

# Linden Lodge School

Linden Lodge School, 61 Princes Way, London SW19 6JB

<b>Inspection dates</b>	29/11/2016 to 01/12/2016	
<b>The overall experiences and progress of children and young people</b>	<b>Good</b>	<b>2</b>
The quality of care and support	Good	2
How well children and young people are protected	Requires improvement	3
The impact and effectiveness of leaders and managers	Good	2

## Summary of key findings

### The residential provision is good because

- The management team is successfully managing change in the organisation and improving outcomes for children.
- Children with often complex health and communication issues are making tracked improvements, enhanced by the skilled support they receive when in the residential setting.
- Managers ensure that the differing professional disciplines such as health, education and care, work in a coordinated manner to benefit the children.
- Residential staff are kind, caring and attentive to the children.
- Governors are active, visible and highly involved in the drive for improvement.
- Children are happy in the residential setting, feel safe and develop good relationships with staff.
- Managers are comprehensively auditing recruitment records. However, there are still gaps in records caused by previous lax checking.
- Children receive good healthcare. However, staff do not audit non-controlled drugs.
- The school has a health and safety policy. However, it does not detail the frequency of testing and monitoring required to maintain a safe environment.
- Training and staff development require a more structured approach to ensure that managers provide staff with good-quality, effective support in providing care to the children.

## **Compliance with the national minimum standards for residential special schools**

The school does not meet the following national minimum standards for residential special schools:

- 3.8 All medication is safely and securely stored and proper records are kept of its administration. Prescribed medicines are given only to the children to whom they are prescribed. Children allowed to self-medicate are assessed as sufficiently responsible to do so.
- 6.1 The school ensures compliance with relevant health and safety laws by drawing up and implementing effectively a written health and safety policy.
- 11.1 The school ensures that arrangements are made to safeguard and promote the welfare of children at the school. Such arrangements have regard to any guidance issued by the Secretary of State.
- 14.1 Schools operate safe recruitment and adopt recruitment procedures in line with the regulatory requirements and having regard to guidance issued by the Secretary of State.
- 19.4 The learning and development programme is evaluated for effectiveness at least annually and is updated if necessary.

## **What does the school need to do to improve further?**

- Improve the menu with the inclusion of more culturally appropriate meals in particular, ensuring that Halal meals are offered to children who wish to have them.
- Ensure that agency staff have a suitable Level 3 qualification or equivalent, or are studying for this.
- Increase the frequency of supervision for all staff. This could include the use of group supervision.
- Complete the recruitment of an additional nurse.

## Information about this inspection

The lead inspector contacted the school at 9am on 29 November 2016 and met with the senior management team at 2pm. During the inspection, the inspector met with: key members of the task force; children; residential staff; parents; governors; and an independent visitor. The inspector also met those with responsibility for: safeguarding; health and safety; catering; therapy; medical services; and administration of recruitment records. There were telephone interviews with parents, external management and the safeguarding team. Records scrutinised included: Parent View; medication; recruitment files and the central record; children's records; and residential policies and procedures.

## Inspection team

Angus MacKay

Lead social care inspector

# **Full report**

## **Information about this school**

This specialist residential school provides boarding and education for children with a wide range of visual and other sensory impairments and other very complex needs. These needs include deaf-blind multi-sensory impairment, severe, profound and multiple learning difficulties, and multi-disabled visually impaired. All pupils have a statement of special educational need. This is a maintained school which provides weekly or part-time residential accommodation for the maximum of 36 pupils in three residential units, on separate floors, in one building.

## Inspection judgements

### The overall experiences and progress of children and young people

**Good**

The whole school is actively engaged in a well-planned and structured development programme to address shortfalls identified during inspections and from their own self-assessment. The local authority and principal have created a task group to support this process. The task group involves all of the senior management team, the local authority and key advisors such as a national leader of education, seconded to assist, from a school within the host authority. The task group is meticulously planning and implementing the process of change, working closely with key managers including the head of residential. The task group is ensuring that it is embedding improvements into the culture and practice of the school. This strategic overhaul of the service involves meticulously checking compliance with national standards and taking appropriate action where there are deficits. The task group is already rigorously addressing some of the failures in parts of the national minimum standards identified during this inspection. For example, the national leader of education is leading a painstaking audit of the single central record and all recruitment files. The task group is aware of the deficits in compliance with keeping children safe in education. The process of change is already producing benefits for staff and children, increasing the rigour of safeguarding practice.

