

# SC033362

Registered provider: Peterborough City Council

Full inspection

Inspected under the social care common inspection framework

## Information about this children's home

This secure children's home is operated by a local authority and is approved by the Secretary of State to restrict young people's liberty.

The children's home can accommodate up to 17 children who are aged between 10 and 17. It provides care for children accommodated under section 25 of the Children Act 1989, who are placed by local authorities.

Admission of any young person who is under 13 years of age requires the approval of the Secretary of State, under section 25 of the Children Act 1989.

The commissioning of health services at this home is the statutory responsibility of NHS England under the Health and Social Care Act 2012. Education is provided on site in dedicated facilities.

The registered manager has managed the home since May 2013.

**Inspection dates:** 16 to 17 July 2019

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

How well children and young people are helped and protected **inadequate**

Health services **requires improvement to be good**

The effectiveness of leaders and managers **inadequate**

Outcomes in education and related learning activities **good**

There are serious and widespread failures that mean children and young people are not protected, and their welfare is not promoted or safeguarded. The care and experiences of children and young people are poor and for some their progress is limited.

**Date of last inspection:** 30 January 2019

**Overall judgement at last inspection:** improved effectiveness

**Enforcement action since last inspection:** none

## Recent inspection history

Inspection date	Inspection type	Inspection judgement
30/01/2019	Interim	Improved effectiveness
22/05/2018	Full	Requires improvement to be good
16/01/2018	Interim	Sustained effectiveness
18/07/2017	Full	Good

## 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 persons must comply within the given timescales.

Requirement	Due date
<p>In meeting the quality standards, the registered person must, and must ensure that staff—</p> <p>seek to develop and maintain effective professional relationships with such persons, bodies or organisations as the registered person considers appropriate having regard to the range of needs of children for whom it is intended that the children’s home is to provide care and accommodation. (Regulation 5(d))</p> <p>In particular, ensure that the health team’s resources are sufficient to meet the needs of the service.</p>	07/10/2019
<p>The quality and purpose of care standard is that children receive care from staff who—</p> <p>understand the children’s home’s overall aims and the outcomes it seeks to achieve for children;</p> <p>use this understanding to deliver care that meets children’s needs and supports them to fulfil their potential.</p> <p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>ensure that the premises used for the purposes of the home are designed and furnished so as to—</p> <p>meet the needs of each child; and</p> <p>enable each child to participate in the daily life of the home. (Regulation 6(1)(a)(b)(2)(c)(i)(ii))</p>	07/10/2019
<p>The children’s views, wishes and feelings standard is that children receive care from staff who—</p> <p>develop positive relationships with them;</p> <p>engage with them; and</p>	07/10/2019

<p>take their views, wishes and feelings into account in relation to matters affecting the children’s care and welfare and their lives. (Regulation 7(1)(a)(b)(c))</p>	
<p>The enjoyment and achievement standard is that children take part in and benefit from a variety of activities that meet their needs and develop and reflect their creative, cultural, intellectual, physical and social interests and skills.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure— that staff help each child to—</p> <p>develop the child’s interests and hobbies;</p> <p>participate in activities that the child enjoys and which meet and expand the child’s interests and preferences; and</p> <p>that each child has access to a range of activities that enable the child to pursue the child’s interests and hobbies. (Regulation 9(1)(2)(a)(i)(ii)(b))</p>	<p>07/10/2019</p>
<p>The health and well-being standard is that—</p> <p>the health and well-being needs of children are met. (Regulation 10(1)(a))</p> <p>In particular, an infection control audit of the clinical treatment room must be completed without delay. Regular infection control checks must be undertaken regularly.</p>	<p>07/10/2019</p>
<p>The health and well-being standard is that—</p> <p>the health and well-being needs of children are met;</p> <p>children receive advice, services and support in relation to their health and well-being; and</p> <p>children are helped to lead healthy lifestyles.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff help each child to—</p> <p>achieve the health and well-being outcomes that are recorded in the child’s relevant plans. (Regulation 10(1)(a)(b)(c)(2)(a)(i)) In particular, arrangements for managing medicines must be safe and effective. Managers must have better oversight of the</p>	<p>07/10/2019</p>

