



*Making Social Care
Better for People*

inspection report

RESIDENTIAL SPECIAL SCHOOL

Shenstone Lodge School

**Birmingham Road
Shenstone
Nr Lichfield
Staffs
WS14 0LB**

Lead Inspector
Christopher Garrett

Announced Inspection
13th September 2005 09:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Residential Special Schools*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

Every Child Matters, outlined the government's vision for children's services and formed the basis of the Children Act 2004. It provides a framework for inspection so that children's services should be judged on their contribution to the outcomes considered essential to wellbeing in childhood and later life.

Those outcomes are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a contribution; and
- Achieving economic wellbeing.

In response, the Commission for Social Care Inspection has re-ordered the national minimum standards for children's services under the five outcomes, for reporting purposes. A further section has been created under 'Management' to cover those issues that will potentially impact on all the outcomes above.

Copies of *Every Child Matters* and *The Children Act 2004* are available from The Stationery Office as above.

SERVICE INFORMATION

Name of school	Shenstone Lodge School
Address	Birmingham Road Shenstone Nr Lichfield Staffs WS14 0LB
Telephone number	01543 480369
Fax number	
Email address	
Provider Web address	
Name of Governing body, Person or Authority responsible for the school	Sandwell Local Education Authority
Name of Head	Mr S Butt
Name of Head of Care	Mr V Ozers
Age range of residential pupils	6-11yrs old
Date of last welfare inspection	19/01/05

Brief Description of the School:

Shenstone Lodge School is a residential special school catering for boys who are experiencing emotional and behavioural difficulties and may display behaviour associated with the Autistic Spectrum. The school admits boys who are in Key Stage one and Key Stage two age bands, though the school will occasionally accept those pupils who are already in Year 6. The maximum number that the school can have on roll is 28 of which 16 could be in residence. At the time of the Inspection there were 13 boys in residence and 5 day pupils. The school currently provides residential care consisting of either 12 or 5-day boarding packages. The school has the facility to allow a number of the day pupils remain until the early part of the evening to join in activities organised by the care team.

The school is owned by Sandwell Local Education Authority and is situated in the village of Shenstone, which is within Staffordshire. The location of the school provides good access to local community services and facilities. The school is set in its own extensive grounds which consists of play areas in which a range of static play equipment has been installed, an animal enclosure, swimming pool and sports field. The residential provision is situated in a large country house and is spread over its three floors. The house provides a great deal of space all of which is used to great advantage for the young people. The building has been extended in the past to provide staff rooms, offices, medical room and resource areas. The purpose built school is detached from the residential facilities. The school is planning to build a gymnasium in the near future. With the exception of the Caretaker none of the staff are resident at the school.

The primary goal for young people attending the school is to help prepare them educationally and socially to be able to manage in a mainstream school. Although the school has been successful in achieving this goal for some, others will move on to either day special schools or on to other residential facilities.

SUMMARY

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

This inspection was announced and started at 09.30hrs and took place over a two day period. The Lead Inspector was present all of the first day and stayed until early evening and returned first thing the following morning. On the second day two other inspectors called in for a period of time to look at specific areas of practice and administration. At the time of the Inspection there were 10 children staying in the residential part of the school. Prior to the Inspection the Inspector had visited the school and a number of the young people (11) had completed pre -inspection questionnaires. Parents of three of the young people also completed questionnaires. Individual interviews were conducted with members of staff including the Head teacher, Head of Care, Deputy head of Care and the administrator. Group interviews took place with the ancillary workers. The Lead Inspectors spoke individually with a number of the children. A sample of the children's files were inspected along with a number of logbooks and other records. The Lead Inspector was invited to join the children for breakfast in midday and evening meals. The Inspector was also invited to join in the activities that were taking place on the evening of the inspection. The Inspector completed a tour of the residential unit and parts of the grounds.

The Inspector had been keen to visit the school at a different time of the year and consequently there had been only a 6 months period since the last inspection. It was agreed that on this occasion the inspection would primarily focus on the response to the last reports recommendations and on those standards where shortfalls had previously been identified. Consequently some standards were not assessed on this occasion.

What the school does well:

Shenstone Lodge is a residential special school that continues to look to provide a high standard of care for the children living at the school. The Head Teacher, Board of Governors and staff are to be commended on their prompt response to a number of the recommendations made within the last report. The relationships between staff and the children are very good. Staff take an interest in the children and encourage them to achieve and to develop personal and social skills. Children spoke with enthusiasm and pride about winning house points in recognition of good behaviour. The school is proactive about ensuring that the children live in a safe place.

The school offers a good range of activities, which are popular with all of the children. The school provides a safe, secure and stimulating environment for the children to live in. The level of training provided to care staff is both ambitious and commendable.

The Head teacher continues to display clear leadership to the whole staff team.

What has improved since the last inspection?

The administration of medication has improved. The school has developed very good procedures for dealing with child protection concerns. The responsibility for managing these has now been delegated to the Head of Care and the Deputy Head of Care. Child Protection Training has been provided to all staff within the school. The school is in the process of producing a bound sanction book, which should provide a comprehensive record of the sanctions being given the children so that these can now be more adequately monitored. The recording of restraints is also being reviewed. The School has been extremely innovative in responding to the safety issues in relationship to den building. The introduction of modular dens ensures that this worthwhile and popular activity continues. The appointment of a Deputy Head of Care and having a full compliment of care staff has raised the moral of staff. The proposed changes to the care staff responsibilities form an exciting part of the schools continued improvement in the care provision.

What they could do better:

The school need to address the observations made in the report in regards to some of the medical matters within the school. The school needs to ensure that some of its policies and procedures fully comply with the requirements of the National Minimum Standards. Staff need to ensure that the children have the necessary skills to be able to use the phone and to access the schools complaints procedure.

The local authority needs to address those issues with in this report, which are their direct responsibility. A number of recommendations still need a response and the failure to address these distracts from the positive efforts being made by the school. The school needs to address the shortfall caused by the lack of placement plans. It is understood that this will be addressed during the reorganisation of the care team's responsibilities. The issues over privacy in some bathrooms and toilets needs to be addressed.

