

inspection report

Residential Special School (not registered as
a Children's Home)

St Andrews School

St Andrews View
Breadsall Hilltop
Derby
DE21 4EW

14th & 16 th June 2004

Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

The role of CSCI is to:

Promote improvement in social care

Inspect all social care - for adults and children - in the public, private and voluntary sectors

Publish annual reports to Parliament on the performance of social care and on the state of the social care market

Inspect and assess 'Value for Money' of council social services

Hold performance statistics on social care

Publish the 'star ratings' for council social services

Register and inspect services against national standards

Host the Children's Rights Director role.

Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The 4-point scale ranges from:

4 - Standard Exceeded (Commendable)

3 - Standard Met (No Shortfalls)

2 - Standard Almost Met (Minor Shortfalls)

1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

SCHOOL INFORMATION**Name of School**

St Andrews School

Address

St Andrews View, Breadsall Hilltop, Derby, DE21 4EW

Tel No:

01332 832746

Fax No:

01332 830115

Email Address:**Name of Governing body, Person or Authority responsible for the school**

Derby City Council

Name of Head

Mr Mike Dawes

CSCI Classification

Residential Special School

Type of schoolResidential Special
School**Date of last boarding welfare inspection:**

15/9/03

Date of Inspection Visit		14th June 2004	ID Code
Time of Inspection Visit		09:00 am	
Name of CSCI Inspector	1	Katarina Djordjevic	074488
Name of CSCI Inspector	2	Helen Macukiewicz	083678
Name of CSCI Inspector	3		
Name of CSCI Inspector	4		
Name of Boarding Sector Specialist Inspector (if applicable):			
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection		Mrs Philippa Betteridge	

CONTENTS

Introduction to Report and Inspection

Inspection visits

Brief Description of the school and Residential Provision

Part A: Summary of Inspection Findings

What the school does well in Boarding Welfare

What the school should do better in Boarding Welfare

Conclusions and overview of findings on Boarding Welfare

Notifications to Local Education Authority or Secretary of State

Implementation of Recommended Actions from last inspection

Recommended Actions from this inspection

Advisory Recommendations from this inspection

Part B: Inspection Methods Used & Findings

Inspection Methods Used

- 1. Statement of the School's Purpose**
- 2. Children's rights**
- 3. Child Protection**
- 4. Care and Control**
- 5. Quality of Care**
- 6. Planning for care**
- 7. Premises**
- 8. Staffing**
- 9. Organisation and Management**

Part C: Lay Assessor's Summary (where applicable)

Part D: Head's Response

- D.1. Head's comments**
- D.2. Action Plan**
- D.3. Head's agreement**

INTRODUCTION TO REPORT AND INSPECTION

Residential Special Schools are subject to inspection by the Commission for Social Care Inspection (CSCI) to determine whether the welfare of children (i.e. those aged under 18) is adequately safeguarded and promoted while they are accommodated by the school.

Inspections assess the extent to which the school is meeting the National Minimum Standards for Residential Special Schools, published by the Secretary of State under Section 87C of the Children Act 1989, and other relevant requirements of the Children Act 1989 as amended. Residential Special Schools are not registered as children's homes unless they accommodate, or arrange accommodation for, one or more children for more than 295 days a year.

This document summarises the inspection findings of the CSCI in respect of St Andrews School

The report follows the format of the National Minimum Standards and the numbering shown in the report corresponds to that of the standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Recommended action by the school
- Advisory recommendations on boarding welfare
- Summary of the findings
- Report of the lay assessor (where relevant)
- The Head's response and proposed action plan to address findings

INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework under the Care Standards Act 2000 and the Children Act 1989 as amended, with additional visits as required.

The report represents the inspector's findings from the evidence found at the specified inspection dates.

BRIEF DESCRIPTION OF THE SCHOOL AND RESIDENTIAL PROVISION

St Andrews is a Local Authority co-educational special school for students aged 11 – 19 years, which offers residential facilities. Students aged 11 – 16 follow the National Curriculum that is modified to meet each child's individual needs.

The residential facilities cater for students aged 11 years and over. The aim of the residential unit is to provide opportunities for students with severe learning difficulties to develop further independence skills based on the 24 hour curriculum.

The residential service operates from Monday to Fridays based on individual students' needs. Students can use the unit on a full time and a part time basis. The unit can provide services for a maximum of 17 students. The unit is divided into four areas including a three bedroomed bungalow, which enables students to increase their independence. All areas have their own communal living space, toilets and bathing facilities. All bedrooms are currently single occupancy.

PART A SUMMARY OF INSPECTION FINDINGS

WHAT THE SCHOOL DOES WELL IN BOARDING WELFARE

The school has very clear aims and objectives, which are set out in the school's prospectus. There was evidence throughout the inspection that the school worked hard to meet these aims and objectives resulting in positive outcomes for the students.

There is a clear referral and admission procedure for accessing the residential provision. All students have an Individual Education Plan (IEP)/Care Plan which is linked to their Statement of Special Education Need. There was evidence that residential and education staff work closely together and that placements are monitored and evaluated regularly throughout the year.

There was evidence throughout this inspection to support that opinions of students', their families and other significant others are actively sought. There was close liaison with both families and other relevant professionals.

The commitment of the staff team to meet students' individual needs was evident throughout the inspection. Staff were skilled in communicating with the differing levels of abilities of the students. Staff demonstrated their understanding and knowledge of students' needs and gave support and encouragement where appropriate. Positive and respectful relationships between students and staff were observed throughout the inspection.

There was a wide range of activities offered which includes the use of local community resources.

WHAT THE SCHOOL SHOULD DO BETTER IN BOARDING WELFARE
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<p>Further developments of some key policies, including Child Protection and the recording of complaints and concerns are required to meet National Minimum Standards</p>

<p>Ancillary staff should receive Child Protection training. Care staff should receive training on Epilepsy and the administration of medication.</p>

<p>Staff should not begin work at the school until a satisfactory CRB check has been obtained.</p>
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<p>An inspection of the premises identified that a number of improvements are needed to the environment. Many of these are outstanding from the last announced inspection but are included in the school's development plan.</p>
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<p>The role and working pattern of the Head of Care should be reviewed to allow sufficient time to carry out managerial tasks and to ensure the Head of Care has the opportunity to address the issues identified in this report.</p>

CONCLUSIONS AND OVERVIEW OF FINDINGS ON BOARDING WELFARE

This inspection has taken place during the same school academic year as the last announced inspection, which took place in September 2003. It is acknowledged by the Commission for Social Care Inspection that some of the Recommended Actions from the last report may not yet have been addressed.

This was the first time that the school had been inspected by a specialist pharmacist Inspector of the Commission for Social Care Inspection. It would be expected that the pharmacist Inspector would identify more items within this standard than have previously been identified.

The Head Teacher, Head of Care and staff team are clearly committed to the aims and objectives of the school.

Findings throughout this inspection supported that every effort is made to enable students to maximise their independence skills. Emphasis is placed on including students as much as possible in decision making both in the production of their Individual Education Plan/Care Plan and in the running of the unit.

There was a relaxed atmosphere and Inspectors observed positive relationships between students and staff. The Inspectors noted the commitment and caring of the staff during this inspection. It was evident that education and residential staff work closely as a team.

Feedback from Parents' questionnaires was very positive and parents expressed their appreciation of the services their child was receiving and of the progress their children have made. Feedback from Placing Officer's questionnaires was also very positive.

Improvements to the environment are needed. More general defects and issues regarding décor and furnishings have been included in an accompanying letter to the Head Teacher.

Improvements to recruitment procedures have been made since the last announced inspection to try and ensure National Minimum Standards are met. However, it was noted that a member of staff had been appointed and started work in January 2004 without the school having obtained a satisfactory CRB check. Although the school had had verbal confirmation from the previous employer that a CRB check had been obtained, there was no documentary evidence of this. This was discussed with the Head Teacher who started to take action during the inspection to rectify this situation.

