

	Action/Date
Title/Status-	QA Report Independent Resi School – Guidance
New document or revised	Revised
Responsible Head of Service	Liz Perfect
Date review	July 2020
Date SMT approved.	

QA Report Independent Residential School - Template

QUALITY ASSURANCE VISIT REPORT FOR RESIDENTIAL/SENA PROVISION

RESIDENTIAL PROVISION

SECTION 1



PART 1 - QUALITY ASSURANCE PRE-VISIT PROVIDER FORM

A. ORGANISATION AND SERVICE	
i. Registered Business Address:	
ii. Provision Address:	
iii. Manager / Responsible Individual:	
iv. Telephone Number:	
v. Email Address:	
vi. Name of Member of Staff Completing Form:	
vii. Position of Member of Staff Completing Form:	
viii. Date Form Completed:	

B. REGISTRATION AND PLACEMENTS (Residential Home)	
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. Statement of Purpose: <i>(attach copy)</i>	As per Regulation 6 the SOP has been reviewed within the last 12 months. The SOP is child focussed and indicates how the home provides individualised care to meet the quality standards for children in their care.
vi. Children's Guide: <i>(attach copy)</i>	As per Regulation 16 all young people have been given a copy of the Children's Guide.

B. REGISTRATION AND PLACEMENTS (Residential Home)

	<p>The registered person has reviewed and updated the children's guide. The children's guide helps the children understand the following:</p> <ul style="list-style-type: none"> • What the day to day routines are in the home • How to make a complaint in line with the homes complaints procedure • How they can access advocacy support or independent advocacy if eligible • How to contact the office of the Children's Commissioner
vii. Date Registered Manager Commenced in Post:	
viii. Total Number of Placements Available within Provision:	
ix. Number of Current Vacancies:	
x. Number of planned placements started in the last 12 months:	
xi. Number of unplanned placements ended in last 12 months:	
xii. Number of planned LCC placement endings in the last 12 months:	
xiii. Number of unplanned LCC placement endings in the last 12 months:	<p>Please ensure you obtain the narrative around all LCC children's unplanned endings</p>

C. DETAILS OF LCC STUDENTS CURRENTLY ATTENDING YOUR PROVISION

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

D. STAFFING (Including Specialist Staff)

i. Staffing structure chart showing all relevant staff, including leadership team.

Please include the current vacancy positions on the chart.

The staffing structure evidences as per Reg 16 Schedule 1; Reg 28 31(1); Temporary staff Ref 31(2); agency staff reg 32 (4) and standard 8 that all the staff have relevant qualifications and DBS checks. Annex A of the children's home regulations is included in the SOP which outlines the full staffing structure with all staff qualifications.

ii. Please provide details of qualifications and DBS checks:

Job Title Role	Staff Initials	Relevant qualification e.g. NVQ 3, 4 or 5. Please include other qualifications obtained or working towards.	DBS no. & Date of Completion	DBS clear / positive disclosure. Confirm if positive disclosure risk assessment completed

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:

As per standard 8 - The registered manager monitors and reviews the patterns and trends re turnover of staff, whether agency or directly employed. Where possible the registered person should address any negative trends.

v. Please state reason(s) for staff leaving:

D. STAFFING (Including Specialist Staff)	
vi. Number of agency staff used in last 12 months	<p>As per Reg 32 (4) and Standard 8 All external agency staff meet the requirements in regulation 32 regarding mandatory qualifications and the registered manager considers their skills, qualifications and induction needed.</p> <p>The use of agency staff is monitored to ensure children receive continuity of care.</p> <p>The home ensures there no more than half the staff on duty at any one time, by day or night are not agency staff</p>
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?	<p>As per standard 8 10.12 & 10.20 all agency staff have the qualification in 32 (4) and safer recruitment is adhered to.</p>
ix. What is the minimum staffing ratio in the home?	<p>As per children homes standard 8, - 10.1: 10.15/16/17/18 the registered manager ensures that the home has sufficient staff to provide care for each child and ensures that the homes workforce provides continuity of care to each child.</p>
x. How often do all staff members receive supervision as a minimum including the manager?	<p>As per children's home Regulation 31-33 the registered manager has systems in place so that all staff, including the manager, 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.</p> <p>A record of supervision is kept and provides evidence that supervision is being delivered in line with the regulation.</p>