Please contact the Head for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

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Being Healthy

The intended outcomes for these standards are:

- Children live in a healthy environment and the health and intimate care needs of each child are identified and promoted.(NMS 14)
- Children are provided with healthy, nutritious meals that meet their dietary needs.(NMS 15)

The Commission considers Standard 14 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standard 14

The school actively promotes the health care needs of the children, ensuring that they receive the necessary treatment and support to ensure good health. However systems for the recording of medication, stock control and storage of medication need to be reviewed to improve their effectiveness, to ensure the safety of children and to comply with data protection guidance.

EVIDENCE:

The school actively promotes the health care needs of the children, ensuring that they receive the necessary treatment and support to ensure good health.

Each child has a health assessment on file, the need of individuals are recorded and are known to staff, there was evidence that the records did not form a care plan, this was the subject of discussion and is linked to the development of person centred planning which is proposed for the future.

The school has not had a school nurse for some time, this situation had been resolved since the last inspection, and a nurse appointed to commence, shortly. As a consequence advice has been sought when necessary from other schools with the group and directly from the GP practice.

Records showed that the school supported children to access specialist health services and regular checks and health screening, there was evidence of shared care arrangements to support a child to receive immunization treatment and evidence that another child had received very regular input from a specialist.

All the children are registered with a local General practitioner when they are enrolled at the school. The records showed that each child had been referred to the GP for routine health checks and that the school liaised parents to ensure that children attend health related appointments with the GP, hospital or with any consultant.

A recommendation from the previous inspection asked that the school ensure that the children had regular dental checks up's. This was a continuing problem for the school; the current position is that, no progress has been made since the last inspection. Although some parents ensure that their child accesses these services when at home. If there was a concern regarding an individual child's dental health the school would liaise with the parents or access emergency dental services. The difficulties were reported to be due to the location of the school, outside of the funding authority's geographical boundaries.

The current arrangements for registering each child with a local GP service while at the school were discussed. The current arrangements necessitate the parents having to re register the child for each period of time they spend at home, this was thought to be an unnecessary complication and further thought was being given to methods to simplifying the matter.

All care staff were reported to be trained in first aid, a record of qualified first aid trained staff was maintained in the medical room. Staff were also trained in management of epilepsy, evidence of training was provided for inspection purposes.

At the last inspection a number of medication related issues were discussed and recommendation made, the school has sought to address all of these. There was evidence in the records that all the children who required homely remedies had a list of recommended treatments and medication agreed and signed by the GP. All children had a consent form signed by the parents for each period of residents, to state that they agreed with the school administering the medication prescribed and confirming that the medication instruction and dose were correct.

Medication administration records sheets included the name and photograph of the child, the name, dose and form of the medication, the route and the time of administration. The school promoted good practice by ensuring that two staff signed for each medication administered.

The administration practice has improved since the last inspection; all medication is dispensed into medication pots before administration.

Administration records for as required medication (PRN). Where maintained in the medication file, but separately from the regular prescriptions. Each child

had a protocol signed by the GP with specific instruction for the administration of the prescribed medication included instruction regarding often it could be administered.

In one example the dosage of the medication was not recorded on the administration record, although the route, form and amount were, this was discussed and addressed during the inspection.

Medication stock control systems had been discussed at previous inspections. The current system was not easy to follow and included the need to check three separate documents to obtain a satisfactory audit of medication. It was recommended to revise the current system. By maintaining one record, which showed the amount of medication received in the home, which would be added to any medication already in stock, the maintenance of a running total of medication after each occasion of administration was strongly recommended. A regular, at least monthly stock audit should be carried out.

The school had a medication cabinet located in a small medical room. The temperature of the room during the day of the inspection appeared to be excessive. It was recommended that the room temperature is checked and, if in excess of 25c, methods to control the temperature or alternative storage arrangements should be sought. There were a number of prescribed medications in the cupboard that must not be stored at higher than 25c.

The school receives all the medication for each child, from the parent or local chemist at the start of a term. This can mean that there are large stocks of medication in the school at any one time. Given the nature of some of the prescribed medication, it was felt that the current storage facility is inadequate. Some of the medications are subject to control under the Misuse of Drugs Act 1971, and are classed as controlled medications. For storage purposes these medications must be kept in a locked and secure facility within a locked and secure storage. Due to the numbers of medication the storage facility did not meet this expectation in all instances. There was discussion regarding a resolution to this difficulty.

The records of stock and administration for medication classed as controlled, under the Misuse of Drugs Act 1971, should be maintained in a bound book (not loose leaf) with numbered pages. The medication dose and quantity and form should be recorded and a running total of medication maintained after each administration, two staff should sign each record.

The current arrangements for staff training in the safe administration of medication includes, discussion at induction regarding medication generally, practicing the administration routines and assessing knowledge of the purpose and effects of medication, this session was reported to take place at induction. A recommendation of the last inspection was for more formal training to be put in place. It was reported that training had been sourced, but had been

cancelled by the training provider. Alternative training dates had now been agreed for 26 September and a date in October, it was hoped that all staff would be able to attend. It was recommended that an assessment of competence of each member of staff was undertaken following the training and should be reviewed on an annual basis.

Records of children's accidents and incidents are currently recorded in a logbook, used by staff as a mean of communicating the events of the day to each other at handover. On a monthly basis the information is transcribed into individual files and monitored by the deputy manager. The use of a communal records, does not promote privacy of information as required by Data Protection guidance.

It was agreed that a record of an accident or incident could be maintained in the communal log, but the detail of the event, injury sustained and any treatment required should be recorded in individual files. It was recommended that individual records of accident and incident are made in each child's file.

The service demonstrated in the records seen that it communicates effectively with parents regarding the health care needs of each child.

