

St Rose's School

St. Roses Special School, Stratford Lawn, Stroud, Gloucestershire GL5 4AP
Residential provision inspected under the social care common inspection framework

Information about this residential special school

St Rose's School is a co-educational, non-maintained, Roman Catholic day and residential school. It provides a service for children who have physical disabilities and/or associated sensory, communication and learning difficulties. Some children have complex healthcare issues and 24-hour nursing support is available. Children are aged between two and 19 years. The school is in Gloucestershire. The residential provision was last inspected in March 2017.

There are 34 children on roll in the school and, at the time of this inspection, one child was staying overnight on the first day of inspection, and three on the second night of the inspection. The school offers flexible boarding arrangements from one to four nights each week during term time. Occasional weekend care and a programme of activities in the school holidays are also provided. The residential accommodation is in the building attached to the main school. The post-19 provision with accommodation on the school site is inspected by the Care Quality Commission.

Inspection dates: 9 to 11 October 2017

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: 6 March 2017

Overall judgement at last inspection: good

Key findings from this inspection

This residential special school is good because:

- Children receive high-quality care and support from a dedicated staff team. The team has an excellent understanding of children's individual needs and has high aspirations for them.
- The residential provision is led and managed by a highly committed head of care who is also the lead nurse. She leads by example and is supported by a dedicated principal who ensures that the residential provision is an integral part of the school.
- Children have 24-hour access to nursing care and therapy support. Staff are well trained to meet children's complex and very individual care and support needs. Comprehensive care and support plans provide staff with guidance on how to meet their needs.
- Children thoroughly enjoy a wide range of social and leisure activities. Their independence is promoted and parents consider that their children are safe. In addition, parents spoke highly of the care that is provided and said that there is good communication.
- Leaders and managers have a good understanding of the strengths and weaknesses of the provision. There is effective monitoring of the quality of care.

The residential special school's areas for development are:

- Review the documentation in relation to physical intervention so that it includes the views of children. In addition, review the reporting format of incidents, accidents and physical interventions to clearly evidence an evaluation of these matters.
- In collaboration with parents and other professionals, ensure that there are regular reviews of the use of high-sided beds, and that the use of these is incorporated into the school's behaviour management policy.

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

Recommendations

- Ensure that the behaviour management policy includes matters relating to the use of high-sided beds and the protocols and arrangements for their use.
- Implement plans for the reduction of the use of high-sided beds. This is to ensure that the least restrictive practice is being used. This practice should be regularly reviewed by a multi-disciplinary team, with full involvement of parents.
- Review the documentation that is used to record physical intervention to clearly evidence that the views of all children are sought and recorded. This is to include those children who have limited or no verbal communication or who use communication aids.
- Review the documentation that is used to record physical intervention, incidents and accidents to clearly record the evaluation and management oversight of these documents.

Inspection judgements

Overall experiences and progress of children and young people: good

Children receive high-quality and individualised care and support. Staff place the well-being and safety of children at the centre of their practice. One parent said, 'The staff look out for his well-being, physical, emotional and intellectual needs.' Another parent said, 'Staff are lovely, caring and personal. It's home from home.' Children are treated with dignity and respect and build strong relationships with staff.

Children make progress in their education and independence. There is effective liaison between the residential staff and the teaching, nursing and therapy teams. This ensures continuity and consistency in meeting children's holistic needs. One parent said, 'He can now take himself to the toilet [and] run his bath and he is more sociable.' In addition, children are supported and encouraged to be more independent in their eating and drinking, and use a wide range of aids and adaptations to assist them.

A strength of the school is the 24-hour support that children receive from the nursing and therapy support team. This is key to the healthcare needs of the children. Children's healthcare plans clearly identify their needs and how these are to be met. This includes clear information on how to support children with their epilepsy needs, eating and drinking, communication and moving and handling. A parent said, 'I have no concerns about my son's eating and drinking needs.'

There are robust arrangements in place for the management of medicines, and regular checks and audits are undertaken on the administration of medicines. There have not been any medication errors since the last inspection.

Children enjoy a wide range of activities when they stay. At the time of the inspection, children thoroughly enjoyed walks with staff, accessing the adapted trampoline and dancing to music. There were lots of smiles, laughter and squeals of delight from children. Children have access to the school's facilities such as the swimming pool and sensory environments. One parent said, 'They have trips out to the cinema and bowling.' Another parent said, 'They provide him with activities that we can't at home.'