Staff were given the opportunity to complete a questionnaire but declined as this inspection took place in the same academic year as the last announced inspection.

NOTIFICATIONS TO LOCAL EDUCATION AUTHORITY OR SECRETARY OF STATE

Is Notification of any failure to safeguard and promote welfare to be made by the Commission for Social Care Inspection to the Local Education Authority or Department for Education and Skills under section 87(4) of the Children Act 1989 arising from this inspection?

NO

Notification to be made to:

**Local Education Authority
Secretary of State**

NO

NO

The grounds for any Notification to be made are:

IMPLEMENTATION OF RECOMMENDED ACTIONS FROM LAST INSPECTION

Recommended Actions from the last Inspection visit fully implemented?

NO

If No, the findings of this inspection on any Recommended Actions not implemented are listed below:

No	Standard	Recommended actions	
1	RS5	<p>The school's Child Protection Procedures should be reviewed to ensure compliance with Standard 5 including:</p> <ol style="list-style-type: none"> 1. The school's Child Protection Procedures should be reviewed to ensure compliance with Appendix 1 of the National Minimum Standards. 2. All staff, including ancillary staff should receive child protection training. 	
2	RS14	<ol style="list-style-type: none"> 1. Medication records should be completed accurately at all times. 2. Household remedy consent forms should be developed for residential staff use and required changes made to existing nurse held lists. 	
3	RS18	<p>The school should make the following improvements:</p> <ol style="list-style-type: none"> 1. All students' case files should include all information required in Standard 18.2 and be accessible at all times to residential staff. 	
4	RS24	Points 1 – 8 detailed in Standard 24 should be addressed.	
5	RS25	Improvements should be made to the bathrooms and toilets	

6	RS26	<p>The following improvements should be made:</p> <ol style="list-style-type: none"> 1. An environmental risk assessment should be completed. 2. Staff and students should undertake fire drills at appropriate frequencies, in consultation with the fire officer. 3. Action should be taken to ensure safe hot water and bathing procedures. (Bungalow) 4. The school should have a valid Electrical Wiring certificate. 	
7	RS27	All staff, including ancillary should have a CRB check.	

RECOMMENDED ACTIONS IDENTIFIED FROM THIS INSPECTION

Action Plan: The Head is requested to provide the Commission with an Action Plan, which indicates how recommended actions are to be addressed. This action plan will be made available on request to the Area Office.

RECOMMENDED ACTION

Identified below are the actions recommended on issues addressed in the main body of the report in order to safeguard and promote the welfare of boarders adequately in accordance with the National Minimum Standards for Residential Special Schools. The references below are to the relevant Standards. Non-implementation of recommended action can lead to future statutory notification of failure to safeguard and promote welfare.

No	Standard*	Recommended Action	
1	RS3	Further improvements should be made to the school's guidance on when it may be necessary to search a student's possessions, to include reference to recording the details required in Standard 3.11.	31.12.04
2	RS4	The school's complaints procedure should be reviewed to ensure it meets the needs of students and their parents/carers who use the residential provision and Standard 4.3. This should include developing a system for recording both major and minor complaints.	30.09.04
3	RS4	The students' complaints procedure/flow chart should include the telephone numbers of the Commission for Social Care Inspection, the NSPCC and Childline.	30.09.04
4	RS5	The school's Child Protection procedures should be reviewed to ensure it covers all points detailed in Appendix 1 of the National Minimum Standards.	14.09.04
5	RS5	All staff employed at the school including catering and ancillary staff should receive Child Protection training.	14.09.04
6	RS8	The procedure to follow in the event of a student going missing should be reviewed to ensure it meets all the points detailed in Standard 8.3.	31.12.04
7	RS14	The students' care plans should include any identified health need in line with standards 14.3 and 14.6.	30.09.04

8	RS14	The school should develop a policy and written guidance, implemented in practice, on promoting the health of the children in the school in line with standard 14.4.	31.10.04
9	RS14	The meaning of any code used on the medication charts should be listed with the other codes on the chart.	01.09.04
10	RS14	If a record of medication administration is amended it should be done in such a way that the original entry is clearly crossed through but still legible.	01.09.04
11	RS14	The information written on the medication chart should be complete and match the information on the medication label. Strengths of liquid preparations should be stated. If a preparation is a specific formulation of a medication this should be stated. The brand name of a medication should not be used on the chart if it has been labelled with the generic name and vice versa.	01.09.04
12	RS14	The maximum and minimum temperatures of the refrigerator used to store medication should be recorded daily and lie between 2°C and 8°C.	01.09.04
13	RS14	The parental consent form for 'administration of medicines in school' should be updated each time that a medication or dosage is changed. The form should include details of all medication that a student is prescribed at that time not just the new medication.	01.09.04
14	RS14	The school should obtain, and retain on file for each child, written permission from those with parental responsibility, for the administration of first aid and to seek medical, optical or dental treatment when required.	01.09.04

15	RS14	The school should write medication policies describing the systems used in the school for receipt, storage, administration and disposal of medication. The policies should include the action to be taken if an administration error is identified and the self-administration of medication by students. The school should secure, and follow, qualified medical, pharmaceutical or nursing advice in a written protocol on the provision of 'homely' remedies to students.	14.09.04
16	RS29RS14	Staff who administer medication should receive external medication training.	14.09.04
17	RS15	A review of menus in consultation with students should be undertaken to address the issues raised about the content of the menus, including meeting the cultural dietary needs of students from different racial and cultural backgrounds. (See main text of Standard 15 for details.)	31.10.04
18	RS26RS15	Staff should not use the kitchen as a thoroughfare to ensure health and safety standards are maintained.	On receipt of this report
19	RS16	Central supplies of spare clothing should not normally be used. Where underwear is required, new or disposable products, which are individually labelled, should be used and spare supplies removed from stock.	30.09.04
20	RS17	Students requiring intimate care should have these needs clearly identified within their placement plan. This should be accompanied by written instructions for staff to refer to the schools intimate care policy in line with standard 17.5.	30.09.04
21	RS18	Students should be made aware that they may read their files if they wish, confidential or third party information excepted, and add personal statements or statements correcting errors.	30.09.04
22	RS18	Student profiles should be completed and files should contain all information in line with standard 18.2.	30.09.04

23	RS23	Physical restrictions on normal movement within the boarding accommodation (top locks on bedroom doors) should only be used in relation to a child where the restriction has been agreed within their placement plan, and are only used where necessary to satisfactorily safeguard and promote that child's welfare.	30.09.04
24	RS25RS24	An action plan should be drawn up with timescales to address any work required. This should include issues raised in the accompanying letter to the school for which separate timescales are given.	14.09.04
25	RS26	Risk assessments should be undertaken and documented in relation to the students who use the bath in the bungalow to ensure water temperature does not pose a risk of harm. It is recommended that the baths are fitted with thermostatic mixer valves to reduce the risk of scalding.	01.09.04
26	RS26	An environmental risk assessment should be completed.	01.09.04
27	RS26	The school should check that the fire extinguisher in the bungalow kitchen was included in the fire equipment maintenance check in November 2003.	31.07.04
28	RS26	The school should ensure any outstanding requirements of the asbestos risk assessment dated 2002 are undertaken.	31.10.04
29	RS26	The school should ensure that the system to check portable electrical appliances includes the requirement to check all items brought in by students prior to use, and that this system is documented and communicated to ensure parents and students are aware.	14.09.04
30	RS26	There should be a system in place for regular checks on House Unit fridges to ensure all produce is in date.	14.09.04