Staying Safe

The intended outcomes for these standards are:

- Children's privacy is respected and information about them is confidentially handled.(NMS 3)
- Children's complaints are addressed without delay and children are kept informed of progress in their consideration.(NMS 4)
- The welfare of children is promoted, children are protected from abuse, and an appropriate response is made to any allegation or suspicion of abuse.(NMS 5)
- Children are protected from bullying by others.(NMS 6)
- All significant events relating to the protection of children in the school are notified by the Head of the school or designated person to the appropriate authorities.(NMS 7)
- Children who are absent without authority are protected in accordance with written guidance and responded to positively on return.(NMS 8)
- Children are assisted to develop appropriate behaviour through the encouragement of acceptable behaviour and constructive staff responses to inappropriate behaviour.(NMS 10)
- Children live in schools that provide physical safety and security.(NMS 26)
- There is careful selection and vetting of all staff, volunteers, and monitoring of visitors to the school to prevent children being exposed to potential abusers.(NMS 27)

The Commission considers Standards 3, 4, 5, 6, 8, 10, 26 and 27 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3, 4,5,7,8,10,26 and 27

The school places a great emphasis on ensuring that the children are safe and by doing so ensures that their welfare is promoted. Some policies and procedures need to be revised to reflect current practice and to ensure consistency. Some systems need to be re- assessed to ensure that they are accessible by all of the children and that there are a number of alternative routes that a child can use to raise any concerns. Other systems have yet to be tried and tested and these may require further development to take place after their effectiveness has been determined.

EVIDENCE:

The school has produced a draft policy on confidentiality but as previously noted this is currently focussed on access to files. The scope of the document needs to be broadened to provide procedural guidance to staff on issues of privacy as detailed in Std 3.2.

The arrangements for the security of files is good.

Following comments made in previous reports the school has produced guidance for staff to follow if there was a need to search a child's possessions or belongings. Further advice needs to be given on how this would be documented. It is acknowledged that the school is unlikely to have to use this procedure.

The current arrangements for the children to receive phone calls are good. The school encourages the parents and significant others to make regular calls to the children. Incoming calls can be received on a cordless phone, which allows the children to move into a private space.

The school needs to consider how it can ensure the children (subject to any agreed restrictions) are able to access a phone to make a call without having first to seek permission or funds from a member of staff. A payphone is located on the ground floor but in order to use this a child would have to request permission to leave the supervision of the staff and have to ask them for money to make a call. It was noted following conversations with some of the children and from notes made in the pre admission documentation that not all of the children know how to make a phone call.

A number of the care staff were asked about the procedures in place for the children to raise concerns or to complain. They all explained that the children are encouraged to raise any concerns that they may have with staff. Notices around the school encourage the children to talk to staff. The children have a regular meeting where this message along with that concerning other safety issues such as bullying is regularly reinforced. The Children's Meetings is also a format for a review of behaviour, passing of information and consulting with the children. It would be a good practice if minutes of these meeting were kept for future reference.

There is an expectation shared by the care staff and members of the senior management team that most concerns can be dealt with at an informal level and there is not a formal complaints procedure for the children to follow. The majority of the children stated in their pre-inspection questionnaires that if they had any concerns that they would take them to a member of staff. Staff also drew attention to the helpline numbers are on display on notices on the residential unit and next to the phone. However when asked a number of the children were unable to read the helpline numbers and were unsure who the agencies were or what purpose they served. One child said that the he would not talk to the NSPCC as they " put children into care", and that he would not use the other helpline numbers as he did not know who they were and did not want to speak to some one he did not. It is acknowledged that because the relationship between the staff and children is very good and based on trust and respect that the children feel confident that any concerns will be dealt with. However further safeguards and transparency would be obtained by the provision of a formal children's complaints procedure. This would need to address the observations made in regards to the access to the phone, and the level of literacy for some of the children, and provide a means for a child to be able to raise concerns within someone independent of the school.

Parents and significant others are advised about the schools complaints procedure in the school Prospectus. The school keeps a log of complaints received, the action taken and the outcome. It was noted that no complaints had been recorded since the last inspection. The school is in the process of identifying training on complaints for its staff. The Head of Care advised that in the meantime staffs is advised on complaints during their induction period and in discussion during staff meetings.

The school has invested a great deal of time and resources in ensuring that the children are protected from abuse and that there are appropriate systems in place for reporting allegations of abuse. The role of Designated Person for child protection is now shared between the Head of Care and the Deputy Head of Care, both of whom have completed appropriate level of training. All of care, education and ancillary staff have undertaken child protection training. An examination of the staff induction procedure showed that newly appointed members of staff are given some preliminary advise on child protection during their induction period. The school is unique in as much that it a part of

Sandwell's education authority but is geographically located in Staffordshire. This has caused some problems in the past, as there has been a lack of clarity about which authorities referral procedures need to be followed. The school has now completed a consultation with both authorities and an agreement has been reached about appropriate referral procedures. The child protection procedural guidance found in the staff handbook has been revised to reflect the agreed procedures. A number of the care staff were spoken to and they demonstrated an appropriate response to managing and reporting a disclosure. A member of the schools governing body has been nominated as a contact person for child protection issues and he has completed an appropriate level of training.

The designated people advised that there has not been any recent child protection incidents at the school. One issue had been brought to their attention relating to possible concerns away from the school. This had been appropriately reported and recorded.

The school has recently introduced a system for notifying external agencies including the Commission for Social Care Inspection of any significant events. The school has extended this to cover any occasion that a child absconds from the school. As yet no notifications have had to be made.

In line with other educational settings the school uses the term unauthorised absence to describe when a child is not in attendance at school and the school has not been notified by the parents as to the reason why. The school has previously responded to recommendation that it produce guidance for staff in the eventuality that a child absconds from the school. This procedure is in a document titled Missing Pupil procedure dated July 2004. Absconding is not a feature of the school and after consideration is given to the level of supervision available and the positive relationships between staff, it is accepted that it is unlikely to occur. However there remains the possibility of this occurring and given the complex needs of the children, their level of vulnerability and the location of the school the current procedure may prove to be inadequate.