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

There are effective safeguarding procedures and a culture of safeguarding children across the school. All staff receive safeguarding training and have a good understanding of safeguarding protocols and processes, including whistleblowing.

Since the last inspection, there have not been any referrals to the designated officer or children's services. The designated officer has not raised any concerns. Children have not been missing, and there are no concerns in relation to child sexual exploitation.

Bullying is not a concern and there are no concerns in relation to the use of the internet. Children are safe when staying at the residential provision. One parent said, 'It's a huge deal for us that he feels safe and happy when he stays there. He is safe.'

Physical intervention is used as a last resort. It is reasonable and proportionate. Sanctions are not imposed. Since the last inspection, there have been two recorded incidents of physical intervention. These have taken place in school, and records are kept of the interventions used. The format for recording these does not always clearly evidence that the children's views have been obtained. This includes children who have limited or no verbal communication or who use communication aids. Although the principal has a good oversight of the use of physical intervention, not all documents include an evaluation of the incident. All staff have received training in the school's preferred method of physical intervention and de-escalation.

Staff are sensitive to the individual needs of the children. They have a clear understanding and awareness of how children react if they are upset or anxious, and respond in a caring and supportive manner. Children's risk assessments identify the known risks, and there are risk reduction plans to support children to manage their feelings and emotions.

Staff ensure that detailed records are maintained in relation to incidents and accidents. There is good management oversight of these matters. However, the weekly review of these is not evaluative and does not clearly evidence the action that has been taken. This does not compromise children's safety.

The school has a detailed behaviour management policy that is due to be reviewed in December 2017. The policy does not include the use of high-sided beds. The use of these can be viewed as restrictive practice. Two children currently use high-sided beds that are of the same type of bed that is used at their home address. The principal and head of care have introduced a best-interest agreement, risk assessments and care and support plans that reflect the use of these. This has been implemented in consultation with parents and other professionals. A restrictive reduction plan should be introduced to ensure that the least restrictive practice is used. This must be done in full consultation with parents and professionals, and regularly reviewed.

Staff recruitment and selection processes are robust.

Children stay in an environment that is safe and well maintained. Environmental risk assessments are regularly reviewed to ensure that all known risks are managed well. There are regular checks on the utility services and electrical equipment.

The effectiveness of leaders and managers: good

Since the last inspection, the head of care has been confirmed in post. The head of care and principal are experienced and well qualified to undertake their roles. They are committed to ensuring that children receive high-quality care and support, and they lead by example. As a result, the residential provision is effectively and efficiently managed and is seen as an integral part of the school. The needs of children take priority.

Comprehensive care and support plans provide staff with guidance on how to meet children's individual needs. These are regularly updated and reviewed. Staff said that there are good working relationships between them, school staff and the nursing and therapy teams. This ensures continuity and consistency of care.

Leaders and managers have a good understanding of the strengths and weaknesses of the provision, and there are effective systems in place to monitor the quality of care. There is good collaboration between leaders and managers and the governors to improve the services to children. There is close monitoring of the residential provision by the governors, and detailed reports are completed following their visits, with recommendation made to further improve.

The complaints policy is in an accessible format for young people. There have not been any complaints since the last inspection. The two recommendations made at the last inspection have been met.

Staff are dedicated and are well supported by the head of care. Staff said that they feel valued and supported, and are involved in the development and review of care plans and risk assessments. They receive regular supervision that focuses on safeguarding, reflective practice and their personal development.

As well as mandatory training, staff receive a wide range of training that includes training in anaphylaxis and EpiPen administration, administration of midazolam, the use of an automated external defibrillator, basic life support and gastrostomy care.

Staff ensure that there are good relationships and effective communication with parents and carers. One parent said, 'I feel listened to, and there is good communication between us. I have no concerns.' Another parent said, 'There is great communication. The care staff and school work in tandem.'

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people. Inspectors considered the quality of work and the differences made to the lives of children and young people. They watched how professional staff work with children and young people and each other and discussed the effectiveness of

help and care provided. Wherever possible, they talked to children and young people and their families. In addition, the inspectors have tried to understand what the school knows about how well it is performing, how well it is doing and what difference it is making for the children and young people whom it is trying to help, protect and look after.

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: SC034383

Principal: Sheila Talwar

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Inspector

David Kidner, social care inspector (lead)



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