Children with complex needs, including visual impairment, a range of disabilities and profound healthcare issues, make good progress. The residential setting works closely with healthcare, habilitation and the school to provide children with a sophisticated personalised treatment programme. Managers use research findings and work in partnership with specialists to enhance the delivery of these programmes to children. Children make progress in many areas of their development with these carefully planned and monitored interventions. One parent said, 'They all work well together to produce the fantastic changes in our son.'

Children in the residential setting generally make expected or better than expected progress in education. The school has not yet analysed comparative data against day pupils, but parents say that their children's education definitely benefits from the support from residential staff. One parent said, 'He will not do his homework with me but will with them. Being in residential really helps him with his education.'

Children improve their mobility with assistance from the multi-disciplinary team. They practise skills in the residential setting and throughout the school. Children then progress onto mobility programmes in the community and eventually at home. The impact on the quality of life for the children is immense, giving them confidence and increased life opportunities. One parent said, 'He has improved his mobility and he finds he can be mobile there. With him we do not normally go out unless in the car. There, they are getting him out on public transport, and he is learning how to use road crossings, learning about kerbs and doing this by himself. He has learned so much there, I find it amazing how they have improved him.' Children are also constantly improving their social mobility. Some children learn how to plan trips out and gradually build up skills in the broader community. This includes interacting with others in unfamiliar settings and learning how to use money. Children learn transferrable skills with this support and gain confidence and self-assurance in understanding and negotiating the outside world. One

parent said of their son, 'He loves going out in the mini bus or using public transport. They have him using the tube. He really loves going to coffee shops where he uses his own money to buy his own coffee. They get him into the community, which he loves and gives him so much confidence. I can see him working in the community in the future, which I never thought was possible.'

Children build good relationships with the staff and feel safe in the residential setting. They make good progress with developing interpersonal skills with this support and make friends with other children. Many of the children have not had these opportunities previously due to the social isolation caused by their condition or disability. One of the children said, 'I have friends here and do things with them in the evenings, it is fun.' Their parents have good relationships with the staff and say their children form strong attachments to them. One parent said, 'The staff are lovely, it is like a family there. They make me very welcome, everyone knows you, including the other children.'

Children feel safe and trust staff to care appropriately for them. The staff follow guidelines on how to safely provide personal care to the children. The staff have all read 'Keeping children safe in education' and have some knowledge of basic safeguarding. Parents are confident that their children are safe there. Several parents confirmed this, with one saying, 'I am the world's biggest worrier and he would not be there if I had any doubts it is a lovely school.'

Children all have healthcare plans which move with them around the school. The health team monitors children's progress, ensuring the children are meeting developmental targets, but it also checks that all staff appropriately manage any disability, condition or illness and that they achieve the best possible outcomes for the children. This can mean that children are making progress; however, with some children, success can be very different due to the profound nature of their condition. Success in these situations can be enabling the children with life-limiting conditions to continue to attend the residential setting and participate as fully as their condition allows. Staff in residential include health targets for children which the staff construct with assistance from relevant professionals, parents and the children. Evidence of children's progress with these targets is enhanced by photographic evidence. Children show these images in reviews and to their parents. Some of these photographs staff call 'wow moments', a celebration of significant progression, or just a very fun moment. One parent said of their child, who has restricted mobility, 'He has an i-Pad where staff film things he does. One film showed him walking on a treadmill and we were amazed. The children have wow moments in their books; this was our wow moment!'

Children are developing self-help skills to aid them in their transition to adulthood. They all have jobs to do in their living area such as set tables, load the dishwasher, take trolleys out, and feed themselves. They also learn how to manage personal hygiene and develop toileting skills. Some have targets which they are working on, others are engaged in regular activities designed to aid this development. Where children have targets, staff share these with parents, encouraging them to work on them at home. One parent said that her son was able to transfer learning from the residential setting to home saying, 'The children learn about independent living. My son was very fussy about things like food. There he will try different things. It helps him a lot. He can look after himself, he will try to bathe himself now. He will ask me to wash his back. He would

want me to do everything before. Now he does it all, he will run the bath and wash and dry himself. He has learned all of that from the staff there.'