For example, a number of staff spoken to were aware of their immediate response to an abscontion, but some were unclear about what steps they should take if they located a child in a high risk are i.e. walking along the main road. The school has not competed individual risk assessments in relationship to the level of risk associated with absconding. Individual risk assessments should be undertaken and include any additional risks associated with emotional and medical issues and reflect any environmental issues such as the proximity of major roads. Completed risk assessments should provide staff with advice on the options available to them to prevent or dissuade a child from leaving the premises and any action they could take if he was located away from the school. The current procedure provides no guidance on what records should be given and who would be responsible for debriefing a child on return too the school. It is suggested that these records should form part of those monitored by the Head and by the Std 33 Monitoring Visitor.

A significant feature of the school is the emphasis it places on recognising and celebrating a child's achievements and progress. An important aspect of this is the acknowledgment of good behaviour and self-control. The staff are encouraged to praise success and encourage the child to reflect on any inappropriate behaviour. This is achieved by schemes that provide instant recognition and rewards for effort and positive behaviour. The house point's scheme provides a system by which the children's behaviour is regularly monitored at different parts of the day. The children are regularly updated on how they are achieving and on the number of house points that they have been awarded. Consistent success leads to public recognition and the presentation of stickers and later other rewards. It is evident that this scheme is popular and meaningful with the children. Those who had been awarded stickers proudly display these on their jumpers for a number of days. They were able to explain the reasons why they had been given an award and in some cases what behaviour may have let them down. Two of the children stated in their pre-inspection questionnaire that the best thing that had happened to them at the school had been when they had got a lot of house points and for another it was because "my behaviour has improved". A comment received in one of the parents questionnaire referred to a visit they had made to the school and how well behaved all of the children had been on this occasion.

The school has a range of appropriate sanctions that it uses to encourage the children to reflect on their actions, and to remind them "inappropriate behaviour will provide certain responses" (Staff Handbook 2005/2006 p 15). Most of the children felt that the sanctions used by the school were fair or okay but a number continued to state that they did not like "time out" or being put on the "bench". In response to comments made in the last report the school has set up a working party to review the use of "time out" or reflective time and a draft protocol has been produced. An examination of this gives a better description of the underlying purpose and use of this sanction and suggests how this can be structured in a better way to ensure that it becomes a positive experience and not just a punishment. The protocol suggests that the use of reflective time comes in three stages. Both stage one and stage two are brief interventions. However the third stage intervention is a much longer event but the protocol does not provide any guidance on appropriate time scales. The length of time that this sanction might be in place was a cause of some of the concern expressed in the last report. A recently appointed member of staff advised that she had observed the use of stage three reflective time. It was her impression that the length of time that this took had decreased and was now over shorter period and far more proportionate to the behaviour and to the understanding of the children. The school currently does not have a system for routinely recording the sanctions that are given to a child. Consequently it is not possible to accurately determine the number of

sanctions that a child has received how effective these might have been or the length of time that these have been in place.

The school is in the process of producing a bound sanctions book, which should provide a comprehensive record of the sanctions being given the children so that these can now be more adequately monitored. The school needs provide staff with clear guidance on the thresholds that it intends to use so that there is a consistent and accurate level of recording.

The Head of Care and a number of the Care Staff advised that all of care team and education staff had recently received refresher training in the use of de – escalation skills and restraint (Team Teach). The school is to be commended for inviting the ancillary staff to observe this training. The ancillary staff spoke very positively about this experience and felt that they are now more informed about what constitutes an appropriate form of restraint. This provides additional safeguards to both children and the staff.

A number of the children were spoken to and others made comment in their pre-inspection questionnaires about the occasions that they had had to be restrained. The majority of them commented that they felt that they had been appropriately restrained. A number of the children commented that they felt that restraint was a form of punishment.

Currently restraints are recorded on loose-leaf incident sheets and logged in a bound book. An examination of these and the Health and Safety Incident Book showed some inconsistencies in the level of recording. It was also noted that the children were not routinely being asked to express their views and to have these recorded on the incident sheet following an incident of restraint. The school has now devised a system to ensure that all of restraints details are logged in a bound and numbered books. It is recommended that both the sanctions book and the incident logs are routinely monitored by the Head and the Std 33 Monitoring Visitor.

There was ample evidence of the steps taken and procedures followed by staff to ensure that the school is a safe place for the children and staff to live and work in. There are however some health and safety issues that remains outstanding from the last report and others that have been identified during this inspection.

The school has installed CCTV to cover the external of the building. These record anyone approaching or leaving the building. All external access to the building is through doors that are secured by a coded keypad. All visitors to the school are required to log into the visitors book. An examination of the Fire Logbook showed that the alarm and emergency lighting systems are routinely tested and have been serviced. The school has completed a number of practise evacuations and also responded to some false alarms. One of the children spoken to gave details of the evacuation routes out of the building and where

the fire assembly point is. It was noted that that there were no recordings of the fire extinguishers or fire doors having been regularly inspected to check their integrity or that they were in full working order. It is recommended that this is undertaken on a regular basis. The school has recently completed a Stage one Fire Risk assessment and the Local authority have responded to this and have recently completed its response and completed a stage Two assessment. The Head teacher gave assurances that he had been informed by the local authority that some potential issues identified at stage one were not considered to be a hazard.

There was evidence that PATS testing had taken place on all of the portable appliances and that this was due for an update in the near future.

The issues over risk assessments are dealt with elsewhere in this report.

The Site supervisor has previously explained that there is a system in place for either himself or the Gardner to complete weekly checks on the school mini bus. Sandwell completes regular servicing and safety checks. All hot water taps used by the children have had temperature control valves fitted to them. The Site supervisor has previously advised the Inspectors that all glass panes below 900mm from ground /floor level had either been replaced with laminate or wired glass or covered with safety film.

The school has a paddock with sheep in it and a number of small animals and fowl. These are kept in a locked area away from the main school and young people are only allowed supervised access. The gardener has responsibility for this area.

During a tour of the grounds and the building the following observations relating to Health and Safety issues were made.

