

Royal School for the Blind

Royal School for the Blind Liverpool, Church Road North, Liverpool L15 6TQ Residential provision inspected under the social care common inspection framework

Information about this residential special school

The Royal School for the Blind, Liverpool, is a non-maintained charitable school. It provides education and accommodation for children with visual impairment and/or a wide range of complex needs. The school provides up to 90 places for children aged between two and 19 years. It offers residential provision for up to six children at any one time, in a detached house in the school grounds. Children use the residential provision in a mix of Monday to Thursday placements and overnight stays. The school's multidisciplinary approach includes the involvement of specialist staff such as teachers, nurses, occupational therapists, physiotherapists and a speech and language therapy team.

The experienced residential manager has been in post for one year and has a relevant qualification as required by the National Minimum Standards.

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

Inspection dates: 11 to 13 July 2022

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

How well children and young people are good helped and protected

The effectiveness of leaders and managers good

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

Date of last inspection: 5 October 2021

Overall judgement at last inspection: good

1



Inspection judgements

Overall experiences and progress of children and young people: good

Children enjoy their stays at the residence. They smile, have fun and are comfortable with the staff. This is because the staff genuinely care about the children. Their love for them is evident in the way they talk about them, engage with them and promote their best interests. One child said, 'I am anxious, but staff help me with activities to keep me busy and do meditation before I go to sleep.' Parents are very complimentary about the staff team, the level of communication from staff and the care provided to their children.

Inspectors found that children have made significant progress since the last inspection because of their time in the residential school. Children have reduced dependency on the use of gastrostomy feeding by taking their food orally, they have increased their vocabulary to support communication and they have improved their mobility. Children are developing confidence that helps them to have control of their emotions and make independent choices. The progress that children make has a significant impact on the quality of their lives and experiences.

Children's development goals and action taken to support them are clearly documented in their care plans. However, not all required documents are consistently in place, such as one professional assessment for a specialised restrictive bed. However, staff attend meetings to review children's plans and because of this children's special educational needs and complex health needs are well understood. Therapy boards provide staff with advice and guidance from other professional services such as speech and language therapy, occupational therapy and sensory assessments. Inspectors observed staff integrating this guidance seamlessly into their childcare, and children were responsive to their approach.

Children are confident in expressing their views and wishes about their day-to-day experiences and how they are feeling. Staff encourage children to make independent choices and allow children the time they need to express themselves appropriately. The children's council is a representative cross-section of ages and capabilities. Each child actively participates, sharing their views about end-of-term festivities, charity work or how to look after their environment.

The leadership team and governors have invested time and resources to ensure that residential accommodation is of high quality, including having air conditioning in the residence. Children's bedrooms show how well children are thought of and cared for, by the quality of furnishings and personalisation. Communal areas are well equipped and well laid out, so that children can move freely around the residence and play areas.

Activity planning has improved. There are now clear plans in place for each night, based on individual children's interests and hobbies. Children are carefully introduced



to a range of new experiences and group activities. Staff support children to access daily activities only when they feel able and happy to do so.

Children are supported well and provided with positive experiences during their early stays in residence. Gradual introduction plans are implemented and information is gathered from the child and family before they arrive. Children's experiences are used to tailor the care that they receive. When children are planning to leave the school and residence, staff take every opportunity to celebrate their time with them, acknowledge their achievements and provide emotional support to help them to take the next step.

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

Children are cared for by a staff team that understands the risks for children, their vulnerabilities and their emotional needs. Staff are vigilant in monitoring children's presentation. They use their warm, respectful and nurturing relationships to preempt and respond promptly to situations when children feel unsafe or unhappy, or when this might lead to a decline in their well-being. Leaders and managers have ensured that staff understand and help children to learn about the wider risks that children may face as they get older, such as from radicalisation and social media.