<p>arrangements to reduce the risk of errors in administration.</p>	
<p>The positive relationships standard is that children are helped to develop, and to benefit from, relationships based on—</p> <p>mutual respect and trust;</p> <p>an understanding about acceptable behaviour; and</p> <p>positive responses to other children and adults.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>encourage each child to take responsibility for the child’s behaviour, in accordance with the child’s age and understanding. (Regulation 11(1)(a)(b)(c)(2)(a)(iii))</p>	<p>07/10/2019</p>
<p>The protection of children standard is that children are protected from harm and enabled to keep themselves safe.</p> <p>In particular, the standard in paragraph (1) requires the registered person to ensure—</p> <p>that staff—</p> <p>assess whether each child is at risk of harm, taking into account information in the children’s relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;</p> <p>help each child to understand how to keep safe;</p> <p>have the skills to identify and act upon signs that a child is at risk of harm;</p> <p>understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;</p> <p>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. (Regulation 12(1)(2)(a)(i)(ii)(iii)(v)(b)) *</p>	<p>28/08/2019</p>
<p>The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children’s home that—</p> <p>helps children aspire to fulfil their potential; and</p> <p>promotes their welfare.</p>	<p>28/08/2019</p>

<p>In particular, the standard in paragraph (1) requires the registered person to—</p> <p>lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home’s statement of purpose;</p> <p>ensure that staff work as a team where appropriate;</p> <p>ensure that staff have the experience, qualifications and skills to meet the needs of each child;</p> <p>ensure that the home has sufficient staff to provide care for each child;</p> <p>ensure that the home’s workforce provides continuity of care to each child;</p> <p>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;</p> <p>use monitoring and review systems to make continuous improvements in the quality of care provided in the home. (Regulation 13(1)(a)(b)(2)(a)(b)(c)(d)(e)(f)(h)) *</p>	
<p>The registered person must ensure that—</p> <p>the privacy of children is appropriately protected; and</p> <p>any limitation placed on a child’s privacy or access to any area of the home’s premises—</p> <p>is intended to safeguard each child accommodated in the home;</p> <p>is necessary and proportionate;</p> <p>is kept under review and, if necessary, revised; and</p> <p>allows children as much freedom as is possible when balanced against the need to protect them and keep them safe. (Regulation 21(a)(c)(i)(ii)(iii)(iv))</p> <p>In particular, ensure that the use of single separation or managing away is in line with regulation.</p>	07/10/2019
<p>Subject to paragraph (5) of regulation 22, the registered person</p>	07/10/2019

<p>must ensure that children are provided at all reasonable times with access to the following facilities which they may use without reference to persons working in the home—</p> <p>a telephone on which to make and receive telephone calls in private. (Regulation 22(3)(a))</p> <p>In particular, ensure that the telephone system is in full working order at all times.</p>	
<p>The registered person must recruit staff using recruitment procedures that are designed to ensure children’s safety.</p> <p>The registered person may only—</p> <p>employ an individual to work at the children’s home; or</p> <p>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,</p> <p>if the individual satisfies the requirements in paragraph (3).</p> <p>The requirements are that—</p> <p>the individual is of integrity and good character;</p> <p>the individual has the appropriate experience, qualification and skills for the work that the individual is to perform;</p> <p>the individual is mentally and physically fit for the purposes of the work that the individual is to perform; and</p> <p>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)(c)(d))</p> <p>In particular, ensure that appropriate recruitment checks are carried out on all staff, including agency staff, and keep records that demonstrate compliance with the regulation.</p>	<p>07/10/2019</p>
<p>The registered person must ensure that—</p> <p>within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—</p> <p>the name of the child;</p>	<p>07/10/2019</p>

<p>details of the child’s behaviour leading to the use of the measure;</p> <p>the date, time and location of the use of the measure;</p> <p>a description of the measure and its duration;</p> <p>details of any methods used or steps taken to avoid the need to use the measure;</p> <p>the name of the person who used the measure (‘the user’), and of any other person present when the measure was used;</p> <p>the effectiveness and any consequences of the use of the measure; and</p> <p>a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;</p> <p>within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so (‘the authorised person’)—</p> <p>has spoken to the user about the measure; and</p> <p>has signed the record to confirm it is accurate; and</p> <p>within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure. (Regulation 35(3)(a)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(b)(i)(ii)(c))</p> <p>In particular, ensure that the records of all incidents of restraint are monitored in a timely manner, that members of staff record when they have had to restrain a child and that there are meaningful debriefs when these incidents have occurred.</p>	
<p>The registered person must notify HMCI and each other relevant person without delay if—</p> <p>there is any other incident relating to a child which the registered person considers to be serious. (Regulation 40(4)(e))</p>	<p>07/10/2019</p>

\* These requirements are subject to a compliance notice.