31	RS26	Fire notices throughout the House Units should be completed. It is recommended this be completed in indelible ink.	01.09.04
32	RS26	Records of fire drills undertaken should be kept.	14.09.04
33	RS26	Ancillary staff should receive fire training annually. This should take into account both their work in respect of the main school and also their time spent in the House Units.	30.09.04
34	RS26	Further improvements should be made to individual student risk assessments to address the issues identified and detailed in the main text of Standard 26.	30.09.04
35	RS26	Staff should ensure that products are stored correctly in line with COSHH regulations.	01.09.04
36	RS26	The risk assessment for the student who had an identified need in relation to vulnerability with adults should be reviewed to contain information relating to this risk.	14.09.04
37	RS27	Offers of appointment should be made subject to satisfactory completion of Criminal Records Bureau (CRB) checks.	01.09.04
38	RS27	Staff should not begin work at the school until a satisfactory CRB check has been obtained.	01.09.04
39	RS27	The Head Teacher should provide written confirmation to the Commission for Social Care Inspection, of actions he has taken in relation to the member of care staff who had not received a satisfactory CRB check, to safeguard the students.	31.07.04
40	RS27	All catering and ancillary staff who have not obtained a satisfactory CRB check should do so.	14.09.04
41	RS27	The reference request letter should be reviewed to include asking all referees to state any known reason why the person should not be employed to work with children.	30.09.04

42	RS28	The working pattern of the Head of Care should be reviewed to ensure there is sufficient time for managerial tasks commensurate with the post.	30.09.04
43	RS28	The school should produce a Lone Working policy suitable for the purpose of the residential provision.	30.09.04
44	RS29	All care staff should receive training on epilepsy.	31.10.09
45	RS33	A review of the role and function of the Standard 33 visitor should be carried out to ensure compliance with Standard 33.	30.09.04

ADVISORY RECOMMENDATIONS

Identified below are advisory recommendations on welfare matters addressed in the main body of the report and based on the National Minimum Standards, made for consideration by the school.

No	Refer to Standard*	Recommendation
1	RS14	It is advised that continence products are stored individually in a clean dry area.
2	RS14	Details of prescribed medication handwritten onto a chart should be checked and signed by a second member of staff.
3	RS14	A controlled drug cupboard and register should be used for the storage and recording of controlled drugs.
4	RS14	The consent letter for the administration of 'homely' remedies should state that the decision to administer one of these medications might be made by a member of the care staff as well as the nurse.
5	RS14	Records of medication receipt should include the strength and dosage of the medication received in addition to the information already recorded.
6	RS15	The school should ensure cleanliness and cleaning rotas in all kitchens are maintained.
7	RS15	The school should ensure fridge temperatures in the house kitchens are taken and recorded.
8	RS17	Where appropriate, there should be opportunity for the student to agree to the school's 'placement plan'
9	RS24	Spare beds should be removed from single occupancy bedrooms in a timely way. Consideration should be given to providing personal lockable space in bedrooms where this is appropriate.
10	RS28	A weekly staffing rota should be produced to indicate actual hours worked by each team member and to indicate staff sickness.

11	RS30	All staff including the school nurse should receive supervision at the frequency detailed in Standard 30.2. Records of these supervision meetings should be kept.
12	RS30	Ancillary staff should attend at least part of the residential staff meetings on a regular basis.

Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix. E.g. RS10 refers to standard 10.

PART B**INSPECTION METHODS AND FINDINGS**

The following inspection methods were used in the production of this report

Direct Observation	YES
Pupil Guided Tour of Accommodation	YES
Pupil Guided Tour of Recreational Areas	NO

Checks with other Organisations

Social Services	YES
Fire Service	YES
Environmental Health	YES
DfES	YES
School Doctor	YES
Independent Person	NO
Chair of Governors	YES
Tracking individual welfare arrangements	YES
Survey / individual discussions with boarders	YES
Group discussions with boarders	YES
Individual interviews with key staff	YES
Group interviews with House staff teams	YES
Staff Survey	NO
Meals taken with pupils	YES
Early morning and late evening visits	YES
Visit to Sanatorium / Sick Bay	YES
Parent Survey	YES
Placing authority survey	YES
Inspection of policy/practice documents	YES
Inspection of records	YES
Individual interview with pupil(s)	NO
Answer-phone line for pupil/staff comments	NA

Date of Inspection	14/06/04
Time of Inspection	09.30
Duration Of Inspection (hrs.)	32
Number of Inspector Days spent on site	4

Pre-inspection information and the Head's Self evaluation Form, provided by the school, have also been taken into account in preparing this report.

School Information

Age Range of Boarding Pupils **From** **To**

Number of Boarders at time of inspection:

Boys

Girls

Total

Number of separate Boarding Houses

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which standards have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

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

"0" in the "Standard met" box denotes standard not assessed on this occasion.

"9" in the "Standard met" box denotes standard not applicable.

"X" is used where a percentage value or numerical value is not applicable.

STATEMENT OF THE SCHOOL'S PURPOSE

The intended outcome for the following standard is:

- Children, parents, staff and placing authorities have access to a clear statement of the school's care principles and practice for boarding pupils.

Standard 1 (1.1 – 1.9)

The school has a written Statement of Purpose, which accurately describes what the school sets out to do for those children it accommodates, and the manner in which care is provided. The Statement can be made up of other documents, e.g., Letter of Approved Arrangements and school prospectus, which are required to include specific information.

Key Findings and Evidence

Standard met?

3

There had been no changes since the last announced inspection to the school's 'Statement of Purpose', which was in the school's prospectus. It was clear and detailed and This included a clear admissions policy and all information required in Standard 1.3. This is given to parents of new students.

There was also a Handbook, which is specific to the Residential Unit. This outlined the role of the Unit and the services provided. Pictures/symbols are also used in this document.

Both documents were examined by the Inspector.

A Student's guide was available.

CHILDREN'S RIGHTS

The intended outcomes for the following set of standards are:

- Children are encouraged and supported to make decisions about their lives and to influence the way that the school is run. No child should be assumed to be unable to communicate their views.
- Children's privacy is respected and information about them is confidentially handled.
- Children's complaints are addressed without delay and children are kept informed of progress in their consideration.

Standard 2 (2.1 – 2.9)

Children's opinions, and those of their families or significant others, are sought over key decisions which are likely to affect their daily life and their future. Feedback is given following consultations.

Key Findings and Evidence	Standard met?	4
<p>There was evidence throughout this inspection to support that opinions of students', their families and other significant others are actively sought. There was close liaison with both families and other relevant professionals. Feedback from Parents' questionnaires and Placing Officer's questionnaires was very positive.</p> <p>The remit of the Unit is very clear about providing the opportunity for students to acquire skills, including decision making skills and experience to maximise the individual's independence. Students were all allocated a Key Worker, which gave the student, and staff the opportunity to discuss issues and ascertain students' opinions.</p> <p>Inspectors observed staff giving students the opportunity to make informed choices during their day-to-day interactions. Speech and Language Therapy is available. Staff have been trained in Makaton.</p> <p>Students told the Inspectors that the Student Council was still active and that they can discuss things there. One Inspector attended the Student Council meeting, which confirmed that students' views were listened to and acted upon where appropriate. The Inspector was impressed by the skills of the staff in supporting students and empowering them to make decisions during the meeting. This was of particular importance to those students who were less able to communicate their views.</p>		

Standard 3 (3.1 – 3.11)

The school and staff respect a child's wish for privacy and confidentiality so far as is consistent with good parenting and the need to protect the child.

Key Findings and Evidence**Standard met?****2**

The school had written policies and procedures on ensuring privacy, dignity and confidentiality are respected and maintained. These included; Intimate Care Policy; Toileting Policy; Bathing/Showering Procedures.

Night staff were able to describe a safe system for dealing with any child protection concerns or disclosures that might be brought to her attention by students.

Students knew the rules about asking staff permission before entering another student's bedroom.

The school had taken action to ensure that students' files were stored confidentially.

Written consent for the use of listening devices had been obtained from parents/carers.

Since the last announced inspection the school has produced guidance on when it may be necessary to search a student's possessions. However, the guidance did not include reference relating to the information, which needed to be recorded, as required in Standard 3.11.