Children have clear risk assessments. They are written with input from parents and the multidisciplinary team in the school. Inspectors observed staff supporting children in ways that enabled them to feel safe and secure, including encouraging children to explore their feelings and find alternative activities or enjoyment to maintain their equilibrium. When children occasionally become distressed, staff provide safe responses and interventions reflective of those set out in children's behaviour support plans.

The leadership team and children welcome professionals and family visitors to the residence. This includes people from within the multi-disciplinary team, external professionals such as the independent visitor, and trustees and governors. Parents and social workers told inspectors that they believe children are safe and well cared for in the residence. In addition to this, a safe environment and appropriate staffing levels are in place to ensure that children do not go missing from the school.

Staff consistently support children to access appropriate healthcare to meet their needs. A deputy head of care who is a registered nurse supports the school healthcare team, providing an effective bridge between school and the residence. Significant improvements have been made to medication storage in the residence and there is improved access to children's health records.

Inspectors found that not all records related to accidental injuries or self-harm, or records for marks to children's skin, were complete. In some cases, the records were missing. This means that external enquiries into children's well-being are potentially inhibited by incomplete records. However, a new designated safeguarding lead is introducing improved recording and monitoring systems to oversee children's



experiences and records of injuries and bruises they may suffer while at school or in the residential service.

The effectiveness of leaders and managers: good

Since the last inspection, a leadership restructure has benefited both children and the residential staff team, by creating clearer roles and responsibilities to support high-quality childcare. The residential provision is overseen by an experienced and qualified manager, who is supervised by a highly experienced and qualified head of care. This accountability ensures that children's residential care remains a high priority and is monitored at all levels of governance. All the requirements and recommendations from the last inspection have been met.

Leaders and managers are ambitious in driving nurturing and responsive care to meet children's needs and to help them to achieve. The leadership team, governors and staff team understand where and how children make progress. They are prepared for when children face challenges to success and help children to overcome barriers to participation or enjoyment. Promoting equality and diversity are core principles in the residential provision and school community. Staff place a high value on children developing the skills to build safe and positive relationships that celebrate difference.

Residential staff supervisions are now well established. They are highly effective because they provide opportunity for staff reflection and discussion around children's needs. Staff say that they feel valued, and that staff team morale has improved. Mental health first aiders are now available for staff, to support their well-being. Staff are positive about the access they have to senior leaders through group supervisions and the visible presence of governors. This accessibility has provided the staff team with a forum to discuss any concerns or areas of improvement that they feel would benefit the service.

The staff team has been provided with highly relevant training and development opportunities, to ensure that they are up to date with and can safely manage children's health conditions. Additionally, the leadership team is currently delivering new training to improve staff's understanding of positive behaviour support. Staff are encouraged to contribute to reflections about whether the training meets their expectations, and this helps drive continuous improvement in staff development.

Inspectors found shortfalls in staff recording of some incidents related to children's health and well-being. While this has not affected the quality of children's day-to-day experiences, it does not allow for a complete and transparent record of children's experiences during their time in residential. As a short-term solution, leaders and managers took immediate action to improve the recording systems and ensure there is improved management oversight of the records. They are currently implementing a new plan to train staff in effective recording and are introducing electronic safeguarding records.



Significant improvements have been made to internal multi-disciplinary relationships. There are joint plans and initiatives for children between school and the residence. These include education staff providing support in the residential provision and therapists spending time in the residence with children and the staff team. This promotes a holistic approach to children's safety, welfare and development.

Leaders and managers have ambitious long-term development plans for which they are accountable to governors, and which are being gradually implemented. Children continue to be at the centre of development of the school and residential provision. Appropriate steps have been taken to ensure that the residential service is fully integrated into the whole school development plan.



What does the residential special school need to do to improve? Point for improvement

■ School leaders should ensure that each child's file includes the information in Appendix 2 (individual records).

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: SC040720

Headteacher/teacher in charge: Vicki Dwyer

Type of school: Residential special school

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Inspectors

Denise Jolly, Social Care Inspector (lead) Cheryl Field, Social Care Inspector



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