D. STAFFING (Including Specialist Staff)	
xi. Training matrix for current staff members including mandatory training:	As per children's home regulation 16 schedule 1 and standard 8 10.8 training for staff is documented.
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.	As per Children's Home Regulation 16. Standard 8 10.8 The Registered person has a work force plan which can fulfil the workforce related requirements. The process and agreed timescales for staff to achieve induction, probation and any core training (such as safeguarding: health & Safety; and mandatory qualifications). They also detail the process for managing poor practice (give examples where possible).
xiii. Do all staff members have an individual training plan as identified through supervision?	As per Standard 8 10.11 the registered person ensure 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.
xiv. How many staff are First Aid trained? Is there evidence that these staff are on duty at any one time?	As per Regulation 31 (2) and standard 5 7.12 – 7.14: The Registered Manager ensures that staff have the relevant skills and knowledge to be able to respond to the health needs of children, administer basic 1 st aid and minor illness treatment. Help children to manage long term conditions and where necessary meet specific individual health needs arising from a disability, chronic condition or other complex needs. 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.

D. STAFFING (Including Specialist Staff)

- 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:**

As per children's home Regulation 31-33 the registered manager has systems in place so that all staff including the manager 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

E. MONITORING

- i. **Name of other Local Authorities with placements:**

Local Authority	Number of Placements

- ii. **Locality Risk Assessments:**

As per the guidance 15.1 and Regulation 6 the registered manager has ensured when establishing the home that it was suitably located so that children are effectively safeguarded and can access services to meet needs identified in their relevant plans.

The registered manager reviews the appropriateness and suitability of the location and home at least once a year. The review identifies any risks and opportunities presented by the location and strategies for managing these

F. INCIDENTS AND NOTIFICATIONS

These will be explored at the monitoring visit.

<https://socialcareinspection.blog.gov.uk/2019/03/29/incident-notifications-what-social-care-providers-need-to-tell-us/>

Children's Home Regulation 40 (1) and (3) - Guidance on chapter 5 of Regs.

- The Registered manager notifies OFSTED and other relevant persons if one of the situations specified in Regulation 40 occurs

i. Please provide last three copies of Regulation 44 visits and most recent Regulation 45 visit.

Reg 44 visits take place monthly by an independent person

Reg 45 visits are completed 6 monthly by the registered manager

Please find attached the last 3 Reg 44 visits and one Reg 45 visit.

Check if there are no reoccurring themes or areas of concern.

ii. Number of reported missing episodes in the last 12 months overall?

As Per standard 7 9.23 – 9.32 there are agreed protocols agreed with the police and other partners. These are reviewed regularly. Strategy meetings are held to minimise the risk

iii. Number of missing episodes in relation to LCC placement/s?

iv. Number of OFSTED Notifications in last 12 months overall?

v. Number of OFSTED notifications in relation to LCC placement/s?

vi. Number of Physical interventions in last 12 months overall? What behaviour management package is used?

As per standard 7 9.33-9.60 the home 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.

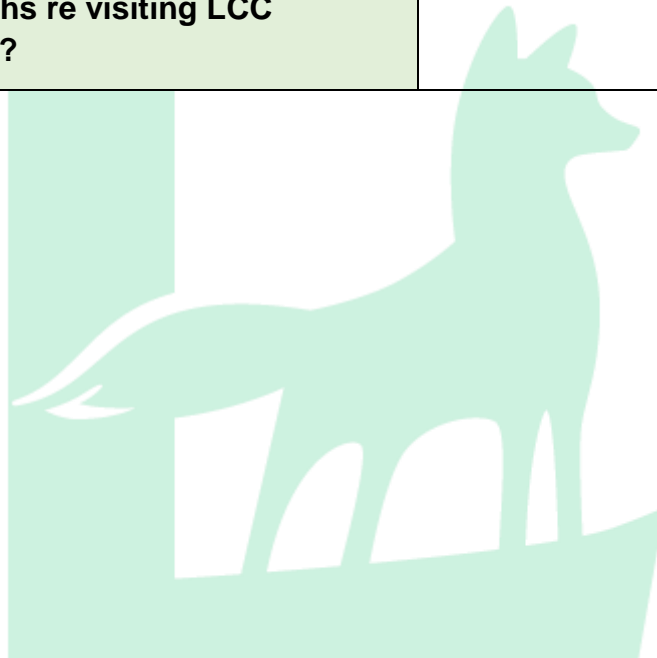
Example if possible.

vii. Number of Physical Interventions in relation to LCC placement/s?