Standard 4 (4.1 - 4.8)

Children know how and feel able to complain if they are unhappy with any aspect of living in the school, and feel confident that any complaint is addressed seriously and without delay.

Key Findings and Evidence**Standard met?****2**

The school's general complaints procedure did not account for how the school would respond to issues, including timescales. There were no forms for recording minor complaints and concerns raised by students or parents. The Head of Care informed the Inspectors that concerns raised are dealt with but not formally recorded.

Since the last announced inspection the students' Complaints procedure had been reviewed and had been produced in a flow chart. This included all people/agencies students could contact if they wished/needed to. It did not include telephone numbers of outside agencies including the NSPCC, Childline and the Commission for Social Care Inspection.

Students, who were asked, were clear about what to do and who to go to in the event of a complaint. They said that staff sorted out problems quickly.

Night staff said they would speak to the Head of Care about any complaints and would write them down, as did the catering staff. Night staff referred to a 'complaints book'.

Students were not aware of any independent visitor who might visit the school.

Number of complaints about care at the school recorded over last 12 months:

0

Number of above complaints substantiated:

0

Number of complaints received by CSCI about the school over last 12 months:

0

Number of above complaints substantiated:

0

CHILD PROTECTION

The intended outcomes for the following set of standards are:

- The welfare of children is promoted, children are protected from abuse, and an appropriate response is made to any allegation or suspicion of abuse.
- Children are protected from bullying by others.
- All significant events relating to the protection of children accommodated in the school are notified by the Head of the school to the appropriate authorities.
- Children who are absent without authority are protected in accordance with written guidance and responded positively to on return.

Standard 5 (5.1 - 5.12)

There are systems in place in the school which aim to prevent abuse of children and suspicions or allegations of abuse are properly responded to. These are known and understood by all staff (including junior, ancillary, volunteer and agency staff).

Key Findings and Evidence

Standard met?

1

The school's Child Protection policy indicated that the school followed the local Area Child Protection Committee procedures. On inspection of this, the Inspector noted that it did not meet Appendix 1 of the National Minimum Standards. However, at the end of the inspection the Head Teacher had received a new draft Child Protection policy from the Local Education Authority. On inspection of this document it did not cover all points in Appendix 1 of National Minimum Standards. The document did not include any reference to the Commission for Social Care Inspection or the responsibilities of the school to notify the Commission for Social Care Inspection.

The school nurse told the Inspector that she received termly child protection supervision, where she could discuss any issues that have arisen. The local Southern Derbyshire Primary Health Care Trust provided this.

The Local Education Authority has produced a Whistle Blowing policy on the 'Management of Allegations and Concerns regarding Education Staff', which was available in the school.

Education and care staff receive annual Child Protection training. However, catering and ancillary have not received Child Protection training.

Number of recorded child protection enquiries initiated by the social services department during the past 12 months:

1

Standard 6 (6.1 - 6.5) The school has, and follows, an anti-bullying policy, with which children and staff are familiar and which is effective in practice. Where possible children in the school contribute to the development of the policy.		
Key Findings and Evidence	Standard met?	3
<p>The school had policies and procedures to counter act bullying. There had been no changes to the policies and procedures since the last announced inspection. The Head Teacher continues to complete returns detailing incidents of bullying and racism, which are sent to the Local Education Authority every term.</p> <p>Students said that there was no bullying in the school and that they had never experienced any.</p>		
Percentage of pupils reporting never or hardly ever being bullied	0	%

Standard 7 (7.1 - 7.7) 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.		
Key Findings and Evidence	Standard met?	3
Discussions with the Head Teacher and Head of Care indicated that they were aware of their responsibilities in relation to notifying relevant agencies of any significant events relating to the protection of children. Systems were in place to make the appropriate notifications		
Number of the following notified to CSCI during the last 12 months:		
• conduct by member of staff indicating unsuitability to work with children		0
• serious harm to a child		0
• serious illness or accident of a child		0
• serious incident requiring police to be called		0

Standard 8 (8.1 - 8.9) The school takes steps to ensure that children who are absent from the school without consent are protected in line with written policy and guidance.		
Key Findings and Evidence	Standard met?	2
The Head Teacher reported that the likelihood of a student going missing is small. However, since the last announced inspection the school has produced a procedure to follow in the event of the student going missing from the school. On inspection of this document it did not include all points required in Standard 8.3.		
Number of recorded incidents of a child running away from the school over the past 12 months:		0

CARE AND CONTROL

The intended outcomes for the following set of standards are:

- Children have sound relationships with staff based on honesty and mutual respect.
- Children are assisted to develop appropriate behaviour through the encouragement of acceptable behaviour and constructive staff response to inappropriate behaviour.

Standard 9 (9.1 - 9.8)

Relationships between staff and children are based on mutual respect and understanding and clear professional and personal boundaries which are effective for both the individuals and the group.

Key Findings and Evidence	Standard met?	4
<p>Findings throughout this inspection identified that relationships between staff and students were based on mutual respect. The Inspectors spent time with students during the morning routine and during one evening. There was a pleasant and calm atmosphere during the evening and all students were interacting well both with each other and staff. Staff demonstrated a commitment to enabling students to fulfil their potential. Observations of the Inspectors supported that staff were very skilled in communicating with students and were clearly knowledgeable about the needs and preferences of students.</p> <p>Staff turnover is low and the deployment of staff enables a consistency in the provision of care and support to individual students.</p> <p>Students said that staff were 'OK' and 'very good', also that they helped them. Students knew the names of staff on duty including all ancillary staff and who would be sleeping in.</p>		

Standard 10 (10.1 - 10.26)

Staff respond positively to acceptable behaviour, and where the behaviour of children is regarded as unacceptable by staff, it is responded to by constructive disciplinary measures which are approved by the Head of Care.

Key Findings and Evidence	Standard met?	3
<p>The school had clear written policies and procedures on the control, disciplinary and physical intervention methods which may be used at the school. Staff continue to receive training in positive care and control (SCIP), which was an annual training event.</p> <p>The school had taken positive action to ensure that there was a clear definition for staff on what constituted a sanction. It was apparent that the staff team did not issue sanctions as a matter of routine practice, nor had they been required to undertake a restraint procedure with any student. Therefore, although a recording system was in place, there were no records to view. Positive behaviour was incorporated within individualised programmes of care, which were well defined within students' files.</p>		

QUALITY OF CARE

The intended outcomes for the following set of standards are:

- Children experience planned and sensitively handled admission and leaving processes.
- The school's residential provision actively supports children's educational progress at the school.
- Children have ample opportunity to engage in purposeful and enjoyable activities both within school and in the local community.
- Children live in a healthy environment and the health and intimate care needs of each child are identified and promoted.
- Children are provided with healthy, nutritious meals that meet their dietary needs.
- Children 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.

Standard 11 (11.1 - 11.6)

Admission and leaving processes are planned and agreed with the child – and as appropriate, with parents and carers and placing authorities – as far as possible and handled with sensitivity and care by those concerned.

Key Findings and Evidence

Standard met?

4

There have been no changes to the school's referral and admission policy since the last announced inspection. The school has a very clear and comprehensive referral and admission policy. For most students a referral for admission to the Residential Unit is made at their Annual Review. Following discussions with parents, staff and other relevant professionals, a referral is then presented to the Review and Referral Panel. The Panel consists of the Head Teacher, the Head of Care, Local Education Authority representatives and Educational Psychologists from the appropriate placing authority. A Residential referral form and Student Profile form is completed. A transition programme for admission to the Unit is drawn up in consultation with the family to ensure an appropriate admission programme based on the individual's needs.

The Residential Unit Handbook gives details on services provided, some policies and procedures and routines. There was also a daily routines procedure for staff to follow.

During the academic year the placement is monitored and evaluated. Transition out of the Residential Unit is also discussed and planned with parents and other relevant professionals.

