

1228091

Registered provider: Phoenix Care and Education Limited

Full inspection

Inspected under the social care common inspection framework

#### Information about this children's home

This children home is owned by a private provider. It is registered to provide care and accommodation for up to three children and young people who have emotional and/or behavioural difficulties.

**Inspection dates:** 19 to 20 April 2017

Overall experiences and progress of

children and young people, taking into

account

How well children and young people are

helped and protected

Inadequate

**Inadequate** 

The effectiveness of leaders and managers Inadequate

There are serious and widespread failures that mean children are not protected or their welfare is not promoted or safeguarded, and the care and experiences of children are poor and they are not making progress.

**Date of last inspection:** 9 November 2016

**Overall judgement at last inspection:** Requires improvement

**Enforcement action since last inspection** 

None

Inspection report children's home: 1228091

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# Key findings from this inspection

This children's home is inadequate because

- A lack of stable and effective leadership and management has resulted in a failure to promote and safeguard children's welfare. This children's home has not had a registered manager since 30 August 2016. It has been managed by two different people since then. However, at the time of the inspection, it did not have a manager working at the home or a responsible individual to oversee and supervise its management.
- Children have not been protected from the risk of potential harm. Staff have not shown the skills to identify signs that children may be at risk, nor have they taken appropriate responsibility and action to manage situations safely. At times, staff's conduct has placed children at potential harm. Leaders and managers have failed to investigate serious incidents involving children to better understand and manage risk in the future, and to tackle poor practice effectively. They have failed to share concerns about children with the local designated officer and Ofsted.
- The registered provider has failed to take appropriate action to make necessary improvements identified at the monitoring visit on 9 September 2016 and at the last inspection on 9 November 2016. The recruitment of staff is still not robust. All the necessary checks and information to minimise any potential risks to children from unsuitable people are not in place and, therefore, are not carried out before people start working with children.
- The child living at the home has not been in formal education since she moved there in October 2016. There has been a lack of progress in engaging her in a structured and meaningful education programme to assess her learning needs and prepare her for returning to school.
- Leaders, managers and staff have failed to challenge effectively the placing authority, education and health providers to provide children with the support they need to meet their assessed needs at the right time.
- Staff are not adequately experienced and trained to fully equip them to meet the needs of the children they are supporting. For example, the current staff team overall does not have substantial experience of working with teenagers who have emotional and/or behavioural difficulties. Staff performance is not being assessed and challenged through practice-related supervision or appraisals at the end of their induction programme.
- A lack of effective care planning and good decision-making has resulted in children coming to live at the home without full consideration being given to staff's ability to meet their assessed needs, or their compatibility with other children.



#### The children's home's strengths

- Overall, children live in a supportive home environment. Staff's friendly and considerate approach is helping the child to develop positive relationships with her carers. They have an awareness of her needs and work hard to meet them on a daily basis.
- The child has built positive and trusting relationships with most staff. She knows they are interested in her welfare, feels safe and able to talk to staff about her worries and feelings. Consequently, she has developed a strong sense belonging and feels at home.
- Staff's calm, clear and engaging approach is helping the child to manage her feelings and control her behaviour when she is upset, frustrated or angry.
- Staff actively support the child to spend time with the important people in her family and also her friends. This approach helps to maintain significant relationships. Staff always ensure that seeing these important people is a safe and enjoyable experience.
- The independent visitor provides impartial and robust scrutiny of the effectiveness of the home in meeting young people's needs and protecting them from harm.

## **Recent inspection history**

Inspection date	Inspection type	Inspection judgement
09/11/2016	Full	Requires improvement



# What does the children's home need to do to improve?

#### **Statutory requirements**

This section sets out the actions that the registered person(s) must take to meet the Care Standards Act 2000, Children's Homes (England) Regulations 2015 and the 'Guide to the children's homes regulations including the quality standards'. The registered person(s) must comply with the given timescales.