F. INCIDENTS AND NOTIFICATIONS	
<p>viii. Number of incidents* involving the police in last 12 months overall? *Not including missing episodes.</p>	<p>As per standard 5 8.5 the home has developed and maintained effective working relationships with local youth justice and police services where children in care have targets to achieve in reducing offending or socially unacceptable behaviour</p>
<p>ix. Number of incidents involving police in relation to LCC placement/s?</p>	
<p>x. Number of medication discrepancies in last 12 months overall?</p>	<p>As per standard 5 7.15 and Regulation 23 the registered managers ensures care is taken to ensure prescribed medicines are only administered to the individual to who they are prescribed. Records are kept of the administration of all medication</p>
<p>xi. Number of medication discrepancies in relation to LCC placement/s?</p>	
<p>xii. Number of LADO referrals in last 12 months overall?</p>	<p>As per Standard 7 9.16-9.18 the registered manager staff report any allegation of abuse immediately to a senior manager. Any allegation must be addressed in line with the homes child protection policy and The Safeguarding Working Together Document 2015</p>
<p>xiii. Number of LADO referrals in relation to LCC placement/s?</p>	
<p>xiv. Number of compliments received in last 12 months overall?</p>	
<p>xv. Number of compliments received in the last 12 months by LCC placement/s?</p>	

F. INCIDENTS AND NOTIFICATIONS

<p>xvi. Number of complaints received in last 12 months overall?</p>	<p>Regulation 39. Standard 2 4.13. The registered manager encourages children to share any concerns about their care as soon as matters arise. Children are able to take up issues or make a complaint with support without any fear of adverse consequences. Please ensure that dealt with appropriately and document how the complaint was handled. What feedback was given to the person making the complaint</p>
<p>xvii. Number of complaints received in the last 12 months re visiting LCC placement/s?</p>	



G. POLICIES

Please attach/embed copies or link to policies for the following:

As per Regulation 34. The Registered Manager 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.

<p>i. Safeguarding for children and young people including allegation:</p>	<p>Standard 12</p>
<p>ii. Visitors to the home policy</p>	<p>Please check this and ensure all aspects of safeguarding are in place</p>
<p>iii. Recruitment and Selection:</p>	<p>Regulation 31-33</p>
<p>iv. Disciplinary and Grievance:</p>	
<p>v. Whistle Blowing:</p>	<p>Standard 8. Staff are made aware of this policy and the procedure during the induction process</p>
<p>vi. Behaviour Management:</p>	<p>Standard 6. The Registered Manager 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.</p>
<p>vii. Medication:</p>	<p>Regulation 23. Standard 7.15 – 7.18 as outlined above</p>
<p>viii. Staff support supervision of staff members:</p>	<p>Standard 12. Guidance on Chapter 4 of Regulations as outlined above</p>
<p>ix. Bullying and peer abuse policy</p>	<p>Please check this is in place</p>
<p>x. Complaints and compliments</p>	<p>Standards 2 4.13 as above</p>
<p>xi. Data Protection and IT Security policy Including GDPR (General Data Protection Regulation).</p>	

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			
Car Insurance			



PART 2 - QUALITY ASSURANCE VISIT

A. VISIT DETAILS	
i. Date of Visit:	
ii. No. of Leicestershire YP placed (Initials / Mosaic)?	
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

As per Regulation 31 – 33 the Registered manager takes responsibility for maintaining good employment practice. They ensure the recruitment; supervision and performance of staff safeguards and minimises potential risk. Standard 8 Regulation 16 schedule 1