One student was aware that their days of attendance were shortly going to increase and that this had been discussed with them.

During a meeting with the Head of Care she confirmed that Connexions were invited to all student reviews where appropriate and that the Connexions service had supported one student in gaining a college placement. Three students had secured college placements and the Head of Care confirmed that transition plans were in place.

One student confirmed that they had a residential college placement set up for when they

left school at the end of the academic year.

Standard 12 (12.1 - 12.7)

Care staff and the school's residential provision and activities actively contribute to individual children's educational progress, and care staff actively support children's education, ensuring regular attendance, punctuality and a minimum of interruption during the school day.

Key Findings and Evidence

Standard met?

3

The Residential Unit provision is based on the 24 hour curriculum which aims to enable students to further develop and acquire independence skills and to access extended outdoor education. The school prospectus states that residential staff work closely with other school staff to enable individual programmes to be extended beyond the school day. The findings of the Inspectors supported that this is happening.

Residential staff were involved in drawing up students' Individual Education Plans and attended Annual Reviews. The Head of Care informed the Inspectors that care staff were now working in the classes as teaching assistants with the students who use the residential provision. She also added that daily handovers continue to take place between education and residential staff. This was also included in the Staff Handbook regarding daily routines. Students also had a daily diary, which was completed by both residential, and education staff.

One student showed the Inspector some work they had done on the computer whilst in the unit. Staff were seen to be supporting and encouraging students to prepare for the start of their school day, and to ensure their attendance in time for the start of registration.

Standard 13 (13.1 - 13.9)

Children have ample opportunity to engage in purposeful and enjoyable activities both within the school and in the local community.

Key Findings and Evidence

Standard met?

4

Students told the Inspectors that they enjoyed the activities offered; in particular they liked the youth club, which they used public transport to attend. They also enjoyed swimming. Students also said that the school had a new mini bus and that the day trips were good, and they had enjoyed visiting the 'American Adventure'. Students said that there are organised film nights and the Student Council decide what film to watch. The Inspector who attended the Student Council noted that students were asked what activities/trips they would like for the next month.

Students, who spoke with the Inspector on this issue, were aware of the restrictions around age appropriate videos.

Students went to the local swimming pool once a week. All staff accompany students on this

activity and qualified swimming instructors ran the lessons. One Inspector observed this activity. It was clear that all students enjoyed the activity and were given the individual support and encouragement they needed. Consent forms from parents had been obtained. Risk assessments for the activity had been carried out for all students.

There were a range of books, jigsaws and games on each Residential Unit that were appropriate to the developmental needs of the students. Students also said there was a 'Playstation' 1 and 2 and that there is enough to do. Students said that they could go outdoors in fine weather to use the school's outdoor play equipment with staff. This was observed by one of the Inspector's who was present during the evening.

Standard 14 (14.1 - 14.25)

The school actively promotes the health care of each child and meets any intimate care needs.

Key Findings and Evidence

Standard met?

1

This was the first time that the school had been inspected by a specialist pharmacist Inspector of the Commission for Social Care Inspection. It would be expected that the pharmacist inspector would identify more items within this standard than have previously been identified.

Both the specialist pharmacist Inspector and another Inspector met with the school nurse.

There was documentary evidence in students' files that they were supported with issues such as dental hygiene. There was also liaison on file with specialist support services with groups such as OAASIS for help with ADHD.

Some students were able to tell the inspectors about the medication that they were on and had a good understanding about why they needed to take certain medication.

Within the House units some continence products were being stored in bathrooms. This created the potential for them to absorb moisture from the atmosphere and deplete their effectiveness and also creates a moist medium for bacterial growth if left.

The nurse confirmed that the allocated school doctor visited the school weekly to conduct school medicals on students. A monthly meeting is scheduled between the allocated school doctor, school nurse, lead nurse for school nurses and the community paediatrician to discuss students' needs. A weekly meeting occurred between the Head of Care and School Nurse.

The school nurse confirmed that she sent out medical consent forms and forms to request medical updates to all parents.

The school nurse confirmed that a parent usually accompanies students who need to go to see the GP during a school day.. She confirmed that there would be the opportunity to have either a male or female member of staff to accompany if it was an emergency or parents could not attend. Usually it is school policy to send 'poorly' children home to be cared for.

The Head of Care confirmed that she and another member of regular care staff had undertaken the 4 day first aid course and were the designated first aiders although all staff had received basic first aid training.

The school nurse was not aware of a whole school health promotion policy, it was later established that the school did not have a full policy in line with standard 14.4. However, the school had a PHSE programme that the school nurse linked in to, although she was not undertaking any extra-curricular individual health promotion work with any student.

The school nurse could demonstrate links with key professionals throughout the Health Authority who the school linked into for specialist support services.

The nurse kept records relating to the medical needs of students. However, these were not transferred into students residential care plan and therefore there was no identified health care plan in the records kept by residential staff.

The medication charts and medication for two students were examined. These were seen to be generally in good order. The charts had a photograph of the student attached to aid identification prior to administration of medication. There was a list of the staff authorised to administer medication, with a record of the initials used on the medication chart, kept with each student's chart. The medication charts seen were all signed or a coded reason for non-administration recorded. For one situation staff stated that they had been advised to use a certain code that was not listed with the other codes on the chart. On one chart some records of administration had been amended to a code. It was not possible to read the staff initials of the original entry.

The medication charts were clearly handwritten with a signature and date of the person writing them. Some information had not been completed on the charts seen. This included the strength of a liquid preparation where the dose was stated as 5ml and it was not made clear for one medication that it was the slow release formulation of the drug that was prescribed. For one medication the box of medication was labelled with the generic name of the product and the chart had been written using the product's brand name.

At the time of the inspection the school was not holding controlled drugs. A controlled drug cupboard and register was not available.

A form for parents to consent to the administration of prescribed medication by staff was used. Parents were asked to list all medication that a student was taking. The form clearly stated that medication should remain in the original labelled containers and that sufficient quantities should be provided. The completed forms were kept with the student's medication chart. For one student the form seen listed one medication where the dosage had changed but did not include other prescribed medication, which was listed on a previously dated form.

Consent forms were also used for the administration of plasters and the list of 'homely' remedies used in the school. The consent letter for 'homely' remedies stated that the decision to administer was made by a nurse. The school did not have a 'homely' remedies policy. There was no written consent for the administration of first aid or to seek medical, optical or dental treatment when required.

The majority of medication was administered by care staff who had not received external medication training. A specialist nurse had provided training to staff for the administration of a specific medication by a specialised technique. The medication policies were a draft produced by Central Derby Primary Care Trust. The school did not have medication policies describing the systems used in the home. Records of medication receipt were seen that stated the date of receipt, name of medication, quantity received and the student for whom the medication is prescribed.

The consent forms for non-prescribed medication had been reviewed and new forms that do not include medication requiring an invasive procedure are being introduced from September 2004.

Standard 15 (15.1 - 15.15)

Children are provided with adequate quantities of suitably prepared wholesome and nutritious food, having regard to their needs and wishes, and have the opportunity to learn to prepare their own meals. Where appropriate special dietary needs due to health, religious persuasion, racial origin or cultural background are met, including the choice of a vegetarian meal for children who wish it.

Key Findings and Evidence

Standard met?

2

There was a system in place to offer students a choice of lunchtime meal; this was done using request slips. The menus clearly offered a choice each day although this was restricted to salad as the alternative. Although students raised no issues in relation to the choice of food and said that they enjoyed the salads, it is suggested that a variety of alternatives to the main menu are considered, particularly as the main meals are often not a vegetarian option.

Inspectors ate breakfast, lunch and tea with students during the inspection. These occasions were well-managed, orderly, social occasions and staff were observed to be clearly offering support to those students who required assistance to eat. Students were also encouraged to wash up after breakfast with staff support. Students who were consulted said that the food was 'not very healthy' then said that 'some of it is' also that 'you can choose what you like'. 'Salad, waffles and turkey dinosaur' were some of the food options that they said they had for tea. Students said they are full after dinner but said that 'you can have more if you want but not salad'.

