

The OFSTED Welfare Inspection of Independent Schools 2009

The welfare inspection of an independent school will involve input from the Medical Officer and the Medical Team. If the team is well prepared the inspection should demonstrate the high level of care offered to schools by MOSA members.

Background

Ofsted¹ inspects independent schools usually every 3 years under the direction of the Department for Children, Schools and Families (DCSF) in order to ensure that they comply with The Education (Independent School Standards) Regulations 2003.

In inspecting these schools, Ofsted uses the powers granted by section 162A of the Education Act 2005.

The inspection results in a report which is published on Ofsted's website.

Section 157 of the Education Act 2002² specifies that inspectors will review:

- the quality of education provided by the school
- the spiritual, moral, social and cultural development of pupils
- the welfare, health and safety of pupils
- the suitability of proprietor and staff
- the school's premises and accommodation
- the provision of information for parents, carers and others
- the procedures for handling complaints.

Ofsted also inspects the welfare of boarders in all independent schools under the Care Standards Act 2000 using as a template the **National Minimum Standards for Boarding Schools**³. (NMS)

Inspectors judge whether the school satisfies the regulations for registration, and, where it does not it is required by the DCSF to produce an action plan for improvement. Failure to make the necessary improvements may lead to the school being deleted from the register of independent schools by the registering authority and required to close.

Ofsted does not inspect the educational provision in all independent schools and this might be carried out by agencies such as the Independent Schools Inspectorate (ISI). Educational inspections will not usually involve the Medical team.

Outline of Advice to MOSA members

1. The School Medical Officer (MO) and the Medical Team should make sure they are aware of the National Minimum Standards and consider which standards relate to their role(s) within the School.

2. The MO and Medical Team should have access to the school's previous inspection report and make sure there are no outstanding recommendations that they need to fulfill.
3. After reading the NMS and the last inspection report the Medical team should make sure every member feels confident in the service they provide.
4. The Medical Team should ensure that the school feels confident in the service that they provide.
5. The Medical Team should make sure they are fully briefed about the details of the inspection. It is often useful to understand the background and interests of the inspector that will be interviewing the team, for instance a pharmacist might be more interested in looking at the arrangements for handling medication, while a nurse is likely to ask more about care or welfare plans.
6. It would be useful if the MO or member of the Medical Team is present at the initial debrief. At this point the final report has not been written and small queries could be explained or dealt with.

National Minimum Standards

These standards can be broadly divided into

- a. Standards that lie clearly within the remit of the medical team
- b. Standards in which the medical team may be involved
- c. Standards that have no relation to the medical team

Standards that lie clearly within the remit of the medical team

While reading these the MO should bear the following in mind:

- Administration of medication
 - The Inspectors will expect to be shown a school policy for "Administration of medication, treatment and first aid". There are several useful resources available to help teams prepare this and adapt it to their school setting [4](#), [5](#), [6](#) Medical teams should ensure it covers all the points within standard 15.
- Sharing medical information vs. confidentiality
 - When considering sharing medical information with the wider school community, medical teams should follow the ethical and legal guidelines laid out by their professional bodies around consent and confidentiality [7](#)
 - Inspectors may also be need to be reminded of this framework and should not request access to any NHS notes or appointment records without the gaining informed consent of the patient.

- It might be useful to draw up a school policy clearly outlining the ways in which medical information is shared while consent and confidentiality guidance is adhered to.
- Long term medical conditions
 - It is considered good practice for the team to draw up care plans for individual pupils with long term medical conditions which are shared with pastoral/boarding staff with the consent of the pupil
 - There are useful resources available to help teams do this ⁸

Standard 15 Medical treatment and first aid

15.1 Appropriate first aid and minor illness treatment are available to boarders at all times, with access to medical, dental and optical services as required.

15.2 There are effective arrangements to secure medical, dental and optical attention for boarders as necessary (e.g. through registration with a local GP or through a visiting school medical officer).

15.3 Any designated school nursing staff hold a current nursing registration, and the school has confirmed on appointment that they are registered with the United Kingdom Central Council for Nursing and Midwifery (from April 2002, the Nursing and Midwifery Council). The title of 'nurse' is not used for staff not so registered.

15.4 Designated school nurses have access to a named doctor for professional guidance and consultation.

15.5 Boarders can freely choose whether or not they are accompanied by staff when being seen by the doctor or dentist.

15.6 So far as possible the school enables boarders to see either a male, or a female, doctor as the boarder chooses.

15.7 First aid and minor illness treatment are given at school by competent designated staff (e.g. by or under the supervision of a qualified nurse or first aider)

15.8 Prescribed medication is only given to the boarder for whom it was prescribed, in accordance with the prescription or instructions from the pharmacy, and is not kept for general use for other boarders or added to 'stock' for such use.

15.9 The school has secured, and follows, qualified medical or nursing advice in a written protocol on the provision of non-prescription 'household' medicines to boarders.

15.10 Prescribed and 'household' medication, other than that kept by individual boarders able to administer and control their own medication, is kept securely.

15.11 Boarders keeping and administering their own medication are assessed by staff as sufficiently responsible to do so, and are able to store their medication safely and appropriately.

15.12 A written school record (separate from any NHS records) is kept of all medication, treatment and first aid administered to boarders, giving name, date, medication/treatment, reason for administration (if not prescribed), which is signed by the responsible member of staff and is regularly monitored by an appropriate designated senior member of staff.

15.13 A written school record is kept of all significant illnesses, accidents or injuries to boarders (either as part of the above school medication and treatment records or separately).

15.14 Written parental permission has been obtained in advance for the administration of first aid and appropriate non-prescription medication to boarders, and to seek medical, dental or optical treatment when required.

