

The Robert Ogden School

Clayton Lane, Thurnscoe, Rotherham, South Yorkshire S63 0BG

Residential provision inspected under the social care common inspection framework

Information about this residential special school

This independent school is managed by the National Autistic Society (NAS). The school has 130 children on roll, most of whom have a diagnosis of autism spectrum disorder (ASD). Children attend the school between the ages of five and 19 years and all have an education, health and care plan. There are places for 10 children to use the residential provision, Thurnscoe House and Thurnscoe Studios. Currently, one child attends the residential provision four nights a week. Eight children have flexible arrangements of between one and three nights each week.

The school uses the framework developed by the NAS to understand and support pupils with ASD.

The care of residential pupils is supported by the on-site personal support team, which provides specialist occupational therapy, speech and language therapy, and psychological and behavioural support.

The head of care has been in post since November 2021. She is working towards a suitable leadership qualification.

The NAS is undergoing some significant organisational changes. There have also been several changes to the senior leadership of the organisation.

Inspection dates: 8 and 9 November 2022

Overall experiences and progress of children and young people, taking into account	good
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How well children and young people are helped and protected	good
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The effectiveness of leaders and managers	requires improvement to be good
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The residential special school provides effective services that meet the requirements for good.

Date of previous inspection: 13 September 2021

Overall judgement at last inspection: outstanding

Inspection judgements

Overall experiences and progress of children and young people: good

Children thoroughly enjoy their stays in the residential provision. Children attend for many years. They come to know staff and each other very well, even when they stay one or two nights per week. Feedback from family members shows the very high regard in which the residential provision is held. The residential provision becomes an important part of children's wider social network.

Children develop excellent relationships with staff. Children are comfortable with staff, who provide them with individualised, warm and nurturing care. Staff show great patience and understanding when providing personal care. Such tasks are carried out successfully because children know and trust the staff.

Children's health needs are met. Staff closely monitor children with complex medical conditions. Any changes in their physical well-being are understood and addressed quickly. This means that children continue to have residential stays, even when their health needs are significant. The arrangements for medication are strong, with excellent oversight from senior staff. On the rare occasion that a medication error occurs, a full investigation takes place. This ensures that a similar incident will not happen again.

Children benefit from the school's personal support team. Specialist staff provide guidance to residential staff. For example, speech and language therapists advise staff about children's preferred communication styles. This helps staff to know the wishes, feelings and worries of children who do not communicate verbally. Staff talk to parents about using the same strategies with their children. This means that children receive a consistent response from adults at home and at school.

The residential provision is well maintained. Any repair work is carried out quickly. Communal areas have been decorated and are homely. Children who have longer stays have individualised bedrooms that meet their needs and preferences well. Other children are encouraged to have personal items in their bedrooms when they stay. The head of care has made some changes to the accommodation for one child, in response to their changing needs. This means that the child is able to continue to stay in the residential provision regardless of their physical well-being.

Staff help children to make progress. Children work towards targets that are agreed between staff and parents. Some targets are supported by completing recognised awards. Records show how well children are doing, and progress can be tracked over time. For older children, this work does not fully relate to preparing for adulthood, as set out in the 'Special educational needs and disability code of practice: 0 to 25 years'. This means that some children are not yet practising skills that they will need when they leave school.

Children enjoy a range of activities during their residential time. Children choose what they want to do. Activities are personalised to their interests and abilities. They often align to the targets that they are working towards. As well as being enjoyable, most children develop confidence in their own abilities and their social skills improve.

Staff develop positive relationships with children's families. The efforts that staff make result in some parents being able to accept more support from other professionals. This input has made a significant difference for one child and their family.

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

Children feel safe in the residential provision. Staff provide high levels of supervision to ensure children's immediate safety. Staff monitor children's online activity closely. They talk to children about this and other risks, including the potential for exploitation. This improves children's knowledge about being safe when they are away from the residential provision.

