

Mulberry Bush School

Mulberry Bush School Ltd, Abingdon Road, Standlake, Witney, Oxfordshire
OX29 7RW

Residential provision inspected under the social care common inspection framework

Information about this residential special school

Mulberry Bush School is a not-for-profit charity, approved by the Department for Education as a non-maintained special school. It provides 38 weeks of residential care and education and family work. This provision is for up to 31 boys and girls aged 5 to 13 years, who have experienced severe emotional damage in infancy and early childhood. The school had 23 children on roll at the time of this inspection, all of them residential pupils. The school provides therapeutic treatment for children who have serious emotional and/or behavioural difficulties. Four houses provide the residential accommodation, located around a 'village green'. Education provision is in close proximity and the layout of the site creates a community environment. The school is situated in a village of West Oxfordshire, within five miles of Witney. The residential provision was last inspected in November 2016.

Inspection dates: 10 to 12 October 2017

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

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

The effectiveness of leaders and managers **outstanding**

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: 9 November 2016

Overall judgement at last inspection: outstanding

Key findings from this inspection

This residential special school is outstanding because:

- The quality of individualised care and support provided is excellent and has a substantial impact on the progress and experiences of children.
- Managers and staff work hard to develop admirable relationships with other professionals and families; where they are good staff work collaboratively to enhance the life chances of children, and where they are difficult staff seek to improve communication so that the focus is on children's needs.
- Children's experiences of moving into the school and subsequently of leaving are extremely smooth as a result of meticulous transition planning, impact risk assessments, and admission and discharge processes.
- Managers and staff have high aspirations for children and employ a wide range of resources within the school and outside to attain them. They demonstrate a constant drive to improve practice and develop services so as to improve outcomes for children.

The residential special school's areas for development are:

- The school has not ensured that safe recruitment practice is applied in all circumstances or that the process is monitored sufficiently robustly to ensure compliance with the school's own policy.
- Staff have not recorded that health and welfare checks have been undertaken in a timely way when children complain of being hurt during physical interventions.

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

Recommendations

- The school's policy on physical intervention should include staff making a visual check for possible injuries following a restraint.
- Ensure that safe recruitment practice is applied in all circumstances and that the process is monitored to ensure compliance.
- The school's complaints policy should clarify the timescales for responding at all stages of the process and specify what should be covered in responses to complainants.

Inspection judgements

Overall experiences and progress of children and young people: outstanding

The school admits children only after careful assessment and induction, even if the placement is made in response to an urgent need. The children have all experienced high levels of trauma, which has had a severe impact on the way they view and cope with the world. They find it highly challenging to form relationships or to learn, making life in a family setting and learning in mainstream schooling extraordinarily difficult.

For many children the school is the first time that they have had a settled placement in which their needs can be met. A multi-professional team, made up of specialists in the fields of education, therapy and residential care, provides for the particular needs of each child. Staff help them to manage powerful emotions so that they can regulate their behaviour, live more happily with others and achieve.

Staff continually assess children's progress against specific competencies. They are rigorous in establishing that children are able to demonstrate that they have acquired a particular skill in a range of settings before agreeing that competency has been achieved. The system does not record when children regress, but staff identify and address this through individual work, including weekly targets set for each child.

Children's progress does fluctuate and some behaviour can be stubbornly resistant to change. Nevertheless, staff, families and children themselves do see the progress made since admission. Examples include dramatic reductions in levels of aggression, being able to settle at night, increasing ability to play, including with others, and enhanced self-esteem.

Children live at the school during the term, returning home for holidays and long weekends. Many parents and carers report that children are increasingly able to manage home life better following placement at the school; one said, 'Every time my daughter comes back she is more settled.' However, the holidays and long weekends are difficult for a few families. Some children would benefit from the structured environment provided in term-time continuing throughout the year and preparations made by leaders and managers to provide 52-week placements for a limited number of children are well advanced.

