

Pencalenick Residential Special School

Pencalenick School, St Clement, Truro, Cornwall TR1 1TE

Residential provision inspected under the social care common inspection framework

Information about this residential special school

Pencalenick School is an academy trust school that provides care for 173 children with complex communication and learning disabilities, including autism spectrum disorder.

There are 26 children aged from 11 to 16 who make use of the boarding facility, which is open from Monday to Thursday. They may stay for up to four nights a week. The school is situated in a large country estate with extensive grounds, near to the city of Truro. The boarding accommodation takes up part of two floors in the main school building.

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

The head of care has been in post for 33 years and has relevant qualifications.

Inspection dates: 27 to 29 June 2023

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

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

The effectiveness of leaders and managers requires improvement to be good

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

Date of previous inspection: 5 July 2022

Overall judgement at last inspection: good

Inspection judgements

Overall experiences and progress of children and young people: good

Children enjoy their residential experience and make good progress because their health, education, well-being and independence skills are prioritised by the adults who care for them. Children say they enjoy their residential stay because they have fun and spend time with their friends.

Children are looked after by a head of care and a core team of staff who have a wealth of experience to meet children's needs. Staffing ratios are good. Children's health and well-being are promoted because they enjoy the wide range of activities offered. Children's personal interests are supported and opportunities to experience new activities broaden children's interests and develop their social experiences. Good use is made of the outdoor areas and local resources. Children told the inspector that one of their favourite activities is going to the beach. These positive experiences are shared with parents, who have access to the school's social media page.

Children's independence skills have improved because of their residential experience. Parents who contributed to this inspection were very clear that the progress their child has made towards independence is a direct result of the support, guidance and encouragement they receive from the residential team.

Children are provided with wraparound support from the pastoral and well-being team. When interventions are required, children's engagement and progress are closely monitored. The progress of children is recorded and analysed each school term.

Children's dietary requirements are met well. Meals provided are of good quality and varied. The long-standing catering team considers the children's personal preferences and allergies when planning the menu. However, opportunities to improve children's dining experiences have not been considered by the leadership team. For example, the residential children eat three meals a day in the school dining hall rather than exploring other options.

Children's views and experiences are important to the residential team. Good use is made of boarding house meetings, key-worker discussions and the school's parliament committee. Children's feedback has influenced their residential experiences and opportunities. The minutes of these meetings do not reflect this.

Children are encouraged to personalise their personal spaces. Despite this, leaders and managers have not considered ways to develop the shared spaces. The residential communal areas lack identity and are not homely or child friendly.

Parents' feedback on the quality of care and support their children are provided with is without exception good. They say that staff are kind, caring and very experienced.

Parents say that they value and appreciate the residential team and the opportunities their children have to develop their independence skills.

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

Safeguarding policies and procedures are followed effectively. The senior leadership team takes appropriate action when there are concerns about children's safety or well-being. Multi-agency working is effective; however, information shared with safeguarding agencies is often extensive. This has the potential to detract from the pertinent concerns that are being shared with safeguarding agencies.

Staff keep up to date with safeguarding training and understand the potential risks to children in relation to abuse, exploitation, radicalisation and self-harm. Refresher training enables the staff team members to update their knowledge and skills to safeguard children.

Fire evacuations take place regularly. However, records of these events are not well maintained. They do not provide sufficient information that confirms that all children and staff have taken part in a fire evacuation or the time the evacuation took place. The support children need and their responses in the event of a fire are not formally assessed in a personal emergency evacuation plan.

There are safe arrangements for the administration and management of medication. However, the current storage facility for the children's medication is insufficient in size. Children's prescribed medications are stored together. This increases the risk of a dispensing error for those children who are prescribed the same medication.

