



**VALE OF EVESHAM
SCHOOL**
Learning For Life

RESIDENTIAL ACTION PLAN

November 2019 – August 2020

Reviewed & Amended February 2020 - Version 2 – Practice Development Action Plan

Version 2 to begin March 2020 – December 2020

Vision

Our vision is to provide an inclusive, holistic provision that will enable all members of the school community to attain their full potential in an encouraging and supporting environment which is happy, safe and secure, caring and positive with the importance of every child central to our ethos.

Advance Trust Core Principles:

- We share unshakeable faith that every child and young person will grow and thrive - given the right conditions. We promise to seek and provide the right conditions for **every** child and young person in our schools so that they can live safe, healthy and productive adult lives.
- We are committed to the concept of "life long learning" and will seek to unleash the untapped potential in every child, young person and adult within Advance Trust.

We are committed to including, empowering and uplifting the families and carers of children and young people.

Developing the plan

AREAS FOR IMPROVEMENT IDENTIFIED ARE:

Key Issue 1: To ensure that safeguarding is effective across the school:

- 1.1 To ensure that statutory regulations are met and evidenced effectively
- 1.2 To ensure that safer recruitment practices are used and evidenced effectively
- 1.3 To ensure that access and administration of medicines is regulated in accordance with statutory regulations
- 1.4 To create and implement a safeguarding training programme across the school to promote a culture of safeguarding excellence
- 1.5 To devise a curriculum map that analyses pupil coverage of key safeguarding issues from 2-19 (including e-safety) and responds to gaps within this coverage
- 1.6 To reinforce the culture of transparency and scrutiny across the staff body keeping in mind all the time “It could happen here.”
- 1.7 To amend policies and train staff with regard to amendments concerning staff contact with pupils who have left school – who have an EHCP or are not yet 25
- 1.8 To develop an effective cycle of supervision for safeguarding
- 1.9 To ensure risk assessments are in place around non-Advance Trust employees

Key Issue 2: Address defects in the fabric of the provision that breach NMS.

- 2.1 carpets
- 2.2 water ingress
- 2.3 curtains
- 2.4 timely reporting and addressing of defects

Key Issue 3: Administration of medication meets NMS and best practise guidelines

Key Issue 4: Fire regulations are met

Key Issue 5: Privacy and dignity of all boards, and in particular boarders with more complex needs

Key Issue 6: Staff are supported in their roles through appraisal and supervision

Key Issue 1: To ensure that safeguarding is effective across the school
Governor oversight: Daniel Thombs

Ref	Target(s)	Action	Lead Person	Start/Rev./End	Resources/Costs	Success Criteria	Monitoring and Evidence	Evaluation (Impact) Outstanding – Blue Good – Green RI – Amber Inadequate - Red
1.1	To ensure that statutory regulations are met to ensure effectiveness	<p>Re-evaluate personnel on safeguarding team and redeploy safeguarding team</p> <p>Governors to receive training with regard to statutory responsibilities</p> <p>Ensure all staff have received statutory training</p> <p>Ensure that the SCR is kept in accordance with statutory regulations and monitored effectively</p>	RPe	<p>S Nov 19</p> <p>R Feb 20</p> <p>R May 20</p> <p>E Jul 20</p>	<p>£594.00 (cost of Edukey)</p> <p>Cost of training tbc</p> <p>CPD training time</p>	<p>Safeguarding team will have the capacity to meet safeguarding needs and concerns</p> <p>Governors will understand and action their statutory responsibilities providing effective support and challenge with regard to safeguarding</p> <p>All staff will have received statutory safeguarding training</p> <p>SCR will be accurately completed in line with national Ofsted guidance and monitored effectively</p>	<p>SLT minutes</p> <p>Governors minutes and governor safeguarding meetings</p> <p>Training records</p> <p>Policy comments and ratification</p>	<p>AHOC trained as DSL.</p> <p>All Governors have completed safeguarding training</p> <p>All staff have completed statutory training and additional online refresher</p> <p>Ongoing with no gaps. Accurate proforma record used. Update service also being used. SCR is complete and up to date.</p>

