

# Vale of Evesham School

Vale of Evesham School, Four Pools Lane, Evesham, Worcestershire WR11 1BN

Residential provision inspected under the social care common inspection framework

## **Information about this residential special school**

This school is an academy and is responsible to a governing body. The school is an all-age generic special school, taking pupils from the age of two to 19 who have learning difficulties. Pupils may also have physical conditions, sensory impairments and difficulties associated with autism. The school has 180 pupils on roll, with a residential provision, Blossom House. The inspectors only inspected the social care provision at this school.

The residential provision operates from Monday to Friday and provides care and accommodation for up to 15 children across three suites. There were seven children boarding at the time of the inspection.

The head of care holds the appropriate qualifications. She remains on site from Monday to Friday to support the care of children and have oversight of the boarding provision.

### **Inspection dates: 28 to 30 January 2025**

**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:** 26 September 2023

**Overall judgement at last inspection:** good

## Inspection judgements

### **Overall experiences and progress of children and young people: good**

At the time of the inspection, seven children were accessing the residential provision. All seven children were seen and spoken to by inspectors. Children said they like boarding and that they like the staff and enjoy the activities.

Children are cared for by a dedicated and committed staff team. Staff know the children well and have formed positive and trusting relationships with them.

Moves to and from the residential provision are well planned. There is careful consideration about the suitability and mix of children. This means that children already at the residential provision do not become unsettled by new children moving in and new children settle quickly. Moves from the residential provision are well supported. On one occasion, this included staff taking the child to their new college.

Staff develop plans that help them understand how to care for the children. However, some documents are confusing as information can contradict other documents. This does not help with consistent care. In addition, all plans include the same standardised time for all children to go to bed. This does not promote individualised care for children.

Staff help children to express their views through a variety of forums, using children's preferred communication methods. However, staff have not helped children to have oversight of their plans or input into how they would like to be helped. This is a missed opportunity to fully involve children in the care they receive.

Staff help children to learn about other cultures and places by focusing on specific themes, using activities and foods. However, for one child, there had not been any consideration in how staff could support their cultural needs.

Children make progress. There are strong links between the residential provision and education. This holistic approach has meant that children learn to be more independent, they are more tolerant of others, behaviours improve and relationships with their families are more positive. For one child, this meant they no longer needed the support of the residential provision, and they now live at home full time.

A strength of the provision is the positive relationships staff have with families. Families are fully involved in children's care. Staff help families to understand the strategies that work in supporting children and how to adapt them to the home environment. In addition, families are invited to join in with events such as Halloween parties and the end of term graduations.

Staff make sure children have many positive experiences and opportunities to do things that they may otherwise not get a chance to do. For example, going on

holiday, trips to the beach, the safari park, bowling, walks and shopping are just a few of the fun activities children take part in.

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

Staff know children well and they keep children safe. Staff are skilled at understanding children's behaviours and notice the early indicators quickly, thus defusing situations.

Children are well behaved and there are few incidents. Physical intervention has been used once, and only for the shortest possible time to keep a child safe.

Staff have developed plans which include information about risks, allergies and intolerances, along with behaviours that children may present. However, the plans are not always clear or have all the information needed so that others are clear about children's behaviours, risks and the strategies that staff can use. On one occasion, during a cooking session, staff had not prepared in advance the foods one child could safely eat. There was no harm to the child and an alternative was found. However, this meant the child missed out on eating the same foods as everyone else.

Staff help children to learn about risks they may be exposed to and how to keep themselves safe. Staff share this information with education colleagues so that there is a consistent approach in helping children to stay safe.

Children do not go missing. If they were to wander off from staff, plans inform staff what they would need to do.

On occasion, there have been medication errors. Leaders have taken swift action, investigated, provided staff with additional training and made changes to the way medication administration is checked.

Some children are prescribed 'pro re nata' (PRN) medication. However, there is no information for staff to tell them when they should give a child this medication, who needs to agree it, or who staff should inform if it is administered.

Staff make sure children have opportunities to tell others if they are unhappy or worried. In addition to the school's complaints process, the children are seen by others who do not directly care for them. There is an independent person, the listening ear advocate and frequent visits from the residential governor.

### **The effectiveness of leaders and managers: good**

There have been changes to the leadership team since the last inspection. There is a new headteacher and residential governor. The leadership team has brought new ideas, and a focus on the short- and long-term plans for the school. In addition, oversight and monitoring have improved. These changes have had a positive impact on the care children receive.

Leaders are child focused and aspirational for children. They have shown that they genuinely care and that any changes need to be in the best interests of children.

Leaders have greater oversight of what is happening in the residential provision. They undertake unannounced visits and observe staff practice and spend time getting to know the children and listening to them. Leaders undertake audits and give feedback so that further improvements can be made.

Recent changes have been made to the support provided to staff through supervision and coaching. This has given staff the confidence to think about their own practice and personal development. Staff are embracing learning, which is having an impact on the way they care for the children. The care is based on knowledge and understanding of children's needs and how to meet these.

Staff say they enjoy working at the school and feel well supported by leaders and colleagues. They know who the leaders are and say they are present in the residence and that there is nothing they cannot ask.

Staff retention has improved. New staff have well-thought-out induction plans, which give them the information they need to work with the children. There is a variety of training opportunities that further develop staff's skills and knowledge. Training is within the whole school, which supports the 'we are one team' ethos.

Leaders are not afraid to seek support from others. When children have gone through periods of crisis, leaders have sought advice and support from psychologists and the child and adolescent mental health services.

## **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:

- There is a written plan in place for each child resident in the school, setting 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 EHC plan and reflects any changes to the EHC plan. (Residential special schools: national minimum standards 7.1)
- The school's leadership and management fulfil their responsibilities consistently and effectively so that the standards are met. (Residential special schools: national minimum standards 2.4)

### **Points for improvement**

- The leadership team should ensure that there is a full range of foods available to children with allergies and intolerances.
- The leadership team should ensure that there are protocols in place that tell staff when PRN medication can be used and who authorises its use.

### **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:** SC043049

**Headteacher/teacher in charge:** Brian Thomas

**Type of school:** Residential Special School

**Telephone number:** 01386 443367

**Email address:** [enquiries@valeofeveshamschool.org](mailto:enquiries@valeofeveshamschool.org)

## **Inspectors**

Debbie Bond, Social Care Inspector (lead)

Laura Norcop, Social Care Inspector

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