

# Royal School for the Blind

Royal School for the Blind Liverpool, Church Road North, Liverpool L15 6TQ  
Residential provision inspected under the social care common inspection framework

## Information about this residential special school

The Royal School for the Blind is a non-maintained charitable school that provides education and accommodation for children who have a visual impairment, and/or a wide range of complex needs. The school provides up to 66 places for children aged between two to 19 years. It offers residential provision for up to 20 children, in a detached house on the school grounds. At present, 10 children use the residential provision in a mix of Monday to Thursday placements and overnight stays. The school provides a multi-disciplinary approach. This includes the involvement of specialist staff such as nurses, physiotherapists, a music therapist, and mobility officers and a speech and language assistant.

**Inspection dates:** 3 to 5 July 2017

<b>Overall experiences and progress of children and young people, taking into account</b>	<b>Outstanding</b>
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How well children and young people are helped and protected	Outstanding
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The effectiveness of leaders and managers	Outstanding
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The residential special school provides highly effective services that consistently exceed the standards of good. The actions of the school contribute to significantly improved outcomes and positive experiences for children and young people.

**Date of previous inspection:** 4 October 2016

**Overall judgement at last inspection:** good

## Key findings from this inspection

This residential special school is outstanding because:

- Children are very happy. They show this by their ready smiles, relaxed posture, and their words and actions. Staff understand them, and help them to express themselves with dignity and poise. This increases their emotional well-being.
- Visionary and energetic leaders offer strong role models for staff to have high expectations for children's progress, and use strong monitoring and review systems to make sure this progress is continuous.
- Staff provide outstanding levels of care and support for every child. Staff across the school work closely and collaboratively to ensure that children make excellent progress towards achieving their goals and aspirations.
- Children and their parents say there is nowhere to match the kindness and concern that staff show, and they would not wish to be anywhere else.
- Equality, diversity and inclusion are central to all school and residential activities. Children are empowered to expect great things of themselves, and the support they need to achieve. As a result, they flourish with increased confidence, skills and independence.
- Staff have an excellent and wide-ranging knowledge of how to protect vulnerable children from harm. This includes bespoke training and rigorous recruitment practice to ensure that children are safe from unsuitable adults and situations.
- Staff use a problem-solving approach to risk management, which means that children participate fully in activities and experiences that enrich their lives.

The residential special school's areas for development are:

- A minority of records are not consistently updated to present a clear picture of children's needs. Occasionally, this has led to poor recording about what action was taken by nursing and health staff when managing emergency healthcare. This is a recording matter only, and did not affect the positive healthcare delivered to children.
- The independent visitor does not consistently include her view of the quality of care being provided, or whether children are safe. An independent advocate also visits children with this purpose, but her views are not recorded as part of the independent report.

## **What does the residential special school need to do to improve?**

### **Recommendations**

- Maintain the accuracy of health records by ensuring that all paperwork is updated at the same time. (NMS 22)
- Improve the policies related to the care of children who are unwell, so that there is a clear, agreed single record of healthcare provided, which is shared by health and residential professionals. (NMS 3)
- Ensure that the written report from the independent visitor includes an evaluation of the effectiveness of care being provided, and whether children are safeguarded. (NMS 20)

## Inspection judgements

### **Overall experiences and progress of children and young people: outstanding**

Children have a unique care health and education plan which is consistently implemented by staff. The care enriches their lives and helps them to develop new skills and interests, and become cheerful, confident achievers. They make outstanding progress because staff understand how to help them get there. Staff see equality and inclusion as the children's right. Children identify their own development and independence needs, with help from staff and parents.

Staff offer skilled help because of high-quality training. They understand children's unique needs, and how they can support them through a 'total communication and sensory' approach. This is based on a combination of well-researched approaches, such as 'Rebound' (trampoline-based therapy), accredited music therapy, integrated speech and language support, and mobility based physiotherapy. Staff deliver these through a positive approach to providing safe and nurturing care. What matters most to staff is that children enjoy a package of health, education and care that sees them as important. This promotes their development. All staff ask the question, 'What can we do to help you to get to where you want to be?' and listen to the child's communication about their wants and needs. This means that staff are expert at watching for and interpreting signs that children make and say, in words, expression and body language.