Children make well-planned moves into the residential setting. They often have visits, including coming with their parents for tea. The manager plans all admissions to meet the individual needs of each child and their parents. Parents are often anxious about leaving their highly vulnerable children and praise the manager's sensitive handling of the pace of admission. One parent said of the manager and how she handled the admissions process, 'She is just lovely. She managed the introduction extremely well, being nice and reassuring. It is a huge step to allow your disabled son to stay away from home, so this was very important. We had a smooth transition where she sought lots of information. This made it work and he immediately settled in very well.'

Children engage positively in the running of their home and participate in events designed to allow them to have their voice heard. The children confirm that these are effective and that things do change in response to their requests in the student council or their unit meetings. Unit meetings are well organised and afford children an opportunity to learn skills in chairing meetings, making requests and learning to share. Staff aid them in these meetings, ensuring that all children, including those who are non-verbal, have a voice. Children are patient with one another and show respect and consideration. They display impressive levels of engagement in quite lengthy meetings. Children made interesting suggestions about how to spend their budget and also things they enjoy. One suggestion for something they had enjoyed and would like to do again was having their teachers come into their house for tea. The children learn patience, how to present arguments appropriately and improve their communication skills. In addition, they feel listened to and it improves their sense of ownership of the residential setting.

### **The quality of care and support**

**Good**

Residential staff are working closely with other disciplines in the school to meet the complex care and developmental needs of the children. They are skilled, motivated and highly enthusiastic about how they perform their role. Children love them, as do their parents.

Staff work with the children to create very individual identities on the three floors of the residential provision. The decor and ambience varies from floor to floor and reflects the choice and influence of the children and staff, for example a quiet, relaxed fish tank on the ground floor, very pink and warm on the girls' floor and superheroes everywhere on the boys' floor. Individual bedrooms are personalised, clean and comfortable. Children say they love their rooms and feel safe and well cared for there.

Staff ensure that children have clean clothes and learn how to dress themselves as much as possible. Children learn essential life skills such as personal hygiene, care for their own space and basic meal preparation. One parent said, 'The school have very high standards on how staff look after children. My child is always spotless.'

The kitchen provides a broad, varied and healthy menu for children. Children enjoy the

meals, which take account of all allergies, intolerances and likes and dislikes. The children can express preferences and influence food choices. However, the menu does not regularly cater for all cultural needs such as the provision of Halal meals. Meal times are relaxed social events, where staff meet children's safety and eating requirements in a sensitive and caring manner. One parent said, 'When eating, staff make an effort to let him eat by himself because they are focused on him becoming as self-sufficient as possible. It is messy but they are so patient and understanding. He is making progress.'

Staff receive good support from the healthcare team in acquiring new skills and competency-based training related to the specific needs of the children. This ensures that staff can generally meet the children's health needs. The management team have budgeted for additional nursing cover to ensure children have their complex health needs met at all times. However, the local trust has not yet been able to supply this additional cover. Nurses not being available at all times has implications in meeting the high dependency needs of some children, which can restrict access to residential care for them.

Staff who issue medication have to be qualified in the administration of medication and follow recording protocols agreed with the health team, including two staff issuing all medication as a safety check. However, they do not maintain a running record of medication and do not audit the issuing of medication. Consequently, there is no verification of the accuracy of the issuing of medicines. The independent visitor highlighted this issue in two reports earlier in the year. Staff are not monitoring the issuing of medication effectively, thus potentially compromising the safe care of children.

Staff encourage children to participate in a wide range of activities designed to aid physical fitness, social inclusion, and development of new skills, or simply to have fun. Children discuss their ideas on fun things to do and can choose what they wish to do each evening. This includes social events that allow them to build friendships. Staff are creative in the programme of activities they make available to children. This includes good support from other disciplines in the school to broaden the programme with music, swimming and other school-based activities. Children make measured progress in targets such as building friendships, going into the community or learning how to buy something.

All children have individual targets which staff monitor and review each term. Children understand the system which staff effectively implement, producing good evidence of children's progress and the internalising of behavioural improvements.

