

Mary Hare School for the Deaf

Mary Hare School, Arlington Manor, Snelsmore Common, Newbury, Berkshire
RG14 3BQ

Residential provision inspected under the social care common inspection framework

Information about this residential special school

The school is a non-maintained special school providing education and accommodation for students aged five to 19 who have severe and profound hearing loss. The primary school is on a separate site and offers day and weekly boarding placements. The primary school has a boarding facility with bedrooms to suit the age profile of the school. The secondary school has six boarding houses. Year 7 has two dedicated boarding houses; Years 8 to 10 live in two larger boarding houses; Year 11 students live in a purpose-built boarding house; and the sixth form has four separate accommodation blocks of individual and shared study bedrooms.

Due to COVID-19, at the request of the Secretary of State, we suspended all routine inspections of social care providers carried out under the social care common inspection framework (SCCIF) on 17 March 2020. We returned to routine SCCIF inspections on 12 April 2021.

Inspection dates: 1 to 3 March 2022

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

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

The effectiveness of leaders and managers **good**

The residential special school provides effective services that meet the requirements for good.

Date of previous inspection: 2 July 2019

Overall judgement at last inspection: good

Inspection judgements

Overall experiences and progress of children and young people: good

Children have a positive experience staying in the residential provision of the school. They say that residential has led to them having friends they did not have previously. Children have good relationships with staff, who they feel think about their needs and recognise if they are feeling sad or down. Staff continued to offer support during COVID-19 restrictions. This has been described by a social worker as a 'lifeline' for some children. One child said of this period, 'The school staff saved my life.'

Children's voices are evident throughout much of the planning in the residential provision. This includes choosing activities, sharing their views on menus and who they can share rooms with. The head of care spends time seeking children's views in addition to using other forums across the school, such as pupil voice. However, it was noted that the views of children who take longer to communicate, or have more complex communication needs, are not as readily sought. This means that some groups of children are not always having the opportunity to share their views and ideas.

Children all attend education. Joint working between education and residential staff means that there is consistency in the approach to meeting children's needs throughout the day. After-school prep allows children the time to complete homework with staff support as needed. The on-site youth club 'Coles Diner' is a firm favourite, where children socialise, buy snacks and learn employment skills. The range of activities on offer has not fully returned to those available before the COVID-19 restrictions, despite national restrictions changing. The older students have found this to be a challenge as they do not necessarily want to engage in the on-site activities.

Children who are accessing the residential provision for the first time are supported. Staff ensure that there are visits for children to meet staff and some other children before their first stay. Joint working with their previous school, professionals and parents or carers means that staff have the key information needed to start to care for the child. Children who are moving on to colleges, university or employment are supported with applications and interview techniques, as well as learning key life skills such as making meals and socialising.

Children's emotional and physical health needs are met. There are strong links with child and adolescent mental health services (CAMHS), including specialist Deaf CAMHS professionals. There are also strong links with speech and language and occupational therapy support. The health and well-being team provides a joined-up approach to meeting children's needs, ensuring that there is no repetition or any gaps in children's plans. Medication is stored appropriately in the residential houses and, when they are able, children administer their own medications. Staff training in specific health needs is thorough. This ensures that staff know what to do if children are unwell. However, the oversight of medication storage and administration in the

houses is lacking. For example, there are fewer stock checks and no regular assessments of staff competency to administer medication. This could lead to unnoticed errors.

How well children and young people are helped and protected: good

Children say they feel safe while in the residential accommodation and across the school. Some children say that since being at the school it is the first time they have not been bullied and that it is good to be with other students who understand them. All can identify staff they would go to if upset. However, children do not always have access to someone in the evenings who uses sign if this is their preferred method of communication.

Staff are aware of children's vulnerabilities and can recognise when children are at risk. The systems in place that identify safeguarding concerns, in particular the online reporting and recording system, have helped staff to feel more confident in reporting concerns and knowing that they have been responded to. Staff felt they were involved and included in the decision-making regarding safeguarding concerns they had raised.

Children do not directly say that bullying is an issue in the school. However, parents and children's surveys suggest bullying does happen in the school. Leaders are not demonstrating enough curiosity in understanding what this means. However, children say the bullying is dealt with effectively and that staff will always help.

Partnership work is a strength, with appropriate challenge to partner agencies as required. This ensures that children's needs are met effectively. Liaison and support from specialist agencies, such as drug or alcohol services, ensures that children are educated in the risks rather than, if there is an issue, taking a punitive approach to what may be an indicator of a wider issue. Children with additional emotional well-being concerns, such as self-injurious behaviours, are well supported through the school's links with CAMHS, in addition to the therapeutic support on site.

Children are protected from avoidable risks, while being given the opportunity to have the same opportunities as other similar-aged children. Risk assessments are clear about the potential hazards for the child, and the recent development of the risk assessment tool is particularly positive as staff are finding it much easier to use. Children are protected through regular checks of the firefighting systems and personal evacuation plans are easily accessible. Safer recruitment practice, including pre-employment checks, ensures that children are not cared for by unsuitable people.

The effectiveness of leaders and managers: good

Leaders are ambitious for the children at the school. Parents and social workers are positive about the difference being at the school has made to children's lives. The

development of the new primary school is an ambitious project looking to house all services on one site, providing a whole-school approach.

The profile of the residential provision has been raised as it is recognised as an essential aspect of the school. The residential management team is being reorganised and the appointment of a new director of care increases the emphasis on the importance of the residential provision. The deputy head has an impressive knowledge about the children. Staff are optimistic about his impending headship.

Children are accepted for their diverse cultures and identities. This helps them to develop confidence, where this was lacking when they attended other schools. Plans are much clearer now about the child's identity, including how they feel about their deafness and what is important to them. Children are making good progress. The implementation of new plans is helping to record and celebrate this. There are some gaps though, where new information has not been added to plans when it has emerged. Partnership working is recognised by senior staff to help in the stability of children in their placements.

Residential staff say that they feel respected by senior leaders and that they play an important role in the school. Staff have regular supervision and feel they can approach senior staff with ideas and these will be listened to. Staff work effectively as a team across all shifts, with night staff feeling that they are also involved in any decisions made. Staff have access to the training they need to meet children's specific health needs.

Governance and oversight are sound. The use of an independent visitor to monitor the residential provision provides professional challenge and a critical friend approach. This has led to the continued development of the provision and of the service provided.

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

Recommendations

- Review the policy regarding oversight of medication in each house. In addition, consider the frequency with which staff's competency to handle medication is reassessed.
- Ensure that reasonable adjustments are made so that all children's views are recognised and considered.
- Demonstrate an appropriate level of curiosity when there are indicators of bullying.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people 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: SC011137

Headteacher/teacher in charge: Peter Gale

Type of school: Residential special school

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Inspectors

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