Radiator Pipes

There are extensive runs of hot water pipes in a number of bedrooms, and communal areas. The Inspectors had expressed concerns that when the heating is operating that these pipes can get very hot and a child could get their feet trapped behind a pipe. It was noted that a number of surface mounted hot water pipes had been insulated but those pipes running along the floors to the radiators in the bedrooms and communal areas have not been attended to. The Inspectors is aware that the responsibility for conducting a risk assessment on these pipes and any remedial work lies with Sandwell Education Department. It is unclear whether the insulation work that has been undertaken is as a result of a risk assessment or for other reasons. Appropriate risk assessment need to be undertaken for all surface mounted hot pipes.

Den Building

The schools response to the health and safety issues identified with this activity are dealt with elsewhere in this report.

An examination of the old den-building site showed that there remained a large number of rusty nails protruding from posts structures that need removing. A concrete pipe located in the same area is breaking up and the exposed steel reinforcement bars need attention.

Access to the Kitchen

The kitchen doors were found to be unlocked and there was free access into chemicals storage cupboard and into the freezer store.

It is recommended that the health and safety issues identified in this report be attended to.

Visitors are directed to a reception area at the front of the school during office hours. There is a 'signing in' and checking system operated by administrative staff. External doors are fitted with either a keypad system or are operated by key. However, there is a weakness in the system in out-of-office hours. The front door bell appears not to be loud enough to alert staff working elsewhere in the building and one of the Inspectors was able to gain entry into the building via a back door which was open.

It is recommended access to the building in out-of-office hours is reviewed.

Enjoying and Achieving

The intended outcomes for these standards are:

- The school's residential provision actively supports children's educational progress at the school.(NMS 12)
- Children have ample opportunity to engage in purposeful and enjoyable activities both within the school and in the local community.(NMS 13)
- Children receive individual support when they need it.(NMS 22)

The Commission considers Standards 12 and 22 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standard 13 and 22

The school provides the children with a wide range of activities that help to encourage personal and social development. The school needs too undertake individual risk assessment on those children whose behaviour, level of competency, ability or medical condition might be the cause of concern for particular activity.

The school is proactive in arranging the young people to receive individual support in accordance with their identified needs.

EVIDENCE:

All of the children stated in their pre-inspection questionnaire that one of the things that they liked about the school was the range of activities that it provided. In particular the bikes, trikes swimming pool, den building and sand pit proved to be very popular.

Children were observed on a range of activities, which included swimming, den building and playing on bikes. Where necessary children were wearing appropriate safety equipment and specific, higher risk activities (swimming) were being supervised by suitably qualified members of staff.

There were sufficient staff n duty to ensure that there appropriate levels of supervision for all other activities and to provide individual attention if it was required.

In response to previous observation about den building the school had decided to stop this activity. This had been a favourite activity for a number of the children and staff recognised not only it play value but it also that it encouraged the development of social and physical skills. Having given it careful thought the school has been able to reintroduced this activity using a module form of den building. This is an innovative response by the school. The Inspector observed the activity and was later asked to join in. The activity was a social and lively event children were seen to be sharing, participating, problem solving and using their imaginations. The activity was enjoyed by all of those involved in it.

The children have access to a wide range of age appropriate games books and play equipment. There a number of TVs that the children can watch and the school have a selection age appropriate videos. A number of the children spoken gave details of number of trips that they had been on. This included trips to laser quest, bowling and walks on Cannock Chase. Some of the children were due to go to the cinema the following evening.

The school has produced a number of environmental and activity based risk assessments. These had been recently reviewed and updated. Some omissions noted in the last report had been added. The school has yet to complete individual risk assessments for each of its pupils. These are required to help determine the level of risk associated with child behaviour or medical condition and how this might impact on care package being provided for them. It is understood that these will be addressed at the same time that care plans are introduced in Spring 2006.

An examination of a sample of the children files showed that a number of the children were receiving services from a number of external agencies in response to their identified needs. One of the children spoken to explained that he had just returned from a visit to CAHMS. He explained that he went there for help with his behaviour. It was noted that one young person who has registered disability is receiving support from a disability worker. As part off Sandwell's Education and Life Long Learning department the school has access to a number of its support services, which include speech therapy, and education psychology services. The role of key worker is being developed. Within the school the children receive support from the staff in their GAS (guidance and Support) groups. Relationships between the staff and the children is good. A number of the children made positive comments about different members of staff.

The school has arranged for a person independent of the school to conduct monitoring visits on behalf of the Governors. This is a new role and has yet to become fully established. The Head of Care explained that, as part of monitoring visit the monitoring visitor would have the opportunity to meet and talk to the children. As yet there is not a protocol in place advising the Monitoring Person what information he should pass on to the school and how this should be done. It is unclear whether the Monitoring Visitor is expected to fulfil the role of " independent Person " as described in Srted 22.8. If this is the case the school needs to put in place a system by which the children can make direct contact with him. If this is not so, then the school needs to identify for each child a person who is independent of the school and local authority that the child can make direct contact with about any concerns that might have.

Making a Positive Contribution

The intended outcomes for these standards are:

- Children are encouraged and supported to make decisions about their lives and to influence the way the school is run. No child should be assumed to be unable to communicate their views.(NMS 2)
- Children have sound relationships with staff based on honesty and mutual respect.(NMS 9)
- Children experience planned and sensitively handled admission and leaving processes.(NMS 11)
- Children have their needs assessed and written plans outline how these needs will be met while at school.(NMS 17)
- In accordance with their wishes children are able and encouraged to maintain contact with their parents and families while living away from home at school.(NMS 20)

The Commission considers Standards 2, 17 and 20 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Standard 17

The school does not currently have comprehensive care plans in place and it is therefore difficult to determine whether the needs of the children are being fully assessed and how successful the school is in being able to meet these.