		<p>Ensure that the school policy is updated with national guidance and reflects the school context – including EYFS</p> <p>To ensure confidentiality around storage of records and access to documents</p> <p>To investigate and develop the use of an electronic system for recording and storing welfare, safeguarding and child protection information and paperwork</p>			<p>Safeguarding policy will accurately reflect national and local guidance and reflect the school context</p> <p>Only trained and therefore appropriate staff will have access to confidential records</p> <p>Referrals will be managed in a time critical manner with no lag in reporting concerns to external agencies</p>		<p>S/G Policy reflects national guidance and school context including EYFS</p> <p>SCR and safeguarding files moved to keycoded office. Only accessed by trained staff.</p> <p>CPOMs system used which alerts DSL staff team to issues. Can be used remotely by staff offsite. No time lag in viewing reporting concerns.</p>
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1.2	To create and implement a safeguarding training programme ensuring all statutory requirements for training are adhered to	<p>Undertake a SWOT analysis of S/G skills</p> <p>Identify gaps and devise and implement a training timetable to support need</p> <p>Repeat SWOT analysis and analyse training impact across S/G team</p> <p>Update cycle of CPD to provide clear audit trail of regular coverage of policies</p>	RPe	<p>S Nov 19</p> <p>R Feb 20</p> <p>R May 20</p> <p>E Jul 20</p>	S/G training programme costs from Create Safer Organisation	<p>An initial overview of S/G skillset will be undertaken to inform future training needs</p> <p>Training will support consistency of quality of safeguarding procedures across the school</p> <p>An impact analysis will have been completed post training of safeguarding skills</p> <p>External QA will be in place to ensure an audit of safeguarding practices has been completed</p>	<p>Analysis of training programme</p> <p>External safeguarding audit carried out with governor input</p>	Analysis of safeguarding concerns has been completed.
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1.3	To ensure that safer recruitment practices are used and evidenced effectively	<p>To implement a rolling programme of DBS check renewals</p> <p>Safer Recruitment training has taken place for all involved</p> <p>To ensure that risk assessments for staff and external contractors are always completed and signed by DSL</p>	RPe	S Nov 19 R Feb 20 R May 20 E Jul 20	<p>Cost of DBS checks approx. £7,500.00</p> <p>Cost of training</p>	<p>All relevant staff are trained</p> <p>Safer Recruitment Practices achieved and evidenced</p> <p>Risk Assessments are completed and signed by DSL</p>	<p>Training records</p> <p>Governor S/G audit</p>	<p>Rolling programme of DBS checks on all staff undertaken. Update service being utilised.</p> <p>Safer Recruitment training has taken place for SLT</p>
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		<p>To ensure that the safeguarding induction of all new staff is monitored and evaluated by DSL with a central system in place</p>				<p>Induction policy is amended and ratified to ensure DSL has oversight and SLT to monitor probation periods</p>	<p>Recording of induction paperwork</p>	<p>Central system in place and induction overseen by Phase Leaders all DSL trained</p>
		<p>To ensure that probation periods of all staff are monitored and evaluated by SLT with a central system in place</p>					<p>New staff feedback from training</p>	

