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| --- | --- |
|  | Action/Date |
| Title/Status- | QA SEN Day School - Guidance |
| New document or revised | Revised |
| Responsible Head of Service | Liz Perfect |
| Date review | July 2020 |
| Date SMT approved. |  |

# QA Report SEN school

**QUALITY ASSURANCE VISIT REPORT FOR SEN SCHOOL PROVISION**

**PART 1 - QUALITY ASSURANCE PRE-VISIT PROVIDER FORM**

| 1. **ORGANISATION AND SERVICE**
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| --- |
| 1. **Name of School:**
 |  |
| 1. **Registered Business Address:**
 |  |
| 1. **Name of Provision Visited:**
 |  |
| 1. **Address of Provision:**
 |  |
| 1. **Name of Head Teacher / Principal:**
 |  |
| 1. **Telephone Number:**
 |  |
| 1. **Email Address:**
 |  |
| 1. **Name of Member of Staff Completing Form:**
 |  |
| 1. **Position of Member of Staff Completing Form:**
 |  |
| 1. **Date Form Completed:**
 |  |

| 1. **REGISTRATION AND PLACEMENTS (School)**
 |
| --- |
| 1. **OFSTED Registration Number:**
 |  |
| 1. **Current OFSTED Rating:**(attach copy of most recent report)
 |  |
| 1. **Requirements and Recommendations from recent OFSTED inspection:**
 |  |
| 1. **Action Plan:**(attach copy)
 |  |
| 1. **Prospectus:**(attach copy)
 |  |
| 1. **Date Head Teacher Commenced in Post:**
 |  |
| 1. **Total Number of Placements Available in School:**
 |  |
| 1. **Number of Current Vacancies:**
 |  |
| 1. **Planned Admissions started in the last 12 months:**
 |  |
| 1. **Planned LCC Admissions started in the last 12 months:**
 |  |
| 1. **Unplanned Admissions ended in the last 12 months:**
 |  |
| 1. **Unplanned LCC Admissions ended in the last 12 months:**
 |  |
| 1. **Planned LCC Admissions ended in last 12 months:**
 |  |

| 1. **DETAILS OF LCC STUDENTS CURRENTLY ATTENDING YOUR PROVISION**
 |
| --- |
| **Name of Student** | **Date of Birth** | **Date Started** | **Are they LAC Yes/No** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

| 1. **STAFFING (Including Specialist Staff)**
 |
| --- |
| 1. **Staffing structure chart, including Leadership Team and Governing Body (where applicable).**

Please include the current vacancy positions on the chart. | *The staffing structure evidences permanent staff, Temporary staff and agency staff have the relevant qualifications and DBS checks in place. The single central register documents this (evidenced of there being one in place)* |
| 1. **Please provide details of qualifications and DBS checks:**
 |
| **Job Title Role** | **Staff Initials** | **Relevant qualification** e.g. QTS, HLTA | **DBS no. & Date of Completion** | **DBS clear / positive disclosure.**Confirm if positive disclosure risk assessment completed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 1. **Number of staff who have joined the provision in last 12 months:**Please include their role
 |  |
| 1. **Number of staff who have left provision in the last 12 months:**
 | The Head and Board of Governors (if one in place) monitors and reviews the patterns and trends re turnover of staff, whether agency or directly employed. Where possible the head should address any negative trends. |
| 1. **Please state reason(s) for staff leaving:**
 |  |
| 1. **Number of agency staff used in last 12 months**
 | All external agency staff meet the requirements regarding mandatory qualifications and the Head considers their skills, qualifications and induction needed.The use of agency staff is monitored to ensure YP receive continuity. |
| 1. **Number of agency staff members currently working in the provision:**
 |  |
| 1. **How do you ensure the safer recruitment policy has been followed when employing agency staff?**
 | All agency staff have the required qualification and safer recruitment is adhered to. |
| 1. **What is the minimum staffing ratio in the school?**
 |  |
| 1. **How often do all staff members receive supervision as a minimum including the Headteacher?**
 | The Head has systems in place so that all staff receive supervision of their practice by a suitably qualified and experienced professional which allows them to reflect on their teaching practice.A record of supervision is kept and provides evidence that supervision is being delivered.  |
| 1. **Training matrix for current staff members including mandatory training:**(attach copy)
 | A training matrix is attached and all training for staff is documented |
| 1. **Can you confirm all new staff members undergo a structured programme of induction which includes Children and young people Safeguarding?**

