

Inspection report for children's home

Unique reference number	SC069336
Inspection date	15 September 2009
Inspector	Clare Davies / Maire Atherton
Type of Inspection	Кеу

Date of last inspection

12 February 2009

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About this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000.

This report details the main strengths and any areas for improvement identified during the inspection. The judgements included in the report are made in relation to the outcome for children set out in the Children Act 2004 and relevant National Minimum Standards for the establishment.

The inspection judgements and what they mean

Outstanding:	this aspect of the provision is of exceptionally high quality
Good:	this aspect of the provision is strong
Satisfactory:	this aspect of the provision is sound
Inadequate:	this aspect of the provision is not good enough

Service information

Brief description of the service

This school provides care and accommodation for up to 76 students with Autistic Spectrum Disorder between the ages of five to 19 years. It operates as an independent co-educational residential special school which also provides accommodation for a number of children receiving up to 44 weeks boarding and is therefore registered as a Children's Home.

Students are accommodated in six on site residential houses and one off site in a neighbouring village. The school is set around a restored country house, within many acres of parkland.

Summary

This was an announced inspection of the school arranged at short notice. The inspection assessed the provision against the key national minimum standards; actions and recommendations have been made to address the shortfalls identified during this inspection.

The school provides satisfactory outcomes for students with some areas judged as good. There is a good commitment to staff training and ensuring that students have good access to education, care and support with life skills. Matters relating to the health and safety of students, staff and visitors are managed well. Care staff and teaching staff work well together for the benefit of the students complemented by the input of therapists and health professionals making up the multi-disciplinary team. There is an individual approach to each student, providing structure and routine. Staff have a good understanding of the complex needs associated with autistic spectrum disorders. Parents report high levels of satisfaction with this provision, one parent stated, 'If you have an autistic child who is severely affected with severe learning difficulties, this is the school where you would want them to be'. This sentiment was echoed by many parents.

This service does not have a registered manager and another key senior post has been vacant for nine months. This lack of cohesive leadership has impacted on the development of the service. Actions and recommendations have been made in relation to updating policies, ensuring full comprehensive records are made, improve the monitoring of care delivered and to apply a more rigorous approach to staff recruitment.

The overall quality rating is satisfactory.

This is an overview of what the inspector found during the inspection.

Improvements since the last inspection

One recommendation was made at the last inspection in relation to managing behaviour. The multi-disciplinary team has created individual pupil support plans to address specific behaviours. Parents report positively on the improved behaviour of their children, allowing them as a family to socialise with friends and in the community.

Helping children to be healthy

The provision is satisfactory.

The health and well being of children and young people is promoted by the school. It is typical for children with autism to be highly selective in their eating habits and staff work hard to support and encourage them to try a range of foods, both in the dining room and in individual

houses. Efforts are made in a variety of ways, by enabling children to help themselves at meal times and by involvement in food preparation for example. There is a good awareness of any allergies and specialist diets are catered for, gluten free diets are particularly well managed. The menus seen do not all contain sufficient information to assess whether children and young people are given enough choice to provide them with a nutritionally balanced and varied diet. All children and young people now have breakfast in their own houses and this provides more flexibility in meeting individual need. Meal times are structured and young people are given clear information and support by staff so as to help them manage social eating situations appropriately.

There are clear systems in place to obtain all the medical information required, however these have not been fully implemented in all cases. This means that the full range of information required is not available for all children and young people living at the school. Accidents are well recorded and there is effective monitoring in place. There is a strong emphasis on a range of physical activity throughout the day, as part of each individual's schedule, and young people display evident enjoyment of this.

There are clear protocols and guidance in place for staff regarding the storage, administration and recording of medication. There are occasions where these protocols are not adhered to which have the potential to impact on the health of the young people, such as not administering prescribed medication or not recording the administration of medication. The nursing staff have identified further deficits and have taken steps to address these, the introduction of a controlled drugs register and appropriate storage for example. They have also begun to go into each house to raise staff awareness of their role and responsibilities in relation to medication and to develop communication between houses and the health centre. The team has retained a good working relationship with the local GP and dentist, where the majority of the children and young people are registered.

Two agency nurses working full time are in post to address the staffing shortfalls in the nursing team. One of these is a mental health specialist, appointed to complement the work of psychology department and to address the increasingly complex health needs of the children and young people. The appointee is in the planning stages of developing an assessment tool for use in homes by staff.

Protecting children from harm or neglect and helping them stay safe

The provision is satisfactory.

