

# Abbey School for Exceptional Children

Abbey School Limited, 10-12 Abbey Square, Chester CH1 2HU

Residential provision inspected under the social care common inspection framework

## Information about this residential special school

Abbey School is an independent school that specialises in supporting pupils aged four to 19 with autism spectrum disorder and speech, language and communication difficulties. The school is situated in a residential area.

The residential provision can accommodate a maximum of 24 children. At the time of the inspection, six children were staying for 41 weeks of the year.

The head of care has been in post for nine months and has a relevant qualification as required by the national minimum standards.

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

### Inspection dates: 6, 7 and 8 March 2023

<b>Overall experiences and progress of children and young people,</b> taking into account	<b>requires improvement to be good</b>
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How well children and young people are helped and protected	requires improvement to be good
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The effectiveness of leaders and managers	requires improvement to be good
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The residential special school is not yet delivering good help and care for children and young people. However, there are no serious or widespread failures that result in their welfare not being safeguarded or promoted.

**Date of previous inspection:** not applicable

**Overall judgement at last inspection:** not applicable

## Inspection judgements

### **Overall experiences and progress of children and young people: requires improvement to be good**

Children and parents were complimentary about the staff and the residential provision. A child said, 'I love it here.' A parent said, '[Name if child] is thriving here and constantly talks about Abbey School when they are at home.'

Parents said that their children had a good transition into the residential provision. They said staff were sensitive to their children's needs and the transition moved at their child's pace. Parents said they were fully included and continue to be included in their child's stays. However, there is no written record of how decisions were made for children's moves into the residential provision, how children were matched or what considerations were given to supporting children to move into the residential provision. Similarly, some children have reached the age of 18 and there is no formal plan showing what considerations there are for their adult lives, what adult placements and colleges are available, or any other arrangements. This does not ensure that suitable plans are being explored and that children are being prepared for the next stage of their lives.

There are a range of records that show how children are cared for and how their needs are met by the staff. However, this information is in several places. Some children's education, health and care plans (EHC plans) are held by the school and not available to view in the residential provision. Information from the children's EHC plans has not been transferred over to the children's plans in the residential provision. For example, in one child's placement plan, their ethnicity and religion were quoted as 'unknown'. However, the child's ethnicity is clearly stated in their EHC plan and staff take the child to church every Sunday. This shortfall does not ensure that the child's identity is fully promoted across the school.

Similarly, children have a range of medical diagnoses and associated conditions, such as autism spectrum disorder, but these have not been included in their individual health plans. Therefore, it is unclear whether their complexities are fully understood. In contrast, children do receive their medication in line with their prescription. Staff receive regular training to ensure that they can give medication to children safely.

Children communicate in different ways. This is well understood by the staff team. The inspectors observed children using their preferred system to communicate their wishes, views and feelings. Staff use social stories to explain changes or future events to children. These stories are repeated over time, so that children fully understand and are well prepared. This lessens children's anxieties when their plans change, as they have trust in the adults around them.

Staff, parents and children can identify the progress children are making. For example, children have learned to be more independent through cooking for themselves, doing their own laundry and keeping their bedrooms clean and tidy.

However, most of the progress sections within the children's placement plans are empty. Therefore, it is difficult to see the child's journey from their starting point.

Likewise, the children's EHC plans identify several agreed targets set for each school term. Some of these targets relate to communication skills and independence skills but these are not identified in the child's residential placement plan. This does not ensure that there is a consistent approach to help children achieve their goals.

Children take part in a wide range of activities, such as going for walks, going to the park, shopping, playing different sports and sensory activities. One child talked about going to a bowling alley for their birthday. They said, 'It was great fun.' As a result, children have a range of experiences, learn new skills and are part of the community.

Children live in a well-maintained residential provision. They can personalise their bedrooms, for example by changing the colour schemes and adding soft furnishings.

### **How well children and young people are helped and protected: requires improvement to be good**

Children said that they are safe at this residential provision. Parents said that they were confident that staff kept their children safe. One parent said, 'They are open and honest when incidents occur and I feel fully included in the action that they take.'

There are several safeguarding policies, procedures and systems that work together to keep children safe. This includes several appointed people who take a lead in safeguarding. This adds an extra layer of safeguarding for children and staff. All staff have received a range of safeguarding training, such as around child sexual exploitation, radicalisation and e-safety. As a result, staff have the knowledge and skills to identify any potential concern and take swift action.

There has been one allegation against a member of staff. Safeguarding procedures were followed and records show that immediate action was taken. The records are continually updated when strategy meetings are held or when new information comes to light.

Children have not gone missing from this residential provision. Staff are aware that there is potential for this to happen, and they have a clear understanding of the process to follow should an incident occur.

