

Skilts School

Skilts School, Gorcott Hill, Beoley, Redditch, Worcestershire B98 9ET
Residential provision inspected under the social care common inspection framework

Information about this residential special school

Skilts is a local authority residential special school for 80 boys between five and 11 years old who have emotional, social and/or behavioural difficulties and associated learning difficulties. The school is situated in Warwickshire and operated by Birmingham City Council for Birmingham children. There are two joined residential houses. They have the capacity for 20 residential children, but currently 16 boys use the residential provision. Residential children can sleep between one and three nights a week, depending on their needs, from Tuesday to Thursday, in term time only.

Inspection dates: 5 to 7 December 2017

Overall experiences and progress of children and young people, taking into account

requires improvement to be good

How well children and young people are helped and protected

requires improvement to be good

The effectiveness of leaders and managers

requires improvement to be good

The residential special school is not yet delivering good help and care for children. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

Date of previous inspection: 23 January 2017

Overall judgement at last inspection: outstanding

Key findings from this inspection

This residential special school requires improvement to be good because:

- Leadership and staffing of the residential provision are stretched. Pressure on residential staff to offer support in the classroom during the school day leaves them tired and with less time to focus on their residential duties.
- This aligned inspection with education inspectors identified that children are not making adequate progress and are not safeguarded in their education.
- Staff practice is not supported by clear and up-to-date care plans and risk assessments.
- Children's healthcare needs and treatment are not recorded.
- A lack of structure to after-school activities does not give full support to children to reach their potential.
- There is no clear process for residential and teaching staff to share information about children's daily education and residential experiences.
- Leaders' monitoring lacks evaluation about the quality of care provided to children. There is no tracking of patterns and trends in the use of physical intervention.
- Governance of the school is not robust and provides little evaluation of the welfare and progress of children using the residential service.

The residential special school's strengths are:

- The long-standing and experienced staff team works tirelessly to provide a nurturing and caring environment for children.
- Staff have good insight into the children's backgrounds and family circumstances. Staff work in partnership with families and carers to promote the welfare and safety of children.
- Residential staff build and maintain positive relationships with children.
- Staff manage behaviours positively and children develop good self-esteem, make friendships and improve their behaviour.

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

Compliance with the national minimum standards for residential special schools

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

- Arrangements are in place to review how the child is settling following admission to the school. In an emergency admission a review meeting is initiated as soon as possible (and never longer than four school weeks after admission) to consider whether the child should remain at the school, or whether it is in that child's interests to move to a different placement. Such a review meeting may involve (where appropriate) the school, the placing authority, the parents/carers or those with parental responsibility, those with significant involvement with the child (such as social services or health services) and, where possible, the child. (National Minimum Standard 2.5)
- 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. (National Minimum Standard 3.8)
- Any treatment received by a child is recorded in a written or electronic school record (separate from NHS records) to which only appropriately designated staff have access. (National Minimum Standard 3.9)
- Where necessary, a child has a clear individual health and welfare plan or similar record, containing relevant health and welfare information provided by parents/carers and recording significant health and welfare needs and issues. This record should be agreed by parents/carers and include: records of developmental checks; health monitoring required by staff; intimate care or bodily functions requiring staff help; and the involvement of a child's parents/carers or significant others in health and welfare issues. (National Minimum Standard 3.12)
- The school ensures that the welfare of pupils at the school is safeguarded and promoted by the drawing up and effective implementation of a written risk assessment policy and appropriate action is taken to reduce risks that are identified. (National Minimum Standard 6.3)
- Children develop their emotional, intellectual, social, creative and physical skills through the accessible and stimulating environment created by the school. Children are supported to take part in school-based and out-of-school activities. (National Minimum Standard 10.1)
- Children take part in age appropriate peer activities as would normally be permitted by the parent in relation to their children or as outlined in any placement plan. Suitable risk assessments are in place for any activities which may put children at risk of harm. Decision-making should be undertaken from the perspective of a reasonable parent. (National Minimum Standard 10.2)

