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Mr Val Scott
Head of Education
Poplar Adolescent Unit
Rochford Hospital
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Dear Mr Scott

Short inspection of Poplar Adolescent Unit

Following my visit to the school on 9 November 2016 with Janet Tomkins, Ofsted Inspector, I write on behalf of Her Majesty's Chief Inspector of Education, Children's Services and Skills to report the inspection findings. The visit was the first short inspection carried out since the school was judged to be good in October 2012.

This school continues to be good.

The leadership team has maintained the good quality of education in the school since the last inspection.

You, as head of this small, specialist unit, assume full responsibility for its leadership and management. You do this well. You have a clear vision, based on reintegrating pupils with significant personal, social, health and emotional needs back into learning, and preparing them for a successful return to the community. Your staff and members of the management committee share this vision, and are fully committed to helping you achieve it.

Pupils join having missed long periods of schooling due to illness. They live together in the hospital's ward, under the supervision of a team of medical staff. When they are ready, they join your staff in lessons. The unit's calm, nurturing environment helps to restore pupils' confidence, and enables them to gain social skills and re-engage back into learning. Pupils attend regularly because they enjoy their time in the unit. Staff quickly forge excellent relations with them, which promotes a strong sense of trust and respect for one another.

Pupils stay with you for a relatively short time before being re-integrated back into their previous school or college, or placed in other specialist units. When asked about the guidance and support they receive when discharged from hospital, pupils told us that, 'staff couldn't do it any better than they already do'.

Behaviour is very good because it is managed well. Staff negotiate and compromise to keep pupils calm and safe. Pupils understand the expectations staff have of them and usually conduct themselves sensibly and maturely. There are very few incidents of poor behaviour or any forms of bullying. Pupils told inspectors that, 'they feel 100% safe'.

Staff know each pupil well. Detailed assessments are made of pupils' prior learning and their personal healthcare needs when they join the unit. Staff use this information to plan learning based on what each pupil already knows, understands and can do. It also provides staff with a clear understanding of the best ways of managing each pupil to get the best out of them.

Pupils make good progress during their short stay. They benefit greatly from being taught and cared for in very small classes, with almost one-to-one teaching and support. Good links with their previous schools enable pupils to continue to study GCSE and A-level qualifications.

The management committee has provided you with suitable challenge and support to deal with the weaknesses identified during the last inspection. The committee's chair, who is also the unit's clinical manager, ensures that the vital link between pupils' healthcare and education is maintained fully. Finances are monitored carefully.

Parents value the quality of education provided, and appreciate the regular communication with staff. One parent shared with inspectors her 'amazement' at how quickly staff identified her child's needs and put strategies in place to help her. Another parent, whose son needed help to socialise fully with others, described the unit as 'fantastic', because it had 'really brought him out of his shell'.

Safeguarding is effective.

All necessary safeguarding checks are carried out when appointing new staff. Our scrutiny of documents revealed that some information already held in the unit had not been transferred over to the single central record. This was rectified before the end of the inspection.

Policy and procedures to protect pupils have recently been updated and are ready to be shared on the unit's website. Staff know the procedures to follow in the event of concerns raised by pupils. Disclosures are referred promptly to the hospital's child protection team, which considers the next steps to follow.

The nature of pupils' acute medical needs means that safeguarding is a top priority. Daily checks of pupils' welfare are made. Entry to, and exit from the unit are closely supervised. Mobile phones are not permitted. Risk assessments for off-site visits are in place, but not all of them describe fully what to do if something goes wrong.