Children's behaviour management plans are individual to the child. They identify known risks to the child's safety and welfare. A range of specialists, such as the speech and language therapist, have been instrumental in compiling the plans. As a result, staff have clear guidance on how to address a situation. This means that children receive a consistent response.

Children have been held for their own safety or that of others. Records of the intervention do not follow the guidelines of the legislative framework. For example, children and staff debriefs are not recorded, the type of hold used is not clear and several records have not been evaluated by the head of care. Further to this, these omissions have been identified by the independent visitor on several occasions and have not been addressed by the head of care. In addition, senior leaders or members of the advisory board have not monitored the use of restraint. This means that they are not aware of the shortfalls. Therefore, they have not alerted the head of care to prevent shortfalls or to take effective action and to identify trends and patterns.

The recruitment of staff is thorough and ensures that all staff are suitable to work with children.

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

The head of care is suitably qualified, trained and experienced. She is supported by a deputy head of care and three team leaders. The head of care is currently preparing a self-assessment of the service and has started to compile a development plan. However, the head of care agreed that there were some weaknesses and gaps in the children's paperwork and in her oversight of these documents.

The residential provision opened in June 2022 with a full staff team in place. In the months that followed, several staff left, for a range of reasons, such as travelling long distances, new job opportunities or not understanding their job description. To cover the shortfall, the remaining staff worked extra hours and agency staff were employed. Therefore, there were sufficient staff to care for the children. Ten new staff have been successful at interview and they are at different stages of the recruitment process.

Staff said that they valued the support they receive from senior management and the head of care. Staff described them as approachable, accessible and fair. Staff said that they regularly consult with each other through handovers, team meetings and supervision on matters of service and strategies to care for children well.

There is a proprietor and small advisory board that oversee the residential provision. However, the advisory body has only just started to visit the residential provision and has not compiled a report on its findings for the advisory board. Further to this, the advisory board minutes do not show that the residential provision is a standing or regular item at the board meeting. An advisory board member said, 'I have not looked at the physical intervention/restraint records. We only get the data.' As a result, they are not monitoring the effectiveness of the leadership, management and delivery of the residential and welfare provision.

There are good arrangements for an external independent visitor to oversee the residential provision. However, the head of care has not taken on board their recommendations or advice, resulting in the independent visitor repeating

recommendations over several visits. The monitoring reports are provided to the principal and head of care. However, the proprietor and/or the advisory body have not written a formal response to each report. Therefore, there is lack of scrutiny of the residential provision from all leaders and management.

## 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:

- The school's governing body, trustees and/or proprietor should 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)
- The residential provision should be a standing or regular item at the governing body meetings to ensure that children's experiences and the quality of provision are systematically kept under review. At least one governor should also be expected to visit the residential provision on a regular basis. ('Residential special schools: national minimum standards', 2.2)
- Written reports of all monitoring visits should be provided to the headteacher (or school equivalent) and where applicable the governing body, trust, or proprietor. The governing body, trustees, or proprietor of the school should record a formal written response to each written report. ('Residential special schools: national minimum standards', 3.3)
- All children and staff should be given an opportunity to discuss with a relevant adult (who was not directly involved) incidents of restraint they have been involved in, witnessed or been affected by, where possible within 24 hours. ('Residential special schools: national minimum standards', 20.5)
- A clear and unambiguous written record should be kept of major sanctions and the use of restraint. Records should include the information in Appendix B (use of restraint including restrictive interventions). The record should be made within 24 hours and be legible. The head of residential provision or equivalent should regularly review any instances of the use of all types of restraint and examine trends or issues to enable staff to reflect and learn in a way that will inform future practice and minimise the use of restraint. ('Residential special schools: national minimum standards', 20.6 and Appendix B)
- Senior leaders should monitor the use of restraint, take appropriate action to prevent the inappropriate use of restraint, and take effective action when inappropriate restraint has been used. ('Residential special schools: national minimum standards', 20.7)

### Points for improvement

- School leaders should ensure that children have a clear transition plan, showing how they were introduced into the residential provision. Further to this, there

should be a transition plan for children who will be leaving the residential provision soon.

- School leaders should ensure that children's records identify the child's race, faith and culture. Further to this, ensure that staff follow any information that parents have provided, such as times for prayers.
- School leaders should ensure that children's medical diagnoses or health conditions are clearly recorded in their plans.
- School leaders should ensure that children's progress is recorded in the child's placement plan.
- School leaders should ensure that targets (that relate to the residential provision) identified in the children's EHC plans are included in the children's records.
- School leaders should ensure that any recommendations set by the independent visitor are addressed promptly.

## **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:** 2678223

**Headteacher/teacher in charge:** Katy Lee

**Type of school:** Residential special school

**Telephone number:** 01244 960 000

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## **Inspectors**

Pam Nuckley, Social Care Regulatory Inspector (lead)

Judith Birchall, Social Care Regulatory Inspector (team)



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