A record of menus was seen. The school has fresh meat supplied and there is contact between catering staff and the Head of Care to discuss menus termly. Although students raised no concerns about the food with Inspectors, the menu seen was slightly repetitive. It included a high level of convenience food and did not include culturally diverse options although the school caters for students from a culturally diverse local population. Menus identified that on some days students would be offered a variation of the main lunchtime meal for the evening meal e.g. sausages for lunch and sausage roll for tea.

Although students had been informally consulted about menus and this is discussed at the School Council meetings, there were no formal processes to record their input. However, there was a form sent to parents, which provided them with the opportunity to state what their child liked to eat and if there were any cultural needs in relation to their diet.

Each House Unit had a kitchen and students were seen being supported by staff to prepare snacks. Students also said that they go shopping for food. Students in the bungalow prepare all meals outside school hours in preparation for semi-independent living. One student said that they were cooking for themselves on one of the days of the Inspection.

During a visit to the kitchen, a member of non-kitchen staff used the kitchen as a thoroughfare to access the main school from outside.

In the main school kitchen, records of food temperatures for cooked food and deliveries were seen, also fridge temperature records. There were incomplete records of fridge temperatures in the House Unit kitchens (including the bungalow) and for cleaning rotas in all kitchens. Although the main school kitchen was very clean, the bungalow kitchen was not.

In October 2003 the catering manager undertook a course on risk assessment and she was able to produce a risk analysis for the main kitchen that was produced on 2 March 2004. She also confirmed that catering staff had attended a basic food hygiene update in May 2004, although certificates had not yet been received.

Standard 16 (16.1 - 16.7)

Children are provided for adequately on an individual basis and encouraged to exercise their own preferences in the choice of clothing and personal requisites. Children who require assistance to choose what they wear and/or how they spend their money are provided with the assistance they need, in a way which maximises their choice.

Key Findings and Evidence

Standard met?

2

Students were aware of the pocket money system and how they should get money. One student said that they got £5 a week and that they get money from Pip (Head of Care) and she tells them how much they have left.

Some centrally stored sanitary wear was seen, although the Head of Care confirmed this was only an emergency supply and that students purchased their own products, which they kept themselves.

A central stock of spare clothing was seen. The Head of Care confirmed that this was usually only used by school staff but that there had been occasions where supplies, including underwear had been used. Supplies were not labelled for use by individual students.

CARE PLANNING AND PLACEMENT PLAN

The intended outcomes for the following set of standards are:

- Children have their needs assessed and written plans outline how these needs will be met while at school.
- Children's needs, development and progress is recorded to reflect their individuality and their group interactions.
- There are adequate records of both the staff and child groups of the school.
- 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.
- Children about to leave care are prepared for the transition into independent living.
- Children receive individual support when they need it.

Standard 17 (17.1 - 17.8)

There is a written placement plan specifying how the school will care for each boarding pupil in accordance with his or her assessed needs, the school cares for that child in accordance with that plan, monitors progress in relation to that plan, and updates that plan as necessary.

Key Findings and Evidence

Standard met?

2

All students had a 'Statement of Special Educational Need'. All students had an Individual Education Plan (IEP)/Care Plan, which was linked to their Statement of Special Educational Need. The IEP was jointly produced between education staff and residential staff and set out specific targets for the term or for a longer period. Goal Attainment Scales (GAS), the STAR (Social Training Achievement Record) Profile and Performance and Monitoring (PAM) Scales were the systems used for assessment, goal setting, monitoring, recording and evaluating progress. Students were able to work towards externally accredited AQA Units based on the curriculum. Progress was monitored and reviewed regularly. Although there was space for all key professionals to agree the students placement, there was no opportunity for the student themselves to sign and agree any plan.

Each student had a Key Worker and a Key Worker file is kept. The file contained all Care Planning documentation including the IEP, GAS information and Task Analysis forms which focused on daily living skills including personal care tasks. Each student is reassessed every half term regarding personal care task skills. All staff are on duty on Tuesday evenings when time is spent on Key Work duties. The student and staff completed diaries each night and these were seen. Students knew who their key workers were.

All students attend their review and transition meetings and there was evidence on file of consultation with students.

On inspection of two students' files, the following was noted:

- One student who required intimate care had not had these needs clearly identified

within their placement plan as required in Standard 17.5. There were no written instructions for staff to refer to the school's intimate care policy.

- Details regarding one student's dietary needs and information relating to allergies was incomplete.

Standard 18 (18.1 - 18.5)

Each child has a permanent private and secure record of their history and progress which can, in compliance with legal requirements for safeguards, be seen by the child.

Key Findings and Evidence

Standard met?

2

Two students files were viewed in detail, these were generally well maintained and included most information required of Standard 18.2. In one file there was no information recorded in the allergies section of the student profile and special dietary needs were recorded as 'not appropriate'.

There was evidence that students were completing daily diary sheets and these were kept in their information file. However, the Head of Care confirmed that it was not usual practice for students to be given access to the contents of their files. Therefore, there was no opportunity for them to add personal statements or statements correcting errors as detailed in standard 18.4.

Standard 19 (19.1 - 19.3)

The school maintains clear and accurate records on the staff and child groups of the school, and major events affecting the school and children resident there.

Key Findings and Evidence

Standard met?

2

The Inspectors identified that the school had all records required under Standard 19.2 with the exception of a CRB check for one member of the care staff. This has been discussed in Standard 27.

Standard 20 (20.1 - 20.6)

Subject to their wishes, children are positively encouraged and enabled by the school to maintain contact with their parents and other family members (unless there are welfare concerns) while living at school.

Key Findings and Evidence**Standard met?****3**

Students use the residential facility for a maximum of four nights. Students confirmed that they can phone their parents although this was usually in the presence of staff. Staff confirmed that some students do have their own mobile telephones.

Feedback from parents' questionnaires indicated that communication between both residential staff and education staff is very good and that their views are sought and listened to.

Standard 21 (21.1 - 21.2)

Where a pupil is in care and will be leaving care on leaving the school, the school agrees with the young person's responsible authority what contribution it should make to implement any Pathway or other plan for the pupil before the pupil leaves school. These arrangements are in line with that young person's needs, and the school implements its contribution where feasible from at least a year before the pupil is expected to leave care or move to independent living. The school works with any Personal Advisor for the child.

Key Findings and Evidence**Standard met?****0**

This Standard was not inspected, as there were no students in the care of the Local Authority who were due to leave care on leaving the school.

Standard 22 (22.1 - 22.13)

All children are given individualised support in line with their needs and wishes, and children identified as having particular support needs, or particular problems, receive help, guidance and support when needed or requested.

Key Findings and Evidence**Standard met?****3**

An inspection of students' files and discussions with staff supported that care and support provided at the school was based on individual student's assessed needs. There were effective systems for monitoring and reviewing a student's progress. Many of the students have communication difficulties. Staff have received training and are skilled in the use of different communication systems. Information for students is produced in pictorial/symbol form as much as possible

One student commented that one of the best things about the Residential Unit was their friends. It was clear from observation and also from conversations with students throughout the inspection that they generally got on well together. Where disputes between students had arisen, staff offered support to resolve this, maintained effective supervision and also

handed over relevant information to education staff.

Students were able to tell the Inspectors the name of their special worker (Key Worker). There were guidelines on the role of the Key Worker. Time was allocated weekly for students to spend time with their Key Worker.

Students said of staff that 'they are very good' and 'they help you, if you want to phone your parents they help you'. They also said that there was nothing that could be improved about life in the school. They also confirmed that they could stay up if they wanted to watch something on television, but could also go to bed 'if you are tired'.