Standard 16 Care of ill boarders

16.1 Boarders who are ill should be regularly checked and adequately looked after by a member of staff, and be able to summon staff assistance readily and rapidly when necessary.

16.2 Boarders who are separated from others, in bed or otherwise, through illness are regularly checked and receive the care and attention that they need by a member of staff.

16.3 Boarders are able to summon staff assistance readily and rapidly when ill, by day and night.

Standard 17 Management of health and personal problems

17.1 Significant health and personal problems of individual boarders should be identified and managed appropriately.

17.2 An appropriate staff member prepares and works to a written and agreed individual 'welfare plan', agreed with a parent, for any boarder with special welfare needs, significant emotional or behavioural difficulties, or who does not see his or her parent or legal guardian at least three times a year.

17.3 Appropriate provision is made to meet the assessed welfare needs of boarders with Statements of Special Educational Needs and there are written records to demonstrate this.

17.4 Boarders with bed-wetting problems are appropriately supported in managing the problem and avoiding undue embarrassment.

17.5 Boarders with medical difficulties (such as asthma), with disabilities, or requiring special treatment or management because of health, emotional or welfare needs, are given suitable support, and activities are adapted as appropriate.

17.6 Boarders who are homesick are suitably supported at school.

17.7 Boarders undergoing times of personal stress (e.g. because of problems at home, or bereavements) are suitably supported.

17.8 Links exist with outside professional services (e.g. social worker, psychologist), to which boarders are referred as appropriate.

Standard 48 Accommodation for sick pupils

48.1 Suitable accommodation should be available for the separate care of boarders who are ill.

48.2 Boarders who are ill at school can be cared for satisfactorily and separately from other boarders where necessary, within boarding, sick bay or sanatorium accommodation.

48.3 Schools with over 41 boarders have a designated room or rooms for isolation of sick boarders when necessary, with its own toilet and washing facilities nearby and sufficient for the number of beds provided according to the ratios in Standard 44. (One WC for every 5 boarders; one washbasin for every 3 boarders; one shower or bath for every 10 boarders; specific disabled facilities)

48.4 Any sick bay or room for isolation of sick boarders of adequate size for its purpose, with adequate space between beds.
(School Premises Regulations 1999 should be relied upon. These require a minimum usable floor area of 7.4m² per bed in sanatoria and sick bays, with beds at least 1.8m apart.)

Standards in which the medical team may be involved

There are some standards which the medical team might be involved with and may be discussed by the Inspectors while interviewing them.

1.1 A suitable statement of the school's boarding principles and practice should be available to parents, boarders and staff.

- *Is there any information available about medical services?*
 - *In a parents' handbook?*
 - *On the school website?*
 - *Is it clear? Is it up to date?*

3.1 The school should have, and follow, an appropriate policy on child protection and response to allegations or suspicions of abuse, which is consistent with local Area Child Protection

Committee procedures, and is known to staff and as appropriate to older boarders in positions of responsibility.

- *Are staff are aware of school policies? Is their training up to date?*

5.1 The school should have, and follow, an appropriate policy on responding to complaints from boarders and parents.

- *Does this include a policy on medical complaints?*

6.1 The school should have, and follow, an appropriate policy on countering major risks to health, including substance abuse.

- *Is the medical team involved in this at all?*
- *Drug testing?*
- *Smoking cessation advice/therapy?*
- *PSHE teaching?*

7.1 Adequate records should be kept in relation to individual boarders' health and welfare needs and issues.

- This standard **does not** relate to any **NHS records** which may be held at the school or kept by a school nurse or school doctor, but includes any non-NHS school records kept by a school nurse, matron or other staff.
 - *Does the nursing team have access to or use the NHS records? If so then access should not be requested by the inspectors*
 - *If not, consider how you feel about sharing non-NHS clinical notes considering NMC/RCN guidance on consent and confidentiality.*

9.1 The school should be capable of satisfactorily managing crises affecting boarders' welfare.

- *How would the medical team manage a major infectious disease outbreak? Serious acute mental health problem? A meningitis case? A major fire?*

14.1 Each boarder should have one or more members of staff to whom he or she can turn for personal guidance or with a personal problem.

14.4 The school identifies at least one person (other than a parent) outside the boarding and teaching staff of the school (who may be a school counsellor) whom boarders may contact directly about personal problems or concerns at school. The school ensures that there is easy access to this person.

- *This could also be a school nurse or doctor.*

28.1 The welfare of any children accommodated at the school, other than pupils, is protected

- *Do you provide care for children of boarding or other resident staff?*
- *Does the school ask you to provide cover for residential courses during the school holidays?*

38.1 Recruitment of all staff (including ancillary staff and those on a contractual/sessional basis) and volunteers who work with boarders (as defined in the Criminal Justice and Court Services Act 2000) includes checks through the Criminal Records Bureau checking system (enhanced as appropriate), with a satisfactory outcome. There is a satisfactory recruitment process recorded in writing.

- *Do all team members have CRB check certificates that they have shown the school?*
- *There are some smaller details within this clause that should be consider if the MO or nurses are involved with recruitment of team members*

References

- 1 <http://www.ofsted.gov.uk/Ofsted-home/Forms-and-guidance/Browse-all-by/Education-and-skills/Independent-schools>
- 2 http://www.opsi.gov.uk/ACTS/acts2002/ukpga_20020032_en_1
- 3 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4006331
- 4 <http://www.mosa.org.uk/Open%20Folders/Administration%20of%20medicines%20in%20schools.pdf>
- 5 <http://www.rpsgb.org/pdfs/handlingmedsocialcare.pdf>
- 6 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4108489
- 7 http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance/index.asp
- 8 <http://www.medicalconditionsatschool.org.uk/>