The induction is signed off by appropriate management. | The process and agreed timescales for staff to achieve induction, probation and any core training such as Safeguarding: Health & Safety. The Head also details the process for managing poor practice (give examples where possible). |
| 1. **Do all staff members have an individual training plan as identified through supervision?**
 | The Head ensures that staff can access appropriate facilities and resources to support their training needs and understands the key role they play in training and development of staff. |
| 1. **How many staff are First Aid trained?**
 | Is there evidence that these staff are on duty at any one time?The Head ensures that staff have the relevant skills and knowledge to be able to respond to the health needs of children, administer basic First Aid and minor illness treatment. First aid boxes are provided and maintained.Each child has permission for staff to administer first aid and non-prescription medicine from a person with parental responsibility. |
| 1. **Please provide below the details of staff members who carry out formal supervision with staff members and the date they received training to deliver this support:**

*The Head has systems in place so that all staff receive supervision of their practice by a suitably qualified and experienced professional which allows them to reflect on their practice and the needs of children.**Professionally qualified staff employed are provided with relevant professional or clinical supervision by an appropriately qualified professional.* |
| **Staff Initials** | **Job Title Role** | **Training date** |
|  |  |  |
|  |  |  |
|  |  |  |

| 1. **MONITORING**
 |
| --- |
| 1. **Name of other Local Authorities with placements:**
 |
| **Local Authority** | **Number of Placements** |
|  |  |
|  |  |
|  |  |
|  |  |
| 1. **Locality Risk Assessments:**(attach copy)
 | LCC requirement. The school is suitably located so that children are effectively safeguarded. The Head reviews the appropriateness and suitability of the school’s location at least once a year. The review identifies any risks and opportunities presented by the location and strategies for managing these.  |

| 1. **INCIDENTS AND NOTIFICATIONS**
 |
| --- |
| **These will be explored at the monitoring visit.** |
| 1. **Number of reported missing episodes in the last 12 months overall?**
 | There are agreed protocols agreed with the Police and other partners. These are reviewed regularly. Strategy meetings are held to minimise the risk. |
| 1. **Number of missing episodes in relation to visiting Local Authority?**
 |  |
| 1. **Number of OFSTED Notifications in last 12 months overall?**
 |  |
| 1. **Number of OFSTED notifications in relation to visiting Local Authority?**
 |  |
| 1. **Number of Physical interventions in last 12 months overall?** (include details of behaviour management package used)
 | The school has a behaviour management policy which describes the approach to promoting positive behaviours and the measure of control and discipline/restraint that should be set up in the context of building positive relationships.Example if possible. |
| 1. **Number of Physical Interventions in relation to visiting Local Authority?**
 |  |
| 1. **Number of incidents\* involving the police in last 12 months overall?**

\*Not including missing episodes. |  |
| 1. **Number of incidents involving Police in relation to visiting Local Authority?**
 |  |
| 1. **Number of medication discrepancies in last 12 months overall?**
 |  |
| 1. **Number of medication discrepancies in relation to visiting Local Authority?**
 |  |
| 1. **Number of LADO referrals in last 12 months overall?**
 | The staff report any allegation of abuse immediately to the head. Any allegation must be addressed in line with the Safeguarding Working Together document 2015. |
| 1. **Number of LADO referrals in relation to visiting Local Authority?**
 |  |
| 1. **Number of compliments received in last 12 months overall?**
 |  |
| 1. **Number of compliments received in the last 12 months by visiting Local Authority?**
 |  |
| 1. **Number of complaints received in last 12 months overall?**
 |  |
| 1. **Number of complaints received in the last 12 months by visiting Local Authority?**
 |  |

| 1. **POLICIES**
 |
| --- |
| **Please attach/embed copies or link to policies for the following:***The Head ensures policies are reviewed and staff understand and are aware of policies. Each member of staff signs the policy to confirm they have read, understood and will implement.* |
| 1. **Safeguarding for children and young people including allegation**
 | As above |
| 1. **Visitors to the school policy**
 |  |
| 1. **Recruitment and Selection**
 | As above |
| 1. **Disciplinary and Grievance**
 |  |
| 1. **Whistle Blowing**
 | Staff are made aware of this policy and the procedure during the induction process. |
| 1. **Behaviour Management**
 | The head has expectations of behaviour being high for all staff and children. The standards are clear and unambiguous. Positive behaviour and relationships are reinforced, praised and encouraged. |
| 1. **Bullying and peer abuse policy**
 |  |
| 1. **Medication**
 | There is a policy in place which outlines the oversight of medication. |
| 1. **Staff support supervision of staff members**
 | As above |
| 1. **Complaints and compliments**
 |  |
| 1. **Curriculum Policy**
 |  |
| 1. **Data Protection and IT Security policy**