Requirement	Due date
8: The education standard In order to meet the education standard, the registered provider must ensure that children make measurable progress towards achieving their educational potential and are helped to do so.	2 June 2017
The registered provider must ensure:	
(2)(a) that staff	
(i) help each child to achieve the child's education and training targets, as recorded in the child's relevant plans;	
(ii) support each child's learning and development, including helping the child to develop independent study skills and, where appropriate, helping the child to complete independent study;	
(iii) understand the barriers to learning that each child may face and take appropriate action to help the child to overcome any such barriers;	
(iv) help each child to understand the importance and value of education, learning, training and employment;	
(vi) maintain regular contact with each child's education and training provider, including engaging with the provider and the placing authority to support the child's education and training and to maximise the child's achievement;	
(viii) help a child who is excluded from school, or who is of compulsory school age but not attending school, to access educational and training support throughout the period of exclusion or non-attendance and to return to school as soon as possible;	
(x) help each child to attend education or training in accordance with the expectations in the child's relevant plans.	
10: The health and well-being standard	2 June 2017
In order to meet the health and well-being standard the registered person must ensure:	



2 (a) that staff help each child to:	
(i) achieve the health and well-being outcomes that are recorded in the child's relevant plans; and	
(c) that each child has access to such dental, medical, nursing, psychiatric and psychological advice, and other services as the child may require.	
In particular, actively ensure that children receive dental treatment and assessment and treatment of their emotional and mental well-being without delay.	
12: The protection of children standard*	2 June 2017
In order to meet the protection of children standard, the provider must ensure:	
(a) that staff—	
(i) assess whether each child is at risk of harm, taking into account information in the child's relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;	
(ii) help each child to understand how to keep safe;	
(iii) have the skills to identify and act upon signs that a child is at risk of harm;	
(v) understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;	
(vi) take effective action whenever there is a serious concern about a child's welfare; and	
(b) that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm.	
13: The leadership and management standard*	2 June 2017
In order to meet the leadership and management standard the registered person must:	
(1) inspire and lead a culture in relation to the children's home that—	
(a) helps children aspire to fulfil their potential; and	
(b) promotes their welfare.	
(2) In particular, the standard in paragraph (1) requires the registered person to—	
(a) lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in	



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the home's statement of purpose;	
(b) ensure that staff work as a team where appropriate;	
(c) ensure that staff have the experience, qualifications and skills to meet the needs of each child;	
(d) ensure that the home has sufficient staff to provide care for each child;	
(e) ensure that the home's workforce provides continuity of care to each child;	
(f) understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the	
development of the quality of care provided in the home; and	
(h) use monitoring and review systems to make continuous improvements in the quality of care provided in the home.	
14: The care planning standard	2 June 2017
In order to meet the care planning standard the registered person must to ensure:	
(a) that children are admitted to the home only if their needs are within the range of needs of children for whom it is intended that the home is to provide care and accommodation, as set out in the home's statement of purpose;	
(b) that arrangements are in place to—	
(i) ensure the effective induction of each child into the home;	
(ii) manage and review the placement of each child in the home; and	
(iii) plan for, and help, each child to prepare to leave the home or to move into adult care in a way that is consistent with arrangements agreed with the child's placing authority.	
16: Statement of purpose	2 June 2017
The registered person must compile in relation to the children's home a statement ("The statement of purpose") which covers the matters listed in Schedule 1, in particular includes the number of children for whom it is intended that accommodation is to be provided. (Regulation 16(1))	
27: Appointment of manager	2 June 2017
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The registered provider must appoint a person to manage the	



