

Brymore Academy Strategic Plan –

Response to Ofsted Care Standards Inspection March 2016

This plan should be read in conjunction with Brymore Academy Strategic Plan 2014-17. It supersedes the initial action plan submitted to Ofsted immediately after the Ofsted inspection. The scope of the plan is limited to specifically address the issues raised by Ofsted during the inspection of March 2016. Progress against the key objectives will be reviewed monthly in the first instance and recorded within the plan itself. The scope of the Strategic Plan 2014-17 is much wider and will continue to develop and improve all aspects of the boarding provision at Brymore. Both plans will be underpinned by the simple ethos of putting the needs of the boys first which is the key driver behind all that we do.

**Response to Ofsted Care Standards Inspection (24/3/16)**

**Boarding: Strategic Theme 1: The overall experiences and progress of children and young people**

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| **Objective (Tactical)**  **What do you want to do?** | **Action**  **How are you going to do it?** | **Deadline**  **(Date)** | **Success criteria**  **What will it look like?** | **Lead** | **Ongoing Notes** |
| **1-To ensure adequate supervision of younger vulnerable boarders** | **Short term (July 2016)**  a) To review boarding rota to ensure increased adult care, particularly in Kemp House  b) To increase number of staff on duty  **Medium term (September 2016)**  c) To review the staffing structure of boarding  d) To review a charge for outboaders and increase staffing levels further  e) To review the use of gaps and research the use of full time care staff  **Long term**  f) To review the structure of the school week/term cycle with a view to increasing staffing levels further | April 2016  April 2016  Sept. 2016  Sept. 2016  Sept. 2016  Sept.2017 | a/b) Increased adult care. More individual and small group work possible.  c/e) MT to cost two full time care staff and SLT to discuss. To advertise in September if necessary.  d) Letter to go to parents with Ofsted report indicating concerns. Fees to be researched and letter to go to outboarder parents by June 2016  f) To complete a full feasibility study and costed model. | RW/MT  MT  MT  MT | **18th April 2016**  Rota reviewed to include two extra members of staff at all times and three on three days giving a minimum of 11 each night. This gives a minimum of four based in Kemp plus SLT giving a total of 5. Additional SLT to do 4 nights a week. All in place with immediate effect. Minimum ratio 1/13. |
| **Progress**   1. Rota reviewed to include two extra members of staff at all times and three on three days giving a minimum of 11 each night. This gives a minimum of four based in Kemp plus SLT giving a total of 5. Additional SLT to do 4 nights a week. All in place with immediate effect. (**18/4/16)** Minimum ratio 1/13. 2. One additional member of staff (included above) based in Kemp House 3. Additional staff appointed to cover prep/evening duty and replace pastoral manager to allow Director of Boarding to continue social skills work. Minimum ration 1/11. (**5/9/16)** | | | | | |
| **Impact to date**   * Addition of PM has enabled specific and targeted intervention work with identified groups / individuals with a focus on younger and vulnerable students within kemp (see PM evidence folder for specific impact) * Increased staffing ratios have allowed a minimum of 2 senior members of staff + 2 support members of staff to be based within kemp every evening during the week, increasing individualised support to identified students and activities available targeted at younger students. * Increased staffing ratios provide additional senior staff support within School and Reid houses, providing additional assistance to HP and GT. * Increased staffing enables additional prep support by senior staff, providing House Parents and Pastoral Manager with dedicated targeted time to support identified students with care plans / small groups with dorm ‘catch up’ meetings / social skills group / homesickness group. | | | | | |
| **2-To review responsibilities of student mentors**  ***NMS 10.3*** | 1. To clarify responsibilities of student mentors 2. To produce a clear job description for student mentors 3. All student mentors removed from front- line supervisory roles 4. To consider re-branding student mentors as ‘buddies’ 5. Mentoring survey completed and anaylised | April 2016 | Job descriptions in place and role clarified | RW | **10/5/16** JD produced. All mentors seen and new mentors appointed. |
| **Progress**   1. A clear job description and support pack reviewed for student mentors and in place. **11/5/16** 2. New mentors appointed. 3. All mentors met to remind them of their responsibilities – no ‘supervisory’ role included and to reinforce the positive impact they can have on mentees. Presentation and outline of revised mentoring program delivered by Justin Fewtrell **10/6/2016** 4. Boarding Governor (BH) meeting with mentors and mentees (separately) to review changes in mentoring program and future developments. Feedback and action plan discussed between RFW, JF and BH) **9/6/16** 5. All mentors and mentees met with by House Parents to review new mentoring responsibilities and their key responsibilities, including what they are not responsible for **(15/6/16)** | | | | | |