Integrated treatment plans combine the elements of a placement plan, risk assessments and a behaviour management plan. They detail the interventions used to assist children to progress, which may include, for example, life-story work, different forms of therapy or targeted key-worker sessions on issues such as keeping safe.

Not all staff understood how different parts of the assessment and treatment process work together, but treatment team leaders for each child manage the diverse

elements. There are regular meetings to review progress and make necessary alterations in the light of changing circumstances.

The main form of treatment is the milieu in which the children live. Staff create the warm, nurturing but structured environment that allows children to understand themselves and the world around them through everyday events, such as playing together. Behaviour is seen as a form of communication and, through a process of reflection, staff help children to make sense of why they act in particular ways. Staff assist children to understand their emotions and encourage them to communicate them verbally rather than act them out. This leads to significant emotional development and, as children become less chaotic, they are more open to learning academically, socially and personally. Sometimes children's insight is given remarkable expression: one young person wrote, 'I have had an epiphany', explaining, 'I have carers who look after me but I never say thank you'.

Staff grant some rewards based on the conduct of all the children in a house, so promoting the understanding that behaviour has an impact on others. Over time, children develop empathy, which most are unable to feel when admitted. This is a significant accomplishment and important for children's futures.

Despite the difficult issues children deal with and the challenging nature of much of the work, they told inspectors that they enjoy living in the houses and like the staff there. The accommodation is highly individualised, with displays created for such things as children's targets and how they can help one another. There are some personal touches, like individually made place-mats, which demonstrate to children that staff hold them in high enough regard to make such efforts.

Children often used the word 'fun' to describe their experiences in the school. Observation of recreational activities, such as a lip-synch competition and humour around the dinner table, bore this out. Staff help children who find it difficult to regulate their behaviour to enjoy themselves in one-to-one activities and to participate in group events, such as an assembly, by providing lots of reassurance – often through physical contact appropriate to the needs of the child. It is evident that this skilful interaction results in children's quality of life being greatly enhanced.

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

Managers and staff evaluate potential risks from the point of referral, producing impact risk assessments that identify factors that could have an effect on other children or the child who is being admitted. Clear strategies to address them are included. Risks are constantly reviewed during the placement, with new approaches adopted where there is a significant change. However, these assessments do not quantify the level of risk, meaning that it is not easy to appraise the impact of the measures taken.

Some children reported being concerned when their peers are aggressive or make loud noises. The nature of the difficulties of children placed at the school means that

antisocial behaviour will occur, but staff do intervene if a child is targeted. Children are aware that if they hurt someone there are consequences. Observations during the inspection showed that these are accepted and a spontaneous apology may be forthcoming.

Instances of children going missing or of bullying are managed effectively and staff are well versed in how to respond to safeguarding concerns. They were aware of how to adapt the process if one of the designated safeguarding leads is implicated, in line with the change to the school's policy made at the last inspection.

Staff apply boundaries consistently so that children know what is expected of them. Many children test staff members' willingness to keep the rules, some in extremely challenging ways. This is met with composed resilience. Staff use diversionary strategies to defuse situations whenever possible, but where necessary use physical intervention to prevent children harming themselves or others.

An observation during the inspection demonstrated that staff are skilled in the use of 'holds' so that minimum force is used, children are helped to calm as quickly as possible and are assisted to reflect on the experience with considerable sensitivity. Not only that, but other children who did not get involved during the incident were nevertheless quick to comfort the child who had been held. This exemplifies the way in which the school's ethos pervades the community, with the demonstration of empathy and concern for children who struggle with powerful emotions.

Over time the school helps most children to become less overwhelmed by their experiences and the feelings generated by them. As this happens, the frequency and/or severity of incidents reduce, although rarely in a uniform path.

Documentation provides clear accounts of why staff have physically intervened and how it has been followed up, with the exception of records of when, or if, a physical check is made after a child complains of being hurt during an incident. If not carried out, this leaves the possibility of an injury going undetected and the opportunity for concern for a child's welfare is missed. The lack of a timely record, if a check has been made, still leaves the school open to criticism, especially in the event of further complications. The school's policy on physical interventions does not specify that a physical check should be offered or how it should be logged.