- A written record is kept of major sanctions and the use of any reasonable force. Records include the information in Appendix 2 (use of reasonable force). The record is made within 24 hours and is legible. Children are encouraged to have their views recorded in the records. The school regularly reviews any instances of the use of reasonable force and examines trends or issues to enable staff to reflect and learn in a way that will inform future practice. (National Minimum Standard 12.6)
- The school's governing body and/or proprietor monitors the effectiveness of the leadership, management and delivery of the boarding and welfare provision in the school, and takes appropriate action where necessary. (National Minimum Standard 13.1)
- There is clear leadership and management of the practice and development of residential and care provision in the school, and effective links are made between academic and residential staff. (National Minimum Standard 13.2)
- Most monitoring visits are carried out unannounced. They include: checks on the school's records of attendance, complaints, sanctions, use of reasonable force, risk assessments, and where they exist, individual care plans for children; evaluation of the effectiveness of the care provided to children and whether they are safeguarded; assessment of the physical condition of the building, furniture and equipment of the school; and opportunities for any child or member of staff who wishes to meet the visitor (in private if they wish). (National Minimum Standard 20.2)
- The school produces a written placement plan, agreed as far as is practicable with the child, the child's parents/carers and any placing authority for the child, unless the information is held elsewhere such as in the child's statement of special educational needs or education, health and care plan. The placement plan identifies the needs of that child that the school should meet and specifies how the school will care for the child and promote their welfare on a day-to-day basis. Where significant changes are made to the placement plan there is appropriate consultation. Where applicable the plan is consistent with the care plan of the placing authority for any child placed by a local authority. The placement plan is regularly reviewed and amended as necessary to reflect significant changes in the child's needs or progress in his or her development. Where feasible, children in the school are aware of the content of their placement plans, and confirm that the school is providing care for them that is consistent with the plans. (National Minimum Standard 21.1)

Inspection judgements

Overall experiences and progress of children and young people: requires improvement to be good

Children's potential is not fully supported within the residential provision. Children's needs are not fully set out in care plans. Risk assessments are not bespoke and therefore do not identify individualised strategies to meet the challenges that children face. Children's progress is difficult to identify due to a lack of clear target setting and review.

Education inspectors (as part of this aligned inspection) identified that children's education outcomes are poor. Education staff are often unable to manage the challenging behaviours presented by children in the classroom and this hinders the children's opportunities to learn and develop in school. While children clearly enjoy the time they spend in the residential provision, their education targets are not consistently implemented.

After-school activities lack structure. Children lead decisions about the activities they take part in and this results in repetition as they consistently choose their favourite pastimes, which are bike riding and playing outside in the dark. There is no adult-led activities plan or programme. This lack of structure means that residential staff often miss opportunities to link activities to children's social development. Staff fail to plan activities that harness children's potential and can make a difference to children as they spend time away from their families and carers.

While leaders and staff state that there are no concerns about bullying in the residential provision, there have been occasions when children have threatened and tried to hurt each other. Leaders and staff evaluate such incidents as children having low self-esteem and poor relationship skills. There are no written risk assessments in regards to the potential for children to perpetrate or be victims of bullying. The school has clear policies for anti-bullying and strives to educate children about kindness and respect. However, low-level responses by staff do not keep children safe from bullying.

Staff are committed to the children in their care. On the whole, they manage a range of challenging and complex behaviours. However, some children have received the 'sanction' of having their residential stays cancelled due to poor behaviour in school or at the residential provision. This consequence prevents children extending their education and social development.

Children say that they receive good information about the residential provision. Each child receives a welcome booklet and children say that staff are supportive when they first arrive. Staff liaise well with parents and carers to share information and offer reassurance, both in the transition period and throughout children's residential stays. Parents comments include, 'Visited the

school and we loved it instantly, so did [child's name] when he visited too,' and 'Always contacted if any problems.'

Pre-visits to the residential provision help children to feel familiar with staff and other children. Children understand the routines and expectations when staying at the residential provision because staff take time to welcome them and to explain information about the running of the houses.

Children have good opportunities to develop their independence skills as they take responsibility for the upkeep of their rooms, lay the dining table, help serve meals and clear up after meals. They learn (with support from staff) how to manage their personal hygiene and the importance of dressing smartly. They take greater pride in their appearance and look smart in their uniforms.

Children enjoy the food and value how the cook knows about and serves their favourite foods. They are very excited about the new menus and appreciate how both care and catering staff include their views. Children look forward to a range of multicultural meals that reflect the ethnicity of the children and staff in the residential houses. Mealtimes, especially the tea-time meal, are an important focal point of the residential experience as children and staff come together to enjoy food and each other's company.

Children value the reward systems that are in place to reinforce and motivate good behaviour and school attendance. They are proud of their achievements, they enjoy discussing these with staff at the tea-time meal and adding up their scores for the day. Staff are consistent in their praise and this clearly builds a good sense of self-esteem for children.

How well children and young people are helped and protected: requires improvement to be good

The care and safeguarding framework does not always promote the safety and welfare of children. There is a significant lack of written guidance for staff to follow. For example, children's health needs are not consistently identified. Staff administer medication to a child for hay fever when there is no mention of this condition in the child's file. While children's allergies are listed, there is no information about how these allergies present or how staff should respond. This lack of information potentially places children at risk as staff do not have guidance about the reasons for administering medication or how to identify and respond to the possibility of an allergic reaction.

While staff present as knowledgeable about children's healthcare needs, these (and the care provided by staff and outside health agencies) are not consistently recorded. Staff report good working partnerships with child and adolescent mental health services, but these interventions are also not documented. This lack of information means that children's health outcomes

cannot be assessed and leaves no written account of the healthcare that young people receive.