The staff supervise students sensitively allowing as much privacy as possible. Some of the youngest students share double bedrooms at present but the school has development plans to provide all students with single bedrooms. All files and records are kept securely to promote confidentiality. The staff induction programme covers best practice in relation to privacy, dignity and respect. The parents guide details the complaints procedure and the students are shown picture symbols informing them on how to complain. However, the students' ability to register concerns or complain about being unhappy is extremely limited. Staff build up a good understanding of their moods and feelings and can act as an advocate to ensure that any concerns or issues that they become aware of are dealt with appropriately. Contact details for the regulatory body requires updating to Ofsted. Records show that complaints are investigated and resolved. The dedicated role of a family liaison coordinator promotes good communication

between the school and parents and can often respond to minor niggles to avoid the need for making a formal complaint.

Staff have a good awareness of child protection procedures and the importance to pass any concerns or allegations to a senior member of staff or the head of care as the designated person. Initial training is delivered through the induction programme and refresher training occurs for all staff. The designated person has received training from the local authority and the school has appropriately liaised with them on safeguarding matters. Staff adhere to good practice in relation to safeguarding, the policy requires some minor amendment to meet the Regulation. Most difficulties that occur between students is as a result of challenging behaviour not bullying. However, there is a policy to counter bullying and staff look out for vulnerable students. It is extremely unlikely that a student would go missing due to effective strategies in place. These include risk assessments, good levels of staff supervision and security in the buildings and grounds. Procedures are in place for staff to follow if an incident were to occur.

With the nature of autism the students can be challenging in their behaviour and the management of this is a key area for the staff. Positive behaviour support plans are produced through a multi-disciplinary team approach involving clinical psychologists, speech and language therapists, school staff, residential staff and medical staff where required. Parents report how they are also actively involved in devising strategies to manage their child's behaviour. One parent reported, 'I have had constant feedback from the psychology department and his key-worker as to how we can diffuse the behavioural situations so that we are all working together'. Staff are trained in the use of physical intervention and de-escalation techniques. This training is delivered in the induction programme and regularly refreshed with school staff who are qualified to deliver the training, this ensures that skills in this area are kept up to date and the trainers are available within the school for advice and guidance soon after an incident. All incidents are recorded and a separate log is maintained when physical intervention is used. Senior management monitor these records and they are collated with the psychology department to identify patterns and trends in students' behaviour. Not all details are recorded to meet the regulatory requirements such as the time of an incident and the location.

The school site and residential houses are well maintained with regular monitoring by the estates management team and an independent visitor. Environmental and fire risk assessments are in place and regularly reviewed by an external consultant. Records show that regular fire drills occur as well as routine servicing of equipment and appliances. Health and safety training is delivered to all staff as part of their induction, this includes fire safety. There are safe policies for the use of school transport and gas and electrical appliances have regular safety checks. There are comprehensive procedures for the safer recruitment of staff but these are not fully adhered to by allowing staff to commence work without having received a second reference. All staff receive clearance through the Criminal Records Bureau prior to working with students and receive a comprehensive induction programme. New staff observe and shadow experienced staff before working directly with students.

Helping children achieve well and enjoy what they do

The provision is good.

Individual support is available from a variety of sources within the school to meet the complex needs associated with autistic spectrum disorders. Care staff, teaching staff and the multi-disciplinary team work together to provide a package of care, tailored to the individual.

Students benefit from this whole school team approach and are encouraged to develop their self confidence and life skills towards greater independence. This could lead to shopping and cooking a meal or a small but significant step towards independence such as selecting ones own clothes to wear. Each student is encouraged to reach their potential and enjoy the same rights and opportunities afforded other young people. Communication difficulties are addressed through the use of symbols, Picture Exchange Communication System (PECS), schedules and signing. Staff are suitably trained is these methods of communication and there is IT software available to be able to produce information for students in a format that they can understand.

Students benefit from a waking day curriculum that has a structured routine which runs consistently across education and residential departments. This is supported by staff across disciplines working together and responding in the same manner to students in helping them develop routines and regular patterns in eating, sleeping, behaviour and learning. An individual education plan is produced for each student detailing methods of learning and targets to work towards. Horticulture, recycling, running the tuck shop and on-site administrative duties provide students with opportunities to develop independent and vocational skills whilst contributing to the school community.

Helping children make a positive contribution

The provision is good.

Thorough assessments by the multi-disciplinary team contribute to care planning identifying individual needs. These plans support the staff in providing a consistent approach towards routines, transitions, methods of communication, sensory needs, behaviour, educational attainment, health needs and daily living skills. Separate night care plans are produced for each student for the dedicated team of night staff to follow. Statutory reviews are held in addition to multi-disciplinary meetings that are held to review the student's progress and behaviour management programmes.

To promote good relationships with students' families there is a family liaison co-ordinator in addition to families being able to contact any member of staff directly. Residential staff set up weekly telephone contact arrangements for the key-worker to provide feedback to the family and where possible an opportunity for the student to hear, if not talk with, their family members. Web cameras are available for students and family to see each other and to assist families visiting who live some distance away there is accommodation within the grounds where they can stay overnight.