Staff look for children who go missing and support them back into the school community when found. Managers have arranged for the school's independent advocate to conduct return to care interviews on behalf of placing authorities. The children know the visitor from her regular visits and this gives them a relatively familiar person with whom to raise any worries that may have prompted them to run away. Few children who have gone missing abscond more than once.

The implementation of health and safety procedures and the documentation of required work being completed have greatly improved since the last inspection. Work

is in progress to fit temperature valves to taps to ensure that the risk of scalding to children is removed.

Medication is securely stored in newly purchased cabinets. The school does not currently employ a nurse, but a manager monitors records and oversees practice while options for permanent arrangements are considered. There have not been any significant errors in administration in the intervening period.

The school employs staff following safer recruitment procedures, but a lapse occurred when the reference of a most recent employer was not verified until after an applicant started work. More importantly, managers did not address the issues it raised with the individual. Despite strengthening the monitoring regime since the last inspection, those charged with ensuring the effectiveness of procedures had not identified this matter.

The effectiveness of leaders and managers: outstanding

Leaders and managers concentrate their efforts on providing the best possible environment for pupils to overcome previous trauma, to make progress across all aspects of development and to have increasingly enjoyable experiences of living in the school.

Senior managers inspire a staff team which is dedicated to the work. The school invests in staff by providing layers of support for their practice and emotional resilience, including individual and group supervision, consultation with specialists and a training programme that far exceeds regulatory requirements; all staff who work directly with children undertake a foundation degree, level 5 qualification.

The entire organisation acknowledges the emotional impact of the work undertaken. Domestic staff spoke of how their work is very different to that which they had experienced elsewhere. The training and support they received made their role not only manageable, but also important in the care given to children. Residential staff feel well supported; they agreed that when an incident happens, 'Everyone makes sure you are OK. It's not taken for granted that you will get hurt or that you just have to deal with it.'

Recent advances in provision include the introduction of a life-story worker and a practice development practitioner. The latter assists residential staff by observing their work with children, making deductions about its impact and then making suggestions as to how practice might advance. The process draws on research that shows that this approach is effective in improving outcomes.

The school has participated in UK research projects that have independently verified the effectiveness of its work with traumatised children. One conclusion is that the approach used is applicable to other settings, and leaders and managers are further developing the dissemination of their philosophy and methods. They have also taken the opportunity to rethink some areas of assessment and practice.

A further development has been innovative family therapy, with staff spending time with the child and parents or carers in the family home. This has successfully improved direct and indirect contact and helped to avoid placement breakdown. A parent commented that, 'Four members of staff have spent three 2-day periods at our home with my family to help.' This has improved the quality of their relationships and the time they have together in the holidays.

A small minority of parents or carers think communication with them could be better, particularly on admission, and a few have questioned the assessments made or treatment provided. However, almost all those with concerns have maintained their confidence in the school; one parent said that he 'would choose the school again' and has good relationships with the staff.

The appointed independent visitor ably assists the board of trustees in its role of monitoring the operation of the residential provision. Her comprehensive monthly reports detail her consultations with children and staff, together with her own observations of the care provided and of management processes. The principal produces an annual review of the performance of the school that trustees consider. It does not include the head of care's self-assessment of compliance with the national minimum standards, but it does give a meaningful picture of the quality of provision and the developments in the service.

Professionals speak very highly of the holistic approach of the school and the communication with them by staff and managers. One professional commented, 'I wish I could get all my children somewhere similar.'

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: SC013039

Headteacher/teacher in charge: Ms Fiona Dall

Type of school: Residential special school

Telephone number: 01865 300202

Email address: fdall@mulberrybush.org.uk

Inspectors

Chris Peel, social care inspector
Emeline Evans, social care inspector



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