Children's anxieties and frustrations are understood and managed well. Reportable incidents are rare. Since the last inspection, there has not been any physical interventions, children reported missing from the school or complaints. Staff and children are provided with the opportunity to share their views about the incidents. Despite this appropriate action, when low-level concerns are reported by residential staff, some records do not detail important information, for example when a child has been hurt or if bruising is identified. Therefore, it is unclear what follow-up actions have been taken.

Since the last inspection, one new residential member of staff has been recruited. Safer recruitment processes are followed effectively. Children are looked after by adults who have been assessed as safe.

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

The head of care has consistently provided strong leadership to the residential staff team. She is well respected by the staff team. The head of care and staff team have a wealth of experience and know the children well. The residential staff talk with

pride about the children akin to that as a parent. High staffing levels enable staff to provide children with regular one-to-one support. The team is child focused and places children's well-being and development at the centre of its practice.

The weaknesses identified at this inspection relate specifically to the quality of record-keeping. Leaders and managers do not ensure that residential staff are provided with the necessary information they need about the children they are caring for. Placement plans are not in place. This means that staff are not provided with clear instruction on how to meet and respond to children's daily living needs and routines. Children's targets are not ambitious and do not help children to maximise their potential. Risk assessments require improvement and do not include all known risks.

The head of care and care team are provided with regular formal supervision sessions. Records of these meetings require improvement as they do not reflect the discussions held. Team meetings take place regularly. The head of care ensures that the team of staff are updated on changes such as children's medication, any emerging safeguarding concerns and new resources available for the children. Minutes of these meetings do not confirm that staff are provided with opportunities to reflect as a team on their practice and consider children's progress, nor do they include the care team's contribution.

Leaders and managers have not ensured that the residential staff have refreshed their knowledge and skills in specialist training courses, including autism spectrum disorder, augmentative and alternative communication and hearing impairment. This does not aid staff's professional development or keep them up to date with research on how to support children's complex changing needs.

Monitoring by the trust and an independent visitor takes place regularly. Despite this, these monitoring activities are not robust enough to identify areas for improvement or recognise the failed national minimum standards identified at this inspection.

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 standard(s) for residential special schools:

- Each child's file includes the information in Appendix B (individual records). ('Residential special schools: national minimum standards', 5.2)
- There is a written plan in place for each child resident in the school which sets out how their day-to-day needs will be met, known as the placement plan. The plan is thorough and specific to the child and is agreed, as far as is practicable, with the child, the child's parents/carers and any placing authority for the child. Children have an opportunity to contribute to their plans. The placement plan identifies the needs of that child that the school should meet, assesses any risk and specifies how the school will care for the child and promote their welfare on a day-to-day basis. Where significant changes are made to the placement plan, there is appropriate consultation. Where applicable, the plan is consistent with the education, health and care plan (EHC plan) and reflects any changes to the EHC plan. ('Residential special schools: national minimum standards', 7.1)
- All medication is safely and securely stored and accurate records are kept of its administration. Prescribed medicines are given only to the children to whom they are prescribed. Staff are suitably trained to administer a child's medication as appropriate. Children allowed to self-medicate are assessed as sufficiently responsible to do so. Where applicable, schools have regard to statutory guidance. ('Residential special schools: national minimum standards', 12.8)
- The school complies with the Regulatory Reform (Fire Safety) Order 2005 and ensures that alerting systems are accessible and there are clear evacuation plans for all children subject to their needs. ('Residential special schools: national minimum standards', 15.2)
- The learning and development programme is evaluated for effectiveness at least annually and is updated if necessary. ('Residential special schools: national minimum standards', 26.4)

Points for improvement

- Ensure that the head of care and residential team receive regular reflective formal supervision.
- The school should implement succession planning effectively to avoid gaps in the sufficiency of staffing.
- Leaders and managers should look at how to develop the residential environment to ensure that it is homely and child friendly.

- Leaders and managers should consider how to improve children's dining experiences.

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: SC041223

Headteacher/teacher in charge: Gary Oak

Type of school: Residential special school

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Inspector

Sharron Escott, Social Care Inspector

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