EVIDENCE:

Currently the school has in place a system where concerns identified during the admission process are addressed by the GAS (Guidance and Support) Groups. On admission all of the children are allocated to GAS group, which consists of both education and care staff. A role of this group is to monitor a child's behaviour and to set weekly targets for him to achieve. The Head has acknowledged that there are a number of shortcomings in the arrangements. It does not facilitate a comprehensive care plan to be drawn up using information gained from a variety of source including the child statements, observations made by other agencies and from matters raised in reviews. It has been previously acknowledged that the role of key worker role needs to be developed further. The school is in a process of radically changing its current

Statement of Purpose and that this will have a considerable impact on the role of the care staff. The planned change from 12 day boarding to 5 day boarding will free up some of the care staff time providing them with the opportunity to develop a key working role. As part of this the care staff will be responsible for the implementation and monitoring of individual care plans. The planned changes include the development of outreach work, which will allow key workers to work more closely with his family. The planned changes are scheduled for Spring 2006.

An examination of a sample of the children files showed that care staff are contributing to statutory reviews and that the children are routinely being invited to attend these meetings.

Achieving Economic Wellbeing

The intended outcomes for these standards are:

- Children can wear their own clothing outside school time, can secure personal requisites and stationery while at school, and are helped to look after their own money.(NMS 16)
- Children about to leave care are prepared for the transition into independent living.(NMS 21)
- Children live in well designed and pleasant premises, providing sufficient space and facilities to meet their needs.(NMS 23)
- Children live in accommodation which is appropriately decorated, furnished and maintained to a high standard, providing adequate facilities for their use.(NMS 24)
- Children are able to carry out their personal care in privacy and with dignity.(NMS 25)

JUDGEMENT – we looked at outcomes for the following standard(s):

23,24 and 25

The young people live in an environment, which is secure, pleasant and provides them with facilities that help them in their personal and social development Overall the standard of accommodation at the school is good. The residential areas good, homely and comfortable. The level of privacy in some bathrooms, showers and toilets needs to be addressed so that the children can carry out their personal care in privacy and dignity.

EVIDENCE:

Shenstone Lodge School is a residential /day school and is apart of Sandwell's Department for Education and Life Long Learning. The school, which was previously a large detached country house is set in its own extensive grounds and is situated on the outskirts of the village of Shenstone, which is within Staffordshire. The building provides space and facilities for the children's residential accommodation, administration and kitchens. This building has been subject to a "modern "extension to provide staff rooms, offices, medical room and resource areas. The purposely-built school is detached from the residential facilities. The school is planning to build a gymnasium in the near future.

The location of the school provides good access to local community services and facilities and is close to major roads and motorway links, which are used to help transport, the children to and from the school.

The school is set in its own extensive grounds which consists of an access road with adequate parking facilities, play areas, animal enclosure, swimming pool and sports field. The residential provision is situated in a large country house and is spread over its three floors. The house provides a great deal of space all of which is used to great advantage for the young people. The school continues to update it s facilities and since the last inspection a rigid cover has been added to the swimming pool.

Adequate arrangements were in place to ensure the security of the site including coded doors the fitting of alarms to fire exits and the provision of CCTV cameras covering the entrances to the school. Internally buzzers are fitted to the landing doors within the residential setting. These are is place to alert sleeping in staff if a child leaves the landing area during the night. It has been accepted that this form of electronic surveillance is not intrusive and is in place to help protect and safeguards the welfare of the children. Details of these arrangements have been included in the School prospectus provided to all parents.

The Inspectors were impressed with the amount of usable and well-equipped spaces that the school has made available in its residential area. The residential area, which covers all three floors in the old house, is well maintained and well equipped and there is little sign of any vandalism. However there has been some recent storm damage, which has affected the decoration and floor coverings in some areas of the building. Some of those areas that have required repairs are in need of redecoration.

The school has placed a great emphasis in making the spaces within the building comfortable and homely whilst at the same time given the children a number of play spaces that can be used to for different activities and leisure time pursuits. These are very well equipped with a variety of large and small pieces of age appropriate play equipment, toys and books. Several sitting rooms /TV rooms are provided on the bottom middle and top floors. Currently the school is accommodating 13 children but it maintains enough furniture and beds to cater for up to 16.

A number of the bedrooms have occupancy of between 2 – 4 beds. There is also a one single bedded room. All of bedrooms had been provided good quality furnishings/fittings. The bulk of the children's clothes are stored in a sewing room on the first floor but there are also storage facilities in a number of the bedrooms. A number of the bedrooms have been provided with wash hand basin and one has en suite facilities of a toilet and shower. All of the other bedrooms are close to washing and toilet facilities. All of the bedrooms have been nicely decorated and have been provided with age appropriate soft furnishings. They are festooned with age appropriate toys books and games. Children's work and photographs of past activities are displayed throughout the whole of the building. A number of the bedrooms have been provided with sitting area and some have of these have been equipped with their own TV. All bedrooms were fitted with a speaker linked to a tape system, which is used to play bedtime stories. Windows are restricted but can be opened to provide ventilation.

A visitor's room is provided and can be used by parents if they wish. The children have access to a payphone situated on the bottom floor. Incoming calls can be received on the schools cordless phone. Staff 'sleeping in' areas are situated adjacent to children's bedrooms. The school provides a separate single room called the "TLC Room" for when young people are ill.

Numerically there are a sufficient number of bathing, showering and toilet facilities provided throughout the residential unit. A number of the bedrooms have been provided with wash hand basins and one bedroom had an ensuite shower room/ toilet. All of the wash hand basins have been equipped with temperature control valves. In some places the toilet facilities have been subject to some recent refurbishment, which has included the installation of cubicles. These have large gaps below the bottom of the walls. Both the Head

and the Site Supervisor (Caretaker) advised that all of the toilets with broken locks had been repaired. However on Inspection two were found to be damaged and not working. It is the Inspectors assessment that this is as a result of a design flaw and had not been caused maliciously. A bathroom /toilet on the middle floor is still in need of a lock being fitted. All of the toilets, bathrooms and showers were free from offensive smells. Following previous comments from the children about the small size of toilets in certain parts of the school, the Head Teacher has arranged for a number of these to be changed to bigger ones so giving the children a choice. Separate toilet facilities were available for staff and visitors.

