

# Ingfield Manor School

Ingfield Manor School, Ingfield Manor Drive, Five Oaks, Billingshurst, West Sussex  
RH14 9AX

Residential provision inspected under the social care common inspection framework

## Information about this residential special school

Ingfield Manor is a day and residential, non-maintained special school for children between the ages of three and 19 years. Ingfield Manor provides an educational service to children who have neurological motor impairments, such as cerebral palsy and associated impairments. Many of the children have additional complex medical conditions. Support is delivered through conductive education and the school has a long association with the Peto Institute. Most students board on a 'flexi' basis and have short stays at the school. Others, who board on a weekly basis, return home at weekends.

A national private organisation has acquired the school since the last inspection.

**Inspection dates:** 11 to 13 December 2018

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

How well children and young people are helped and protected **outstanding**

The effectiveness of leaders and managers **good**

The residential special school provides highly effective services that consistently exceed the standards of good. The actions of the school contribute to significantly improved outcomes and positive experiences for children and young people.

**Date of previous inspection:** 27 November 2017

**Overall judgement at last inspection:** outstanding

## Key findings from this inspection

This residential special school is outstanding because:

- The promotion of independence, which is central to the practice of all staff, is strong.
- The amenities on the school campus, including a woodland area that is accessible to all students and that is used for making dens, birdwatching, barbecues and a miniature steam railway.
- An exceptionally high level of support is provided for students, from pre-admission and throughout their stays.
- Education, therapy and residential staff work across the school, ensuring continuity of care and the integration of the skills of each in the care of students.
- Significant and lasting progress in students' ability to communicate. This improves their quality of life, reducing frustrations and leading to excellent behaviour in the setting.

The residential special school's areas for development are:

- Matters such as signing, dating and including timings on emergency evacuation records, and recording that door alarm checks are conducted, are missed.
- Health and safety processes are not integrated across the different levels of responsibility in the organisation.
- The recently reconstituted governing body and company directors have yet to develop a working relationship.
- The organisation's complaints policy does not give sufficient guidance for staff to facilitate complaints from students who have limited ability to communicate any concern they might have about their care in an effective manner.

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

### **Recommendations**

- Ensure that consents signed by parents and carers for staff to administer first aid and to agree to emergency treatment (in the absence of someone with parental responsibility) are clearly worded. NMS 3.6
- Ensure that arrangements for health and safety, particularly audits for the premises, clearly identify individual responsibilities across the organisation and that audits are conducted regularly. NMS 6.2
- Where students are known to be vulnerable, risk assessments are undertaken of their potential to be sexually or criminally exploited. NMS 6.3
- The governing body needs to develop its role and responsibilities, particularly in relation to the board of directors, in order to provide the level of oversight and challenge to the school that is required. NMS 13.1
- Develop a clearer recording system for the monitoring of areas highlighted in Appendix 3 of the national minimum standards. NMS 13.9
- Develop a complaints policy and procedure that provides guidance about facilitating complaints from students who have limited ability to communicate their wishes and feelings in an effective manner, including how behaviour might indicate that they are concerned about an aspect of their care. NMS 17.1

## Inspection judgements

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

The school provides a highly individualised programme of care from the point of agreeing that a student will have a residential placement. Managers and staff tailor admissions so that even the most anxious children achieve a smooth transition to having overnight stays. Reluctant parents and carers are won over by opportunities afforded in the setting. One commented, 'I initially said, "Why would I send my child to a residential school?" Then I came and saw it and thought, "Why would I not want my child to be a part of this?"'

Students experience a very high standard of care to meet their health, cultural or ethnic needs. Staff take advice from parents, carers and other professionals to achieve this. Children and young people are given as wide a range of choices as possible, including meals, activities and who provides their personal care.

Staff have highly honed skills to promote students' independence. They consider a child's abilities, motivation and energy levels when judging the level of support to provide at any time. Staff members adeptly explained the reasons why they might help a student to load a spoon to feed herself but, another time, support her arm to help her get the spoon to her mouth – both are a preference to feeding her directly.

The school's kitchen has been awarded a 5-star food and hygiene rating. The menu provides a range of options, including vegetarian and 'free-from' meals. Students say that the quality and variety of food have got much better since the last inspection.

The residential provision is well equipped to help students increase their independence or to experience time out of wheelchairs. However, the timing of a recent refurbishment of the accommodation did not give sufficient opportunity to canvas the opinions of staff. Listening to these views may, in a few instances, have led to more appropriate furnishings being purchased. These have been or are being remedied.

The new interior design has something of a 'corporate feel' but it is a great improvement on the earlier decor and has received very positive feedback from students.

The policy of having staff work across education and residential provisions has significant benefits for students; it provides continuity of care, reduces potential difficulties in transferring from one setting to another and enables all staff to have a rounded understanding of the children that they care for. This is strengthened by members of the therapy team working on shifts and integrating their skills with those of colleagues. This means that staff have direct experience of strategies or techniques that the therapy team recommends and there is an immediate 'feedback loop' on their effectiveness.