This lack of attention to detail extends to other areas in children's care planning. For example, while information about children's ethnicity is identified, there is no information about how staff can support children's hair and skin care. Similarly, while children's religions are recorded there is no detail about how these children may choose to follow their faith. This lack of information means that staff are unable to meaningfully support children's physical and spiritual needs.

Some children's sense of dignity and self-esteem are compromised by a lack of written detail about how staff should support children's day-to-day welfare needs, for example toileting and bedtime routines.

Risk assessments are generic and cover similar areas, such as risk of aggression to others. Individual needs and risks such as self-injurious behaviour are not included in children's risk assessment and management documentation. Activities, such as bike riding and playing out in the dark, are closely supervised and observed by staff, but are not risk-assessed.

While the experienced and long-term staff team has good insight into the needs of children, the lack of written guidance compromises consistency of care, monitoring of staff practice and review of progress. New staff cannot be led by clear and agreed guidance, only by the coaching of the existing staff team.

Procedures for the safe storage, administration and recording of medication are inconsistently implemented across the two residential houses. While medication procedures were well implemented in one house, staff in the other house are less vigilant. For example, staff recorded the administration of medication but did not consistently observe a child taking his medication. The medication cabinet remained unlocked while a child was present. These shortfalls create potential for children to gain access to medication that is not prescribed for them. Procedures for the safe storage and recording of controlled drugs are unclear. This lack of clarity presents a potential risk to children.

Staff are well trained in behaviour management. Good staff insight leads to a sensitive response to children's anxieties and triggers for their behaviour. Levels of physical intervention are much lower than in school. This is a credit to the residential staff as they demonstrate good skills in de-escalation.

While staff's direct face-to-face practice with children is good, there is little recording of behaviour management strategies in children's care plans. Physical intervention records are detailed and show that children's views are canvassed after each incident. However, there is no review of patterns and

trends of physical interventions to inform future assessment of behaviour and staff practice.

There are no safeguarding concerns within the residential setting. The head of care carries out his role as the designated safeguarding lead manager across the whole school. Referrals to safeguarding agencies show that he takes concerns seriously and acts promptly in order to promote the safety of children. The head of care and residential staff strive to work in partnership with the local authority children's and adults' services in order to provide support to children and families.

Regular health and safety checks ensure that children live in a safe environment. Children know what to do in the event of a fire. The site manager shows dedication in promoting the health and safety of the school and took action to improve recording of his checks as a result of this inspection.

The effectiveness of leaders and managers: requires improvement to be good

Operation of the residential provision is compromised due to changes in the senior leadership team. The headteacher, who started in March 2016, has not been at work since February 2017. The acting headteacher is due to leave the school and will be replaced by another acting headteacher in January 2018.

This instability has a direct impact on the management of the residential provision. The head of care's role and residential staff's focus are routinely interrupted as they are called to support the management of children's challenging behaviour during the school day. This predicament places pressure on the residential staff team. They are tired, stretched and have little time for administrative tasks and essential record-keeping. Poor care planning is a direct result of the current strains on the head of care and the residential staff.

While staff report positive teamwork, it is clear that the head of care's lead safeguarding role for the whole school takes up a great deal of his time. Managerial monitoring has not picked up the series of shortfalls identified during this inspection. The acting headteacher acknowledges a lack of oversight of the residential part of the school due to the pressures of the school day. Lack of monitoring of the care planning and safeguarding frameworks means that senior leaders cannot ensure that staff practice promotes high expectations and aspirations for children.

Oversight by governors is poor. While half-termly reports are submitted to the senior managerial team, the quality of the visits lacks rigour and provides little evaluation of the outcomes and progress for children. Some reports also contain inaccurate information.

Information sharing and collaborative work between residential and education staff lacks strategy and process. There is no daily time set aside or a recording process for consistent sharing of information. Residential staff state that teachers share information if a child has been challenging in class and vice versa. This information sharing focuses on the negative experiences of children and does not capture their positive achievements.

Children are involved in the day-to-day running of the residential houses and they understand the complaints procedures in place. No complaints have been received from children in the residential setting since the last inspection.

Staff training supports the residential staff's provision of care to children. Safety is a priority with all staff, including ancillary staff, as they receive regular safeguarding and behaviour management training.

Leadership and monitoring are not good enough. Twelve areas for improvement are made as the residential setting fails to be compliant with the national minimum standards for residential special schools.

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 differences 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 whom 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: SC033753

Headteacher/teacher in charge: Mr Graham Walmsley

Type of school: Residential Special School

Telephone number: 01527 853851

Inspectors

Elaine Cray, social care inspector (lead)
Louise Battersby, social care inspector



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