Inspection findings

- You have led improvements to the quality of teaching by strengthening assessment procedures. Thorough assessments made on entry provide a clear picture of each pupil's social and emotional well-being, and what they have already achieved. This information is reviewed again at regular intervals, and on discharge, to illustrate their overall progress during their stay in the unit.
- Regular testing in English, including reading, and in mathematics, shows the improvements made by pupils. Teachers use this information to plan learning tailored to pupils' needs. This and personal targets from their individual education plans are included in teachers' daily planning sheets to enable them to monitor pupils' progress closely.
- Weekly review meetings enable you and medical staff to assess pupils' health and well-being and their academic progress, and to raise any concerns. Furthermore, you collate good-quality case studies of each pupil, drawing together the information you and your colleagues have to illustrate pupils' progress over time.
- Our observations found that in lessons, most of the work provided for pupils is suitably challenging. Pupils feel that it is neither too hard nor too easy. One said that, 'if work is too easy, they can talk this through with staff who will do something about it'. Work in books and folders is usually well presented. Marking is regular and identifies what pupils can do to improve their work. Spelling and grammatical errors are highlighted, although pupils are not expected to correct these basic mistakes.
- Teaching is based firmly on excellent relationships and effective strategies to manage pupils' behaviour. Expectations are high and learning is rarely interrupted. When pupils do pay less attention to their learning, usually due to illness, this is handled with great sensitivity and understanding.
- Teachers manage learning well, enabling pupils of different ages and abilities to work alongside each other. Pupils are able to work by themselves for sustained periods of time with little input from staff. A few older pupils do A-level coursework, having already started courses in their previous schools. Teachers liaise with staff from these schools to ensure that suitable tasks are provided for them. Other pupils complete work started at college, or follow a small range of ASDAN level 1 and other accredited awards.
- Your assessments show that during their short stay, all pupils make good progress. Strong partnerships with pupils' previous schools ensured that the majority of those who sat examinations in 2016 achieved a range of GCSE qualifications and other accredited awards.
- Pupils' personal development and welfare are exceptional. Daily 'handover' meetings each morning led by medical staff provide your staff with an update on pupils' behaviour, their social and emotional well-being and readiness to learn. Pupils lead their own weekly meeting to air any concerns they may have.

- Links with a local secondary school enable your staff to see good practice and gain advice about course requirements. An advocate from the charity Barnardo's attends weekly meetings held between staff and pupils to ensure that their views and concerns are heard.
- Good guidance prepares pupils for the next stage of their learning and care when they are discharged. Staff liaise with staff in previous schools and colleges who know your pupils. Arrangements are made for those pupils seeking college placements. The destinations of pupils once they leave the unit are monitored to ensure pupils' safety.
- Your leadership and management have improved. Further training in coordinating special educational needs has enabled you to identify more readily the specific learning needs of pupils, and to tailor provision to help them achieve.
- You have also improved the quality of governance by sharing improved assessment information with the management committee and providing them with training on how to interpret it. Members are now able to raise questions about pupils' performance and the actions taken by staff to improve it.
- Information gained from your regular monitoring is also shared with the management committee. These findings inform your plans for improvement. Scrutiny of your teaching records shows that following observations, the actions you recommend, and the impact of these actions, are not recorded systematically.
- You and your medical colleagues strike the right balance of high-quality healthcare and education. Good liaison between the ward and the unit is firmly established. Pupils are well prepared for the next stage of their lives.

Next steps for the school

Leaders and those responsible for governance should ensure that:

- the findings gained from the monitoring of teaching are recorded systematically to provide a clear overview of the quality of teaching, and illustrate what further actions are needed to improve it.

I am copying this letter to the chair of the management committee, the regional schools commissioner and the director of children's services for Essex. This letter will be published on the Ofsted website.

Yours sincerely

John Mitcheson
Her Majesty's Inspector

Information about the inspection

During the inspection, we looked closely at the following lines of enquiry:

- the quality of teaching and the actions taken to improve it since the last inspection
- the quality of leadership and management, including the role of the management committee in monitoring the unit's work and holding leaders accountable
- how well pupils achieve during their short stay in the unit
- whether the unit is a safe place to be.

We met with you, other staff, a group of pupils and two members of the management committee. We met a representative of the local authority, who is also your school improvement partner. Together with you, we visited both classrooms to see pupils at work. We visited the hospital ward to observe pupils in meetings and to spend time with them at lunchtime. We reviewed a range of school documents about self-evaluation and improvement planning, safeguarding, including the single central record, and attendance and behaviour logs. We also held telephone calls with two parents.