Management

The intended outcomes for these standards are:

- Children, parents, staff and placing authorities have access to a clear statement of the school's care principles and practice for boarding pupils.(NMS 1)
- Children's needs, development and progress is recorded to reflect their individuality and their group interactions.(NMS 18)
- There are adequate records of both the staff and child groups of the school.(NMS 19)
- Children are looked after by staff who understand their needs and are able to meet them consistently.(NMS 28)
- Children are looked after by staff who are trained to meet their needs.(NMS 29)
- Children are looked after by staff who are themselves supported and guided in safeguarding and promoting the children's welfare.(NMS 30)
- Children receive the care and services they need from competent staff.(NMS 31)
- Children and staff enjoy the stability of efficiently run schools.(NMS 32)
- The governing body, trustees, local authority, proprietor or other responsible body monitors the welfare of the children in the school.(NMS 33)

The Commission considers Standards 1, 28, 31 and 32 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1,28, 29,30, 31, 32 &33

Parents and children are provided with written information that describes the services that the schools provided so that they can make an assessment regarding the standards of care that a child is being given.

Staffing levels are adequate and ensure that the day-to-day care needs of the young people are met.

The commitment shown by non-teaching staff to training and professional development is to be commended.

Supervision has been introduced to care staff but it has yet to become established within the school and needs to be extended to ancillary staff.

The school was effectively organised and managed.

A system of Std 33 visits has been implemented

The school is funded by Sandwell Education Department and receivership issues were not applicable to the school.

EVIDENCE:

Parents are provided with comprehensive details about the services that they school will provide and how a child will be cared for in the school Prospectus. Each of the parents who returned a pre-inspection questionnaire stated that they had received information about the school.

A draft copy of the new children guide titled "Welcome Book" was made available for inspection. This is a colourful document, which includes information about the care facilities, daily routines and activities. The inclusion of photos of staff and children (permission for their inclusion had been given) is a nice touch and is a helpful reference point for both parents and children.

During the inspection it became clear that a number of the children have some difficulties in reading. This raises the question whether the guide in its current format is accessible to all of the children. It is recommended that consideration is given to the guide be made available in alternative formats i.e. symbols; audio and or video tape to ensure that there is equal access to it by all of the children.

There was a full complement of care staff. The care staff team was comprised of a Head of Care, Deputy, four full-time and two part-time staff. The Deputy

Head of Care had been appointed following the last inspection visit and two vacant care posts had been filled.

The Head of Care said 12 pupils boarded either weekly (from Monday to Friday) or for twelve consecutive days at a time. Staffing levels during the week were said to be a minimum of three care staff on duty in the morning and a minimum of four in the evening. No waking night staff were employed but two care staff slept in each night. Only four pupils boarded at weekends. Staffing levels of either one to one or one to two pupils were said to be maintained at weekends.

Staffing levels were observed to be sufficient during the evening to adequately supervise pupils and to offer some individual time to them. However, whilst a staffing level of three on duty in the morning enabled adequate supervision of boarders, the level did not allow staff time to safely administer medication before school started. The morning routine was observed to be that all pupils went down to breakfast at the same time in the main dining room on the ground floor. Care staff were then fully occupied with managing and supervising boarders during breakfast. Immediately after breakfast they were responsible for supervising day pupils until the start of the school day. Only after school started were two care staff able to have time to administer and sign for medication, in accordance with good practice. Although only a small number of pupils were affected, this meant they had to be taken out of either morning assembly or their first lesson to take their medication. This was disruptive for them and other pupils.

It is recommended arrangements for the morning routine are reviewed, particularly in respect of the administration of medication for pupils. The storage of medication in a lockable facility on the first floor, alongside dormitories, would enable staff to administer such without disrupting the start of the school day.

The ex-acting Head of Care continued to have an active role in the school in a new post supporting training for non-teaching staff. It is to her credit – and that of the four, full-time care staff members – that an ambitious programme for the latter to complete NVQ level III training in Care had been completed. A very tight timescale of six months had been set for care staff to complete the training and this had been met.

The Training Officer produced a training programme and action plan for April to December, 2005. There was evidence the plan was being implemented. The programme was seen to include all required, basic training such as Child Protection, Basic Food Hygiene and Team Teach (physical intervention techniques) as well as desirable training such as the Safe Administration and Handling of Medication, the Key-Working Role and Dealing with Complaints. The Head of Care had registered to commence NVQ level IV in management

and the Deputy Head of Care was also said to be registering for the same course.

An Induction programme for staff had been developed and was being implemented. Job specifications had been developed for all disciplines and had been approved by the senior management team.

The Training Officer had completed an audit of staff training. This covered training completed by individual staff, skills within teams and whole school training. The information had been used to guide the years' training programme.

The commitment shown by non-teaching staff to training and professional development is to be commended.

The Head of Care had responsibility for delivering a programme of formal supervision to the care staff team. A programme had commenced though this was said to still be somewhat irregular. However, the Head of Care said he hoped to establish half-termly supervision for all care staff now that the deputy Head of Care's post had been filled.

Records showed care staff meetings continued to take place on a regular basis. There were also weekly meetings between teaching support staff and care staff known as GAS (guidance and support) meetings. The latter were used to discuss individual pupil's welfare and to ensure programmes were implemented to meet their needs.

Staff files contained copies of their job description and staff were aware of lines of accountability.

The school is funded by Sandwell Education Department and receivership issues were not applicable to the school.

There was evidence to show the school was being managed effectively. Vacant care staff posts had been filled and funding had been made available to support the professional development of staff. Facilities for boarding pupils continued to be developed.

The Head of Care said a proforma had been developed for the monitoring and signing of various school records on a half-termly or termly basis, as defined in the National Minimum Standards for residential Special Schools. However, the system had not been implemented.

It is recommended the management monitoring system is implemented with immediate effect.

The Head teacher continued to display clear leadership to the whole staff team. He also played a pivotal role in promoting the positive reinforcement of acceptable behaviour by pupils and ensured their achievements were recognised and celebrated.