| **Impact to date**   * Mentoring job description and responsibilities amended to reduce demands placed upon mentors (see survey data pre / post mentor changes). * Students clearer regarding the role of the mentor * All perceived behavioural responsibilities removed | | | | | |
| **3-To ensure all boarding staff receive adequate training which reflects presenting needs of students**  ***NMS 15.1*** | 1. Whole school boarding training needs identified 2. Individual training needs identified 3. Training plan produced 4. Staff attending training | April 2016 | Training plan with rolling programme of staff development produced | RW/  JBL | **18th April 2016**  SCC risk assessment training delivered on 27/4/16  SA/KT to attend emotion coaching course from 22/4/16  SCC safeguarding training re paperwork delivered 25/4/16/11/5/16 |
| **Progress**  Training plan for all staff produced and shared with MT on **26/4/16**   |  |  |  | | --- | --- | --- | | **Training Need Identified** | **Staff Undertaking Training** | **Date** | | SCC risk assessment training delivered | LFW/RW | 27/4/16 | | SCC safeguarding training/review of procedures | LFW/JBL | 25/4/16 and 11/5/16 | | Emotion coaching training | KT/SA | 22/4/16 | | Epipen administration / awareness | All boarding staff | 04/05/2016 | | Medication Awareness (E-Learning) | SB / DG/ | 18/05/2016 | | BSA handling, administration and recording of medication and safe working practices | SB / DG/ SH/ VP | 04/05/2016 | | Supporting Pupils at School with Medical Conditions | SH / VP | 17/05/2016 | | Foundation degree in Child and Adolescent Mental Health Services. (CAMHS.) | SH |  | | Infection Prevention and Control (E-Learning) | VP | 18/05/2016 | | Health and Safety in Health and Social Care Settings e learning | DG | 17/05/2016 | | Understanding of Autism Spectrum Disorder | KT / JF | 20th + 24th June 2016 | | Duty of Care in Health, Social Care or Children's and Young People's Settings | EH / RFW /JL/ JF / LG / KT | 19/05/2016 | | Safeguarding Children and Young People from Abuse by Sexual Exploitation (E-Learning) | KT / JF / LG / EH | 20/05/2016 | | Equality and Inclusion in Health, Social Care or Children's and Young People's Settings (E-Learning) | LG | 21/5/16 | | Sexualised behaviour in school age children | All boarding staff | 06/06/2016 | | Risk Assessment in Safeguarding (E-Learning) | JL / RFW | 20/05/2016 | | Strategic Managers Integrated Working – Common Assessment Framework (CAF) (E-Learning) | JL / RFW | 20/05/2016 | | Managing Risk (Effective Support for Children and Families) | RFW | 28/05/2016 | | Opus Pharmacy Services safe handling of medication | VP/SH/DG/SB/JF/LG/EH/KT/ JBL/ GS | 29/04/2016 | | Channel General Awareness (NCALT) | EH / KT | 10/6/16 | | Total training courses completed (24/5/16) - 20 |  |  | | CPD impact survey created and distributed to all boarding staff | All boarding staff | 13/6/16 | | | | | | |
| **Impact**   * Training impact survey completed by all boarding staff – to be reviewed **W/B 5/9/16** * Specific changes in practices and procedures now in place –   + Matrons – identified two occasions able to clearly account for medication discrepancies using new procedures created from training. Five new medical policies created and shared with staff as advised through BSA training. Introduction / amendments of four new procedures to be combined with existing matron handbook as advised through BSA training. Increased confidence and specific knowledge base regarding handling of medication identified by all four matrons (**21/6/16)** through completion of above training.   + Specific changes in working practises regarding handling, storage and monitoring of medication (See BSA report and actions). * Individual Health Care plans created and completed by entire matron team, for all boys presenting specific medical condition and shared with staff as part of care plan, allowing for increased staff awareness and specific knowledge to manage and support specific medical conditions. * Risk assessment – JL / RFW confident and increased specific knowledge to complete risk assessments using EEC live software and implementing into boarding environment, and completion of dormitory compatibility risk assessments for all houses * Change in working practice with House Parents now completing formal dormitory compatibility risk assessment for incoming year 6 students (in combination with DOB and HOB) for induction process based upon relevant information from joining papers / SEN information. * Compatability risk assessment in place for all dormitories including new year 7’s **(5/9/16)** * Seven policies re-written or created – see below | | | | | |