PREMISES

The intended outcomes for the following set of standards are:

- Children live in well designed, pleasant premises, providing sufficient space and facilities to meet their needs.
- Children live in accommodation that is appropriately decorated, furnished and maintained to a high standard, providing adequate facilities for their use.
- Children are able to carry out their ablutions in privacy and with dignity.
- Children live in schools that provide physical safety and security.

Standard 23 (23.1 - 23.9)

The school is located, designed and of a size and layout that is in keeping with its Statement of Purpose. It serves the needs of the children and provides the sort of environment most helpful to each child's development, and is sufficient for the number of children.

Key Findings and Evidence

Standard met?

1

The Residential Unit is divided into three areas and there is a three bedroom bungalow. All areas have their own bathrooms, toilets and communal living space. All bedrooms are currently single occupancy.

The school's development plan has identified that a number of improvements are needed to the physical environment. This includes a refurbishment programme, a rolling programme of redecoration and that the layout of the bathrooms and toilets need upgrading.

During a student guided tour of the main House Unit, students pointed out wall displays, which they had created, which they were clearly proud of. There were also photographs displays of activities they had undertaken or trips out. The whole environment was very child focused and students had clearly enjoyed creating European themed displays in anticipation of the Euro 2004 football event that was taking place at the time of the Inspection.

A student was able to confirm that they were aware of the reasons why a listening device was used for their care.

Inspectors noted that there were top locks on the outside of student's bedroom doors. Although staff confirmed that these were never used, there was the potential for these to be inappropriately used whilst ever they were present which is not acceptable under National Minimum Standards.

Standard 24 (24.1 - 24.19)

The school provides adequate good quality and well-maintained accommodation for boarding pupils, which is consistent with their needs.

Key Findings and Evidence**Standard met?**

1

An inspection of the residential provision was undertaken. More general defects and issues regarding décor and furnishings have been included in an accompanying letter to the Head Teacher.

Students showed the Inspector their bedrooms which were nicely decorated and which had been personalised by them with their art work, photographs and posters. Students confirmed that they can bring in items from home and that they can bring in their own quilt covers. Students told the Inspector that they liked their bedrooms.

Students and staff both confirmed that there is no lockable space within students' own bedrooms. The Head of Care confirmed that there was a centralised safe storage area within the House Unit for safe keeping of personal possessions.

The Inspector noted that the spare beds in some of the bedrooms allocated for single use had not yet been removed as requested on the last inspection, the Head of Care said this was due to lack of storage space.

Standard 25 (25.1 - 25.7)

The school has sufficient baths, showers and toilets, all of good standard and suitable to meet the needs of the children. The school has appropriate changing and washing facilities for incontinent children where necessary.

Key Findings and Evidence**Standard met?**

1

The Residential Unit has sufficient bathrooms and toilets. At the time of the last inspection in September 2003, the school had identified that a programme for refurbishing bathrooms was needed. Budgets had been secured by the time of this inspection and work was due to commence in the next academic years budget. At the time of this Inspection, bathrooms remained poorly laid out, poorly lit and in need of redecoration.

Since the last announced inspection, thermostatic mixer valves have been fitted to hot water outlets used by the students with the exception of the baths in the bungalow.

The Liko hoist in the disabled bathroom had a maintenance certificate.

Standard 26 (26.1 - 26.10)

Positive steps are taken to keep children, staff and visitors safe from risk from fire and other hazards, in accordance with Health and Safety and Fire legislation and guidance.

Key Findings and Evidence**Standard met?****1**

At the time of the last inspection in September 2003, the Residential Unit was in the process of producing an environmental risk assessment. This had not been completed. This must be completed as a matter of priority.

Maintenance files were seen. Fire alarms and equipment were being tested 6 monthly and there were records to support this. An inspection of fire extinguishers occurred on 21 November 2003, at this time most individual extinguishers and fire blankets were signed. However, this was not the case for the fire extinguisher in the bungalow kitchen that was last dated 23 September 2002.

The school had recently had a full inspection of the electrical installations. Whilst awaiting the certificate the firm who undertook this work put a notice against areas checked to confirm that installations were safe. However, a notice was not evident against the bungalow. This was raised with the Head Teacher who confirmed the bungalow had been included.

A full examination of the school for presence of Asbestos occurred on 15 February 2002. The school had since implemented an asbestos safety plan to reduce risk of contact with asbestos by maintenance personnel. Although no imminent risk to students was identified, the risk assessment of 2002 did identify that asbestos required removing from one classroom area as medium priority (within 1 year), this had not occurred within the given timescale.

The school was regularly testing items of portable electrical equipment and was seeking to ensure students did not bring in additional items without first being checked. However, the system was not fail-safe and required documenting.

There was some out of date milk and cheese contained in the fridge in the Yellow House Unit. The milk had gone sour. There did not appear to be a system in place for checking the contents of the fridge and for recording those checks.

Improvements in water safety and management were noted. The school had undertaken work necessary to reduce Legionella risks and had also fitted thermostatic hot water controls to high-risk areas. It was noted that the bath in the bungalow had not been included. Therefore this remains an outstanding recommended action from the previous Inspection.

Fire notices throughout the House Units were incomplete. The Head of Care confirmed that Derbyshire Fire & Rescue Services undertook a fire inspection on 10 June 2004 and that the report was not yet available. However, the Commission for Social Care Inspection has received a copy of the Fire Officer's report, which stated matters appertaining to fire precautions were satisfactory at the time of their inspection.

Catering staff had not received regular fire training. They were unaware of the correct fire procedures for the school. One member of catering staff could recall some training approximately 4 years ago. Night care staff confirmed that they had received fire training.

Although staff verbally confirmed that they were undertaking fire drills, there was no record of this available at the time of the Inspection. Therefore this remains an outstanding

recommended action from the previous inspection.

The student Council meeting records indicated that the fire evacuation procedure is discussed regularly. One Inspector observed this being discussed with the students. Staff were very skilled in checking out students' understanding of the procedure.

Student's files had been supplemented with individual risk assessments that used standardised risk assessment categories. Whilst there had clearly been a lot of effort so far to implement these, the Head of Care acknowledged the need for further development. The use of standardised categories meant that a lot of sections were non-applicable. This did not allow for clear identification of risk, nor did it allow for individual variations, as was the case for one student whose risk assessment had not identified their vulnerability with adults.

Some deodoriser that had a safety warning label was found in an unlocked bathroom cupboard used by students. However, during the student guided tour of the House Units, students did say that they were not allowed to go into the cupboards.

STAFFING

The intended outcomes for the following set of standards are:

- There are careful selection and vetting of all staff, volunteers, and monitoring of visitors to the school to prevent children being exposed to potential abusers
- Children are looked after by staff who understand their needs and are able to meet them consistently.
- Children are looked after by staff who are trained to meet their needs.
- Children are looked after by staff who are themselves supported and guided in safeguarding and promoting the children's welfare.

Standard 27 (27.1 - 27.9)

Recruitment of all staff (including ancillary staff and those employed on a contractual/sessional basis) and volunteers who work with the children in the school includes checks through the Criminal Records Bureau checking system (at Standard or Enhanced level as appropriate to their role in the school), with a satisfactory outcome. There is a satisfactory recruitment process recorded in writing.

Key Findings and Evidence

Standard met?

1

Improvements have been made to the school's recruitment practices, which have addressed most of the recommended actions from the last inspection report. However, on inspection of one member of staff who had been employed since the last announced inspection, it was apparent that a satisfactory CRB check had not been obtained. In discussion with the Head Teacher, the Inspector was told that the person had applied for a CRB check in November 2003 but it had not been returned. The member of staff started working at the school in January 2004 and there were no restrictions on the deployment of the member of staff. The Head Teacher had not chased this up. He informed the Inspector that the new member of staff had obtained a satisfactory CRB check at their last employment and this had been verbally confirmed by the previous employer. There was no written record of this.