<p>1.4</p>	<p>To ensure that access to and administration of first aid and medicines is regulated in accordance with statutory regulations. (Allocation of full first aid kits into EYFS classrooms)</p>	<p>To ensure that the school has 3 paediatric first aid trained staff in EYFS at all times</p> <p>Ensure that access to medication within school is highly controlled and access to medication is regulated through secure means</p> <p>To ensure that parents/carers have consented to and are notified of the medicine policy and procedures document used within school</p>	<p>RPe</p>	<p>S Nov 19 R Feb 20 R May 20 E Jul 20</p>	<p>Cost of training</p> <p>Cost of lockable medicine cabinets</p> <p>Admin time</p>	<p>All relevant staff are trained</p> <p>Medicine is kept in a safe and secure environment and administered in a secure manner</p> <p>Parents and carers are aware of the administration of medicines within school policy</p>	<p>Training records</p> <p>Physical building audits demonstrate s key pads in every room where medicine is stored</p> <p>H&S audit trail demonstrate s keys kept in medicine cabinet when not in use</p> <p>Notification of and consents to the administration of medicine policy logged</p>	<p>Staff trained and school has above ratios required for paediatric EYFS</p> <p>All medical cabinets in place with key codes.</p> <p>2 audits have taken place since being fitted to ensure compliance</p> <p>All parents aware of and consented to new administration of medication policy</p>
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								Fire evacuation audits demonstrate compliance
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1.5	To develop a curriculum map that reflects the pupil coverage of key safeguarding issues from 2-19	<p>Department leads to produce curriculum map reflecting current coverage (December 2019)</p> <p>PSHE lead and RPe to reflect on good practice shown and areas for development (January 2020)</p>	RPe	S Nov 19 R Feb 20 R May 20 E Jul 20	Staff time	<p>Curriculum map produced to reflect upon</p> <p>Safeguarding issues link</p>	<p>Safeguarding issues link to whole school coverage to support pupil and parent understanding of safeguarding issues</p> <p>Good practice is reflected upon and furthered in developing curriculum further</p>	<p>Curriculum map reflecting current coverage in place</p> <p>PSHE/RSE TLR role appointed to commence April 21st 2020</p>
1.6	Reinforcing the culture of transparency and scrutiny across the staff body keeping in mind all the time "It could happen here."	<p>Establish register of staff working with (paid employment) pupils outside of school</p> <p>Establish register of staff who provide respite (not paid) and</p> <p>Set up a transparent practice record to encourage open reflection of actions</p>	RPe	S Nov 19 R Feb 20 R May 20 E Jul 20	Staff training time	KCSIE 2019, Safer working practice guidelines (2019) and VES Code of Conduct will be fully understood and implemented by staff within both practical and personal arrangements	Termly reflective practice record	<p>Register established. WMe working with RPe and LBI (HR Omega) to finalise wording of advice to staff and communciated with parents</p>

1.7	Amend policies and train staff with regard to amendments concerning staff contact with pupils who have left school – who have an EHCP or are 25	Amend 'Communications with Parents' policy and train staff in January 2020 session Amend Code of Conduct and train in January 2020 session	RPe	S Nov 19 R Feb 20 R May 20 E Jul 20	Staff training time	KCSIE 2019, Safer working practice guidelines (2019) and VES Code of Conduct will be fully understood and implemented by staff within both practical and personal arrangements	Policies will have been amended and discussed with staff Amend Code of Conduct and train in January 2020 session	KCSIE (2019) is evidenced and embedded. Code of Conduct requires governor approval – tbd at S/G committee
1.8	To develop an effective cycle of supervision for safeguarding	To ensure all appropriate staff are trained in supervision To ensure that the supervision proforma is evaluated and suitable for purpose To calendar diary dates on a half termly basis in respect of safeguarding	RPe	S Nov 19 R Feb 20 R May 20 E Jul 20	Cost of training Staff supervision time to be factored into hours	KCSIE 2019, Safer working practice guidelines (2019) and VES Code of Conduct will be fully understood and implemented by staff within both practical and personal arrangements Staff mental health and wellbeing will be supported	Training records Supervision proforma evaluated and amended Supervision records	Supervision cycle in place and Quality Assured by Supervision from CSO for RPe and AHOC (SBR)

1.9	To ensure risk assessments are in place around non-Advance Trust employees	<p>To (consider) write a policy for non Advance Trust employees who may become involved with challenging behaviour (school nurse, SALT, physio, OT etc.)</p> <p>To implement risk assessments for safer working practices regarding pupils with whom non Advance Trust employees work</p> <p>To include in BSPs strategies for staff who are not PPI trained to manage challenging behaviour</p> <p>To ensure BSPs are made available to non Advance Trust employees as appropriate</p>	RPe	<p>S Nov 19</p> <p>R Feb 20</p> <p>R May 20</p> <p>E Jul 20</p>	Staff supervision time	KCSIE 2019, Safer working practice guidelines (2019) and VES Code of Conduct will be fully understood and implemented by staff within both practical and personal arrangements	<p>Policy for non Advance Trust employees</p> <p>Risk Assessments</p> <p>BSPs</p>	<p>BSPs are made available to non Advance Trust employees and no expectation that they would be managing difficult behaviours. Behaviour would always be supported by trained VoE staff.</p>
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Key Issue 2: To address defects in the fabric of the boarding provision that breach NMCS
Governor oversight: Claire Lockyer

