

## **Appleford School**

Appleford School, Elston Lane, Shrewton, Salisbury SP3 4HL

Residential provision inspected under the social care common inspection framework

### Information about this residential special school

Appleford School is an independent special school with boarding provision for children aged seven to 16 years of age, with dyslexia and/or associated learning difficulties. At the time of this inspection, there were 135 children attending the school. Of these, 46 are boarders.

The boarding accommodation is provided in three areas on the school site, with a fourth boarding house in the local village.

**Inspection dates: 18 to 20 November 2024** 

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 previous inspection:** 19 March 2024

Overall judgement at last inspection: good

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### **Inspection judgements**

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

The vast majority of boarders enjoy their boarding experience and spoke positively about their experience. They have made strong friendships and enjoy the social aspects of boarding. Some boarders said it was like having a second family or a big sleepover with friends. Others said it also helps them to become more independent. Boarders spoke about the fun they have and the wide range of activities they get to take part in.

Boarders said they like the staff who support them, with some saying they feel the staff really care about them. Boarders could name a number of staff, across all aspects of the school, they would be comfortable going to if worried, concerned or upset. Boarders knew how to contact staff during the night should they need them.

Boarders feel able to contribute to life in boarding. They said staff welcome their views and ideas. Regular boarding council meetings facilitate children sharing views via their boarding council nominee from each boarding house. Examples of changes that have happened because of boarders feedback include a later settling time and later mealtimes in the evening. Other boarders said they had raised a concern about the quality of the showers, and this led to them getting new showers.

The environment in each of the four boarding houses is of a good quality. These are spacious, welcoming and comfortable houses with ample space for those who reside there. Communal spaces are comfortable, relaxing spaces which are well used by the boarders. These also provide snack-making facilities for boarders. Boarders are able to personalise their bedrooms by bringing in items from home.

Boarding staff understand the needs of each boarder and how to support them. Boarders make good progress from their starting point. This progress includes improved independence skills, helping others, being more adventurous and trying new things. Staff are very proud of boarders' achievements and celebrate these.

Boarders' healthcare needs are met well. Boarders have good access to the school's therapy team and, when needed, are supported to access services in the community. There are appropriate measures to store and administer medication to boarders safely with good monitoring and oversight. Some children take homely remedies/supplements as requested by their parents, and leaders have not fully explored this. In addition, some staff are not clear on acronyms within medication paperwork.

Each boarder has a social independence plan; however, these are sparse and generalised. They do not link well with education, health and care plan (EHC plan) targets. However, the house parents have identified this and are in the process of allocating key workers to help children explore more personal goals.



Personal, social, health and economic (PSHE) education is being taught to boarders. Boarding staff also speak to boarders about relevant topics relating to PSHE. However, work completed in education time is not always shared with boarding staff, so there is a lack of understanding about the impact of this work and how they can work better together on the PSHE curriculum. When pupils are in a relationship, staff are aware of this and have clear rules and boundaries in place which children respect.

All boarders have their meals in the central dining room. Menus are varied and provide boarders with a wide choice of food. Boarders said they like the meals. They feel the food portions are of a good size, and they are able to have seconds should they wish. Mealtimes are social occasions where boarders and staff chat about their day. There are opportunities to share meals with friends that might then stay in different boarding houses.

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

Children behave well throughout the school day as they move around the school and during their time in boarding. There are some positive friendships between boarders, who were observed to be respectful and kind to one another. When concerns arise about children's behaviour, staff are quick to respond and share information with senior leaders. Incidents of bullying are dealt with quickly to ensure that all children get the support they need. Children understand the rules and potential consequences, which are proportionate. Restraint is not used at this school.

The pastoral team is accessible for all children and is located in the hub of the school. It is on hand to explore concerns, support children and introduce individualised strategies that meet children's needs. Referrals to other agencies, such as child and adolescent mental health services (CAMHS), are completed and relevant information is shared with parents, family members and professionals.

