

	Action/Date
Title/Status-	QA SEN Day School - Template
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

A. ORGANISATION AND SERVICE	
i. Name of School:	
ii. Registered Business Address:	
iii. Name of Provision Visited:	
iv. Address of Provision:	
v. Name of Head Teacher / Principal:	
vi. Telephone Number:	
vii. Email Address:	
viii. Name of Member of Staff Completing Form:	
ix. Position of Member of Staff Completing Form:	
x. Date Form Completed:	

B. REGISTRATION AND PLACEMENTS (School)	
i. OFSTED Registration Number:	
ii. Current OFSTED Rating: <i>(attach copy of most recent report)</i>	
iii. Requirements and Recommendations from recent OFSTED inspection:	
iv. Action Plan: <i>(attach copy)</i>	
v. Prospectus: <i>(attach copy)</i>	
vi. Date Head Teacher Commenced in Post:	

B. REGISTRATION AND PLACEMENTS (School)	
vii. Total Number of Placements Available in School:	
viii. Number of Current Vacancies:	
ix. Planned Admissions started in the last 12 months:	
x. Planned LCC Admissions started in the last 12 months:	
xi. Unplanned Admissions ended in the last 12 months:	
xii. Unplanned LCC Admissions ended in the last 12 months:	
xiii. Planned LCC Admissions ended in last 12 months:	

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

D. STAFFING (Including Specialist Staff)				
i. Staffing structure chart, including Leadership Team and Governing Body (where applicable). <i>Please include the current vacancy positions on the chart.</i>				
ii. 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

D. STAFFING (Including Specialist Staff)				
iii.	Number of staff who have joined the provision in last 12 months: Please include their role			
iv.	Number of staff who have left provision in the last 12 months:			
v.	Please state reason(s) for staff leaving:			
vi.	Number of agency staff used in last 12 months			
vii.	Number of agency staff members currently working in the provision:			
viii.	How do you ensure the safer recruitment policy has been followed when employing agency staff?			
ix.	What is the minimum staffing ratio in the school?			
x.	How often do all staff members receive supervision as a minimum including the Headteacher?			
xi.	Training matrix for current staff members including mandatory training: (attach copy)			
xii.	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.			

D. STAFFING (Including Specialist Staff)

xiii. Do all staff members have an individual training plan as identified through supervision?		
xiv. How many staff are First Aid trained?		
xv. 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:		
Staff Initials	Job Title Role	Training date

E. MONITORING

i. Name of other Local Authorities with placements:	
Local Authority	Number of Placements
ii. Locality Risk Assessments: <i>(attach copy)</i>	

F. INCIDENTS AND NOTIFICATIONS

These will be explored at the monitoring visit.	
i. Number of reported missing episodes in the last 12 months overall?	

F. INCIDENTS AND NOTIFICATIONS	
ii. Number of missing episodes in relation to visiting Local Authority?	
iii. Number of OFSTED Notifications in last 12 months overall?	
iv. Number of OFSTED notifications in relation to visiting Local Authority?	
v. Number of Physical interventions in last 12 months overall? <i>(include details of behaviour management package used)</i>	
vi. Number of Physical Interventions in relation to visiting Local Authority?	
vii. Number of incidents* involving the police in last 12 months overall? <i>*Not including missing episodes.</i>	
viii. Number of incidents involving Police in relation to visiting Local Authority?	
ix. Number of medication discrepancies in last 12 months overall?	
x. Number of medication discrepancies in relation to visiting Local Authority?	
xi. Number of LADO referrals in last 12 months overall?	
xii. Number of LADO referrals in relation to visiting Local Authority?	
xiii. Number of compliments received in last 12 months overall?	

F. INCIDENTS AND NOTIFICATIONS

xiv. Number of compliments received in the last 12 months by visiting Local Authority?	
xv. Number of complaints received in last 12 months overall?	
xvi. Number of complaints received in the last 12 months by visiting Local Authority?	

G. POLICIES

Please attach/embed copies or link to policies for the following:	
i. Safeguarding for children and young people including allegation	
ii. Visitors to the school policy	
iii. Recruitment and Selection	
iv. Disciplinary and Grievance	
v. Whistle Blowing	
vi. Behaviour Management	
vii. Bullying and peer abuse policy	
viii. Medication	
ix. Staff support supervision of staff members	
x. Complaints and compliments	
xi. Curriculum Policy	
xii. Data Protection and IT Security policy Including GDPR	

