

Bramfield House School

Bramfield House School, Walpole Road, Bramfield, Halesworth, Suffolk IP19 9AB

Residential provision inspected under the social care common inspection framework

Information about this residential special school

Bramfield House is a privately owned residential special school for 110 pupils aged between seven and 16. At the time of this inspection, eight children were using the residential provision. The residential accommodation is provided in Ibstock House, which is situated on the school site. The school, which is based in Suffolk, caters for children with social, emotional or mental health needs.

The inspector only inspected the social care provision at this school.

The boarding manager has been in post since September 2021 and has an appropriate qualification.

Inspection dates: 6 to 8 December 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	good
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The residential special school provides effective services that meet the requirements for good.

Date of previous inspection: 22 February 2022

Overall judgement at last inspection: good

Inspection judgements

Overall experiences and progress of children and young people: good

Children are supported by extremely motivated residential staff who are committed to the children's well-being. Children greatly enjoy their stays in residence at the school. The care and support that children receive add notable value to the children's overall experiences and wider progress at school.

Managers have recently reviewed the residential provision and reduced the number of children boarding to support a focused drive to improve quality. This has resulted in children staying in one boarding house. The accommodation is decorated to a high standard and is well appointed. Children personalise their rooms. They spoke positively about their individual spaces. Residence is a nurturing and welcoming environment that reflects family values.

Children participate in an exceptional range of exciting activities that nurture their talents and meet their interests. These include indoor rock climbing, swimming, tobogganing and gaming virtual reality experiences. One child went on a recent trip to New York, and other children went on a short break to a theme park. Children take part in mud runs and other charity events. These experiences greatly improve children's self-determination and sense of community and enrich their time at school.

There are highly effective communication links between the residential staff and the day school staff. Children who stay in residence have improved attendance at school and increased aptitude to achieve their educational targets when compared to day students. Staff identify and work towards personalised residential objectives with children, which are sequenced to their education, health and care plans. Consequently, children make measured all-round progress with their independence, improving their social skills and managing their emotions.

An on-site therapy team, including a psychologist, occupational health and speech and language therapist, provides targeted support to children and staff. Well-planned therapeutic interventions help children to overcome previous barriers to education and help them understand their past experiences and trauma.

Managers and staff undertake careful planning in respect of which children stay in residence together. Detailed group compatibility assessments link to well-planned and personalised inductions for children. As a result, children enjoy a warm welcome. They quickly settle into structured routines and build positive friendships with each other.

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

The children say that they are happy and feel safe in residence. The relationships between the staff and the children are strong. The staff act as excellent role models

and treat children with dignity and high mutual regard. Consequently, the children develop a good sense of security and feel safer.

No children have gone missing from the residential provision. The children said that bullying is not an issue.

Children participate in frequent and informative one-to-one discussions with staff. Emerging subjects include online safety, managing healthy relationships and developing coping strategies. This improves children's knowledge of their personal safety and helps increase their emotional resilience.

Staff use proactive behaviour management strategies successfully to reduce situations that can increase children's anxiety. Staff have a good awareness of potential triggers and combine this with individualised risk-reduction strategies for children. The use of physical intervention is infrequent, proportionate and always as a last resort. Managers undertake careful monitoring of these incidents to identify learning very effectively.

Staff are aware of their safeguarding responsibilities and have good understanding of whistle-blowing procedures. Managers have provided additional training to staff to increase their knowledge of contextual safeguarding, domestic and child-on-child abuse in line with new statutory guidance. This ensures that staff are well informed to respond to potential risks.

The designated safeguarding lead is a positive influence for children. The 14 designated safeguarding officers are suitably trained and maintain generally good oversight of safeguarding concerns. However, on one occasion following an allegation made by a child against a staff member, managers moved beyond basic fact-finding action. This was not in line with advice given from the local authority designated officer. Another safeguarding concern was alerted to the police, but was not shared with the child's social worker swiftly. There is no suggestion that either of these issues have directly affected the children's safety. However, not following correct procedures or sharing information promptly with other professionals hinders multi-agency responses designed to reduce the risk of harm to children.

The effectiveness of leaders and managers: good

The head of residential care has relevant experience and qualifications. He leads the staff team with diligence and has high expectations for staff and children. His commitment to enhancing the children's experiences is evident in the quality of the care provided.

There is a proactive and strong partnership with parents, who all provided positive feedback. Parents described strong levels of communication and the support and progress of children as 'amazing'.

The headteacher and middle managers continue to reflect on and evaluate the residential model and are ambitious about what it can achieve. A clear development plan is in place. The headteacher has recently recognised the therapeutic benefit of music education at the school and has increased this provision, which extends to additional tutoring in residential time. This is greatly valued by children.

Staff receive regular and reflective supervision, which they say supports them to develop their practice. Detailed, child-focused staff meetings are well attended and review care practice issues and the safeguarding culture in residence. This ensures consistent, well-planned support for children.

An ongoing programme of professional development is in place for staff. This includes good-quality training, which enhances staff's skills in line with the model of care adopted in the school. However, further training in understanding autism spectrum conditions and attention deficit hyperactivity disorder has not been attended by staff. This could be of benefit for staff to understand and respond to children's individual needs.

External monitoring contributes to improvements in the residential provision. An appropriate level of scrutiny is undertaken, and managers quickly respond to recommendations that are made. However, family members' and social workers' views have not been obtained or considered. This is a missed opportunity, as this area of feedback could make a useful contribution to practice developments.

Two points for improvement made at the last inspection have been met. Records are clearer and kept up to date. Residence surveys are completed and children's views are actively sought and responded to. Two new points of improvement have been made, and one point of improvement has been restated at this inspection.

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

Points for improvement

- School leaders should ensure that external monitoring visits include family and social worker consultations.
- School leaders should ensure that, when safeguarding concerns arise, information is shared promptly with safeguarding professionals. School leaders should ensure that managers do not investigate incidents before making a referral to the local authority designated officer.
- School leaders should ensure that training in understanding autism spectrum conditions and attention deficit hyperactivity disorder is offered to and attended by staff.

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: SC024575

Headteacher: Davina Bell

Type of school: Residential special school

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Inspector

Mark Anderton, Social Care Inspector

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