### **How well children and young people are protected**

### **Requires improvement**

The school has a detailed health and safety policy which covers the operation of the residential setting. Since the last inspection, managers have completed a risk assessment of the lift in the residential setting. There are regular fire drills and tests of the fire safety equipment generally, in line with the frequency advised in the fire risk assessment. However, testing of emergency lighting is random, making it unclear if staff are testing all areas as frequently as required in the risk assessment. Personal emergency evacuation plans are skilfully constructed and contain good guidelines to staff and the



emergency service to keep children safe. During the inspection, managers incorporated these plans into a grab bag for use in emergency evacuations of the building. Records of fire drills do not record which children have taken part. This was addressed by senior staff during the inspection. Risk assessments, which clearly identify risks and provide good guidance on their management, are in place. However, managers do not have a schedule specifying the frequency of other testing in the school and residential setting, such as for machinery, tree safety, asbestos and other areas identified in the health and safety risk assessment. There is insufficient evidence to show that staff are effectively monitoring the implementation of the health and safety policy.

The safeguarding policy provides useful links to other relevant policies. The policy provides guidance on actions to take when staff receive an allegation. However, the policy did not say what action to take if the allegation is about the designated member of staff, listed in the procedure as the principal. Senior staff included this guidance in the policy and notified governors of the proposed change during the inspection. The child protection policy mentions child sexual exploitation and female genital mutilation, but does not provide any practice guidelines for staff. Senior staff commenced a rewrite during the inspection. There is a separate radicalisation and extremism policy which has a strong focus on a limited aspect of extremism and does not indicate the full range of potential threats to families and children. In addition, the policy does not provide clear guidance to staff about the warning signs that indicate someone may be at risk. Managers have provided training on these areas to most staff; however, residential staff have been unable to complete this, leaving them with a poor understanding of the warning signals to these issues.

Staff are attentive to children, providing all children in the residential setting with good supervision. Consequently, there are no instances in the residential setting or on trips where children have gone missing. The missing from care policy advises staff to search for any missing child, both in and outside the school. However, reporting procedures do not include guidelines on what information to share with police when contacting them and there is no guidance on return interviews for children. Staff have no system for recording any absences. Although no children have gone missing, the current procedures are not in line with the statutory guidance on children missing from care. During the inspection, managers commenced a thorough expansion of this policy to incorporate missing guidance and structure.

Managers and governors have reviewed recruitment procedures and jointly monitored recruitment files, with a particular focus on ensuring compliance with safer recruitment, as described in, 'Keeping children safe in education'. The national leader in education is leading this exercise with a detailed scrutiny of every appointment and every staff file. This process has identified, and is rectifying, deficits in the past administration of recruitment. The policy on recruitment is detailed, providing appropriate guidance on safe recruitment practice. However, it does not include guidance on seeking police checks or certificates of good conduct. During the inspection, managers completed a rewrite of the policy to include this and shared it with governors. A random check of two staff appointed since the last inspection produced evidence of good compliance with most aspects of guidance. Both applicants had references in place; however, one candidate had no telephone checks of the two references recorded and the other had an additional reference, which staff had not verified as it was on headed notepaper. The file

audit is likely to have picked up these deficits; however, the school was not ensuring safe appointments by these lapses in applying safer recruitment guidelines.

Staff follow the guidelines on behaviour management, encouraging desired behaviours through recognition and reward. Staff apply the guidance in managing situations and in their construction of behavioural plans for those who require them. They use minimal physical interventions, focusing on good use of positive language. They apply a separate policy for anti-bullying, reinforcing the positive culture in the school. The policy supplies helpful guidance to children and staff, which they all apply, enhancing the positive culture in the residential setting. This approach has a strong focus on restorative justice, obtaining a positive resolution and an understanding of what led to any bullying. The skilled interactions in the residential setting maintain a positive environment and positive resolution of incidents.

Where serious incidents have occurred, managers have investigated them appropriately. If there are any safeguarding concerns, managers immediately discuss them with the local child protection service. They work closely with the local designated officer and safeguarding board, closely following any advice or guidance. Following any investigation, regardless of the outcome, managers conduct their own reviews of practice, enhancing the care and safety of children and staff.

### **The impact and effectiveness of leaders and managers**

**Good**

The statement of purpose details the aims and objectives of the school and of the residential setting. It clearly explains the ethos of the school and how staff seek to achieve progress and achievement with the children. Staff work in line with the guidelines contained in the statement. For example, they follow the guidelines on the provision of personal care contained in the statement, which the manager had not included in the relevant revised policy following the last inspection. The manager updated the policy on the provision of intimate care during the inspection, ensuring it matched practice and the description contained in the statement of purpose.