H. INSURANCE

i. 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

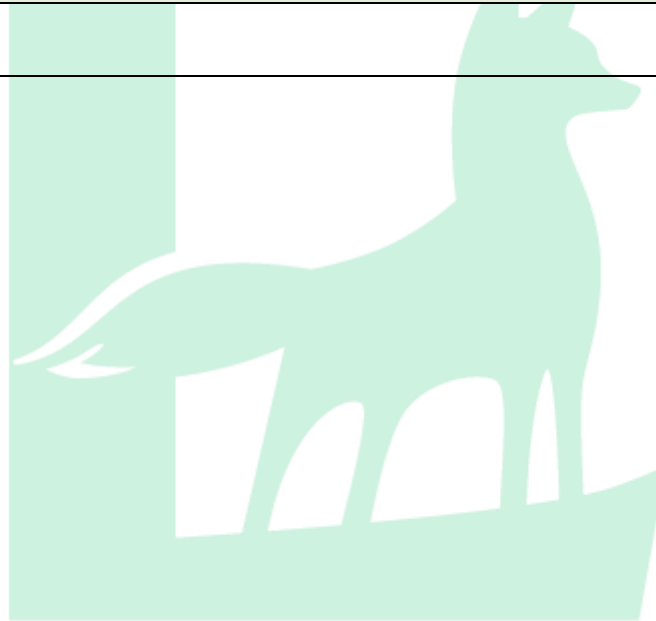
A. VISIT DETAILS	
i. Date of Visit:	
ii. Initials / Capita of Leicestershire YP placed?	
iii. Name of Officer(s) completing visit?	
iv. Officer Contact Details:	
v. Position of Member of Staff Completing Form:	
vi. Please list the areas that need further exploration when you undertake your visit:	
Areas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

A. INDIVIDUAL STAFF FILE CHECKS		
	<u>File 1 – Initials</u>	<u>File 2 - Initials</u>
i. DBS Information <i>Certificate number and date of issue.</i>		
ii. Work History <i>Including reasons for gaps in employment</i>		
iii. References <i>Evidencing that they have been signed and verified.</i>		
iv. Induction		
v. Supervision		
vi. Appraisal		
vii. Any other comments		

B. MEETINGS AND ROTAS

i. Staff Meetings

ii. Young People's Meetings



C. LOCAL AUTHORITY CHILD SPECIFIC DETAILS				
	<u>FILE 1</u>		<u>FILE 2</u>	
i. Young Person Details				
YP Initials				
Mosaic / Capita Reference				
Age				
Placement Start Date				
Placement Cost <i>Including breakdown as identified in IPA</i>				
Additionalities to placement <i>Not currently identified in IPA</i>				
Do both parties have a copy of IPA?				
Are there clear outcomes on the IPA which the provider can evidence they are working towards?				
ii. Professional Documents from Local Authority				
Document Type	<u>Y/N</u>	<u>Comments</u>	<u>Y/N</u>	<u>Comments</u>

C. LOCAL AUTHORITY CHILD SPECIFIC DETAILS				
	<u>FILE 1</u>		<u>FILE 2</u>	
Care Plan / Pathway Plan <i>(if applicable)</i>				
Delegated Authority <i>(if applicable)</i>				
LAC / Annual Review				
PEP <i>(Personal Education Plan)</i>				
EHCP <i>(Educational Health Care Plan)</i>				
Annual Health Review <i>(if applicable)</i>				
iii. Professional Documents Created by Provider				
Document Type	<u>Y/N</u>	<u>Comments</u>	<u>Y/N</u>	<u>Comments</u>
Individual Education Plan				
Risk Assessments				
Behaviour Management Plan				

C. LOCAL AUTHORITY CHILD SPECIFIC DETAILS				
	<u>FILE 1</u>		<u>FILE 2</u>	
Matching Information / Impact Assessment				
Consent Forms				



D. SAFEGUARDING	
i. Is there a visitor's book?	
ii. Were you asked to sign in and out?	
iii. Were you requested to show ID?	
iv. Is there a visitor policy?	
v. Who ensures compliance re visitor policy?	
vi. What determines the level of supervision for each visit?	
vii. How are YP safeguarded when any visitor comes to the school?	
viii. What is an example you have of best practice in these cases?	
ix. 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?	

E. EDUCATION	
i. Are individual teaching timetables available?	
ii. 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:- <ul style="list-style-type: none"> • KS1 – 21hrs • KS2 – 23.5hrs • KS3 – 24hrs • KS4 – 24hrs 	

E. EDUCATION	
iii. Is there evidence of individual education plans and progress reports?	
iv. Do Annual Reviews contain education targets and judgement on attainment (NC levels, P levels)	
v. Are individual education targets and plans developed and shared with pupils, parents and carers?	
vi. Is there evidence of short, medium and long-term planning by teachers?	
vii. Are there records of monitoring of education standards? <i>e.g. Regular teacher performance via lesson observation by senior management</i>	
viii. Are there pupil outcome records? Is this the same as above	
ix. Is there a Continuing Professional Development (CPD) record and plan which reflects the needs of the pupils placed?	
x. What are the standard class sizes?	
xi. What specialist services does the School offer? (e.g. Speech and Language, Physio, Therapists, Clinical Educational Psychologists)	
xii. What is the School's Policy surrounding Homework and what support is put in place?	
xiii. What percentage of 'actual' against 'possible' attendance at lessons?	
xiv. Are any LCC YP Educated off-site? If so, what does this look like on a day to day basis?	