	<u>File 1 – Initials</u>	<u>File 2 - Initials</u>
i. DBS Information (certificate number and date of issue)		
ii. Work History Including reasons for gaps in employment		
iii. References Evidence that they have been signed and verified		
iv. Induction		
v. Supervision		
vi. Appraisal Guidance 13.5. All staff have their performance and fitness appraisal at least once a year.		
vii. Any other comments		

B. MEETINGS AND ROTAS

i. Staff Meetings

As per Standard 13. (1) The leadership and management standard is that the registered person enables, inspires and leads a culture in relation to the children's home that-

(2) In particular, the standard in paragraph (1) requires the registered person to-

- lead and manage the home in a way that is consistent with the approach and ethos, and delivers the outcomes, set out in the home's statement of purpose;
- ensure that staff work as a team where appropriate;
- understand the impact that the quality of care provided in the home is having on the progress and experiences of each child and use this understanding to inform the development of the quality of care provided in the home;
- demonstrate that practice in the home is informed and improved by taking into account and acting on.

ii. Staffing Rotas

As per Standard 8. 10.1, sufficient staff are on shift, the staff are suitably trained to meet the assessed needs of children in the home and are able to respond to emergencies. The registered manager demonstrates every effort to achieve continuity of staffing so that children's attachments are not overly disrupted, ensuring that the employment of any temporary staff will not prevent the children from receiving continuity of care that need as per Regulation 31 (1).

iii. On-call Staffing Rotas

As per Standard 12.—(1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe. (2) In particular, the standard in paragraph (1) requires the registered person to ensure—

- (a) that staff— (iii) have the skills to identify and act upon signs that a child is at risk of harm; (vi) take effective action whenever there is a serious concern about a child's welfare; and (vii) are familiar with, and act in accordance with, the home's child protection policies;
- (b) that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm;

B. MEETINGS AND ROTAS

iv. Young People's Meetings

As per Standard 2 the registered manager provides opportunities and support for children to engage with their local Children in Care Council, or other such local arrangements, which enable the views and experiences of children to be heard.

C. LOCAL AUTHORITY CHILD SPECIFIC DETAILS

Care Planning Standard. Standard 9. Please refer to 11.5. Children should not be placed without care planning documents, this is a breach of Regulation 5 and it is up to the Registered person to challenge this. Please follow up missing documents and escalate accordingly.

	<u>FILE 1</u>	<u>FILE 2</u>
i. Young Person Details		
YP Initials		
Mosaic Reference		
Age		
Placement Start Date		
Placement Cost Including breakdown as identified in IPA		
Additionalities to placement Not currently identified in IPA		

C. LOCAL AUTHORITY CHILD SPECIFIC DETAILS

Care Planning Standard. Standard 9. Please refer to 11.5. Children should not be placed without care planning documents, this is a breach of Regulation 5 and it is up to the Registered person to challenge this. Please follow up missing documents and escalate accordingly.

	<u>FILE 1</u>	<u>FILE 2</u>		
Do both parties have a signed 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>
Care Plan / Pathway Plan				
Delegated Authority				
LAC Review				
PEP (Personal Education Plan)				
EHCP (Education Health Care Plan)				
Annual Health Review				

C. LOCAL AUTHORITY CHILD SPECIFIC DETAILS

Care Planning Standard. Standard 9. Please refer to 11.5. Children should not be placed without care planning documents, this is a breach of Regulation 5 and it is up to the Registered person to challenge this. Please follow up missing documents and escalate accordingly.

	<u>FILE 1</u>		<u>FILE 2</u>	
Strengths & Difficulties Questionnaire (SDQ) (Has this been completed in the past 12 months?)				
iii. Professional Documents Created by Provider				
Document Type	<u>Y/N</u>	<u>Comments</u>	<u>Y/N</u>	<u>Comments</u>
Care Plan				
Risk Assessments				
Behaviour Management Plan				
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 visitors come to the home?	
viii. What is an example you have of best practice in these cases?	
ix. How does the home monitor when a YP leaves the premises with visitor? Does the home have a procedure in place re agreement and when return etc?	