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children's home if:	
(a) there is no registered manager in respect of the home; and	
(b) the registered provider—	
(i) is an organisation or a partnership;	
(ii) does not satisfy regulation 28; or	
(iii) is not, or does not intend to be, in day-to-day charge of the home.	
(2) If the registered provider appoints a person to manage the home, the registered provider must, without delay, give HMCI notice of—	
(a) the name of the person so appointed; and	
(b) the date on which the appointment takes effect.	
(Regulation 27 1(a)(b)(i)(ii)(iii) 2(a)(b))	
32: Fitness of workers*	2 June 2017
The registered person must recruit staff using recruitment procedures that are designed to ensure children's safety and may only:	
(2)(a) employ an individual to work at the children's home; or	
(b) if an individual is employed by a person other than the registered person to work at the home in a position in which the individual may have regular contact with children, allow that individual to work at the home,	
if the individual satisfies the requirements in paragraph (3).	
(3) The requirements are that—	
(a) the individual is of integrity and good character;	
(b) the individual has the appropriate experience, qualification and skills for the work that the individual is to perform; and	
(d) full and satisfactory information is available in relation to the individual in respect of each of the matters in schedule 2.	
(Regulation 32(1)(2)(a)(b)(3)(a)(b)(d))	
36: Children's case records	2 June 2017
The registered person must maintain records ("case records") for each child which:	
(a) include the information and documents listed in Schedule 3 in relation to each child;	
(b) are kept up to date; and	
(c) are signed and dated by the author of the entry.	



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(Regulation 36(1)(a)(b)(c))	
In particular, children's case records provide a detailed picture of the child's assessed needs, experiences and progress; include a placement plan showing how the registered provider will meet the child's assessed needs, promote and safeguard his or her welfare on a day to day basis; and an up-to-date copy of the placing authority's care plan	
40: Notification of a serious event	2 June 2017
The registered person must notify HMCI and each other relevant person without delay if:	
(4)(a) a child is involved in or subject to, or is suspected of being involved in or subject to,	
sexual exploitation;	
(b) an incident requiring police involvement occurs in relation to a child which the registered	
person considers to be serious;	
(c) there is an allegation of abuse against the home or a person working there;	
(d) a child protection enquiry involving a child —	
(i) is instigated; or	
(ii) concludes (in which case, the notification must include the outcome of the child protection enquiry); or	
(e) there is any other incident relating to a child which the registered person considers to be serious.	
(Regulation 40 (4)(a)(b)(c)(d)(i)(ii)(e))	
49: Notice of changes	28 April 2017
The registered person must give notice in writing to HMCI, as soon as it is reasonably practicable to do so, if any of the following events take place or are expected by the registered person to take place:	
(a) a person other than the registered person carries on or manages the children's home;	
(b) a person ceases to carry on or manage the home;	
(e) if the registered provider is an organisation—	
(ii) any change of director, manager, secretary or other similar officer of the organisation;	
(iii) any change of the identity of the responsible individual.	
(Regulation 49 (a)(b)(e)(ii)(iii)	



\* These requirements are subject of a compliance notice.

#### Recommendations

To improve the quality and standards of care further the service should take account of the following recommendations:

- Any staff member in a deputy or supervisory role, such as 'shift leader' or 'senior', should have relevant experience of working in a children's home and successfully completed their induction for the home in which they are employed. ('Guide to the children's homes regulations including quality standards', page 54, paragraph 10.21)
- Ensure that recruitment of staff safeguards children and minimises potential risks to them; in particular, keep a written record of the enquiries made when a person wishing to work at the home has a criminal conviction and the assessment of that person's suitability. ('Guide to the children's homes regulations, including the quality standards', page 61, paragraph 13.1)



#### **Inspection judgements**

#### Overall experiences and progress of children and young people: inadequate

The lack of stable and effective leadership and management means that children's overall experiences and progress are inadequate. Leaders, managers and staff are not enabling the child currently living in this home to make progress to meet her education potential, promote her health and emotional well-being and to protect her from harm.

