

Grateley House School

Grateley House School, Pond Lane, Grateley, Andover, Hampshire SP11 8TA

Assurance visit

Information about this residential special school

Grateley House School is an independent residential special school for pupils who have a diagnosis of autism spectrum disorder. Many pupils have other associated difficulties. Local authorities usually place pupils at the school with an education, health and care plan. There are 53 residential places at the school, with 24 children resident at the time of the visit. The school currently has six houses on the site to accommodate residential pupils.

Visit dates: 20 to 21 October 2020

Previous inspection date: 9 March 2020

Previous inspection judgement: Inadequate

Information about this visit

Due to COVID-19 (coronavirus), Ofsted suspended all routine inspections in March 2020. As part of a phased return to routine inspection, we are undertaking assurance visits to children's social care services that are inspected under the social care common inspection framework (SCCIF).

At these visits, inspectors evaluate the extent to which:

- children are well cared for
- children are safe
- leaders and managers are exercising strong leadership.

This visit was carried out under the Children Act 1989, following the published guidance for assurance visits.

Her Majesty's Chief Inspector of Education, Children's Services and Skills is leading Ofsted's work into how England's social care system has delivered child-centred practice and care within the context of the restrictions placed on society during the COVID-19 pandemic.

Findings from the visit

We identified the following serious and widespread concerns in relation to the care or protection of children at this assurance visit:

- Staff are not actively promoting children's cultural/identity needs.
- One of the seven houses does not have sufficient communal space for the children placed there.
- Staff do not ensure that all areas of the residential accommodation are tidy and well presented.
- Managers do not consistently address safeguarding concerns thoroughly enough.
- There are significant staffing vacancies in the residential provision and this is affecting the quality of care for children.
- Risks to children are not fully considered and safety plans lack sufficient information.

The care of children

One of the seven houses accommodates six children, even though there is not enough space in communal areas for them to sit together with the adults looking after them. There is only one shared room so any pupil who does not want to be with the group has to be in their bedroom. While some prefer this, their choice is limited. Some pupils complain that there is no oven in the house, which means they have to go elsewhere if they want to cook.

Staff members had not identified or acted upon matters seen by inspectors during the visit. These included a scarf tied round a fixed ceiling light, vitamin tablets left on a bed and a bath full of water with a child's clothes still on the floor from the previous evening. This demonstrates a lack of vigilance or time given to check the day-to-day orderliness of the accommodation.

There are a significant number of vacancies, despite the recruitment of 21 new members of staff at the beginning of term. One third of support assistant posts and half of the house manager posts are unfilled. As a result, some mornings before school, not all of the houses have the required number of adults to meet pupils' assessed needs. Pupils reported that a lack of staff had, at times, curtailed the activities available to them. Staff members also expressed concern about the impact of vacancies and loss of experienced staff on children and themselves. This included staff having to stay on after shifts until sufficient numbers were available to replace them, leading to delaying plans for the evening.

None of the staff who were asked how the cultural or identity needs of children were actively addressed could give an example. This demonstrates a lack of consideration of the support that all children require to understand their own background or that of others. Children could not identify, when asked, what support is provided in understanding different cultural and identity issues.

Senior staff were able to explain the factors that informed their decision to move a child into a house where there were older children and restricted space. However, the risk assessment did not record clear strategies to overcome some of the identified challenges for all of the children living in the home. This means that records lack enough detail to evidence how and why decisions have been made and their potential impact on all children.

Some parents were extremely complimentary about the school and the impact that the residential provision has had on their children. One said the school 'has become my son's saviour and world. For the first time in his life, he wants to go to school because he is experiencing educational success.'

The school provided significant support to families who required it during the time the school was shut due to the COVID-19 pandemic. This included regular video calls to children by the therapy team to monitor their mental health and providing places for the children of key workers. Parents much appreciated this.

The safety of children

Inspectors identified several shortfalls in safeguarding practice and procedures. This includes allowing a child to leave for the holidays without assuring themselves that a comprehensive safety plan was in place after she had made an allegation. This could have resulted in the child coming to harm.

Managers had also made a referral to a placing authority regarding a pupil's historical allegation. The social worker did not respond to it, but managers did not follow up the concern.