E. EMPOWERMENT	
i. Are there any barriers preventing good outcomes for the YP? <i>If so what measures are being undertaken?</i>	
ii. Are YP supported to engage in activities of their choice?	<i>As per standard 1 3.21 and standard 4. 6.4-6.66 children are supported to express themselves as individuals and are given an appropriate degree of freedom and choice in their care. This is in relation to their care and activities.</i>

E. EMPOWERMENT	
iii. Are YP supported to be involved in the wider community where appropriate?	As per Standard 1.
iv. How are YP's achievements celebrated?	
v. How is information made available to carers, YP and family members on how to make a complaint?	As per Regulation 39 Standard 2.4.13 information is made available on how to make a complaint
vi. Does the agency ensure the YP receives feedback following a complaint?	As per regulation 39 YP receive feedback on the outcome of the complaint. Example if possible
vii. Does the YP have access to a Children's Rights Officer (CRO)?	As per Standard 2. 4.4 YP know how to contact the CRO enabling the YP to have their views represented and their wishes and feelings
viii. What do providers do to encourage a work ethic in the young people?	
ix. How are young people prepared for independence?	As per Standard 1. 3.21 young people are prepared for independence. Example
x. Is there evidence of restorative justice work being undertaken?	As per Standard 7. 9.40 the registered person agrees with their local police force, procedures and guidance on police involvement with the home to reduce unnecessary police involvement in managing behaviour and criminalisation of behaviours. Children should not be charged with offences resulting from behaviour within a children's home that would not similarly lead to police involvement if it occurred in a family home

F. INVOLVEMENT	
<p>i. Is there management oversight of sanctions and behaviour contracts?</p>	<p>As per Standard 6. 8.11- 8.15. As above</p> <p>Sanctions are appropriate to presenting behaviours</p>
<p>ii. Are YP supported to inform and make changes to their individual support/care?</p>	<p>As per standard 4. 6.4 Staff support young people to make individual changes to their care plan. Staff also prepare the children for meetings in relation to the care plan. Staff play an important role in enabling a clear understanding to be reached about the children's wishes, feelings and expectations for their future.</p> <p>As per standard 8 the registered manager ensures that the LA regularly consults the child and the home about the relevant plans. If the child raises concerns about their plan, the implementation or the process of review staff should advocate for the child to ensure their concerns are addressed.</p> <p>Please give examples.</p>
<p>iii. Are YP consulted about any changes to service provision inc staff?</p>	<p>As per standard 2. 4.11 and 4.21 children are consulted regularly on their views about the homes care, to inform and support continued improvement in the quality of care provided. Children are able to see the results of their views being listened to and acted upon.</p>

G. QUALITY OF LIFE FOR YOUNG PERSON

<p>i. Are YP receiving the appropriate allowances (pocket money, clothing, savings birthday, festivals) and that these allowances are managed appropriately? (include breakdown)</p>	<p>As per Standard 6.—(1) The quality and purpose of care standard is that children receive care from staff who— (2) In particular, the standard in paragraph (1) requires the registered person to— (vii) provide to children living in the home the physical necessities they need in order to live there comfortably; (viii) provide to children personal items that are appropriate for their age and understanding; and (ix) make decisions about the day-to-day arrangements for each child, in accordance with the child’s relevant plans, which give the child an appropriate degree of freedom and choice.</p> <p>Please complete for each YP or age range per week Saving: Pocket Money: Clothing: Toiletries: Activities: Birthday: Festivals:</p>
<p>ii. Does the provider ensure the records completed by staff are suitable for YP to read in later life?</p>	<p>As per Regulation 35-39, Guidance 5, all children’s case records are kept up to date and signed and dated by the author.</p>
<p>iii. Is there evidence to suggest Life Story work is being undertaken by home?</p>	<p>As per 14.5 the homes records represent a significant contribution to their life history.</p>

H. HEALTH AND SAFETY CHECKS

Décor, homeliness warmth of home Tour of the home:

Areas that need to be covered: - Décor, Cleanliness, Maintenance, Homeliness/Photographs, Facilities

As per Standard 1. 3.7 – 3.16 the registered manager ensures the home is nurturing and a supportive environment to meet all children’s needs. Children’s home complies with relevant health and safety legislation (alarms, food hygiene etc) however, in doing so the homes maintains a domestic rather than an institutional impression.