The child is living in a friendly environment where her basic care needs are being met on a daily basis. She is happy and has built warm and trusting relationships with most of the staff, in particular the staff who have being there since she first moved in. Staff know her well, listen to her and clearly enjoy spending time with her. The staff are committed to keeping her safe and to promoting her welfare. They have helped the child feel increasingly safe and to develop a strong sense of belonging. Staff have also helped her to manage her feelings positively. The child feels able to talk to staff about her worries and to sort things out. Staff have supported her in her wish to see more of her family. Staff have gained the agreement from her social worker, so that she is now staying overnight with her grandmother each weekend; her sister and nephew come for tea every week, she sees her mother more frequently, and her friends come to visit. This has helped the child to rebuild important relationships and feel part of her family again. Staff recognise how important this is for the child, but they also acknowledge it can be a stressful time. They make every effort to ensure that seeing her family is a safe and positive experience for everyone involved.

Staff have helped the child to develop her skills and interests through informal learning and activities. She has helped to design the decoration of the house, making it a brighter place to live, and is routinely involved in the planning of meals, shopping and cooking. She enjoys going to the cinema, reading and ice skating.

Staff have a clear understand of the priorities for promoting the child's development. They know that things need to improve to promote her education and learning, and emotional health. However, staff have felt unable to challenge the placing authority, schools and health professionals to ensure that the child receives the right support at the right time to meet her assessed needs.

The registered provider has failed to take effective action to support and encourage the child's involvement in education since the last inspection. The child is not receiving the support she needs to make measureable progress towards achieving her educational potential. The placing authority has failed to provide her with a suitable school that best meets her learning needs, interests and ability. As a result, the child has not taken part in formal education since she moved into the home in October 2016. The daily routine of the home is not providing an environment that encourages the child to take part in academic work to assess her learning needs and prepare her for returning to school. Staff have failed to support and encourage her to access a structured online education programme provided by the placing authority. The child does some English and mathematics with staff using workbooks, but this is very much on her own terms when she feels like doing it. Consequently, the child does not take part in structured education on every school day. The child appears to have become less motivated to learn since the



last inspection; for example, she said she was no longer doing any art work, which she previously had enjoyed. She does not necessarily see the importance of education in improving her life chances.

The child now has an up-to-date health plan and has been to the dentist and opticians. However, staff have not tried to deal with delays in getting an appointment for treatment at the dental hospital. Staff have a clear understanding of the child's individual health needs, including the support she needs to manage a long-term medical condition. Staff had an awareness of the child's condition and how she uses medication to treat this. Staff ensure that she gets appropriate medical attention when she is unwell. Staff support and encourage the child to take responsibility for her own health by developing a good understanding of a healthy lifestyle and the importance of a healthy diet and physical exercise. Staff are also helping her understand the potential health risks of smoking. The arrangements for the management of children's medication are now safe. Medication is stored securely, suitable records are kept and most of the staff have now received training in handling medication and emergency first aid. Staff have also consulted the prescribing doctor when the child has not taken medication, to check on the potential impact on her health. They have arranged for her to meet with the doctor to review her medication.

The staff team has an overview of the child's emotional well-being. However, staff do not either have sufficient experience or have been adequately trained in working with children who have suffered trauma, abuse or neglect and who may use self-harming behaviour. This means that they are not always able to fully identify and respond to the child's fluctuating emotional needs. Although her self-harming behaviour has reduced recently, the child has experienced times when she has struggled to manage her feelings and levels of anxieties. Staff did promptly refer to the child and adolescent mental health service when she asked for support in February 2017, but her appointment for assessment is not until May 2017. Given the concerns about the child's emotional well-being, there has been no attempt to secure an earlier appointment or to look at an alternative service to make sure that the she receives the necessary support.

A lack of effective care planning and appropriate decision-making about children moving into the home has not protected children, promoted their emotional security, nor helped them deal with moving homes positively. Two children moved into the home within less than a week of each other, without proper consideration being given to staff's ability to respond effectively to each child's assessed needs and level of risk. Similarly, there was no assessment about the compatibility of the children to live together, and the impact on the child already living in the home. Children did not have planned introductions to the home and the child already living there was not involved in the planning for them to move into the home. Staff struggled to manage the needs of all three children and there was a significant increase in the number of serious incidents involving children. Consequently, the two children's placements lasted only a short period, including for one young person an unplanned move following a serious incident.