A positive 'try it and see' approach means that children have their world and experiences presented to them in a variety of ways. Then, staff can gauge the reliability of their interpretation of children's reactions. Children understand that staff want to know them, and learn about the things they say and do. Children become confident in their ability to share their thoughts and feelings, taking an equal part in relationship building and having fun. Inspectors had fun with children, playing with them, sharing smiles, answering questions about who they were. Children were curious about the new people, and wanted to engage with them. They relied on staff to reassure them, and interpret for them when inspectors did not understand their wishes, for example when they wanted to move to other play equipment, or go and see a friend. All children appeared to be relaxed and at ease in the residential house. They find their way around with confidence, and some enjoy friendships with other children. It was exciting to observe children seeking other children out, playing with the same equipment, and sharing smiles, touch and gesture. All parents said that this was one of the most valuable times of the day for their child. They loved seeing their children make friends, and enjoy a varied range of activities with them. Parents felt that this was an opportunity their children do not get in any other aspect of their lives.

Staff know how each child communicates, and encourage them to increase their independence. For example, at mealtimes, staff asked one child to raise his hand when he was ready to have his spoon reloaded with food. Staff then returned it to him so that he could feed himself. This small step encouraged the child to practise

asking for help, and to be in charge of eating his dinner. This showed him how important his choices are. It meant that the child could eat his meal at his own pace, and it was a pleasurable experience for him. Staff consistently use this approach to confirm and celebrate children's unique interactions. They treat a shake of the head, clapping, eye movement, sign language, or body flexing with as equal value and accuracy as the spoken word. Children are eager to overcome physical barriers to how they communicate. They show trust and confidence in staff. As a result, they try new experiences and find they have new skills. Staff are quick to recognise children's efforts, and offer praise and encouragement. Children blossom in this positive atmosphere.

On a trip to the park, staff had a clear idea of what each child could achieve. They approached the event with the intention of having fun. This meant that each child took part in exploring the play area equipment based on what they enjoyed. Staff then offered the children gentle encouragement to try other equipment. They helped children to move from a roundabout to swings, and to climbing frames. Children who used wheelchairs got themselves, with the right amount of help, to sit on swings or walk a little on the grass. Other children who had no sight were able to play on the climbing equipment because staff used clear instructions about how to get on and off. This means that children had equal access to a public play park, and were able to play alongside children from the local community. This positive inclusion is a strength of the residential provision.

Parents say that their children have their health needs met very well by the residential staff. Several parents said that they would not leave their child in the care of any other provision, and that they have complete confidence in staff. Children get seamless care from staff, who know them well, and who can recognise any signs of breakdown in the child's health. Staff use effective systems for reporting concerns to health professionals promptly. The school employs NHS professional nurses and physiotherapists to work on-site. This means that children have their health needs overseen by external professionals in a timely way. Some consultants hold surgeries at the school. This reduces the time children spend travelling to medical appointments. It helps school staff to support children and their parents when health matters are being discussed. This improves staff knowledge, and gives greater consistency of care. As a result, children maintain and improve their health, and emergencies are managed well. On rare occasions, children's health records are not updated to ensure that written information is fully accurate. This has not affected children's healthcare. However, it does not mirror the high quality of written information generally provided.

### **How well children and young people are helped and protected: outstanding**

Children, parents and professionals said that children are safe at this residential provision. Several children told or indicated to the inspectors who they could speak to, if they had a concern. One said, 'I could tell anybody, but I would go to [staff name] or [staff name] and they would help me.' Another child used his specific form

of communication to say that he felt safe and could raise a concern. A parent said, 'There are many people that you can talk to and they are always available.'