H. HEALTH AND SAFETY CHECKS	
i. Are there smoke alarms and/or heat detectors in every room? (wired or battery?)	
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? ensure these are held at different times throughout 24 hours)	
vi. Are they completed when a new child or member of staff come to the home?	
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?	

H. HEALTH AND SAFETY CHECKS	
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?	
xviii. Do the Windows have catches or restrictors?	<p>These are allowed in residential homes and bungalows so long as there is reason to fit them. E.g. YP's may try to escape from the building, through the window in an unwanted way . The restrictors are fitted to stop persons from hurting themselves from height.</p> <p>Normally window escape is not necessary and should not have been built into the fire evacuation strategy. If the home has been built to standard then there is travel distance in a protected stairway to enable persons to make their escape once the fire has been detected to outside.</p> <p>Window catches can be fitted to a window escape so long as trained staff know how to open the window in case of emergency.</p>

H. HEALTH AND SAFETY CHECKS	
	Bungalow window escape can make it difficult for the home to keep children within it without escaping through the window in an unwanted way, look at the evacuation strategy in case the windows are used for evacuation. It may be better not to use window escape within that strategy.
xix. Do the home have external professionals complete any Risk Assessments and annual checks?	
xx. Do the young people have PEEPS in place?	
xxi. Is there a Legionella Risk Assessment in place and how it evidenced?	
xxii. Copy of latest gas safety certificate seen? <i>(include certificate number and date of issue)</i>	
xxiii. Annual PAT testing <i>(include certificate number and date of issue)</i>	
xxiv. 3/5 yearly electrical wiring checks <i>(include certificate number and date of issue)</i>	
xxv. Are daily checks carried out to ensure that escape routes and fire exits are kept clear and recorded?	
xxvi. Is there a 'Safer Food/ Better Business' file and is it adequate?	
xxvii. Are Environment Risk Assessments completed and regularly updated and signed off by all staff – Is this evidenced?	
xxviii. Is there a COSHH file and place of safety for storage?	

H. HEALTH AND SAFETY CHECKS

<p>xxix. Are there any Deprivation of Liberty concerns?</p>	<p>As per standard 7.9.63 the home does not deprive children of their liberty. A deprivation of liberty may occur where a child is under continuous supervision and control and is not free to leave the home. A children's home cannot routinely deprive a child of their liberty without a court order.</p>
<p>xxx. Any other health and safety issues?</p>	

I. DATA PROTECTION

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

J. YOUNG PEOPLE'S VOICE

<p>i. What interaction were had with LCC YP?</p>	
<p>ii. What was discussed/observed?</p>	
<p>iii. Did the YP receive a copy of the Children's Guide when placed?</p>	<p>This is an important document and every YP should be given one on being placed</p>

K. PROFESSIONALS FEEDBACK			
Initials of YP:		Mosaic number:	
Date requested:		Date received:	
Feedback from Social Worker:			
Are the child's/young person's needs being met in the current placement?			
Do you have any issues or concerns?			
Date requested:		Date received:	
Feedback from IRO:			
Are the child's/young person's needs being met in the current placement?			
Do you have any issues or concerns?			

PART 4 - 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:

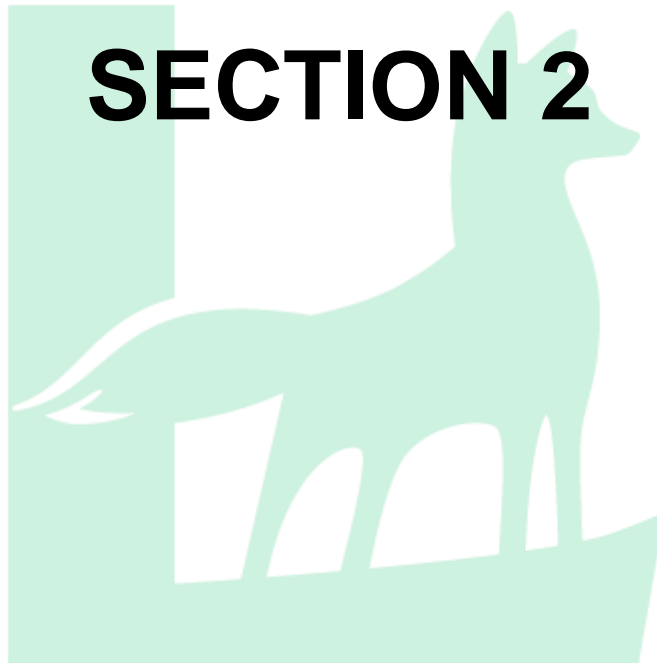
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D. SIGNING OFF/AUTHORISATION