**Boarding Strategic Theme 2: The quality of care and support**

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| **Objective (Tactical)**  **What do you want to do?** | **Action**  **How are you going to do it?** | **Deadline**  **(Date)** | **Success criteria**  **What will it look like?** | **Lead** | **Ongoing notes** |
| **1-To ensure formal risk assessments are carried out**  ***NMS 5.1,6.3*** | **Short term (July 2016)**   1. To complete compatibility risk assessments for each dormitory 2. To complete risk assessments for individual students who have presenting needs 3. To complete risk assessment training from SCC   **Medium term (September 2016)**   1. To review all joining papers to complete compatibility risk assessments for Year 7 2016 prior to arrival 2. To revise joining papers to ensure all relevant information is collated | April 2016  April 2016  April 2016  April 2016  June 2016  September 2016 | 1. Compatibility risk assessments in place and review cycle established 2. Risk assessments in place and review cycle established. Pastoral support group set up. 3. Risk assessment training completed and support established. Review cycle established – with external verification 4. Risk assessments in place and review cycle established. 5. Joining papers revised | RW/  JBL  LW/  RW  LW/ RW  LW/ JBL/ RJ | **10th May 2016**  Revised compatibility risk assessments completed  Individual students identified on 18/4/2016. Pastoral support group (LW,JBL,SA) met and regular slot identified (Friday am)  Contact made with SCC and training delivered on **27/4/16**  Risk assessments started  RJ/JBL begun process of going through joining papers for all new students. (6/6/16) |
| **Progress**   * Revised compatibility risk assessments completed (**10th May 2016)** * Individual students identified on 18/4/2016. Pastoral support group (LW,JBL,SA) met and regular slot identified (Friday am) * Contact made with SCC and training delivered on **27/4/16** * Risk assessments started (**28/4/16)** * RJ/JBL begun process of going through joining papers for all new students. **(6/6/16)**   **(5/9/16)**   1. Compatibility risk assessments carried out for every dormitory (38 in total) 2. Presenting need risks identified for all students in dormitories (137 in total) 3. Generic risk assessments completed for sexualised behaviour, depression and eating disorders (1000 when applied to individuals) 4. Medical generic risk assessments carried out for: Epilepsy / Epipen storage / Hearing impairments / Intimate care / BBV x 6 / Asthma/ Anaphylaxis / Cerebral palsy / Diabetes / Encopresis / Wasp + bee stings / Travelling first aid containers / Eczema / Food allergies 5. Fifty six individual risk assessments created for individual boys (21 pastoral and 36 medical) 6. Pastoral support group review provision for boys at risk every Friday morning 7. Pastoral support group identified boys with presenting needs on **18/4/16** 8. Sam Martin (SCC) delivered risk assessment training on **27/4/16** 9. Joining papers revised to ensure all essential information collected 10. The following policies have been written: Depression policy, Relationship abuse policy, Self-harm policy, Sexualised behaviour policy, Child Protection and safeguarding policy, Eating disorder policy | | | | | |
| **Impact**   * Dormitory compatibility risk assessments completed across all houses between HOB / DOB and HP highlighting key considerations and possible impact of individuals on other students in a more detailed and targeted approach than previously. Process has generated further in-depth discussions between boarding staff regarding specific risk assessments and methods of managing risk (through specific training). * Central record created and shared with staff that allows for all staff to view and access specific Risk assessments / IHP/ care plans for each individual student to aid and support student development specific to their presenting needs | | | | | |
| **2-To review format and create comprehensive care plans for all students with presenting needs (including cultural needs)** | 1. To review all current plans in school 2. To create comprehensive care plans that clearly identify presenting needs, support strategies and interventions 3. To devise a review cycle for all care plans 4. To ensure cultural needs for all students are met 5. To provide admin support to complete, track and monitor all care plans | April 2016  April 2016  April 2016  April 2016  Sept.2016 | 1. Common format for all care plans established 2. Care plans in place for all vulnerable students 3. Review cycle in place   As above and also joining papers revised (see above)   1. Admin support appointed | LW  LW  LW  LW/  RJ/  JBL  MT | **18th April 2016**  Pastoral support group met to identify all vulnerable students. Care plan pro-forma in place. VCD delivered training to boarding staff on **29/4/16** and all staff on **3/5/16**  MT produced JD for new post. Advert to go out W/B 16/5/16 |
| **Progress**  **5/9/16**   1. Pastoral support group met to identify all vulnerable students on **18/4/16,** now meet weekly 2. New care plan pro-forma devised to include boarding need, medical need, learning need, social need and cultural need 3. Deputy Headteacher/Assistant Headteacher delivered training to boarding staff on **29/4/16** and all staff on **3/5/16** on use of language and effective completion of care plans 4. Seventy seven care plans completed (26 boarding, 45 SEN, 3 pastoral, 2 academic, 2 cultural) 5. MT produced JD for new post. Advert to go out W/B **5/9/16** | | | | | |
| **Impact**   * Increased frequency and targeted communication between boarding and day school through targeted support plans, allowing for a shared platform and method to ensure focused support is planned and reviewed based around presenting needs of individuals. * Quality assurance review completed by HOB and compared with AHT generating specific and targeted meetings with HOB and boarding staff completing care plans maintaining pupil cantered approach which is targeted and specific to the presenting needs of individual students | | | | | |