E. EDUCATION	
xv. Are there attendance difficulties and if so how are these addressed?	
xvi. How can you evidence that all young people are in education?	

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

G. INVOLVEMENT

i. Is there management oversight of sanctions and behaviour contracts?	
ii. Are YP supported to inform and make changes to their individual support?	
iii. Are YP consulted about any changes to service provision inc staff?	
iv. How are YP's achievements celebrated?	

H. HEALTH AND SAFETY CHECKS

Tour of the school: Areas that need to be covered: - Décor, Cleanliness, Maintenance, Homeliness/Photographs, Facilities	
i. Are there smoke alarms and/or heat detectors in every room? <i>(wired or battery?)</i>	
ii. How often are smoke alarms and/or heat detectors checked and are they recorded?	
iii. Do you have a fire log book on site and is it up to date?	
iv. Are evacuation drills conducted regularly with findings recorded?	
v. What time of day are these held? <i>ensure these are held at different times throughout 24 hours)</i>	
vi. Are they completed when a new child or member of staff come to the school?	

H. HEALTH AND SAFETY CHECKS	
vii. Are there working fire extinguisher(s) and/or blanket(s)?	
viii. Are they serviced regularly by a competent contractor and records kept?	
ix. Does the provision have a carbon Monoxide detector and how often is it checked/tested?	
x. Does the property have emergency escape lighting?	
xi. Are they serviced regularly by a competent contractor and records kept?	
xii. Are they tested weekly / monthly in-house and are the tests recorded?	
xiii. Does the property have an automatic fire detection system installed (fire alarm)?	
xiv. Are they serviced regularly by a competent contractor and records kept?	
xv. Are they tested weekly / monthly in-house and are the tests recorded?	
xvi. 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?	
xvii. Are there any outstanding actions to the inspection?	

H. HEALTH AND SAFETY CHECKS	
xviii. Do the home have external professionals complete any Risk Assessments and annual checks?	
xix. Do the young people have PEEPS in place?	
xx. Is there a Legionella Risk Assessment in place and how it evidenced?	
xxi. Copy of latest gas safety certificate seen? <i>(include certificate number and date of issue)</i>	
xxii. Annual PAT testing <i>(include certificate number and date of issue)</i>	
xxiii. 3/5 yearly electrical wiring checks <i>(include certificate number and date of issue)</i>	
xxiv. Are daily checks carried out to ensure that escape routes and fire exits are kept clear and recorded?	
xxv. Is there a 'Safer Food/ Better Business' file and is it adequate?	
xxvi. Are Environment Risk Assessments completed and regularly updated and signed off by all staff – Is this evidenced?	
xxvii. Is there a COSHH file and place of safety for storage?	
xxviii. Are there any Deprivation of Liberty concerns?	
xxix. Any other health and safety issues?	

I. DATA PROTECTION	
i. Do you have a designated Data Protection Officer within your organisation?	
ii. Do you have mandatory GDPR (General Data Protection Regulation) training?	
iii. 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?	
iv. Please give some examples of practical measures you have taken to ensure data protection (IT or otherwise):	

J. YOUNG PEOPLE'S VOICE	
i. What interaction took place with LCC YP?	
ii. What was discussed/observed?	

K. 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?			

L. OTHER PROFESSIONALS FEEDBACK			
iii. Feedback: <i>(copy new table for each YP in placement if Lac) – OR DELETE TABLE</i>			
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

A. SIGNS OF SAFETY

- i. 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

-

B. ACTIONS

- ii. ***Are there any actions that need following up on after the visit?***

Action	By Who	Deadline Date

C. GENERAL OVERVIEW OF PROVISION

i. Please give a general overview of provision:

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D. SIGNING OFF/AUTHORISATION

i. Placement Commissioning Officer signature:	
ii. Date:	
iii. Quality Assurer & Auditor:	
iv. Date:	
v. Provider signature:	
vi. Providers Feedback on report:	
vii. Date of Report returned to PCO:	
viii. Date document sent to SEN Officer (and IRO / SW if applicable):	
ix. Date uploaded onto Mosaic:	