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:	

SEN SCHOOL PROVISION

SECTION 2



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:	
iii. Requirements and Recommendations from recent OFSTED inspection:	
iv. Action Plan:	
v. Prospectus:	
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.	Number of planned Admissions started in the last 12 months:	
x.	Number of planned LCC Admissions started in the last 12 months:	
xi.	Number of unplanned Admissions ended in the last 12 months:	
xii.	Number of unplanned LCC Admissions ended in the last 12 months:	
xiii.	Number of planned LCC Admissions ended in last 12 months:	

C. STAFFING (Including Specialist Staff)

i. 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)		
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
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:		The Head and Board of Governors (if one in place) monitors and reviews the patterns and		

C. STAFFING (Including Specialist Staff)	
	trends re turnover of staff, whether agency or directly employed. Where possible the head should address any negative trends.
v. Please state reason(s) for staff leaving:	
vi. 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.
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?	All agency staff have the required qualification and safer recruitment is adhered to.
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?	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.
xi. Training matrix for current staff members including mandatory training:	A training matrix is attached and all training for staff is documented
xii. Can you confirm all new staff members undergo a structured programme of induction which includes Children and young people Safeguarding?	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

C. STAFFING (Including Specialist Staff)

<p style="color: red;">The induction is signed off by appropriate management.</p>	<p style="color: red;">managing poor practice (give examples where possible).</p>
<p>xiii. Do all staff members have an individual training plan as identified through supervision?</p>	<p style="color: red;">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.</p>
<p>xiv. How many staff are First Aid trained?</p>	<p style="color: red;">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.</p>
<p>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:</p> <p style="color: red;">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.</p>	

Staff Initials	Job Title Role	Training date

D. MONITORING

i. Name of other Local Authorities with placements:

Local Authority	Number of Placements

D. MONITORING	
ii. Locality Risk Assessments:	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.

E. INCIDENTS AND NOTIFICATIONS	
These will be explored at the monitoring visit.	
i. 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.
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? (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.

E. INCIDENTS AND NOTIFICATIONS	
vi. Number of Physical Interventions in relation to visiting Local Authority?	
vii. Number of incidents* involving the police in last 12 months overall? *Not including missing episodes.	
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?	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.
xii. Number of LADO referrals in relation to visiting Local Authority?	
xiii. Number of compliments received in last 12 months overall?	
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 re visiting Local Authority	

F. POLICIES
<p>Please attach/embed copies or link to policies for the following:</p> <p>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.</p>

F. POLICIES	
i. Safeguarding for children and young people including allegation	As above
ii. Visitors to the school policy	
iii. Recruitment and Selection	As above
iv. Disciplinary and Grievance	
v. Whistle Blowing	Staff are made aware of this policy and the procedure during the induction process.
vi. 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.
vii. Bullying and peer abuse policy	
viii. Medication	There is a policy in place which outlines the oversight of medication.
ix. Staff support supervision of staff members	As above
x. Complaints and compliments	
xi. Curriculum Policy	
xii. Data Protection and IT Security policy Including GDPR	

G. INSURANCE			
ii. 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			

Date Reviewed: July 2020
Reviewed By: Maria Hunt

Next Review: July 2021
Approved By:

G. INSURANCE

Professional Indemnity			
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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