**Boarding Strategic Theme 3: How well children and young people are protected**

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| **Objective (Tactical)**  **What do you want to do?** | **Action**  **How are you going to do it?** | **Deadline**  **(Date)** | **Success criteria**  **What will it look like?** | **Lead** | **Ongoing notes** |
| **1-To review and improve record keeping of safeguarding concerns**  ***NMS 11.1*** | **Short term (July 2016)**   1. All safeguarding files to be reviewed and introduce a recording system as recommended by Ofsted 2. New system shared with Sharron Escott for comments 3. Monitoring of all files to be systematically planned 4. All contact with outside agencies to be recorded with phone call backed up with e-mails | April 2016  April 2016  April 2016  April 2016 | 1. Front sheet with all actions introduced for all cause for concern files. 2. Positive response from Sharron Escott 3. Pastoral support group to review all files every three weeks. MT to review all files every six week. Governors to review all files once a term. 4. Procedures being followed | LW  LW/  SE  LW  LW | **18th April 2016**  All cause for concern files have front sheets with next actions. MT reviewed all files. Pastoral support group review 12 files on **22/4/16** and on **30/4/16.** |
| **Progress**  **15/5/16**   1. Jane Weatherill (SCC) provided training/support on **25/4/16**. 2. Pastoral support group reviewed 12 files on **22/4/16** and remaining files on **30/4/16** 3. Safeguarding policy revised to take into account new guidance **(1/7/16)** 4. All files reviewed by LW/JBL and MT on **9/9/16** | | | | | |
| **Impact**   * Consistency of approach achieved across all referrals * Weekly meetings between DSL, ADSL and SEN dept ensure all cases reviewed regularly and actions more readily chased up. * Weekly meetings ensure information is shared more easily | | | | | |
| **2-To improve accountability and ensure clear actions at SLT briefings**  ***NMS 13.4*** | 1. All meetings minuted with clear actions and deadlines 2. All actions remain open until complete. Reviewed daily. 3. All actions to be shared with all relevant parties | April 2016 | 1. Clear actions recorded with relentless monitoring and follow up. | VCD | **18th April 2016**  Meeting Gold purchased with all meetings now minuted with actions recorded and shared with all relevant parties. |
| **Progress**  **15/5/16**   1. All meetings now have minutes taken with clear actions assigned to a member of staff. All key staff have an i-pad with the app ‘Meeting Gold’ which allows all actions to be tracked. | | | | | |
| **Impact**   * Use of Meeting Gold to record and monitor actions taken and required during boarding weekly meetings which are reviewed on weekly basis, ensuring all team members are accountable for specific actions which are expanded during weekly line management meeting for all boarding staff. * SLt also held to account through meeting gold | | | | | |
| **3-To ensure the management of medication is safe and comprehensive records are kept.**  ***NMS 3.4*** | 1. All matrons to attend training on handling of medication 2. Records of all medication to be established and maintained 3. Monitoring cycle established | April 2016 | 1. Training needs identified and training boked and delivered 2. Clear records in place with evidence of monitoring 3. As above | RW/  DG/  VP | **18th April 2016**  Training from SBSA delivered on **4/5/16**  Formal records established.  Kathy was involved in the writing of the original National Minimum Standards and is an independent trainer and consultant for health services in schools. Her views differed slightly from some of the findings detailed in the Ofsted report. |