Ref.	Target(s)	Action	Lead Person	Start/Rev./End	Resources /Costs	Success Criteria	Monitoring and Evidence	Evaluation (Impact) Outstanding – Blue Good – Green RI – Amber Inadequate – Red
2.1	The carpets are safe and in a good state of repair throughout the provision	<ul style="list-style-type: none"> Stair carpet tread protectors to be inspected and replaced as necessary Quotes obtained for replacement carpet in areas where it is worn New carpet in place Carpets part of ongoing fabric inspection 	KH	Dec 19 Jan 20 Feb 20	£27.99 £1,300 & £1,500	<p>Carpets in all areas are safe for all users</p> <p>Carpets are aesthetically pleasing</p>	<p>Governor visit report</p> <p>Trust central facilities management reports</p> <p>SLT NMS audit</p>	<p>Stair carpet tread protectors replaced, stair carpet replaced.</p> <p>Quotes obtained for replacement carpet in areas where it is worn – quotes obtained for Residential Dining room carpet</p> <p>New carpet in place (on stairs and landing)</p> <p>Carpets part of ongoing fabric inspection</p>

2.2	Windows in provision to be watertight and free from rain damage	<ul style="list-style-type: none"> Any areas damaged by water to be made good Remedial work on roof discussed with contractor Remedial work (if necessary) carried out 	NS	Nov 19 Jan 20	£200 -300	Water damage in all areas is repaired Underlying cause of damage is understood and rectified	Governor visit report Trust central facilities management reports SLT NMS audit	<p>Any areas damaged by water to be made good – window sills sanded and painted -</p> <p>Remedial work on roof discussed with contractor</p> <p>Remedial work carried out in a timely fashion following weekly management audits</p> <p>Discussion with Business manager//Head teacher and EH takes place weekly</p>
2.3	Curtains throughout the provision are in good order	<ul style="list-style-type: none"> Curtains inspected Existing curtains repaired and re attached Quotes obtained New curtains purchased 		Nov 19 Jan 20 May 20	£20,000	New curtains, that can be easily removed and put back in to place are throughout the provisions	Governor visit report	<p>Curtains inspected</p> <p>Existing curtains repaired and re attached</p> <p>All curtains aesthetically pleasing</p> <p>Rolling programme of new furnishings being applied</p>

								to include new curtains
2.4	Any defects to be reported and addressed in a timely manner	<ul style="list-style-type: none"> Routine recorded inspections carried out - weekly 'walk rounds' by SLT, care staff and caretaker Standing item on residential meeting agenda around premise maintenance Health and safety checklists produced and completed – initially weekly 		S Nov R Feb R May E July		Fabric of provision is regularly monitored and any deficit are rectified quickly	Minutes of residential meetings Records of standard 20 monitoring visits	Routine recorded inspections carried out - weekly 'walk rounds' by SLT, care staff and caretaker Standing item on residential meeting agenda around premise maintenance Health and safety checklists produced and completed – initially weekly

Key Issue 3: Administration of medication is compliant with NMCS and meets best practise guidelines								
Ref	target	Action	Lead person	Start/rev/end	Resources / costs	Success criteria	Monitoring and evidence	Evaluation Outstanding blue Green good amber RI Red - inadequate
3.1	Revise administration of medication for residential pupils to ensure it meets best practise guidelines	<ul style="list-style-type: none"> Security of medication ensured by staff having medication keys on lanyard, on person (as interim measure) Emergency medications locked away to ensure safety of medication 	SB RPe	S Nov R Feb R May E July		Medication is stored safely at all times. Medication is administered in line with best practice guidelines and should reflect guidance provided by the Royal Pharmaceutical	Physical building audit demonstrates key pads in every room where	Security of medication ensured by keys worn on a lanyard around the neck of a member of staff trained in administering medication. At the end of shift