Including GDPR |  |

| 1. **INSURANCE**
 |
| --- |
| 1. **Please provide details of levels of insurance cover held:**
 |
| **Insurance Type** | **Adequate Cover**  | **Date Valid** | **Please ensure a Copy is attached** |
| **Employer’s Liability** |  |  |  |
| **Public Liability** |  |  |  |
| **Professional Indemnity** |  |  |  |

**PART 2 - QUALITY ASSURANCE VISIT**

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| --- |
| 1. **VISIT DETAILS**
 |
| 1. **Date of Visit:**
 |  |
| 1. **Initials / Capita of Leicestershire YP placed?**
 |  |
| 1. **Name of Officer(s) completing visit?**
 |  |
| 1. **Officer Contact Details:**
 |  |
| 1. **Position of Member of Staff Completing Form:**
 |  |
| 1. **Please list the areas that need further exploration when you undertake your visit:**
 |
| **Areas of exploration from pre-visit form** | **Outcome of provider discussion** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| 1. **INDIVIDUAL STAFF FILE CHECKS**

***The Head takes responsibility for maintaining good employment practice. They ensure the recruitment; supervision and performance of staff safeguards and minimises potential risk.*** |
| --- |
|  | **File 1 – Initials** | **File 2 - Initials** |
| 1. **DBS Information**

Certificate number and date of issue. |  |  |
| 1. **Work History**

Including reasons for gaps in employment  |  |  |
| 1. **References**

Evidencing that they have been signed and verified. |  |  |
| 1. **Induction**
 |  |  |
| 1. **Supervision**
 |  |  |
| 1. **Appraisal**
 |  |  |
| 1. **Any other comments**
 |  |  |

| 1. **MEETINGS AND ROTAS**
 |
| --- |
| 1. **Staff Meetings**
 |
|  |
| 1. **Young People’s Meetings**
 |
|  |

| 1. **LOCAL AUTHORITY CHILD SPECIFIC DETAILS**
 |
| --- |
|  | **FILE 1** | **FILE 2** |
| 1. **Young Person Details**
 |
| **YP Initials** |  |  |
| **Mosaic / Capita Reference** |  |  |
| **Age** |  |  |
| **Placement Start Date** |  |  |
| **Placement Cost**Including breakdown as identified in IPA |  |  |
| **Additionalities to placement**Not currently identified in IPA |  |  |
| **Do both parties have a copy of IPA?** |  |  |
| **Are there clear outcomes on the IPA which the provider can evidence they are working towards?** |  |  |
| 1. **Professional Documents from Local Authority**
 |
| **Document Type** | **Y/N** | **Comments** | **Y/N** | **Comments** |
| **Care Plan / Pathway Plan**(if applicable) |  |  |  |  |
| **Delegated Authority**(if applicable) |  |  |  |  |
| **LAC / Annual Review** |  |  |  |  |
| **PEP**(Personal Education Plan) |  |  |  |  |
| **EHCP**(Educational Health Care Plan) |  |  |  |  |
| **Annual Health Review**(if applicable) |  |  |  |  |
| 1. **Professional Documents Created by Provider**
 |
| **Document Type** | **Y/N** | **Comments** | **Y/N** | **Comments** |
| **Individual Education Plan** |  |  |  |  |
| **Risk Assessments** |  |  |  |  |
| **Behaviour Management Plan** |  |  |  |  |
| **Matching Information / Impact Assessment** |  |  |  |  |
| **Consent Forms** |  |  |  |  |

| 1. **SAFEGUARDING**
 |
| --- |
| 1. **Is there a visitor’s book?**
 |  |
| 1. **Were you asked to sign in and out?**
 |  |
| 1. **Were you requested to show ID?**
 |  |
| 1. **Is there a visitor policy?**
 |  |
| 1. **Who ensures compliance re visitor policy?**
 |  |
| 1. **What determines the level of supervision for each visit?**
 |  |
| 1. **How are YP safeguarded when any visitor comes to the school?**
 |  |
| 1. **What is an example you have of best practice in these cases?**
 |  |
| 1. **How does the school monitor when a YP leaves the premises with visitor/parent/carer? Does the school have a procedure in place re agreement and when return etc?**
 |  |

| 1. **EDUCATION**
 |
| --- |
| 1. **Are individual teaching timetables available?**
 |  |
| 1. **Do the hours of education meet the minimum requirements for each key stage?**