| **Progress**  **15/5/16**   1. Training delivered by Kathy Compton (RGN, Cert Ed, MEd. BSA Nurse Adviser and Tutor 2004 to present) to all matrons on **4/5/16.** Topics covered including handling and storing medication and adherence to the NMS. 2. All actions in Ofsted report and report from Kathy now met. 3. Policies for asthma, epilepsy, anaphylaxis, diabetes and head injuries completed 4. All Matrons and House Parents have completed and passed OPUS medication Handling Training (see CPD record). 5. Pill counter obtained from CHC, pill pots available. 6. All mar charts now have a forwards/ quantity received as do the CDs.   Kathy was involved in the writing of the original National Minimum Standards and is an independent trainer and consultant for health services in schools. Her views differed slightly from some of the findings detailed in the Ofsted report. | | | | | |
| **Impact**   * All Matron's have completed management and monitoring of medication training through the (BSA Nurse Adviser Kathleen Compton 4/5/16) and have all successfully completed medicines Awareness for Schools training (Opus). Specific information and advice provided by BSA training has been cascaded to House parents, Pastoral Manager and Director of Boarding on an individual basis delivered by Senior Matrons, all staff have also successfully completed the medicines Awareness for Schools training (Opus). * The above has had a direct impact upon procedures and practises with all medication being administered directly into student’s hands, lids of the medication bottle or Pillpots as demonstrated and advised by BSA training. All medication (controlled / prescriptions/ homely remedies and school stock) is now logged in and out of the school on MAR Charts or Record books, all balances can now be accurately calculated and accounted for. Balances of controlled and prescription medication is carried out every week and recorded on the balance recording sheet which is dated and signed by two matrons. * Weekly line management meetings between HOB and two senior matrons is now in place which include weekly reviews of procedures and progress towards actions identified, providing the HOB a clear overview of all procedures and practices and maintains a more targeted focus for matron team including short and long term progress towards targets. * Feedback (training survey) from the Matron team and boarding house staff clearly shows that the CPD provided regarding handling of medication and clarification of procedures and processes through the review process have significantly increased confidences and knowledge based around handling of medication, ensuring safer practices are followed. * All 4 matrons have been trained in the procedures of monitoring and recording stock levels of all medication as per the procedure set out, and are all able to detail procedures used to account for any discrepancies in stock, ensuring that all staff are accountable for this monitoring procedure. | | | | | |

