained in ligature prevention.

Children feel safe in the home. Direct work with children educates them about making safer choices. Risk management plans and behaviour support plans are child-centred. They include children's views about strategies that are effective in supporting them. Consequently, staff understand risks for children and the action they should take to safeguard them.

There has been a significant reduction in the use of restraint. This is because the staff team uses de-escalation strategies effectively. When children go missing from the home, staff are proactive in trying to locate children and return them safely. The staff team works closely with children's placing authorities, families and relevant safeguarding professionals, such as missing-from-home coordinators, to minimise risks for children.

Staff are clear about their roles and responsibilities to ensure that the home is a safe environment. Accidents are well recorded and prompt action taken. Following one serious incident, robust action was taken to have the home environment appropriately assessed by the fire service. The staff also carried out work to ensure that children understood the fire evacuation processes.

Children feel listened to, therefore they have made no complaints. Staff are attuned to signs of bullying and ensure that children are clear about expectations of behaviour. Staff respond positively to low-level bullying to prevent it from escalating. Staff undertake focused direct work with children in response to any concerns raised about behaviour.

The effectiveness of leaders and managers: good

The manager began his role at the home during a busy time, when the children living there displayed extremely complex behaviours and there were significant staff shortages. The staff team has been responsive to the manager's appointment at the

home. He has made some immediate improvements to strengthen the oversight of the home, improve the decor and prioritise children's involvement in the operation of the home. The manager now requires time to establish himself and embed his vision for the home.

The manager strives for the best outcomes for children, he promotes a sense of fairness, and he is realistic in boundary-setting for children. This is reflected in regular team meetings, where children's care needs are discussed at length. Child-focused meetings with the clinical team take place monthly and allow the staff team to have time with therapists to review children's progress, develop their understanding of children's behaviours and identify support plans.

Staff are proud of the work they do with the children. They feel supported by the manager and there are good opportunities for learning and development. Induction programmes and mandatory training for staff are thorough. The quality of staff supervision is good; it is reflective and reviews goals and targets set at staff appraisals. However, some staff have not always received regular supervisions during challenging periods in the home.

The recruitment of staff has been ongoing and there are now enough staff to fulfil the needs of the rota. However, a risk assessment has not been undertaken to determine whether waking night staff are needed or two staff sleeping in would be appropriate. Consequently, on a few occasions, this has resulted in some day staff having to work long hours through the night.

The manager promotes the use of advocates to ensure that children's views are heard. He escalates his concerns when children are not receiving the multi-agency support required.

The manager has a good oversight of children's records and case files. He uses monthly audits to track trends and patterns associated with safeguarding and serious incidents. Quality assurance reports provide clear recommendations focused on improving the service, from which the manager identifies a plan of action. Regular feedback is obtained from children, families, staff and social workers about their experiences of the home. However, this is not included in the manager's review of the quality of care report to consider a full evaluation of the quality of the service provided.

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
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— have the skills to identify and act upon signs that a child is at risk of harm; that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. (Regulation 12 (1) (2)(a)(iii)(b))	28 April 2022
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 the home has sufficient staff to provide care for each child; ensure that the home's workforce provides continuity of care to each child. (Regulation 13 (1)(a)(b) (2)(d)(e))	28 April 2022
The registered person must make arrangements for the handling, recording, safekeeping, safe administration and disposal of medicines received into the children's home. In particular, the registered person must ensure that—	28 April 2022

a record is kept of the administration of medicine to each child. (Regulation 23 (1) (2)(c))	
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Recommendations

- The registered person should ensure that feedback that is obtained from children, staff, social workers and family is included in the manager's review of the quality of care report. ('Guide to the Children's Homes Regulations, including the quality standards', page 55, paragraph 10.24)
- The registered person should ensure that they have systems in place so that all staff, including the manager, receive regular 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. ('Guide to the Children's Homes Regulations, including the quality standards', page 61, paragraph 13.2)

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: SC475748

Provision sub-type: Children's home

Registered provider: Witherslack Group Limited

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

Responsible individual: Marcella Bird

Registered manager: Post vacant

Inspector

Cheryl Field, Social Care Inspector
Sarah Urding, Senior Her Majesty's Inspector

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