An independent advocate visits the home on a monthly basis to interact, talk and observe children's care. As a result, children and parents said that there was a range of avenues and independent people that they could contact to raise a concern. The head of care is the appointed safeguarding officer, and there is robust external scrutiny from a governor to ensure that the school addresses all safeguarding matters. This is further supported through very good safeguarding policies. Members of staff know how to raise any concern about children. Children, parents and professionals can access the school's website to access information on safeguarding matters. There are excellent links to a range of safeguarding professionals. This means that children's safety and security is given high priority within the residential service.

The head of care gives training the upmost priority. She identified that the general safeguarding training did not meet the needs of the children that they cared for. As a result, she has forged good links with the National Society for the Prevention of Cruelty to Children. They have put together a bespoke package of training to deliver to members of staff. This ensures that members of staff can identify, raise concerns and take action to safeguard the children who are most vulnerable. The head of care also discusses radicalisation, child sexual exploitation and e-safety with members of staff in supervision. The head of care said, 'We have turned this on its head and asked staff how they safeguard themselves.' This means that members of staff are able to reflect on their own practice and conduct. The head of care continued to say, 'Because of the vulnerability and complex health needs of our children, we have discussed the possibility of their parents being radicalised.' This shows that thought is given to external factors and further protects young people.

Relationships between children, members of staff, parents and professionals are excellent. Inspectors observed nurturing, warm, open and trusting friendships. Staff help children to manage their behaviour with soothing words, direct reference and explanation. Robust behaviour management plans identify strategies to assist in reducing unwanted behaviour, which are followed consistently in practice. For example, one young person, who is blind, self-harms when frustrated or on hearing loud noises. All members of staff use the same distraction techniques. This includes explaining to the child what the noise is and then asking him questions, such as what the time is, the activity they are doing, or what is happening next. This has been successful and he has not required medical treatment for injury for a long period of time.

All parents and professionals spoken to as part of this inspection gave extremely positive comments about how staff care for children as individuals. They spoke about how members of staff see the child before the disability. One parent said, 'They see her uniqueness and she has blossomed. She is at the centre of her care.' Some young people need personal care throughout the day. Staff care for them in privacy and with dignity and respect.

At the last inspection, the school was asked to improve risk assessments. This

included fire risk assessments. The school outsourced to an external provider to undertake this. Managers created a response and action plan to show what action the school has taken to minimise the risks highlighted in the report. They review this regularly. A member of staff now completes monthly health and safety audits of the residential provision. As a result, children are protected from any potential hazards. The children's individual risk assessments include their health, vulnerabilities, behaviour, and any concerns. They include strategies to help children to become safer, such as helping children with poor sight to become independent in their mobility. Inspectors saw young people going to school, for meals, and out on an activity. Staff helped them to use points of reference and gave clear instructions, such as when they were approaching a kerb. As a result, young people are becoming more confident and independent in moving around the school, in the residential setting and in the community. Staff know what to do if children go missing, although appropriate levels of supervision prevent this. Emergency forms that are used for hospital admission provide all the details necessary to report children who may go missing.

Two new members of staff have been appointed since the last inspection. All necessary checks were undertaken before employment. Any queries were pursued, for example checking a member of staff's employment history when dates did not match. Both members of staff have completed a range of highly specific training. This includes medication, epilepsy, autistic spectrum disorder, tube feeding, safeguarding, first aid, fire evacuation and specific therapies training. Also, new members of staff complete an induction period, which includes assessment of manual of tasks. This means that new staff are well trained and supported to care for young people well. When necessary, the head of care uses a specialist recruitment agency to get consistent and experienced agency staff who know about a range of health conditions. She gets an in-depth pen picture of each member of staff's details in these areas. Agency staff work alongside an experienced member of staff. These systems protect children, and offer them high standards of care.

All visitors to the school and residential setting are monitored as they wear badges and sign in and out. Staff go with them if necessary. Entrances and exits to the school and residence are protected with number codes. This ensures that children are kept safe, as much as possible, from unsuitable adults.