		<ul style="list-style-type: none"> • Revise administration of medication policy to ensure compliance with NMCS • Ensure training is up to date for all residential staff • Review the recording of medication system • Install key safes to ensure that keys are stored safely away from drugs cabinets • Change the locks to ensure rooms with drug cabinets can be locked • Adopt more rigorous procedures for the administration of paracetamol in line with school procedures • Audit of medication documentation and practice to be undertaken by residential management team on regular ongoing basis. 				<p>Society (Handling of Medicines in Social Care).</p>	<p>medicine is stored</p> <p>H&S audit trail demonstrates keys not kept in medicine cabinet when not in use</p> <p>Training record</p> <p>SLT NMS audit</p>	<p>or going off site keys stored in a 3 digit key safe in a locked room. Emergency medications locked away to ensure safety of medication</p> <p>All Care Staff are trained in administering medication by the School Nurse on an annual basis.</p> <p>Training is up to date for all residential staff Review the recording of medication system Install key safes to ensure that keys are stored safely away from drugs cabinets Change the locks made to ensure rooms with drug cabinets can be locked Rigorous procedures adopted for the administration of paracetamol in line with school procedures Audit of medication documentation and practice to be undertaken by residential</p>
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									management team on regular ongoing basis
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Key Issue 4: Fire safety regulations are met at all times								
	Target(s)	Action	Lead Person	Start/Rev./End	Resources /Costs	Success Criteria	Monitoring and Evidence	Evaluation (Impact) Outstanding – Blue Good – Green RI – Amber Inadequate - Red
4.1	Ensure fire safety standards are met at all times	<ul style="list-style-type: none"> • Make changes to fire doors to ensure they close appropriately • Ensure all doors that need them have self closers • Provide training to all staff around fire safety to ensure a shared understanding of issues • Fire risk assessment carried out by independent consultant (Joe Simpson). School to act on findings. • Fire safety audit by HW FS • New staff and boarders to undertake fire evacuation • Refresh training for all staff around fire safety to ensure understanding of key issues • Fire safety to be discussed as part of weekly meetings 	NS R Pe	S Nov R Feb R May E July	In house £ TBC	All fire doors meet standards Staff are fully aware of and operate to best practice guidelines	Independent fire risk assessor report Reviews of fire safety RA Reviews of PEEPs KP Training records New fire risk assessment completed by external assessor SLT site scrutiny on weekly basis Central facilities management	<ul style="list-style-type: none"> • Make changes to fire doors to ensure they close appropriately , checked weekly • Ensure all doors that need them have self closers • Provide training to all staff around fire safety to ensure a shared understanding of issues • Fire risk assessment carried out by independent consultant (Joe Simpson).

		<ul style="list-style-type: none">• Review fire safety monitoring systems					SLT NMS audit	<p>School to act on findings.</p> <ul style="list-style-type: none">• Fire safety audit by HW FS• New staff and boarders to undertake fire evacuation• Refresh training for all staff around fire safety to ensure understanding of key issues evidenced• Fire safety to be discussed as part of weekly meetings
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Key Issue 5: Privacy and dignity of all pupils are maintained