Communication systems within the school were generally effective. Care staff remained somewhat anxious about proposed changes to the boarding provision but this was not seen to impact on their practice.

Management of the care staff team had been developed since the last inspection. A deputy Head of Care had been appointed and, together with the Head of Care, was implementing systems to support care staff in offering a wider service to boarding pupils based on their individual needs and circumstances.

Arrangements for the Independent Visitor to undertake visits on a half-termly basis to report on the conduct of the school had been implemented. A report proforma had been developed and copies of the findings were said to be provided to the school, Sandwell Education Authority and the Commission. The Commission has received only one copy of a report to date.

It is advised that copies of the report are forwarded on a regular basis to the Commission, including an action plan to address any identified issues.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Residential Special Schools have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion

“N/A” in the standard met box denotes standard not applicable

BEING HEALTHY	
Standard No	Score
14	2
15	X

STAYING SAFE	
Standard No	Score
3	2
4	2
5	3
6	X
7	3
8	2
10	2
26	2
27	3

ENJOYING AND ACHIEVING	
Standard No	Score
12	X
13	2
22	3

MAKING A POSITIVE CONTRIBUTION	
Standard No	Score
2	X
9	X
11	X
17	1
20	X

ACHIEVING ECONOMIC WELLBEING	
Standard No	Score
16	X
21	N/A
23	3
24	3
25	2

MANAGEMENT	
Standard No	Score
1	2
18	X
19	X
28	3
29	4
30	3
31	3
32	2
33	2

Are there any outstanding recommendations from the last inspection?

Yes

RECOMMENDED ACTIONS

This section sets out the actions that must be taken so that the proprietor meets the Children Act 1989, Inspection of Schools and Colleges Regulations 2002 and the National Minimum Standards.

No.	Standard	Recommendation	Timescale for action (Serious welfare concerns only)
1	RS3	It is recommended that the school produce a confidentiality policy. (Previous time scales of 01/03/04 & 27/05/05 not met)	07/11/05
2	RS3	It is recommended that the school produces guidelines on searching children's possessions. (Previous time scales of 01/03/04 27/05/05 not met.)	07/11/05
3	RS10	It is recommended that the school introduce a separate records of sanctions that will be kept in a bound and numbered book, (Previous time scales of 01/03/04 & 27/05/05 not met.)	07/11/05
4	RS17	It is recommended that targets are set that address the issues identified in the statement of Educational needs and the pupil Profile as well as observed behaviour. (Previous time scales of 01/03/04 & 27/05/05 not met.)	01/04/06
5	RS18	It is recommend that the school implements a policy providing guidance about access to files by young people (Previous time scales of 01/04/04 & 27/05/05 not met.)	07/11/05
6	RS26	It is recommended that risk assessments are made about the exposed hot water pipes.	07/01/06

		(Previous time scale of 01/04/04 & 27/05/05 not met.)	
7	RS17	It is recommended that the school put in place care plans which reflect areas as outlined in NMS. (Previous time scales of 01/02/04 & 27/05/05 not met.)	01/04/06
8	RS3	It is recommended that staff are provided guidance on the use of body charts. Previous time scale of 27/05/05 not met.)	07/11/05
9	RS3	It is recommended that the school review its record keeping in line with recent guidance on Data protection. (Previous time scale of 15/07/05 not met)	07/01/06
10	RS4	It is recommended that the school produce a children's version of the complaints procedure, which should include the observations made in this report. (Previous time scale of 15/07/05 not met)	07/11/05
11	RS8	It is recommended that the Missing pupil procedures be revised to reflect current practice and the observations made in this report. Previous time scale of 27/05/05 not met.)	07/11/05
12	RS10	It is recommended that the school review its use of "time out" and make known the outcome of this to Commission for Social Care Inspection. (Previous time scale of 15/07/05 not met)	07/11/05
13	RS14	It is recommended that systems for dental check ups are put in place (Previous time scale of 15/07/05 not met)	07/01/06
14	RS14	It is recommended that all staff responsible for administering medication receive appropriate training. (Previous timescale of 09.09.05 not met)	07/11/05
15	RS25	It is recommended that the question of privacy in the toilets is reviewed. (Previous timescale of 09.09.05 not met)	01/03/06
16	RS25	It is recommended that all bathroom, toilets and showers areas are fitted with working locks and that toilets have adequate supplies of toilet paper. (Previous timescale of 09.09.05 not met)	07/11/05
17	RS26	It is recommended that the health and safety issues identified within the report are acted upon (Previous timescale of 09.09.05 not met)	01/03/06
18	RS14	It is recommended that the system for medical	07/01/06

		stock control is revised	
19	RS14	It is recommended that the suitability of the current medical storage facilities is assessed	07/01/06
20	RS14	It is recommended that medical records are maintained in a bound book	07/01/06
21	RS14	It is recommended that an assessment of competence of each member of staff is undertaken following medical administration training and should be reviewed on an annual basis.	07/01/06
22	RS14	It is recommended that individual records of accident and incident be made in each child's file.	07/01/06
23	RS3	It is recommended that the school consider how it can ensure that the children (subject to any agreed restrictions) are able to access a phone to make a call without having first to seek permission or funds from a member of staff.	07/01/06
24	RS26	It is recommended that fire extinguishers and fire doors are regularly checked in accordance to guidance from the Fire officer.	07/11/05
25	RS13	It is recommended that the school completes individual risk assessments for each of its pupils in relationship to their access and participation in activities	07/11/05
26	RS22	It is recommended that the school clarify the role of " independent person "	07/01/06
27	RS1	It is advised that consideration is given to the children's guide being made available in alternative formats i.e. symbols; audio and or video tape to ensure that there is equal access to it by all of the children.	01/04/06
28	RS27	It is recommended access to the building in out-of-office hours is reviewed.	07/11/05
29	RS28	It is recommended arrangements for the morning routine are reviewed, particularly in respect of the administration of medication for pupils.	07/11/05
30	RS32	It is recommended the management monitoring system is implemented with immediate effect.	07/11/05

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