The disclosure of sexual activity between older children resulted in managers putting a safety plan in place but it lacked clear strategies for staff to follow. The risk assessment did not consider issues of capacity to give consent or any possible power imbalance. This could allow vulnerable children to continue to engage in potentially harmful and risk-taking behaviour.

Some of the safeguarding information inspectors reviewed does not evidence the emotional support provided for pupils, particularly those who display self-injurious behaviour. There is a focus on what to do if a pupil self-harms and the debriefs required but little about the preventative strategies. This includes intervention from residential staff to address a child's emotional needs. Records of key-work sessions are inconsistent and unclear about how well they address these issues.

Leaders and managers hold weekly meetings to consider any referrals and any new or ongoing concerns. The records of these meetings focus on process rather than the assessment of risk. They do not detail the concerns or the reasons for any actions taken to address them. They are, therefore, only a partial record and managers were not always able to explain the reason for what had been written.

The provider has improved practice in regard to health and safety concerns that inspectors found at the last visit. For example, considerable work has been completed to rectify trip hazards. Compliance with fire safety regulations and procedures is also stronger, including drills in residential time, prompt remedial work to address fire assessment recommendations and staff training.

Leaders and managers

Leaders and managers acted quickly in response to the initial lockdown period. The residential provision initially closed and reopened in September 2020. The residential setting is set up as a 'bubble' and there are clear protocols in place to manage the risks of COVID-19.

Leaders and managers have not sufficiently monitored all the records of risk assessments, safety plans or safeguarding referrals to ensure that they are appropriate or have been followed through. As a result, leaders and managers cannot be confident that children will always be safe or well cared for. A new process for reporting safeguarding concerns is taking time to operate effectively in all instances.

Some staff, particularly those who have been subject to physical attacks by children, said that they feel senior managers have not acted with sufficient vigour to support them. There are no individualised plans in place or agreed strategies to keep adults and children safe in the house where this occurs most frequently. This contributes to low levels of confidence that those staff have in the provider to effectively address their concerns.

Managers undertake dynamic risk assessments to provide staff cover in the residential provision. Sometimes this results in staff being moved between houses at very short notice. Staff and children experience this as unsettling but it has meant that there are no more incidents at times of low staff numbers than at others.

The standard 20 reports of the independent visitor's review of the quality of care provided to children are thorough and involve discussion with all relevant adults and children. The independent person highlighted some of the concerns identified at this inspection. This included staff shortages and one of the houses where children stay having insufficient space for them.

Senior managers in the wider organisation are more aware of issues than at the last inspection and have implemented plans to address shortfalls found, for example, the new induction programme introduced in September 2020. Staff who had undertaken it described it as 'comprehensive' and say that they were well prepared for the work.

Other initiatives have yet to make an appreciable difference. The provider is rolling out plans to better oversee and respond to behavioural issues, including electronic monitoring and a school-wide approach to helping pupils regulate themselves. These are understandably at early stages of implementation and have yet to have an impact on residential care.

Efforts to improve the rewards and career structure for care workers have so far not resolved the issue of staff retention. Staff, parents and children often experience the level of turnover as disruptive.

Parents have very different experiences of interaction with the school; some parents report 'transparent and honest communication throughout while a few feel 'fobbed off.' Overall, managers and staff attempt to work cooperatively with family members, carers and professionals to meet the needs of pupils.

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:

- Children's physical, emotional and social development needs are promoted. (NMS 3.1)
- Accommodation is suitably furnished and of sufficient size for the number, needs and ages of children accommodated, with appropriate protection and separation between girls and boys, age groups and accommodation for adults. Bedding is clean and suitable, and is sufficiently warm. (NMS 5.5)
- The school ensures that: arrangements are made to safeguard and promote the welfare of children at the school; and such arrangements have regard to any guidance issued by the Secretary of State. (NMS 11.1)
- 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. (NMS 13.1) The issues specified in Appendix 3 are monitored, and action taken to improve outcomes for children as appropriate. (NMS 13.9)
- There is a sufficient number of competent staff deployed appropriately, both as a staff group and on individual shifts, to fulfil the school's Statement of Purpose and meet the individual needs of all children resident in the school. (NMS 15.1)

Residential special school details

Unique reference number: SC012450

Headteacher: Gary Simm

Inspectors

Chris Peel, Social Care Inspector (lead)
Emeline Evans, Social Care Inspector
Pete Hylton, Regulatory Inspection Manager

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