It was also noted that the reference request letter did not specifically ask referees to state any known reason why the person should not be employed to work with children.

Discussion with catering staff confirmed that none had received a CRB clearance unless they were also employed to work on escort services.

Total number of care staff:	12	Number of care staff who left in last 12 months:	1
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Standard 28 (28.1 - 28.13)

The school is staffed at all times of the day and night, at or above the minimum level specified under standard 28.2. Records of staff actually working in the school demonstrate achievement of this staffing level.

Key Findings and Evidence**Standard met?****2**

Staff turnover remains low.

The school operates a fixed rota. This was seen by the Inspector, which indicated that staffing levels were appropriate to the needs of the students using the residential provision. Sickness is covered by the team members. The Head of Care reported that there had been a higher rate of sickness than usual since January 2004, which had been covered by existing team members. The Head of Care reported that this had impacted on her ability to address all the Recommended Actions from the last announced inspection report. At the time of the inspection it was not possible for the Inspector to accurately assess the impact of sickness and to view what extra shifts staff had been covering. This was due to the fact that the staff team work from a fixed rota and this is not amended to indicate staff sickness. The Head of Care reported that actual hours worked are recorded separately.

An inspection of the fixed staff rota and discussions with the Head of Care supported that there was insufficient to enable the Head of Care to fulfil roles and responsibilities adequately, including developing the service in line with National Minimum Standards. Many of the shifts worked by the Head of Care were being part of the shift working directly with the students.

Night staff were aware of the on-call arrangements during the night. They also confirmed that they meet with the Head of Care for a handover and for support.

The school uses the Local Education Authority's Lone Working Policy. However, an inspection of this identified the need for this to be adapted for the purpose of the residential provision.

Standard 29 (29.1 - 29.6)

Staff receive training and development opportunities that equip them with the skills required to meet the needs of the children and the purpose of the school.

Key Findings and Evidence**Standard met?**

1

The school had supported most residential staff through NVQ training and many had completed this, or were due to complete in the near future. Care staff have received training in Child Protection, Fire Safety, Basic Food Hygiene and Basic First Aid. Although the school does cater for students with epilepsy staff had not received training on epilepsy. The Head of Care reported that they are hoping to provide Moving and Handling training.

Catering staff had not received Child Protection training, although there was limited contact with students during the school day, they were serving breakfast within House units during the early morning period. This was a Recommended Action in the last announced inspection report.

Night care staff had a good knowledge of the needs of students and could identify those whose needs required particular observation at night.

All staff had a personal development plan in which training needs are identified.

Standard 30 (30.1 - 30.13)

All staff, including domestic staff and the Head of the school, are properly accountable and supported.

Key Findings and Evidence**Standard met?**

2

Staff spoken to felt well supported by the management team. Care staff had been receiving supervision but not at the required frequency. This included supervision of the new staff member. The Head of Care reported that this had been due to staff sickness. An inspection of some supervision records supported that relevant areas were being covered. However, the records did not indicate what action needed to be taken and who was responsible for the action.

Although the Head of Care stated that she felt well supported, she was not receiving formal supervision.

The catering manager confirmed that she meets with the Head of Care prior to the summer holidays and weekly on a Monday to discuss day to day issues. Although she felt supported, these meetings did not constitute formal supervision as described in Standard 30.2. The Head of Care also confirmed that she was not offering formal supervision for ancillary staff that was recorded as such.

Night staff were able to confirm that they met regularly with the Head of Care and felt supported but could not recall this being recorded as formal supervision.

The school nurse was receiving professional supervision from her line Manager within the local Southern Derbyshire Primary Health Trust. However, the school were not offering additional supervision.

Catering staff confirmed that they were aware of some key policies including the 'whistle blowing' policy.

The Head Teacher reported that job descriptions and conditions of service for care staff were currently being reviewed.

Rotas were organised to allow for regular staff meetings to be held. On inspection of the minutes of these meetings identified that issues relating to the care of students and staffing issues were discussed. There was evidence to support that draft and new policies and procedures were discussed. Ancillary staff still do not attend the residential staff meetings as required in Standard 30.10. This was discussed with the Head Teacher and the Head of Care, who both stated this was not possible due to workload and the lack of time available for ancillary staff.

ORGANISATION AND MANAGEMENT

The intended outcomes for the following set of standards are:

- Children receive the care and services they need from competent staff.
- Children enjoy the stability of efficiently run schools.
- The governing body, trustees, local authority, proprietor or other responsible body monitors the welfare of the children in the school.

Standard 31 (31.1 - 31.17)

The school is organised, managed and staffed in a manner that delivers the best possible childcare.

Key Findings and Evidence

Standard met?

3

The Head of Care has vast experience of working with students with Learning Disabilities. She is currently undertaking the NVQ level 4 in work with children/young people and the NVQ Level 4 in Care (Registered Managers Award).

All care staff are supported to undertake NVQ Level 3 in Caring for Children and Young People.

Staff rotas have time scheduled to ensure all points in Standard 31.5 are met. (See Standard 28 for further details.)

Percentage of care staff with relevant NVQ or equivalent child care qualification:

83 %

Standard 32 (32.1 - 32.5)

The Commission for Social Care Inspection is informed within 24 hours if a receiver, liquidator or trustee in bankruptcy becomes responsible for the school. Such persons on becoming responsible for the school have ensured that the school continues to be managed on a day to day basis by a Head who meets recruitment and qualification requirements for a Head under these Standards. Such a temporary Head must make sure that the operation of the school meets the requirements of these standards in relation to the day to day running of the school.

Key Findings and Evidence

Standard met?

3

Since the last announced inspection the Head of Care had produced a pro-forma for monitoring of records as required in this Standard. However, discussions with the Head of Care and an inspection of the pro-forma used identified that there was confusion between the requirements of this Standard and Standard 33. Nevertheless, the school was able to demonstrate that internal monitoring occurred.

Standard 33 (33.1 - 33.7)

The governing body, trustees, local authority, proprietor or other responsible body receive a written report on the conduct of the school from a person visiting the school on their behalf every half term.

Key Findings and Evidence**Standard met?****2**

A parent-governor was carrying out monitoring visits as required in this Standard. Two visits had been made since the last announced inspection. An inspection of these reports and discussion with the Head of Care identified some confusion regarding the purpose of the visits. The latest report stated that the visitor had met with the Head of Care, and that they would arrange meetings for each term.

The Head Teacher informed the Inspectors that a School Improvement Officer also visits the school annually to carry out an audit of standards.

PART C**LAY ASSESSOR'S SUMMARY****(where applicable)****Lay Assessor** _____ **Signature** _____**Date** _____**Inspector** **Katarina Djordjevic****Signature** _____

PART D**HEAD'S RESPONSE****D.1 Head's comments/confirmation relating to the content and accuracy of the report for the above inspection.**

We would welcome comments on the content of this report relating to the Inspection conducted on <enter date(s) of inspection here> and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Action taken by the CSCI in response to Head's comments:

Amendments to the report were necessary

YES

Comments were received from the provider

YES

Head's comments/factual amendments were incorporated into the final inspection report

NO

Head's comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate

YES

Note:

In instances where there is a major difference of view between the Inspector and the Head both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by 23 August 2004, which indicates how recommended actions and advisory recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

Status of the Head's Action Plan at time of publication of the final inspection report:

Action plan was required

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

NO

Action plan did not cover all the statutory requirements and required further discussion

YES

Provider has declined to provide an action plan

NO

Other: <enter details here>

D.3 HEAD'S AGREEMENT

Head's statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I _____ of St Andrews confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the recommended actions made and will seek to comply with these.

Print Name _____

Signature

Designation

Date _____

Or

D.3.2 I, _____ of St Andrews am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

--	--

Print Name _____

Signature

Designation

Date _____

Note: In instance where there is a profound difference of view between the Inspector and the Head both views will be reported. Please attach any extra pages, as applicable.

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