At the start of a placement visits are arranged to have a planned introduction of key people and places, parents are encouraged to stay for a while and then leave the student with staff for a few hours before collecting them. This process can be built up to suit the needs of the student. Parents receive a comprehensive school guide with information about the school and the routines their child will experience. As students prepare to leave, transition planning is implemented in plenty of time at the students' pace to help them understand the process of leaving and moving on.

Where possible the views of the individual student is sought through social stories, choice boards and observation is used. Students are encouraged to make choices with regards to food, clothing and activities. Parents are consulted and as a result there has been an increase in the choice of activities made available to students such as, use of a trampoline, horse riding and an increased supply of tricycles and scooters.

Achieving economic wellbeing

The provision is good.

Independent living skills are promoted throughout the classroom and the residential units, these skills vary enormously from managing personal hygiene without prompting to cooking a simple meal. The students are supported and encouraged to integrate in the local community to develop these skills.

There is one house for students located off site in a neighbouring village, this provides suitable provision for students with greater independence. The residential houses on site are individual in character yet operate to the school's policies and procedures providing consistency for students and staff who may work across different units. The quality of the accommodation is good with a mixture of singles and twin bedrooms, some students have the benefit of en-suite bathrooms promoting their privacy. One house has shared use of a bathroom with students who prefer a bath to a shower, staff must use separate facilities. Bedrooms are decorated according to the students preferences, many have pictures, photographs and their personal belongings such as toys and items of special interest. There are secure outdoor play areas with access to school playground equipment. The on site maintenance team are committed to ensuring that the students have a safe and homely environment. There are some challenges as students who become frustrated can cause damage to the property. Staff show a commitment and determination to find a solution that will withstand the frustration from the students and still look pleasant with suitable furniture and fittings.

Organisation

The organisation is satisfactory.

The promotion of equality and diversity is satisfactory. Individual placement plans identify student's religion and ethnicity but fail to explore any wider needs. Students are supported in gathering memories of their experiences whilst living in the home, and maintaining contact with their families. The staff team are of mixed gender and diverse ethnic backgrounds; not all the residential houses are suitable for wheelchair users.

The Statement of Purpose reflects the service provided and is incorporated into the prospectus available through the school's website. Staff training is given a high priority and staff are supported with a two week induction, regular supervision and an annual appraisal of their work. Approximately 60 staff have achieved NVQ award level 3, and a further 55 staff are working towards this qualification. The school is working towards 80% of care staff having this qualification. The school has a strong commitment to training using external training providers and a good use of its own staff who have trained to a proficient level to deliver training to others.

The staffing levels in place are good providing 24 hour care with separate teams of waking night staff. The staff demonstrate a strong commitment to the students and a passion for working with children and young people with special needs. Staff absence and vacant posts are covered by known bank staff and regular agency staff. Members of the senior management team are on call for advice and support when needed. The monitoring systems in place lack formality. A new system has recently been introduced that will improve the monitoring of the care provided. This service has not had a manager in post registered with Ofsted for the last year and the senior management team has lacked stability with absences in key posts. This has

not directly impacted on the care provided to the students but has hindered the development of the service.

What must be done to secure future improvement?

Statutory requirements

This section sets out the actions, which must be taken so that the registered person meets the Care Standards Act 2000, The Childrens Homes Regulations 2001 and the National Minimum Standards. The Registered Provider must comply with the given timescales.

Standard	Action	Due date
	make suitable arrangements for the recording, handling, safekeeping, safe administration and disposal of any medicines received into the children's home (Regulation 21)	1 October 2009
17	ensure that the child protection policy includes notification to Ofsted and the child's placing authority (Regulation 16(2)c)	31 October 2009
22	maintain an accurate and up to date record of measures of control used (Regulation 17)	31 October 2009
27	obtain for all staff, before they start work at the home, all the information set out in schedule 2 (Regulation 26)	1 October 2009
33	establish and maintain a system for monitoring the matters set out in Schedule 6 (Regulation 34).	31 October 2009
34	appoint an individual to be the registered manager of the children's home. (Regulation 7)	1 January 2010

Recommendations

To improve the quality and standards of care further the registered person should take account of the following recommendation(s):

- maintain full records of actual diets to allow for monitoring of students' nutritional intake (NMS 10)
- update the complaints procedure to provide contact details for Ofsted (NMS 16)
- designate separate bathroom facilities for staff use (NMS 25)
- ensure that all student care needs are incorporated in to their individual placement plans (NMS 2)
- continue to work towards a minimum of 80% of all care staff having completed their NVQ Level 3 in care or equivalent. (NMS 29.5)