## Recommendations



- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

In particular, in conjunction with centre managers, review the mixing policy to ensure that children benefit from whole-school activities and that higher-level learners are enabled to mix with their peers.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

In particular, monitor closely the work of the new student support team so that children who are not attending school are able to receive quality education in their units.

- Ensure that the ethos of the home supports each child to learn. ('Guide to the children's homes regulations including the quality standards', page 29, paragraph 5.18)

In particular, improve movements between lessons so that children arrive punctually, ready to learn.

- The registered person is responsible for ensuring that each child's day-to-day health and well-being needs are met. ('Guide to the children's homes regulations including the quality standards', page 33, paragraph 7.3)

In particular, assess the children's speech and language needs and make appropriate referrals.

- The registered person should seek to establish a diverse staff team with a range of interests, skills and experiences. ('Guide to the children's homes regulations including the quality standards', page 52, paragraph 10.6)

In particular, ensure that staff training records are up to date, to demonstrate staff members' skills and experience.

## Inspection judgements

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

Serious concerns about children's safety have resulted in an overall judgement of inadequate. Concerns include significant shortfalls in the management of behavioural incidents and poor oversight and monitoring of staff practice. The numerous behavioural incidents are detrimental to the children's well-being and place them at risk of harm.

The staff are unable to spend enough time with some children, due to responding to other children who are in crisis. This has reduced the regularity of the key-work sessions, the frequency of approved trips into the community and children's quality time with the staff. This frustrates children, who spoke about placing themselves at risk in order to

gain staff time. Lack of time with staff increases the likelihood of children taking risks and fails to provide them with security and stability.

Children's bedrooms are clean and personalised. However, communal lounges, bedroom corridors and the visitors' lounge are bland and unwelcoming and do not provide a homely environment.

The children engage in some activities. However, some staff lack the skills to motivate and engage children in activities that embrace their interests and hobbies and could de-escalate situations. The staff are often occupied with incidents. This leaves some children bored and restless.

The telephone signal is weak and children's calls with people who are important to them can end abruptly. This exasperates the children, who may live a significant distance from their family and receive few visits.

Individual records demonstrate that children do not always experience care and support that are sensitive and responsive to their diversity and identity.

Transition plans help to prepare children for leaving the home. The staff have worked hard with the local authority and new placement providers. There has been a good exchange of information. However, some of the plans have been brought forward due to shortages in staff and in relation to children's escalating behaviour.

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

Staff awareness is, at times, lacking, and there is an absence of staff understanding of the resourcefulness and determination of some children. This has resulted in children gaining access to areas where they should not be, such as a staff office, and accessing objects that they have used to self-harm. In another instance, a member of staff left a door unlocked. This pattern of poor awareness means that children are not adequately supervised or protected from serious harm, and has led to children being physically restrained.

Inspectors were made aware of incidents that included: a child having access to a glass bottle; screws left in a child's cupboard; a staff member dropping a battery; a child taking a member of staff's jacket and a broken smoke detector from a staff office; and children seizing staff's equipment that contained batteries. On all these occasions children have used these items to self-harm.

The home has a rewards programme that helps children to develop positive behaviour and social skills. However, the removal of some privileges, due to risks to children, without providing alternatives, has reduced the effectiveness of this system.

The manager's monitoring of significant incidents is inconsistent. The home's policy is that all incidents of physical restraint should result in a manager's scrutiny of closed-circuit television (CCTV) footage to ensure that practice is appropriate and to safeguard

children This is not always achieved. Inspectors reviewed two appropriately managed incidents that involved staff physically restraining children, but these incidents had not been recorded as such. On another occasion, the positioning of a camera mounting meant that part of an incident could not be reviewed. Managers were aware of this but had not ensured that this shortfall was addressed.

Other incidents viewed by inspectors showed staff working effectively and skilfully to manage very challenging situations. These efforts are undermined by ineffective staff practice in other areas of their work.

Staff do not carry out and record searches consistently in line with the home's policy. Search records are kept in a number of books. There is no clear distinction between and understanding of which book should record environment and personal searches. Recording is poor and does not clearly determine the rationale for carrying out all searches.