This is actual teaching time, and does not include registration, break or lunch times:-* KS1 – 21hrs
* KS2 – 23.5hrs
* KS3 – 24hrs
* KS4 – 24hrs
 |  |
| 1. **Is there evidence of individual education plans and progress reports?**
 |  |
| 1. **Do Annual Reviews contain education targets and judgement on attainment (NC levels, P levels)**
 |  |
| 1. **Are individual education targets and plans developed and shared with pupils, parents and carers?**
 |  |
| 1. **Is there evidence of short, medium and long-term planning by teachers?**
 |  |
| 1. **Are there records of monitoring of education standards?**

e.g. Regular teacher performance via lesson observation by senior management |  |
| 1. **Are there pupil outcome records? Is this the same as above**
 |  |
| 1. **Is there a Continuing Professional Development (CPD) record and plan which reflects the needs of the pupils placed?**
 | Are the Staff trained to be able to support the individual needs of the Students? E.g. An Epileptic YP – does the Staff involved have the relevant training to provide appropriate care? |
| 1. **What are the standard class sizes?**
 |  |
| 1. **What specialist services does the School offer?** (e.g. Speech and Language, Physio, Therapists, Clinical Educational Psychologists)
 |  |
| 1. **What is the School’s Policy surrounding Homework and what support is put in place?**
 |  |
| 1. **What percentage of ‘actual’ against ‘possible’ attendance at lessons?**
 |  |
| 1. **Are any LCC YP Educated off-site? If so, what does this look like on a day to day basis?**
 |  |
| 1. **Are there attendance difficulties and if so how are these addressed?**
 |  |
| 1. **How can you evidence that all young people are in education?**
 |  |

| 1. **EMPOWERMENT**
 |
| --- |
| 1. **How are YP supported to overcome any barriers they may have in order to return to mainstream Schooling?**
 |  |
| 1. **Are YP supported to engage in activities of their choice?**
 |  |
| 1. **How is information made available to carers/parents YP and family members on how to make a complaint?**
 |  |
| 1. **Does the School ensure the YP receives feedback following a complaint?**
 |  |
| 1. **What does the School do to encourage a work ethic in the young people?**
 |  |
| 1. **How are young people prepared for independence? (work experience, life skills, sex education)**
 |  |
| 1. **Is there evidence of restorative justice work being undertaken?**
 |  |

| 1. **INVOLVEMENT**
 |
| --- |
| 1. **Is there management oversight of sanctions and behaviour contracts?**
 |  |
| 1. **Are YP supported to inform and make changes to their individual support?**
 |  |
| 1. **Are YP consulted about any changes to service provision inc staff?**
 |  |
| 1. **How are YP’s achievements celebrated?**
 |  |

| 1. **HEALTH AND SAFETY CHECKS**
 |
| --- |
| **Tour of the school:**Areas that need to be covered: - Décor, Cleanliness, Maintenance, Homeliness/Photographs, Facilities |
|  |
| 1. **Are there smoke alarms and/or heat detectors in every room?**

(wired or battery?) |  |
| 1. **How often are smoke alarms and/or heat detectors checked and are they recorded?**
 |  |
| 1. **Do you have a fire log book on site and is it up to date?**
 |  |
| 1. **Are evacuation drills conducted regularly with findings recorded?**
 |  |
| 1. **What time of day are these held?**ensure these are held at different times throughout 24 hours)
 |  |
| 1. **Are they completed when a new child or member of staff come to the school?**
 |  |
| 1. **Are there working fire extinguisher(s) and/or blanket(s)?**
 |  |
| 1. **Are they serviced regularly by a competent contractor and records kept?**
 |  |
| 1. **Does the provision have a carbon Monoxide detector and how often is it checked/tested?**
 |  |
| 1. **Does the propoerty have emergency escape lighting?**
 |  |
| 1. **Are they serviced regularly by a competent contractor and records kept?**
 |  |
| 1. **Are they tested weekly / monthly in-house and are the tests recorded?**
 |  |
| 1. **Does the property have an automatic fire detection system installed (fire alarm)?**
 |  |
| 1. **Are they serviced regularly by a competent contractor and records kept?**
 |  |
| 1. **Are they tested weekly / monthly in-house and are the tests recorded?**
 |  |
| 1. **required by the Regulatory Reform (Fire Safety) Order 2005, do you have current fire risk assessments (FRA’s) in place. Are these FRA’s conducted by an external competent fire risk assessor?**
 |  |
| 1. **Are there any outstanding actions to the inspection?**
 |  |
| 1. **Do the home have external professionals complete any Risk Assessments and annual checks?**
 |  |
| 1. **Do the young people have PEEPS in place?**
 |  |
| 1. **Is there a Legionella Risk Assessment in place and how it evidenced?**
 |  |
| 1. **Copy of latest gas safety certificate seen?**

