

# Eaton Hall Specialist Academy

Eaton Hall School, Pettus Road, Norwich NR4 7BU

Residential provision inspected under the social care common inspection framework

## **Information about this residential special school**

Eaton Hall Specialist Academy caters for pupils with social, emotional and mental health needs. The school is a day and residential special school located in a residential area of Norwich. The residential accommodation is in a purpose-built building in the school grounds.

There are 55 pupils on roll, 19 of whom stay in residence for up to four nights a week.

The head of care has been in post since September 2014 and has a relevant qualification.

This inspection was carried out at the same time as an inspection of the school.

### **Inspection dates: 6 to 8 June 2023**

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

How well children and young people are helped and protected      good

The effectiveness of leaders and managers      good

The residential special school provides effective services that meet the requirements for good.

**Date of previous inspection:** 7 March 2023

**Overall judgement at last inspection:** inadequate

## Inspection judgements

### **Overall experiences and progress of children and young people: good**

Children's day-to-day experiences in residence are extremely fulfilling. Staff provide good-quality care and support to children that enriches their future life opportunities and wider progress at the school.

Children who stay in residence significantly improve their school attendance and academic engagement from their starting points. Children have dedicated time in residence to read and complete homework. Detailed handovers and effective communication between residential staff and school staff provide a positive approach to children's learning outcomes.

The relationships between staff and children are strong. Staff have high expectations and maintain consistent boundaries that are clearly understood by the children. There is a culture of high mutual regard and respect. Children are hugely proud of their school and gave positive feedback about enjoying time with staff. This provides children with a stable base to learn and grow.

Children participate in an excellent range of varied activities that nurture their talents and meet their interests. These include kayaking, swimming, roller-skating and exciting residential camps. A broad variety of sporting and enrichment activities take place within residence. Children have access to cycle proficiency courses run by trained staff. These experiences improve children's social skills and self-determination, which adds significant value to their time at school.

Well-planned therapeutic interventions help children to understand their past experiences and trauma. Therapies are delivered by highly qualified practitioners and include one-to-one sessions, art therapies and dance movement. A wide range of bespoke resources are available in designated areas for children to use in line with the model of support adopted by the school. Children and parents recognise the strength of these approaches. As a result, children's well-being and emotional resilience improves.

Staff have good oversight of children's health needs. Medication is appropriately stored and administered. Children and staff have access to a mental health first aider. During their time in residence, children are motivated to enjoy a balanced and varied range of healthy, freshly cooked food.

Feedback from families is widely positive. Parents report strong communication with the staff. They recognise that children make considerable emotional and educational progress because of the support they receive.

Children who are new to residence receive a planned and warm welcome. An effective mentoring system between children is supported. However, further development is necessary to improve the quality of children's placement plans. One

plan was delayed and other plans lack detailed information about children's preferences and routines. This does not ensure that all staff have the most up-to-date information about all of the children's individual needs.

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

Children say that they feel safe in residence. They know who to talk to when they are worried or upset. Any difficult dynamics between children are well managed by staff.

School leaders have implemented a dynamic improvement plan in response to recently identified shortfalls in safeguarding practice. Important procedures to record, monitor and escalate safeguarding concerns have been significantly improved. Recent concerns about children have been actioned swiftly and shared with external safeguarding agencies when necessary. This helps safeguard children and ensures their welfare is promoted.

Staff are aware of their safeguarding responsibilities and have a good understanding of procedures. School leaders have provided additional training to staff to increase their knowledge of safeguarding practice in line with new statutory guidance. Further training, in relation to the safeguarding improvement plan, is planned. This ensures staff are well informed to respond to potential risks for children.

Designated safeguarding leads are appropriately trained. Weekly safeguarding meetings take place. Child-focused safeguarding bulletins have recently been revised. These provide a proactive and creative approach for staff to understand emerging risks for children.

Children respond very well to bespoke incentive schemes that reinforce positive behaviour. Staff successfully use de-escalation strategies in line with responsive harm-reduction plans. Consequently, children make positive behavioural changes that increase their self-esteem.

School leaders maintain good health and safety monitoring systems in residence. Staff's approach to risk assessments is comprehensive but not risk averse. This ensures that children can safely navigate a wide variety of new experiences and activities.

The staff use physical intervention proportionately. Staff are appropriately trained. School leaders and managers monitor wider trends of these interventions over time. Children's views following these incidents are represented and responsive. However, records of staff debriefs lack depth. These records do not demonstrate good levels of analysis that could identify learning points following these interventions. Consequently, the overall effectiveness and monitoring of these incidents could be improved.

## **The effectiveness of leaders and managers: good**

The residential provision is managed by a highly experienced and long-standing head of care who is qualified to level 5. She is measured in her approach and has high expectations for children to achieve. The head of care is supported by senior school leaders. Collectively, managers and leaders have a comprehensive understanding of the children.

Staff are extremely motivated and provide positive role models for children. Staff receive regular, good-quality supervision and appraisals. These help staff to consider children's needs and identify future professional development opportunities.

School leaders build positive relationships with external professionals. Social workers said that staff are highly responsive to children. Social workers highlight strengths in the levels of consistent communication with staff.

School leaders ensure appropriate staff induction processes are in place for new staff. This includes good-quality training that develops staff's skills in line with the model of care adopted in the school. However, further training in understanding autism spectrum disorder and attention deficit hyperactivity disorder has not been attended by staff. This could be of value for staff to understand and respond to all of the individual and emerging needs of children.

School leaders and trustees have quickly responded to identified shortfalls at the previous inspection. This has meant that improvements have been made to safeguarding procedures in a short space of time. External monitoring by an independent visitor contributes to elements of the residential provision. However, social workers' views have not been gained or considered. Additionally, external monitoring was not strong enough to identify previous weaknesses in practice.

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

### **Compliance with the national minimum standards for residential special schools**

The school does not meet the following national minimum standard for residential special schools:

- There is a written plan in place for each child resident in the school setting out how their day-to-day needs will be met, known as the placement plan. The plan is thorough and specific to the child and is agreed, as far as is practicable, with the child, the child's parents/carers and any placing authority for the child. (NMS: 7.1)

### **Recommendations**

- The registered person should consider improving the systems and recording of staff debriefs following incidents of physical management with children.
- The registered person should ensure that external monitoring visits meet all aspects of national minimum standard 3.2 and include social worker consultations. The depth of information explored should reliably inform the independent visitor's view of safeguarding arrangements.
- The registered person should ensure training in understanding autism spectrum disorder and attention deficit hyperactivity disorder is sourced and attended by staff.

### **Information about this inspection**

Inspectors have looked closely at the experiences and progress of children and young people using the social care common inspection framework. This inspection was carried out under the Children Act 1989 to assess the effectiveness of the service, how it meets the core functions of the service as set out in legislation, and to consider how well it complies with the national minimum standards.

## **Residential special school details**

**Social care unique reference number:** SC038324

**Headteacher:** Peter Lambert

**Type of school:** Residential Special School

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## **Inspector**

Mark Anderton, Social Care Inspector

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