Records of children being kept apart from others are not always clear about which measure was implemented. For example, a period in which a child was kept in her room for over 25 hours was incorrectly recorded. It was recorded as 'managing away', when in fact the child was locked in their bedroom by themselves. This period of single separation was not reviewed by a manager in line with the home's policy to ensure that the measure was proportionate and appropriate. The child was not released despite evidence to suggest that she was managing to self-regulate her behaviour. The continued use of this measure appeared harsh, punitive and poorly considered, and in significant breach of regulations.

The recruitment process for members of staff who are employed by the local authority that operates the home is thorough. However, checks on members of staff from an unregulated agency are superficial and reliant on the agency reporting that its staff have integrity and safe working histories. This level of checking is not in line with legislative requirements.

### **Health services: requires improvement to be good**

Healthcare is provided by Cambridgeshire and Peterborough NHS Foundation Trust. The health and well-being team meets the needs of the children. The children value and understand the work that the health and well-being team does. The team members are enthusiastic about, and dedicated to, providing good outcomes for the children. The residential and health teams make sure that appropriate primary care, mental health and substance misuse services are delivered regularly, mostly without delay, on and off site. Consequently, children feel well supported by health staff. However, children experience a long wait to receive dental appointments at the community dental practice at which they are registered. An emergency service can be accessed when necessary.

Health and well-being needs are identified promptly through the Comprehensive Health Assessment Tool which informs ongoing care. A high number of the children are diagnosed as suffering with attachment and developmental trauma. They receive very

good support before they are discharged or transferred.

The 'Secure Stairs' approach to supporting the children's mental health is well developed, and links in with the multi-disciplinary work that has started. However, residential care staff shortages mean that residential staff often do not attend the formulation meetings.

In the absence of a substance misuse worker, interventions are delivered by an external organisation. There was little evidence of these interventions on case files.

Two registered physical health nurses provide triage services to the children and deal with minor injuries. The nurses form part of the multi-disciplinary team around the child that supports their care. The nurses are not involved in everyday healthcare for the children; residential care staff are tasked with this.

There is no speech and language therapist on site, but the occupational therapist supports the needs of children who require input.

There does not appear to have been a recent infection control audit carried out for the clinical treatment room. This is required by regulation and needs to be undertaken at regular intervals. ('Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance').

Issues with the electronic information sharing system mean that communication between health and care staff is inconsistent and sometimes fragmented. Consequently, it is difficult to track incidents through the separate record systems. The complex needs of the children mean that all the staff need to know what is happening. The recent formation of the case review meetings will go some way to rectifying this.

Residential care staff, with the support of the local pharmacy, manage and administer children's prescribed and non-prescribed medicines. There is no formal oversight by healthcare staff. Mistakes have occurred in the administration of medication. The home's managers have not yet implemented a competency framework for the staff who are responsible for medication administration.

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

There have been significant failings by the registered manager and senior leadership team to carry out robust and consistent monitoring and oversight of the service. Although the independent monthly monitoring reports have been submitted to Ofsted within expected time frames, the monitoring has failed to identify and rectify poor practice and to secure improvement that leads to the safe care of children.

Wide-ranging shortfalls have been found in the management of children in crisis and across the full range of behaviour management records and in some security checks. When serious incidents have occurred, managers have failed to take prompt action to address the deficits. This has led to repeating incidents that have had an impact on the

safe care of children.

The level of experience in the residential care staff team has decreased. Approximately half of the staff have worked at the home for under one year. There are 11 staff vacancies. Suitable staffing levels on each shift are not consistently maintained and, on several occasions, have fallen below the minimum stipulated in the home's statement of purpose. Children who should be allocated one-to-one support do not always receive this level of care, which has led to some children placing themselves at risk through self-injury.

Serious incidents that include significant self-harm and security breaches have not been reported to Ofsted as required. Therefore, as the regulator, Ofsted has not been provided with relevant information to monitor all significant incidents and take any necessary action.

The staff said that they have received training in areas that include safeguarding, health and safety, behaviour management, managing child sexual exploitation, managing self-harm and first aid. However, the training matrix information record has substantial gaps. This does not evidence that all staff have received essential and more specialist training.

