

# St. Andrew's Academy

St. Andrew's School, St. Andrew's View, Derby DE21 4EW

Residential provision inspected under the social care common inspection framework

## Information about this residential special school

St. Andrew's Academy is a residential special school. All children and young people have autism spectrum disorder and/or learning disabilities. Twenty-four children and young people can access the residential service, which operates from Monday to Friday. A maximum of 12 children at any one time stay in residence.

The residential accommodation is provided in an annex attached to the main school and there is a bungalow for young people that is on the school grounds.

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

### Inspection dates: 24 to 26 May 2022

**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:** 25 May 2021

**Overall judgement at last inspection:** good

## Inspection judgements

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

Children love staying in the residential provision. They particularly enjoy meeting up with their friends. Additionally, children have lots of opportunities to practise life skills. Some parents commented that this helps their child to build confidence and self-esteem. They say that children practise at home what they have learned at school.

Children's views and wishes are sought and valued by leaders and staff. Staff find ways to celebrate children's achievements. They encourage children to express their wishes and feelings. This helps managers and staff develop a service that better reflects what matters most to children.

Children enjoy the activities on offer. These have been restricted during the COVID-19 pandemic and some external clubs have closed. However, staff have been creative. For example, children have been camping in the grounds, playing cricket, and have taken advantage of a range of play equipment. They have art and craft resources and films to enjoy. Children particularly enjoy dancing along to dance videos and practising yoga.

Children are encouraged to choose activities and practise life skills. These include cooking, making beds and personal care. These skills will help children to successfully transition into adulthood.

Children can remain in contact with their parents during their stays in the residential provision. This helps to reassure parents and children alike. Staff communicate with parents. Parents are complimentary about the care and experiences provided to their children.

Children's health is carefully considered. For example, staff are aware of children who have food allergies. Staff also encourage children toward healthier snacks. Children's medication is managed safely. However, regular audits of medicines do not currently take place. These would ensure better oversight of medication to ensure that records are fully completed.

Staff are skilled at adapting their practice in communicating and engaging children in creative and imaginative play. For example, children are encouraged to help staff create stories. This encourages independent thinking. Staff are also skilled at ensuring that all children are fully included in activities no matter what their limitations.

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

Children who stay overnight do not have personal evacuation plans. Other risk assessments detail behaviours that may be exhibited by children and hinder a fire evacuation at night. For example, one child is frightened by the fire alarm and another child struggles to get out of bed without help. Staff were unsure how they would manage these children at night, in the event of the fire alarm sounding.

Not all children have been involved in a fire drill during this academic year. However, all the children have had fire evacuation described to them during children's meetings. Children were able to say what they would do if the fire alarm sounded.

Good safeguarding practice helps to keep children safe. Safeguarding concerns are acted on quickly and effectively.

Children are usually well behaved, polite and helpful. There have been very few incidents of concern. When incidents do occur, staff manage these well. Staff know the children very well. This helps them to de-escalate or deflect concerning behaviours quickly and effectively. However, staff and children are not given the opportunity to discuss the incident and reflect on it. This would help children to express their views about what happened and for staff to learn how to prevent future incidents.

Staff have received training in physical intervention, if required. There have been no restraints in the residential provision. However, behaviour risk management plans and risk assessments are classroom based. This does not provide good information for staff in the residential provision.

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

A recent health and safety audit of the school was undertaken by an external company. The report focuses on the school environment. It did not consider children staying overnight. For example, the report states that the school has personal evacuation plans for some children. However, these children access the school and not the residential provision. Leaders and managers have not ensured that the assessing officer was made aware of children staying overnight.

Staff complete a range of mandatory training. However, staff are not provided with good training opportunities to make sure they have the skills and knowledge to meet the specialist needs of children. These would include training in autistic spectrum disorder, epilepsy, communication with children with disabilities and safeguarding children with disabilities. For example, staff were unclear what type of seizure a child had and so may not know what to look out for. Strategies to manage risks recorded on children's risk assessments are vague. They refer to staff needing to 'be aware' of

risks. If staff have not had the relevant training, this may limit their understanding of what to be aware of or how to respond.

Children know how to make a complaint and have done so. Managers have recorded complaints on behalf of children. Complaints have been appropriately investigated and concluded to the satisfaction of the complainant. However, the evidence for this is limited and does not demonstrate the good work managers have done in this area.

Staff are experienced and know the children well. The staff are highly motivated to provide the children with good care and experiences. However, good staff practice is not clearly evidenced within children's records. For example, children's key-work records do not fully demonstrate the discussions staff have undertaken with children. These records do not show good consultation with children.

Staff feel well supported in their role. However, they are only offered two formal supervision sessions with the head of care, twice a year. Staff may benefit from having more sessions to ensure they have a regular opportunity to discuss their practice. Also, staff annual appraisal systems are not yet formalised.

The head of care is relatively new to the position. He has been working in the school for many years, in different roles. He is qualified and experienced. He is introducing new systems within the residential provision, but these are not yet fully established. For example, the head of care has plans to introduce a 'WOW board' for children and an improved appraisal system for assessing children's life skills.

There is a strong interim executive board that has a good understanding of the strengths and weaknesses of the residential provision. The chair of the board regularly visits the children, while the children are staying in residence. External monitoring reports are currently completed by an independent visitor. The independent visitor usually talks to children and staff. However, these reports do not currently include an evaluation of the effectiveness of the care provided to children and whether they are being effectively safeguarded.

## **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 for residential special schools:

- The school ensures that the welfare of pupils at the school is safeguarded and promoted by the drawing up and effective implementation of a written risk assessment policy and appropriate action is taken to reduce risks that are identified. (NMS 6.3)

### **Points for improvement:**

- Ensure that all actions taken regarding complaints are documented to make sure that staff are able to clearly evidence that the child or complainant has been listened to and responded to appropriately. (Linked to NMS 18)
- Records about children could be strengthened to ensure they reflect the good work staff do with children and the child's views, wishes and feelings. (Linked to NMS 22)
- Ensure that reports relating to standard 20 include an evaluation of the effectiveness of the care provided to children and whether they are safeguarded.
- Consider initiating an auditing system for medication to ensure medication is safely administered and records are properly completed. (Linked to NMS 3)
- Consider completing de-briefs with staff and children after incidents. To allow staff the opportunity to reflect on the incident and ascertain children's views about the incident. This will help prevent future incidents from occurring. (Linked to NMS 13)
- Ensure staff have regular supervision of their practice and a formal annual appraisal. (NMS 19)
- Ensure that all staff are provided with good training opportunities to ensure that they have the skills and knowledge to be able to meet the specialist needs of children. These would include training in autism, epilepsy, communication with children with disabilities and safeguarding children with disabilities. (Linked to NMS 19)
- Leaders and managers should ensure that health and safety reports completed externally to the school, fully take into account that children sleep overnight in the school. (Linked to NMS 13)

## **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:** SC053344

**Headteacher/teacher in charge:** Melsa Buxton

**Type of school:** Residential Special School

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## **Inspectors**

Joanne Vyas, Social Care Inspector (lead)

Sarah Orriss, Social Care Inspector

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