**Boarding Strategic Theme 4: The impact and effectiveness of Leaders and Managers**

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| **Objective (Tactical)**  **What do you want to do?** | **Action**  **How are you going to do it?** | **Deadline**  **(Date)** | **Success criteria**  **What will it look like?** | **Lead** | **Ongoing notes** |
| *See above for staffing ratios, safeguarding recording and staff training- previously addressed.* | | | | | |
| **1-To ensure formal recording of all major complaints**  ***NMS 18.1*** | **Short term (July 2016)**   1. To establish a consistent complaints policy and procedure 2. To devise a clear monitoring cycle with governors signing of complaints | April 2016  April 2016 | 1. All staff are aware of and follow complaints procedures 2. All complaints reviewed by governors as a standing item on SSQ | MT  AD | **18th April 2016**  Complaints procedure reviewed. |
| **Progress**   1. Complaints policy written and shared with governors on **12/5/16** and new procedures in place. 2. Governors meeting on **16/4/16** agreed to review all complaints at SSQ 3. Complaints policy shared with boarding staff **17/6/16** 4. Complaints policy agreed by EFA on **24/8/16** | | | | | |
| **Impact**  Consistency of approach results in all cases being reviewed and comprehensive actions recorded | | | | | |
| **2-To ensure all staff receive adequate supervision**  ***NMS 15.1*** | 1. To ensure all identified staff are assigned a key member of staff to provide linemanagement/ supervision 2. To devise a proforma for recording supervision 3. To ensure key staff are trained in supervision for complex cases | April 2016  April 2016  June 2016 | 1. All staff receive supervision and well - being improved. 2. All supervision recorded consistently 3. Staff trained in supervision in place | MT  MT  MT/ KM | **18th April 2016**  All staff have been assigned a key member of staff to provide supervision.  Supervision pro-forma created and process started  KM started training.  To be reviewed on 20/5/16 |
| **Progress**   1. All staff assigned line management 2. Supervision offered to key staff 3. KM started supervision training | | | | | |
| **Impact**  Line management more robust to ensure consistency of approach and actions followed up more rigorously with supervision offered for vulnerable staff. | | | | | |
| **3- To ensure robust monitoring of boarding procedures** | 1. Comprehensive SEF produced with accurate judgements made supported by evidence that shows IMPACT 2. All NMS met with evidence | May 2016  May 2016 | 1. SEF in place and monitored by governors each term 2. NMS in place and monitored by HT each term | MT  RW | **18th April 2016**  NMS document largely in place, to be updated following Ofsted findings.  SEF and NMS document to be completed by 6/6/16. This date has been deliberately chosen to allow time for progress to be made. |
| **Progress**   1. Assistant Head, Head of Boarding and Headteacher presented progress against strategic plan to governors Students, Standards and Quality Committee on **12/5/16** 2. Headteacher reviewes action plan weekly with head of boarding 3. Visit and report by Jason Towells (Residential Education Manager Fosse Way House), an outstanding (OFSTED) school who are a specialist school for students with ASD **(19/5/2016)** 4. Visit and report by Kathy Compton (RGN, Cert Ed, MEd. BSA Nurse Adviser and Tutor 2004 to present) 5. Visit from Jane Weatherill (SCC) to review safeguarding procedures on **25/4/16 and 11/5/16** 6. Visit from Sam Martin (SCC) to review risk assessments on **27/4/16** 7. Boarding Governor (Ben Houlihan)) monitoring and progress visit and meeting with Head of Boarding **26/5/16.** Meeting with mentors, mentees and Justin Fewtrell to review mentoring provision **9/6/16**. Attendance at safeguarding / pastoral meeting to review open safeguarding files and working procedure with LW/JL/SA **10/6/16.** 8. Boarding monitoring Governor report shared and reviewed with boarding staff **20/6/16** 9. Visit from Mark Nettle (Head of Student Services at Bridgwater College) to review progress against progress against action plan, and build working relationship between Brymore and College residential support team **(28/6/16)** | | | | | |
| **Impact**  A full review of practice and procedures has led to improved robustness and monitoring. | | | | | |
| **Summary**   1. **Twenty** training courses completed 2. **Eigh**t visits from external professionals 3. **Seventy eight** risk assessments completed 4. **One hundred and thirty** presenting needs assessments completed 5. **Thirty eight** computability risk assessment completed 6. **Seventy seven** care plans completed 7. **Twelve** policies completed | | | | | |

MT M.Thomas (Headteacher) DG D.Gardner (Senior matron)

LW L.Winter (Assistant Head/DSL) VP V.Phillips (Senior matron)

RW R.Watts (Head of Boarding) RJ R.Jones (Assistant Head/SENCO)

JBL J.Lillywhite (Director of Boarding) SE S.Escott (Ofsted Lead Inspector-care standards)

VCD V.Davis (Deputy Headteacher)

AD A.Dyer (Acting Chair of Governors/J.Ashworth on maternity leave)