

# WESC Foundation

WESC Foundation, Topsham Road, Countess Wear, Exeter EX2 6HA  
Residential provision inspected under the social care common inspection framework

## Information about this residential special school

WESC Foundation is a specialist school for children with a visual impairment. Children can attend school as a day pupil or stay on-site in the residential provision.

**Inspection dates:** 4 to 6 July 2019

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

How well children and young people are helped and protected **inadequate**

The effectiveness of leaders and managers **inadequate**

There are widespread failures that mean children and young people are not protected or their welfare is not promoted or safeguarded.

**Date of previous inspection:** 14 November 2018

**Overall judgement at last inspection:** requires improvement to be good

## Inspection judgements

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

The progress and experiences of children are inadequate because the service is not well-led, safeguarding arrangements are weak and children are not fully protected. For example, a child was left at risk of harm because staff failed to raise potential safeguarding concern with senior leaders promptly. Leaders have not acted to ensure that all of the shortfalls identified at the last inspection have been addressed. Some of the shortfalls which centre around safeguarding and leadership have not been comprehensively addressed.

Children are not always provided with consistency of care because records do not always provide staff with clear written direction about how to support them. Documents are cumbersome and, at times, offer conflicting information. For example, one care plan directs staff to provide space for a child if they are on the floor, however, staff were observed standing over this child trying to get them up from the floor. Documents are not updated to reflect emerging concerns or when incidents occur. Consequently, avoidable incidents continue.

Young people are not always provided with equipment that they need in a timely way. For example, one child required a curtain to protect their dignity during showering. This took over five months to obtain.

Nevertheless, children are supported by staff who know them well. Inspectors observed a warm, responsive and natural approach to care and positive interactions. Some children are making good progress. For example, children are doing well in education. The introduction of extra support staff in the classroom helps children to engage better. Children can stay focused for longer and reach targets quicker.

Children enjoy a variety of activities and spend time socialising together. They have access to specialist equipment and a full sensory diet. The recent addition of a sensory garden offers a calm and tranquil space. The garden considers the children's visual impairments and additional needs well. Children also like spending time in the on-site swimming pool. These resources provide children with positive opportunities.

Parents spoken to stated that they are happy with the care and education that their children receive. They can identify progress that their children make. Parents highlight some inconsistencies in communication. These inconsistencies are evident in other aspects of the service.

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

Staff do not always recognise safeguarding concerns and take effective action to reduce the potential risk and harm for children. On some occasions staff fail to escalate concerns to safeguarding agencies. For example, there was a delay of eight

days before staff reported a concern that involved a child who had potentially suffered physical harm. In another situation, it took six days for staff to escalate concerns in respect of a colleague. This results in children being left in situations of potential risk.

Safeguarding processes and systems are not fully effective, and policies are not always adhered to. Concerns for children are not always identified as such by staff or managers. For example, ongoing health needs not being addressed by a parent were not considered in the context of neglect. This lack of understanding compromises children's safety and wellbeing and means concerns are not escalated appropriately.

The arrangements for medication are not safe because auditing of medication records is not robust. As a result, it is difficult to understand what medication is being held in the home. This means that errors may happen and may not be detected. Processes put in place to reduce reoccurrence are weak.

Physical intervention is not commonplace. However, recordings are weak and management oversight is poor. During one incident, staff used unorthodox physical intervention. This was never recorded as such or formally addressed despite management scrutiny of the incident.

The arrangements in place in respect of safer recruitment are effective. Good systems mean that the staff employed are appropriate and well vetted.

Generic risk assessments are good. Activities that children access are planned well, and this ensures that there is minimal risk involved.

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

Leaders have not successfully addressed ongoing poor safeguarding practice and failure to adhere to the national minimum standards. This is compounded because leader's roles are vast. They are not yet a collaborative leadership team. Systems have been put in place to support better teamwork. These systems need time to imbed and develop further. Likewise, the multi-disciplinary staff team is fragmented. These weaknesses in the leadership hinders ongoing progress and impacts negatively on the quality and consistency of care.

Concerns about staff are not always managed well. Some investigations are weak, and the quality and response are variable. Action is not always taken by leaders to ensure the safety of children. On one occasion, a staff member continued to work in another part of the service without sufficient consideration of continuing risks to others.

The chief executive officer and the chair of the trustees began to address the shortfalls during this inspection. They recognised the need for an experienced designated safeguarding lead and a more robust system to keep children safe. Their

action provided some reassurances that the shortfalls are understood.

## **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(s) for residential special schools:

- 3.8 All medication is safely and securely stored and proper records are kept of its administration. Prescribed medicines are given only to the children to whom they are prescribed. Children allowed to self-medicate are assessed as sufficiently responsible to do so.
- 6.3 The school ensures that the welfare of pupils at the school is safeguarded and promoted by the drawing up and effective implementation of a written risk assessment policy and appropriate action is taken to reduce risks that are identified.
- 11.1 The school ensures that: arrangements are made to safeguard and promote the welfare of children at the school; and such arrangements have regard to any guidance issued by the Secretary of State.
- 13.3 The school's leadership and management demonstrate good skills and knowledge appropriate to their role.
- 13.4 The school's leadership and management consistently fulfil their responsibilities effectively so that the standards are met.
- 13.6 Staff with management responsibilities have an adequate level of experience or training in the management and practice of boarding to ensure that children's welfare is safeguarded and promoted.
- 15.5 The head of care (or school equivalent) has in place a staff disciplinary procedure which is clear. The procedure clearly separates staff disciplinary processes from child protection enquiries and criminal proceedings, and is known by staff.
- 19.6 All staff have access to support and advice for their role. They also have regular supervision and formal annual appraisal of their performance.

## **Recommendations**

- Ensure that all staff have the relevant training to ensure that they can care for children effectively and safely.

## **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:** SC022223

**Headteacher/teacher in charge:** Jane Bell

**Type of school:** Residential Special School

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## **Inspector(s)**

Tracey Ledder, social care inspector (lead)

Wendy Anderson, social care inspector



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