Governor oversight: Claire Lockyer

Ref	Target(s)	Action	Lead Person	Start/Rev. /End	Resources/ Costs	Success Criteria	Monitoring and Evidence	Evaluation (Impact) Outstanding – Blue Good – Green RI – Amber Inadequate - Red
5.1	<p>Undertake risk assessment around bedroom placement for all boarders</p> <p>Ensure the privacy and dignity of all pupils are maintained with particular reference to the complex needs of pupils</p>	<ul style="list-style-type: none"> • Complete bedroom allocation risk assessments for all boarders • Refurbish alternative bedroom, to allow access to designated bathroom and distance from communal living space • Frost glass in door between bedroom and communal area • Review staffing and support to maintain privacy and dignity. • Additionally, staff the suite as necessary • Revise activity planning for JM so that there are reasonable expectations around her sharing space with other boarders and clear targets around building up her tolerance of being with others • In conjunction with class staff and SALT develop system to allow to communicate preferences around space and activities • Regular CIN reviews with social care, health and family. 	AR NS	<p>S Nov</p> <p>R Feb</p> <p>R May</p> <p>E July</p>	<p>£1,600 - £2,000</p> <p>£40</p> <p>£ additional staffing costs</p>	<p>RA assessments completed and scrutinised by SLT</p> <p>Alternative bedroom</p> <p>Staff are able to ensure privacy and dignity of all pupils</p> <p>Clear targets around developing independence with toileting needs</p> <p>Appropriately planned activities meet needs and those of the other boarders in the suite</p> <p>Communication systems in place so that staff can clearly communicate their expectations and pupils can begin to express choices and preferences</p>	<p>Governor visits</p> <p>Independent visitor records David Braybrook</p> <p>CIN records</p> <p>SLT NMCS audit</p> <p>Records of visits by David Braybrook</p>	<ul style="list-style-type: none"> • Complete bedroom allocation risk assessments for all boarders • Refurbish alternative bedroom, to allow access to designated bathroom and distance from communal living space • Frost glass in door between bedroom and communal area • Review staffing and support to maintain privacy and dignity. • Additionally, staff the suite as necessary • Revise activity planning for JM so that there are

								<p>reasonable expectations around her sharing space with other boarders and clear targets around building up her tolerance of being with others</p> <ul style="list-style-type: none">• In conjunction with class staff and SALT develop system to allow J to communicate preferences around space and activities• Regular CIN reviews with social care, health and family.
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5.2		<ul style="list-style-type: none"> • Revise activity planning for boarders so that there are reasonable expectations around sharing space with other boarders and clear targets around building up tolerance of being with others. Head of Care/Deputy Head of Care to support Care Officers with activity planning • In conjunction with class staff and SALT develop system to allow boarders to communicate preferences around space and activities • Regular CIN reviews with social care, health and family to consider ongoing suitability of placement 		Dec 19 Then half termly		<p>Boarders have appropriately planned activities to meet their needs and those of the other boarders in the suite</p> <p>Boarders have appropriate communication systems in place so that staff can clearly communicate their expectations and boarders can begin to express choices and preferences</p>		<ul style="list-style-type: none"> • Revise activity planning for boarders so that there are reasonable expectations around sharing space with other boarders and clear targets around building up tolerance of being with others. Head of Care/Deputy Head of Care to support Care Officers with activity planning
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Key Issue 6 Staff are fully supported in their role.

Ref	Target(s)	Action	Lead Person	Start/ Rev./ End	Resources /Costs	Success Criteria	Monitoring and Evidence	Evaluation (Impact) Outstanding – Blue Good – Green RI – Amber Inadequate - Red
6.1	Ensure that staff are fully supported in their role through regular and effective appraisals and supervisions	<ul style="list-style-type: none"> • Provide supervision training for residential management team • Review appraisals and supervisions of all staff to find 'gaps' • Set up timetable to ensure all appraisals and supervisions are up to date by the end of term • Review paperwork for supervisions to ensure it meets need and does not generate additional workload • Set up clear, evidenced recording system for supervisions 	NS/AR	S Nov R Feb R May E July		<p>Appropriate staff are trained to complete supervisions in respect to safeguarding and wider care NMS</p> <p>Appraisals and supervisions are completed in a timely manner.</p>	<p>Governor visit</p> <p>SLT NMS audit</p> <p>Records of visits by David Braybrook</p>	<p>Provide supervision training for residential management team SEPT</p> <p>Calendar drawn up for all Appraisals and Supervisions, Appraisals to be scheduled for September 2020</p> <p>Timetable set up and completed for supervisions. Dates confirmed for following Half term.</p> <p>Work carried out with Roy Walker to review and update the proforma for Supervision and Appraisals</p> <p>Set up clear, evidenced recording</p>

								system for supervisions
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Finished