The manager and staff take complaints made by the children seriously. The children have regular access to the National Youth Advocacy Service. The manager investigates complaints promptly and takes action that addresses children's worries and concerns. The children receive a verbal and written response to their complaint and comment on whether they are satisfied with the outcome.

The dedicated staff are positive about the support that they receive from the management team and each other. They receive formal supervision on a regular basis.

There are improving working relationships between the education, health and care staff teams and other professionals. The recent commencement of the care management meetings, which all these professionals now attend, is supporting this progress. Addressing the shortfalls in the contractual arrangements for health services in the new residential wing remains ongoing. The result of this is a reduction in the care staff numbers available to care safely and effectively for all the children when some staff have to leave the premises to accompany children to particular health appointments.

The manager and management team have devised plans to improve the quality of care for children. Areas requiring development have been identified. A number of these initiatives commenced at the beginning of July 2019. These include a recruitment strategy, care management meetings and new rotas with more management oversight. At the time of the inspection, these initiatives were not embedded fully into practice to bring about the necessary improvements to the quality of care provided to the children.

### **Outcomes in education and related learning activities: good**

Children are well engaged in education. They make good progress in English and

mathematics, especially those children who have a longer stay. Few of the children have experienced stable education previously. They gain the confidence needed to work effectively with their peers and teachers. They often become immersed in lessons. In physical education lessons, they develop fitness and agility. During English lessons, they discuss text effectively, and in hospitality lessons, they follow recipes well to produce scones and cakes.

Education staff are skilled and patient in supporting children to overcome significant barriers to enable them to achieve. The education staff build excellent relationships with the children and use effective strategies to strengthen children's emotional resilience.

Teaching is tailored to the needs of the children. In the best instances, teaching is lively, with bespoke high-quality resources to reinforce learning. Clear targets are in place for each child. Information and communications technology (ICT) is used effectively, and films are well chosen to further engage children. There remain, however, technical issues preventing ICT from being fully exploited. A minority of teachers are less confident in their classroom practice, but they are supported by senior teachers to improve. Teaching assistants intervene gently but effectively, helping children learn for themselves.

Attendance is good. The headteacher recognises the need for more effective support for those few children who do not attend school. A new student support team provides these children with activities of an appropriate nature, but the impact of the initiative has yet to be measured. The inconsistent management of movements from units to classroom often leads to children not getting to lessons promptly. Occasionally, they are held in class beyond the end of a lesson, creating frustration.

Education leaders work hard to link with the local authorities that place children at the home. Internally, liaison across education, care and health requires improvement.

Staff assess and monitor children's individual progress well. A useful 'flight path' charts children's levels on entry and their rate of improvement. The approach is motivational and enables the child to view progress. End-of-term reports are clear and helpful to children, carers and professionals.

The curriculum is good and kept under review by managers. Drama has been added to the curriculum and is received well, and firm plans for music and vocational programmes exist. The current 'mixing policy' of children only working in set groups is obstructing curricular developments and preventing whole-school activities such as assemblies and sports events. It makes it difficult to establish teaching groups to stretch more able learners.

The school development plan identifies areas for improvement. Recommendations from the last inspection have been addressed, including establishing a new governance board and sharper external scrutiny. Senior education managers manage staff performance effectively and enable staff to access professional development.

Education leaders continue to develop strong links with employers, including a recent careers fair to which the children responded well. Cooperation from employers opens doors to children to undertake work experience. They gain good exposure to the workplace. Teachers are diligent in supporting children to research and, if possible, visit colleges to plan their next step.

## **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 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 whom 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.'

For inspections of secure children's homes, Ofsted is assisted by an inspector from the Care Quality Commission (CQC) in Ofsted's evaluation of health services provided for children (authorised by HMCI under section 31 of the Care Standards Act 2000).

## Children's home details

**Unique reference number:** SC033362

**Provision sub-type:** Secure unit

**Registered provider:** Peterborough City Council

**Registered provider address:** Chief Executive, Town Hall, Bridge Street,  
Peterborough PE1 1PJ

**Responsible individual:** Wendi Ogle-Welbourn

**Registered manager:** Jeannette Winson

## Inspectors

Debbie Foster: social care inspector (lead)

Paul Taylor: social care inspector

Natalie Burton: social care inspector

Catherine Sikakana: shadow social care inspector

Tony Gallagher: further education and skills inspector

Andrea Crosby-Josephs: health and justice inspector, Care Quality Commission (CQC)



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