Staff set targets for students, based on education, health and care plans, consultation with families and children's own wishes. These are reviewed each term and comprehensive records demonstrate the progress made by children. Some progress is very gradual, but still significant. Other achievements are remarkable, particularly the progress made in communication. For instance, one student has obtained a City and Guilds Level 1 certificate in Augmentative and Alternative Communication. Children and young people often readily transfer what they have learned to different settings. Parents say that their children do more for themselves at home since starting to have overnight stays; one said that her daughter 'would not be able to do what she does now if not for the staff here.'

Students show that they enjoy their stays in a variety of ways; smiles and eager participation in activities were evident during the inspection. One older young person missed friends who had already moved on to adult provision but had decided to stay at the school because he was doing so well. He thought that the facilities were '100% tickety-boo!'

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

Registered nurses train other staff in the administration of medication and in nursing procedures so that students are medicated, fed and receive other health treatment from competent and well-supervised adults. Risk assessments for eating and drinking, and health plans, convey complex information in a clear way so that staff have unambiguous guidance to follow. This contributes significantly to students' safety.

Managers take care when deciding which students may share bedrooms, if students choose to do so. They consider friendships, compatibility and potential risks. This adds to children and young people's enjoyment of overnight stays.

Health and safety matters are considered at several levels in the organisation but are not fully joined up. Some staff and managers have differing expectations of processes and this has led to there being no documented audit of the health and safety of the premises since 2016. Other measures, however, are meticulous, such as the monitoring of conditions in the swimming pool and health and safety procedures in the woodland.

The commitment to safety is exemplified by the decision, when it became apparent that the policy of moving to a safe part of the building was compromised by the construction of the roof void, to increase staffing to ensure a prompt evacuation of the building in case of fire.

Staff are highly skilled at helping children to express their wishes and feelings using a variety of communication aids. Students have planned 'chat times' with a member of staff of their choosing; many children have used this to raise issues that are

important to them such as worries, and ideas for their own care. Occasionally, students have been able to express concerns that would not otherwise have come to light, leading to a safeguarding referral. Significant conversations are recorded well.

Managers have identified students who have particular vulnerabilities and work well with staff to reduce these. However, a written assessment has not been carried out for young people who are at a greater risk of sexual or criminal exploitation. This means that staff do not have written guidance about signs for individual students or know what they can do to reduce the potential for exploitation in each case.

Students' increasing ability to communicate has led to a considerable reduction in frustrations for some, and a consequent improvement in behaviours. Some children and young people who displayed disruptive behaviour before admission now rarely do so in the school and there have been no incidents of physical intervention or sanctions since the last inspection.

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

The governing body has gone through a period of change and significant vacancies but an acting chair and new safeguarding lead are now in place. Nevertheless, the board has not been able to provide the level of oversight or challenge that is required. It only meets termly, and it will take time for it to be well-enough informed about the school to do so.

The owners have yet to form working relationships with the new governing board, but they have drawn up a framework for their different responsibilities. The owners have promptly addressed a number of long-standing issues and have made a significant financial commitment to the school. Some of this, such as the refurbishment of the residential provision, is already having a beneficial impact.

A recently appointed independent person helps leaders, managers and governors to have an oversight of the residential provision. Her first report gives a helpful evaluation of her observations and suggestions for improvements. The report was compiled from an announced visit, as were those of at least the two previous ones by her predecessor. Managers are aware of the requirement for most visits to be unannounced and fully expect this to be the future pattern.

In some areas, recording formats have not been configured to provide all the information that is required. Examples include ambiguous wording in consent for staff to give permission for emergency treatment. These records also do not specify consent to first aid. Fire alarm checks include the inspection of fire doors but do not record findings and documents that do not expressly require staff to sign or date entries.

Documentation relating to students is spread across a range of files. For example, risk assessments are held together, rather than each child having a file with all their information in one place. This has advantages but it also means that paperwork that

does not fit in any one of the current files, including children's looked after documents, is in a variety of places. The head of care is due to review the system soon.

The head of care has a wide-ranging development plan in place. This includes addressing a recommendation made following the last inspection to have a clearer recording system for monitoring areas given in Appendix 3 of the national minimum standards. This report therefore repeats it.

A form is available for students to use for complaints, but this is not a means that many could use. The organisation's policy refers to people being able to make complaints using their preferred form of communication, but this is not actively facilitated and there is no guidance for staff on how behaviour might indicate that children are protesting about an aspect of their care.

Managers have taken the views of students into account in a variety of ways, such as a suggestion that the school should hold a 'communication week' to promote everyone's understanding of the different methods used. It was a great success.

Professionals are highly complimentary about the work of the school. A social worker described staff as 'fantastic' and 'brilliant for the family'. Managers and staff have been asked to share their practice relating to their preparation for annual reviews, and the promotion of conducive communication, at county or national levels.

Managers and staff have developed a culture in the residential provision that encourages students to do as much as possible for themselves, while also offering exemplary care. This atmosphere is evident to those from outside the school who have some involvement with it. One carer said, 'I feel emotionally nourished whenever I visit, as they always go above and beyond in what they do.'

## **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:** SC014584

**Headteacher/teacher in charge:** Mrs Tracey White

**Type of school:** Residential Special School

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## **Inspector**

Chris Peel, social care inspector



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