#### How well children and young people are helped and protected: inadequate

Children have not always received an acceptable standard of care that has kept them safe and protected from potential harm. Positively, the child living there currently feels safe. She feels able to talk to the staff about her worries and said that they listen to what she has to say, reassure her and take her seriously. However, the child did talk about times when she felt unfairly treated by certain staff and the previous manager, and that she struggled because of the actions of other children when they had lived there with her.

Staff have not shown the skills to identify signs that children may be at risk and take appropriate action to manage situations safely. At times, they have struggled to help children resolve conflicts positively. On occasions, staff's own behaviour has actually made the situations worse and heightened potential risks to children's safety. Staff have not always followed agreed behaviour management plans consistently, such as not allowing children time and space to manage their own feelings, or trying to address an issue at the wrong time. When a child refused to get in the car to go home, a member of staff drove away, leaving her vulnerable in the community at night. The child was then reported as missing and was found and brought home by the police. On another occasion, staff also failed to supervise two children properly when they went out into the garden at night. Staff were unaware of where the children were and that they had ended up on a busy main road. The police brought them back home after being contacted by a member of the public, who had seen the children on the road.

Leaders and managers have not always identified and taken effective action when there has been a serious concern about a child's welfare. They have failed to identify possible safeguarding concerns or consider the appropriateness of staff conduct. They have not reflected critically on what has happened to challenge and change poor practice, or what needs to happen to keep children safe. They have not followed the home's safeguarding procedures by not contacting the local designated officer when they have had concerns about the conduct of members of staff and managers. Also, they have not informed Ofsted of serious incidents requiring police involvement, when children have been missing from home, or have needed hospital treatment. This information is important to show how effectively the manager and staff understand, recognise and deal with concerns about children's safety.

Staff usually provide the child with clear and unambiguous boundaries that are helping her to understand the expected standard of behaviour. Staff encourage and reinforce positive behaviour through praise and rewards. They also challenge poor behaviour, such as swearing. This is helping the child to understand why such behaviour is unacceptable, and to find ways to help her change. Staff are developing a better understanding of times and situations when the child feels upset, frustrated and angry. Their calm approach is helping the child to talk about what is wrong. Staff show that they are listening and can see why she is upset. This approach validates her feelings and provides reassurance about trying to work things out together. The child is learning to manage her feelings more constructively and, as a result, is feeling more settled and less anxious.



#### The effectiveness of leaders and managers: inadequate

The leadership and management of this children's home are inadequate. At the time of the inspection, the home did not have a manager in place or responsible individual employed to supervise the management of the home. The registered manager left on 30 August 2016 and, since then, two different people have been in charge of the home. The latest manager left on 20 March 2017. This lack of continuous and stable leadership and management has resulted in a failure to promote and safeguard children's welfare.

The arrangements for running the home in the absence of a manager are providing the child living there with a reasonable standard of care that ensures that her basic care needs are met. A deputy manager and two senior members of staff lead three teams and, between them, they are in charge of the home at different times. This arrangement does not provide dedicated management and administration time to ensure the effective operation of the home across the three staff teams. The registered provider sees this as only a temporary arrangement until a new manager starts work.

The registered provider has revised the statement of purpose to reflect the changes in the management of the home, but it does not include information about the number of children the home is registered to accommodate. Also, the registered provider has not informed Ofsted of important changes to the running of the organisation, notably the resignation of the responsible individual and appointment of new directors.

The registered provider is realistic in his assessment about how the home is currently operating. An independent person visits the home each month and provides an impartial and rigorous assessment of the arrangements for safeguarding and promoting children's welfare. However, the registered provider has failed in his responsibility to oversee effectively the management of the home; to understand the impact of the quality of care provided in the home is having on the progress and experiences of children; and to take appropriate action to improve things. The registered provider has failed to address shortfalls that were identified in the safe recruitment of staff at the monitoring visit on 9 September 2016 and last inspection on 9 November 2016. The provider has also failed to take effective action to promote and meet children's education and health needs, to improve the quality of children's records, and to provide staff with training opportunities to develop their knowledge and skills relevant to the needs of children living at the home.