B. INDIVIDUAL STAFF FILE CHECKS

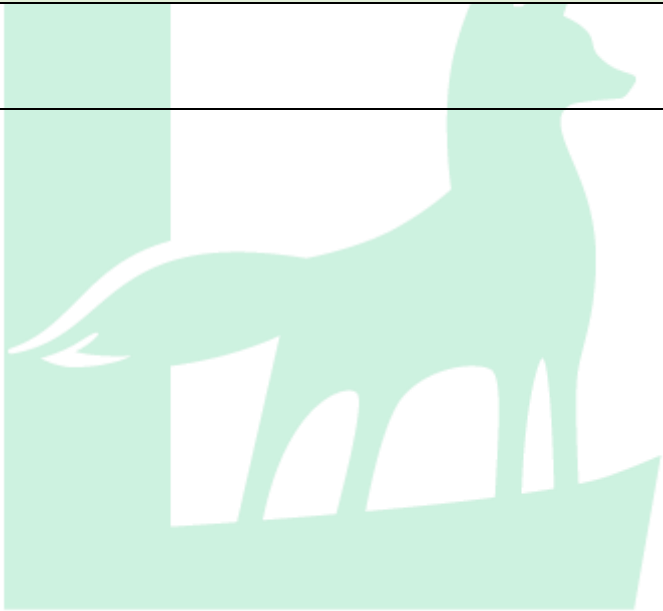
The Head takes responsibility for maintaining good employment practice. They ensure the recruitment; supervision and performance of staff safeguards and minimises potential risk.

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

Date Reviewed: July 2020
Reviewed By: Maria Hunt

Next Review: July 2021
Approved By:

C. MEETINGS AND ROTAS
i. Staff Meetings
ii. Student Council Meetings



Date Reviewed: July 2020
Reviewed By: Maria Hunt

Next Review: July 2021
Approved By:

D. 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>

Date Reviewed: July 2020
Reviewed By: Maria Hunt

Next Review: July 2021
Approved By:

D. LOCAL AUTHORITY CHILD SPECIFIC DETAILS				
	<u>FILE 1</u>		<u>FILE 2</u>	
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)				
Strengths & Difficulties Questionnaire (SDQ) (Has this been completed in the past 12 months?)				
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				

Date Reviewed: July 2020
Reviewed By: Maria Hunt

Next Review: July 2021
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D. LOCAL AUTHORITY CHILD SPECIFIC DETAILS				
	<u>FILE 1</u>		<u>FILE 2</u>	
Risk Assessments				
Behaviour Management Plan				
Matching Information / Impact Assessment				
Consent Forms				



Date Reviewed: July 2020
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E. 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?	

F. 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 	
iii. Is there evidence of individual education plans and progress reports?	

F. EDUCATION	
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? e.g. Regular teacher performance via lesson observation by senior management	
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?	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?
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?	

F. 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?	

G. 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?	

H. 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?	

I. HEALTH AND SAFETY CHECKS	
Décor, homeliness warmth of home Tour of the home: 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 home?	
vii. Are there working fire extinguisher(s) and/or blanket(s)?	

Date Reviewed: July 2020
Reviewed By: Maria Hunt

Next Review: July 2021
Approved By:

I. HEALTH AND SAFETY CHECKS	
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 propoerty 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?	
xviii. Do the home have external professionals complete any Risk Assessments and annual checks?	

I. HEALTH AND SAFETY 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?	

J. 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?	

J. DATA PROTECTION

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):

K. YOUNG PEOPLE'S VOICE

i. What interaction took place with LCC YP?

ii. What was discussed/observed?

L. PROFESSIONALS FEEDBACK

i. Feedback: **(copy new table for each YP in placement)**

YOUNG PERSON NO. 1

Initials of YP:

Capita reference number:

Name of SEN Officer:

Date feedback requested:

Date feedback received:

Please add in the information for Social Worker and IRO if LAC YP.

PART 4 - QUALITY ASSURANCE VISIT ANALYSIS & SUMMARY

E. SIGNS OF SAFETY

- iii. 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

-

F. ACTIONS

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

Action	By Who	Deadline Date

Date Reviewed: July 2020
Reviewed By: Maria Hunt

Next Review: July 2021
Approved By:

G. GENERAL OVERVIEW OF PROVISION

i. Please give a general overview of provision:

--

H. 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:	