The residential setting benefits from the governance supplied by dedicated and highly committed governors. They have a significant role in monitoring practice in the setting and scrutinising policies and procedures. New initiatives led by the governors include a drive for more effective and clearer practice between health, education, residential and day care. During the inspection, the chair of governors said that he expects governors to have a critical role in looking at policies and procedures. In practice, this has not been fully effective; however, in conjunction with the task force, it is now gradually impacting positively on a coordinated approach to improvement.

The governors have appointed an independent person who visits the residential setting six times each year. All children know the visitor by posters advertising his visits and through his personal contact with them. He supplies a report on each of these visits to the governors. The reports are suitably detailed and provide all relevant checks to the governors. Importantly, the independent visitor includes an evaluation of the effectiveness of the care provided to children and whether staff safeguard them. The report contains recommendations for improvements which the manager reports on to

the governors. The manager did not implement the recommendation from the independent visitor in relation to the control of medication, made following two separate visits.

The residential setting employs a high number of temporary and agency staff, sometimes comprising at least half of the staff team. Many of these have worked in the school for several years and are highly valued staff who provide good care to children. However, due to their work permits, many of the temporary and agency staff cannot work beyond two years, disrupting the stability of the team and the continuity of care provided to the children. The school is unclear about the qualifications of these staff, although suitable recruitment checks are in place. The management team has identified this as an issue to address and is currently seeking to recruit staff and explore training provided to ensure they provide effective and consistent care to children.

Staff participate in a wide range of training designed to enhance their competency in working with children's complex needs. Much of this training comes from the other services within the school, including the healthcare team and specialist services such as speech and language. All staff, including agency staff, take part in some school training days. However, due to work patterns, they are not able to attend all courses. For example, most residential staff have only completed online training courses as updates to safeguarding. Due to this, they do not have a full understanding of indicators of the risks to children with disabilities from radicalisation, or the threat of female genital mutilation. The management team has no training matrix for residential staff and it has not assessed the impact of online courses on staff effectiveness. In addition, there has been no evaluation of the effectiveness of the whole learning and development programme. The task force has identified this as an area for development; however, at the moment residential staff are not suitably supported to broaden their understanding of current risks.

Managers ensure that all staff, including agency staff, have annual appraisals and supervision. However, these account for only three sessions per year. The core staff team is long-serving and experienced, with qualified staff who requested less frequent supervision. This is insufficient in such a rapidly evolving and changing environment to ensure they have a clear understanding of new policies, procedures, internal changes or issues such as legislative changes.

## What inspection judgements mean

The experiences and progress of children and young people are at the centre of the inspection. Inspectors will use their professional judgement to determine the weight and significance of their findings in this respect. The judgements included in the report are made against 'Inspections of boarding and residential provision in schools: the inspection framework'.

Judgement	Description
Outstanding	A school where the experiences and progress of children and young people consistently exceed the standard of good and results in sustained progress and achievement. The outcomes achieved by children and young people are outstanding and the impact the boarding/residential provision has had in supporting this progress and achieving these outcomes is clearly evidenced.
Good	A school providing effective services which exceed minimum requirements. Children and young people are protected and cared for and have their welfare safeguarded and promoted.
Requires improvement	A school where there are no serious or widespread failures that result in children and young people's welfare not being safeguarded or promoted. However, the overall outcomes, experiences and progress of children and young people are not yet good.
Inadequate	A school where there are serious and/or widespread failures that mean children and young people are not protected, or their welfare is not promoted or safeguarded, or if their care and experiences are poor and they are not making progress.

## School details

<b>Unique reference number</b>	101093
<b>Social care unique reference number</b>	SC010255
<b>DfE registration number</b>	212/7067

This inspection was carried out under the Children Act 1989, as amended by the Care Standards Act 2000, having regard to the national minimum standards for residential special schools.

<b>Type of school</b>	Residential Special School
<b>Number of boarders on roll</b>	141/36
<b>Gender of boarders</b>	Mixed
<b>Age range of boarders</b>	5 to 19
<b>Headteacher</b>	Mr Roger Legate
<b>Date of previous boarding inspection</b>	26/01/2016
<b>Telephone number</b>	020 8788 0107
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