(include certificate number and date of issue) |  |
| 1. **Annual PAT testing**

(include certificate number and date of issue) |  |
| 1. **3/5 yearly electrical wiring checks**

(include certificate number and date of issue) |  |
| 1. **Are daily checks carried out to ensure that escape routes and fire exits are kept clear and recorded?**
 |  |
| 1. **Is there a ‘Safer Food/ Better Business’ file and is it adequate?**
 |  |
| 1. **Are Environment Risk Assessments completed and regularly updated and signed off by all staff – Is this evidenced?**
 |  |
| 1. **Is there a COSHH file and place of safety for storage?**
 |  |
| 1. **Are there any Deprivation of Liberty concerns?**
 |  |
| 1. **Any other health and safety issues?**
 |  |

| 1. **DATA PROTECTION**
 |
| --- |
| 1. **Do you have a designated Data Protection Officer within your organisation?**
 |  |
| 1. **Do you have mandatory GDPR** (General Data Protection Regulation) **training?**
 |  |
| 1. **Is there a clear Data Protection governance structure and process in place so that if there was a breach the Data Protection Officer would know the steps to follow and please provide an outline of this?**
 |
|  |
| 1. **Please give some examples of practical measures you have taken to ensure data protection (IT or otherwise):**
 |
|  |

| 1. **YOUNG PEOPLE’S VOICE**
 |
| --- |
| 1. **What interaction took place with LCC YP?**
 |  |
| 1. **What was discussed/observed?**
 |  |

| 1. **SEN PROFESSIONALS FEEDBACK**
 |
| --- |
| **Date requested:** |  | **Date received:** |  |
| **Name of SEN Officer:** |  |
| **Feedback from SEN Officer:** |  |
| **Are the child’s/young person’s needs being met in the current placement?** |  |
| **Do you have any issues or concerns?** |  |

| 1. **OTHER PROFESSIONALS FEEDBACK**
 |
| --- |
| 1. **Feedback:** ***(copy new table for each YP in placement if Lac) – OR DELETE TABLE***
 |
| **Initials of YP:** |  | **Capita number:** |  |
| **Date requested:** |  | **Date received:** |  |
| **Name of Social Worker:** |  |
| **Feedback from Social Worker:** |
|  |
| **Date requested:** |  | **Date received:** |  |
| **Name of IRO:** |  |
| **Feedback from IRO:** |
|  |

**PART 3 - QUALITY ASSURANCE VISIT ANALYSIS & SUMMARY**

| 1. **SIGNS OF SAFETY**
 |
| --- |
| 1. **General feedback to provider at the end of the visit to raise compliments and concerns.**

**ANY IMMEDIATE CONCERNS TO BE RAISED AND DEADLINE GIVEN** |
| **What’s Working Well** |
|  |
| **Worried About** |
|  |

| 1. **ACTIONS**
 |
| --- |
| 1. ***Are there any actions that need following up on after the visit?***
 |
| **Action** | **By Who** | **Deadline Date** |
|  |  |  |

| 1. GENERAL OVERVIEW OF PROVISION
 |
| --- |
| 1. Please give a general overview of provision:
 |
|  |

| 1. **SIGNING OFF/AUTHORISATION**
 |
| --- |
| 1. **Placement Commissioning Officer signature:**
 |  |
| 1. **Date:**
 |  |
| 1. **Quality Assurer & Auditor:**
 |  |
| 1. **Date:**
 |  |
| 1. **Provider signature:**
 |  |
| 1. **Providers Feedback on report:**
 |  |
| 1. **Date of Report returned to PCO:**
 |  |
| 1. **Date document sent to SEN Officer** (and IRO / SW if applicable):
 |  |
| 1. **Date uploaded onto Mosaic:**
 |  |