Work with boarders regarding keeping themselves safe online is ongoing. Staff understand the breadth to which children access the internet and communicate online. The school internet has relevant safeguards to block unsuitable sites and identify any safeguarding concerns. Parents also receive advice about how to put parental safeguards in place when children use their own devices and data. Boarders seem to respect the rules, and the use of mobile phones and devices is restricted to a certain amount of time in the evening.

Since the previous inspection, changes have occurred in the safeguarding team so there is one designated safeguarding lead (DSL) whose sole responsibility is this role, meaning they have oversight of all safeguarding events without the distraction of other roles within the school. Two deputies support the DSL, and all are appropriately trained for their role. One event has occurred when the safeguarding policy was not followed and information was not reported to the appropriate people in a timely manner. Lessons have been learned from this to prevent such a situation from occurring in the future.



Staff demonstrate a clear understanding of their safeguarding responsibilities and were able to explain reporting processes. Staff record low-level concerns appropriately, understanding these may add to a larger picture in the future. When needed, the pastoral team, with children, professionals and families, produces risk assessments which boarding staff are aware of so they can manage and reduce any potential risk.

Currently, staff have not received information or training on the 'Safeguarding children with disabilities and complex health needs in residential settings' published paper, which is relevant in terms of their practice.

Staff recruitment is carried out in line with safer recruitment guidance, and recruitment records are well maintained. Currently, when staff leave, leaders and managers are not formally capturing leavers' exit feedback to further develop the school.

Within the whole school staff team, various staff are connected to each other through family relationships or established friendships. Leaders had not fully considered this from a safeguarding perspective in relation to conflict management. This was addressed during the inspection by the development of guidance for staff pertaining to this issue.

### The effectiveness of leaders and managers: good

Leaders and managers sufficiently monitor the quality of the boarding provision and how this impacts on the boarders' educational experiences. Senior leaders, such as the head of boarding, are held to account and produce written reports which come under scrutiny by other senior leaders and the school's advisory board. They use reports from their independent visitors to inform how they develop the boarding provision and address any concerns.

Boarding staff receive supervision termly. While they say they feel supported, the records vary in quality. At times, there is a lack of clarity about the discussions held, particularly when boarding staff are managing certain situations or providing children with additional support. Records do not reflect practice and actions which boarding staff and leaders were able to demonstrate in other ways. Registered health professionals have external clinical supervision. The oversight of staff training and development is under review, as information about this is not easily accessible with the most up-to-date information.

Some changes have occurred with the boarding staff, and children talked positively about this and how they had already built good relationships with their new house parents. House parents are supported by assistant house parents, and there is sufficient staff across the boarding provision. This means children have consistent staff they can build relationships with.



Formal complaints are very few, and the head of boarding and house parents tend to deal with concerns at a lower level, which includes communicating with parents over the phone, email or in person. During the inspection, managers were dealing with a recent complaint in which parents and children were unhappy about a recent decision. Mostly, parents speak very highly of the boarding provision and how this supports and benefits their child with their education and development.



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

### **Points for improvement**

- School leaders should ensure all staff receive information about the published paper 'Safeguarding children with disabilities and complex health needs in residential settings' to support their safeguarding knowledge.
- School leaders should ensure they improve their recording system effectively to support them in their evaluation, monitoring and overview of records.
- School leaders should ensure that a personal, social, health and economic (PSHE) education timetable is shared with boarding staff so they can support this learning in the boarding houses.
- School leaders should consider how they give staff who are leaving the opportunity to share their views and how they can use this to further develop the school.
- School leaders should ensure staff receive support and development to help them to understand acronyms used on medications, such as POM (prescription-only medication) and PRN ('pro re nata' medication).

### 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:** SC039141

Headteacher/teacher in charge: David King

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## **Inspectors**

Wendy Anderson, Social Care Inspector Nicola Lownds, Social Care Inspector Tara Webb, Social Care Inspector



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