### **The effectiveness of leaders and managers: outstanding**

Enthusiastic, energetic and inspirational leaders create a school where children thrive. Staff have an expectation that 'the sky's the limit' and enable children to achieve their goals. Staff believe that children have the potential to take part in whatever experience they choose. Leaders ensure that the programme of opportunities on offer stretch and excite children. This is evident in an outstanding range of activities on offer. As a result, children continuously develop in surprising ways. One parent told inspectors that her chatty child learned to speak through the efforts of school.

Managers balance residential objectives, such as making 'home from home' and

'ensuring the safety and happiness of children', against the progress children make. This means that children make great strides in confidence. They learn to spend time with different people. Knowledgeable and affectionate residential staff help children to arrive in school feeling happy, which promotes their learning in the classroom.

There is a variety of records of children's progress. These records include formal measurement of educational and life skills; team around the child meetings; vision, physiotherapy, communication and health reviews; and a new 'directions' document that brings all aspects of the child's life together. Through each record, the child's unique gifts and qualities shine through. Their happiness is captured in facial expression and gestures. These records are a valuable record of the children's achievements. Staff take the trouble to present information in a variety of ways. This includes what children say and do, charts, reports, photographs, videos and open days. All celebrate children's remarkable progress, and help to set challenging next steps. These records help children to take part in their lives and be active partners in building their futures. Everyone that the inspectors spoke to voiced the same theme. One health professional said, 'In comparison to other places, it is the multi-disciplinary approach that works so well. Because of it, children make brilliant progress.' A social worker said, 'It is their flexibility, and willingness to try new things, that means [child] has enjoyed places we never thought he would.'

The leadership team models a 'can do' approach. Children's lives develop beyond expectation as a result of this comprehensive, inclusive attitude. Leaders are keen to resolve any professional differences of opinion that may affect the care children receive. For example, they are working to ensure that nursing staff and the residential provision have clear lines of accountability when care is transferred from one department to the other. Residential staff are a valued part of the team around each child. They are carefully selected for aptitude, as well as suitability to the role. They receive high-quality induction, supervision and ongoing training to ensure that they can meet children's needs. The head of care is tireless in evaluating training, and ensures that it improves care practice. For example, the physiotherapy team is working with residential staff to help them to support children in a range of physiotherapy programmes. Children can then access the programmes during residential time. This reinforces learning and enables children to access a greater range of mobility and experience.

The governing body is enthusiastic about supporting high-quality residential provision. The chair of governors spends time with the head of school and around the school. This promotes good relationships, and enables him to see for himself how children are doing at school. This includes visits to the residential house. Governors have made funds available to continue to improve the home that children moved into last year. Staff have taken account of children's and parent's views of how the house looks. Children stay in comfortable and personalised bedrooms, and an accessible lounge and dining areas. There are safe and interesting play and garden areas. This environment enriches the children's 'stay at school' experience. Children enjoy visits from an independent listener, who visits to play with them, observes the way staff care for them, and ensures that they are safe and happy. There is also an



independent visitor who monitors the records and environment in which the children stay. The independent visitor does not include an evaluation of the quality of care provided to children in their report. This means that governors cannot track all aspects of children's experiences.

Managers show that children are central to every aspect of planning and service review. They consider and respond to children's views, parents' comments and professional opinions. Managers include feedback from these parties when they make changes to the comprehensive residential service plan. The plan is embedded within the school development plan, and is seen as a very important aspect of what makes the school unique. Residential staff say that they are included in whole school self-evaluation, and make lively contribution to debates about how to improve children's experiences. This helps the service to remain focused on what matters most to children's lives.

## **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 school 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 Children Act 1989 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 national minimum standards.

## **Residential special school details**

**Social care unique reference number:** SC040720

**Headteacher/teacher in charge:** Mr Paul Boulton

**Type of school:** Residential Special School

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## **Inspector(s)**

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