

Mary Hare School for the Deaf

Mary Hare School, Arlington Manor, Snelsmore Common, Newbury, Berkshire
RG14 3BQ

Residential provision inspected under the social care common inspection framework

Information about this residential special school

The school is a non-maintained special school providing education and accommodation for students aged five to 19 who have severe and profound hearing loss. The primary school is on a separate site and offers day and weekly boarding placements. The secondary school admits students from all over the United Kingdom and has a small number of students from overseas. Nearly all students board. The primary school has a boarding facility with bedrooms to suit the age profile of the school. The secondary school has six boarding houses. Year 7 has two dedicated boarding houses; Years 8 to 10 live in two larger boarding houses; Year 11 students live in a purpose-built boarding house; and the sixth form has four separate accommodation blocks of individual and shared study bedrooms.

Inspection dates: 2 to 4 July 2019

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: 4 December 2018

Overall judgement at last inspection: good

Inspection judgements

Overall experiences and progress of children and young people: good

Residential students overwhelmingly say that they enjoy staying at the school and have good relationships with both the students and staff in their houses. Parents are enthusiastic about the progress that their children have made, including having a friendship group, learning life skills and improving their confidence in social situations, saying it is 'way beyond' their expectations.

Staff value students' views and ideas, and encourage independent thinking while developing confidence. The use of pupil voice visits to houses by the head of care demonstrates commitment to gaining and acting on residential students' views. This has included the design and layout of common rooms and the ongoing activities available at the school's youth club Cole's Diner. Various groups help to develop areas in the school, such as the food committee. The group goes beyond what is served for meals, including challenging the catering staff on food waste and making a move to biodegradable disposable cups.

Residential students are encouraged to lead healthy lifestyles and to consider what this means for them. Meals are freshly made and fruit is always available for snacks. Specific dietary needs, and likes and dislikes, are well catered for. However, one child did not have halal meat for the end of term house barbecue. This oversight unnecessarily excluded him from the group celebrations.

Residential staff and the nursing team work well together. Basic medical needs are well met through links with local health services. Older students are learning to request and collect their own medications as part of their ongoing life skills development. Key staff are trained in supporting students with complex health needs, but there have been delays in ensuring that sufficient staff are trained to cover absence. Students' emotional well-being is held central to care planning. The therapies team is a particular strength in the school, and students value the support available.

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

Residential students say that they feel safe at the school and that it is like a big family. They are confident in the residential houses and approach staff with worries or concerns.

Safeguarding procedures have significantly improved in the school. Records of responses to concerns are clear, and referrals are made in a timely manner. Joint working with the key staff in the local authority, and with the designated officer, has improved. The safeguarding team, with support from human resources and specialist training providers, has strengthened its investigation and recording practices, resulting in more accurate records. Staff skills, knowledge and confidence in safeguarding processes are strong. However, there is no clear decision making about

which staff, including nurses, have access to sensitive information.

Residential students say that bullying can be a concern. The vast majority of students are clear that it is managed effectively and quickly by staff. The use of restorative approaches to behaviour management has been an area of continued development. Staff are clear on their responsibility to prevent and tackle bullying, but staff training is not fully embedded into practice. There remains a concern that some staff are not recognising bullying in all forms, including name calling and casual homophobia, such as students calling one another gay. Staff have received training in key sign language that may be rude, bullying or insulting. This includes variations of signs used as slang. Staff feel that this has been a useful tool in preventing bullying.

Residential staff have a good knowledge of the risks posed to students through social media and living in diverse locations. They understand exploitation in all forms, and how vulnerable the students can be. They provide a supportive environment for students who may have ongoing concerns or issues, monitoring them and keeping them safe while at school.

Recruitment processes are particularly robust, with clear records of pre-employment and ongoing checks of staff and regular visitors. New monitoring processes have been introduced to ensure that regular visitors such as the independent visitor, music tutors and dance instructors undergo extra checks if they have not worked in the school for three months or more.

The quality of the residential houses is improving. There is an extensive programme of refurbishment, which is well underway. Further funding has been agreed to complete work over the summer break and beyond. This has significantly improved students' experiences of living in the houses. Fire evacuations continue to be poorly recorded. There is no evidence that they are monitored effectively to learn lessons or to identify issues. Policies and procedures do not make it clear how frequently drills should take place, including if or when night-time drills should happen. However, the houses are well equipped with specialist alarms and signals for residential students to know if they need to evacuate the building.

The effectiveness of leaders and managers: good

Residential staff are confident in their roles and say that they have the training that they need to meet the needs of those they care for. They feel that they have access to senior staff when they require this, and generally are well supported to develop their skills. Staff supervision is regular and provides challenge in addition to monitoring progress against annual appraisal targets. Some team leaders are undertaking team leader management apprenticeships. In addition senior team leaders complete the level 5 in leadership qualifications to further improve their skills in developing and supporting staff.

Leaders and managers have a good understanding of the progress that residential students are making. Staff have made significant improvements in care planning. Residential students' views and ideas are clear throughout the documents. Despite some of the older students not always appreciating the language used, they do provide a good record of targets that students and staff have made, and the progress that students have made over time. The leaders and managers recognise that this remains an ongoing area for development and they are checking records and plans for duplication and age appropriateness.

Leaders and managers have good oversight of complaints and concerns raised at the school. They are able to evidence that complaints have been listened to and investigated. However, some records lack clarity on final decisions and lessons learned as a result of the concern raised.

Leaders and managers have a strong understanding of the residential provision's strengths and weaknesses. They use a variety of monitoring tools, including thorough half-termly external monitoring by the independent visitor, governors' visits and visits to the houses by the internal quality assurance team. Reports are evaluative and identify areas for further improvement and development, while reflecting on actions taken since the last visits.

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:

- 7.1 The school complies with the Regulatory Reform (Fire Safety) Order 2005.
- 13.8 The records specified in Appendix 2 are maintained and monitored by the school and action taken as appropriate.

Recommendations

- Ensure that provision is made for all children's dietary needs.
- Ensure that staff training is embedded into practice, with particular regard to recognising bullying in all forms and promoting equality and diversity.
- Ensure that sufficient numbers of staff are trained to meet children's complex health needs.
- Promote cross team working and agree who should be privy to sensitive information.

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: SC011137

Headteacher/teacher in charge: Peter Gale

Type of school: Residential Special School

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Inspectors

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