The registered provider continues to fail to follow safe recruitment practices that safeguard children and minimise any potential risks to them. He has allowed people to begin working with children before obtaining all the necessary recruitment information to assess properly their suitability, and without ensuring that they are appropriately supervised while carrying out their individual duties. He has not obtained two written references, including a reference from the person's most recent employer, for four out of the six people currently working at the home; he has also not obtained any written references for the two people who have started work at the home since the last inspection. When a person wishing to work at the home has a criminal conviction, the registered provider cannot provide a written record of the enquiries he has made to assess that person's suitability. The record of the person's interview does not demonstrate that criminal convictions are discussed or how decisions to offer



employment are reached.

The registered provider has not brought the necessary scrutiny to the recruitment of a new manager. He appointed a person to manage the home without obtaining written references and the interview notes do not show convincingly that he had thoroughly tested whether the person has appropriate experience and qualifications, and up-to-date knowledge of the regulations, legislation and guidance. In addition, the registered provider has appointed one of the staff to a senior position in the home without them having relevant experience of working in a children's home, suitable qualifications, or having successfully completed their induction for the home.

Although there is enough staff to meet the basic day-to-day care needs of the child currently living there, some of the staff do not have sufficient experience of working with teenage children who have emotional and/or behavioural difficulties. For example, staff have experience of primary and early years' education, working with adults with disabilities, and voluntary work with deaf children and youth football teams. Staff are encouraged to complete relevant qualifications, but their knowledge and skills are not being developed through a comprehensive training programme relevant to the specific needs of the children living at the home. Most staff have completed training in safeguarding, understanding child sexual exploitation, managing medicines, and restraint. However, none of them have completed training in understanding self-harming behaviour. The training programme is too narrow and does not provide staff opportunities to develop their knowledge in working with children who have suffered trauma, abuse and neglect, child development, understanding attachment, separation and loss, mediation, conflict resolution, and restorative approaches. Neither does the training cover emotional health and mental well-being, and health-related issues, such as sexual health, smoking, and substance and alcohol misuse. This means that staff are not fully equipped to understand and support the full range of children's needs.

Most staff have followed the home's induction programme, but their records do not show that they have satisfactorily completed it after a formal assessment of their performance. Staff plans do not identify areas of development and training for each individual based on their particular needs and level of competence. Since the last inspection, staff have received formal practice-related supervision from a manager, but the notes from these meetings do not provide strong evidence of staff being encouraged to reflect critically on their work and children's progress. Supervision records do not show sufficient scrutiny of staff's performance that challenges them to develop the quality of their work and addresses any poor practice.

Children's records still do not include a placement plan showing how the registered provider will meet each child's assessed needs, promote and safeguard their welfare on a day-to-day basis, or an up-to-date copy of the placing authority's care plan for them. Written information about children does not provide a detailed picture of their needs, progress and experiences. It is not written in an engaging and informative way that would be helpful to each child, or contribute to a better understanding of their lives. The manager and staff are not taking the opportunity to record their observations and evaluation of the child's experiences, presentation, emotional well-being and progress.



## Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the difference made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people who it is trying to help, protect and look after.

Using the 'Social care common inspection framework', this inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the Children's Homes (England) Regulations 2015 and the 'Guide to the children's homes regulations including the quality standards'.



## Children's home details

**Unique reference number:** 1228091

**Provision sub-type:** Children's home

Registered provider: Phoenix Care And Education Ltd

Registered provider address: 31 Hansby Drive, Speke, Liverpool, Merseyside L24 9LG

**Responsible individual:** Post vacant

Registered manager: Post vacant

## **Inspector**

Nick Veysey, social care inspector



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