Staff use their knowledge of children to understand their wider risks. Staff report concerns to other professionals appropriately. Children become safer because staff know them well and take action to ensure that they are protected.

Children's incidents in the residential provision reduce over time. Staff use their positive relationships with children to help them to understand expectations. Children learn strategies to recognise and manage their own emotions. This means that children become more resilient. This has a positive impact when they are away from the residential provision.

Staff rarely use physical restraint in the residential provision. When children require such a response, staff act effectively and safely. All aspects of the intervention follow statutory guidance. Understanding the views of the child is a priority. Children are kept safe from harming themselves or others, because of the approach staff take.

Individualised risk assessments help staff to identify and reduce harm to children. Strategies to mitigate risks are effective. The head of care reviews risk assessments to ensure that they remain appropriate. However, the personal evacuation plan for one child was out of date. The head of care corrected this shortfall during the inspection, and there was no impact on the child.

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

The leadership and management of the residential provision have been affected by considerable changes in the NAS. These changes have taken the attention of senior leaders in the school and throughout the organisation. Stable day-to-day leadership of residency has continued; however, strategic oversight and support have been poor.

Leaders have not received support or effective challenge in relation to their management of the school, including residency. There have been long-standing difficulties in forming a local governing body and neither the proprietor nor a representative of the proprietor have visited the residential provision. There has been no discussion at senior leadership level about the impact of this deficit.

School systems for recording behavioural incidents are not well understood in school. The head of care cannot evaluate patterns relating to children's behaviour, due to the way that the system is set up. She knows the residential children very well and there is no impact on them individually. However, emerging themes, including those that arise in lessons, cannot be easily identified. School leaders have been aware of these issues for a long time. Despite this, concerns remain.

The head of care is committed to children in the residential provision. She has high aspirations for them. She leads by example and new staff learn a great deal from observing her practice. The head of care has prioritised children's needs during the period of instability in the wider organisation. This means that children have been largely protected from the issues affecting the senior leadership of the school.

Staff feel well supported by the head of care and find her approachable. Staff engage in frequent, reflective conversations about topics of interest. However, staff do not have at least termly supervision. The quality of supervision was raised as a shortfall at the last inspection. Insufficient progress has been made.

The monitoring of the residential provision is detailed. The head of care has systems to review the quality of records, staff practice and the fabric of the building. She uses this knowledge to improve the provision for children. The head of care recognises that some changes are required. She is committed to the ongoing development of the residential provision.

Staff take part in good-quality professional development. This includes significant training about communicating with children with ASD. An effective induction programme means that staff do a great deal of learning before caring for children. When children have specific health or other needs, relevant, expert input is provided quickly. The approach to training is a strength of the provision. It means that children are cared for by staff who have the knowledge and skills to do so well.

The residential provision is well supported by the independent visitor. Visits are regular and always in residential time. The visitor knows the children well and can communicate with them effectively. The head of care responds swiftly to suggestions to improve the setting. This means that identified gaps are rectified quickly.

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:

- Leaders should ensure that the school's governing body, trustees and/or proprietor monitor the effectiveness of the leadership, management and delivery of the residential and welfare provision in the school and take appropriate action where necessary. ('Residential special schools: national minimum standards', 2.1)
- Leaders should ensure that the school's leadership and management, including governors, trustees and proprietors, demonstrate effective skills and knowledge appropriate to their role, and actively promote the safeguarding and welfare of children. ('Residential special schools: national minimum standards', 2.3)
- Leaders should ensure that all staff have access to relevant support and advice for their role, and that they also have at least termly supervision. ('Residential special schools: national minimum standards', 26.6)

Point for improvement

- Leaders should ensure that staff support children's independence skills, with particular regard to preparing for adulthood, as set out in the 'Special educational needs and disability code of practice: 0 to 25 years'. ('Residential special schools: national minimum standards', 8.3)

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: SC473713

Headteacher: Lorraine Dormand

Type of school: Residential special school

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