

Regulation of Care Act 2013

Boarding Schools

King William's College

**Announced Inspection
Completed on:**

14 March 2018 9.20am – 4.30pm

15 March 2018 4.20pm – 8.45pm

20 March 2018 9.00am – 10.00am

***Registration and Inspection Ground Floor,
St George's Court, Hill Street,
Douglas, Isle of Man, IM1 1EF***

Contents

Completing and returning your report

To complete your report form, enter text by clicking on the box see the instructions below.
Use the tab key to move to the next box.

1. Provider's action plan
 - a. Add details of your actions to complete the requirements/recommendations (if applicable)



2. Provider's comments/response
 - a. Confirm you have read and agree/disagree the contents of the report by clicking on the appropriate box
 - b. State any factual inaccuracies found, add comments (if applicable)
 - c. Sign (type name when returning electronically) and date
3. Return your report to randi@gov.im within 4 weeks
4. Do not use any other method e.g. links to Cloud or other file sharing services

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Inspection Information

Part 4: Inspection Outcomes and Evidence and Requirements

When making decisions the Registration and Inspection Unit have regard as to how well the service meets the Boarding School Standards (April 2017). Providers of services are required, as part of their conditions of registration, to fully comply with the minimum standards.

This report identifies strengths and areas of good practice as well as areas where, in order to meet the minimum standards, improvement is required. It also summarises the findings of an inspection of the service and any requirements and recommendations made. It will form the basis for decisions by the Registration and Inspection Unit regarding registration, any variation of registration conditions and any enforcement action.

Standard 1 - Statement of boarding principles and practice
Standard 2 - Boarders Induction and Support
Standard 3 - Boarders' Health & Wellbeing
Standard 6 - Safety of Boarders
Standard 7 - Fire Precautions

Standard 8 - Provision and Preparation of Food and Drink
Standard 10 - Activities and Free Time
Standard 11 - Safeguarding
Standard 17 - Complaints
Standard 18 - Discrimination and Equal Opportunities

Part 5: Provider's comment/response

Part 1 - Service Information

Name of Service: King William's College

Tel No: (01624) 820401

Address: Castletown, Isle of Man, IM9 1TP

Email Address: principal@kwc.im

Name of Principal: Joss Buchanan

Type of establishment: Boarding School

Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring). None

Date of previous inspection: 15.16 & 21 March 2018

Number of individuals using the service at the time of the inspection: 98 boarders

Person in charge at the time of the inspection: Ed Jeffers

Name of Inspector(s): Mandy Quirk & Egle Leadley

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Part 3 - Inspection information

The purpose of this inspection is to check:

- Is the care safe?
- Is the care effective?
- Is the care compassionate?
- Is the service well led?

No	Standard	Requirements/recommendations from previous inspection	Met/not met
1	5	<p>Colbourne shower temperature regulation to be addressed</p> <p>Cooker in the Hundred to be replaced or repaired</p> <p>Sofas in School House lounge must be replaced</p> <p>Paintwork in the kitchen and toilets in the Hundred must be refreshed</p> <p>Windows in the kitchen and toilets in the Hundred must be replaced</p> <p>Cracked plasterwork in the toilets in the Hundred must be made good</p> <p>The modesty board in the toilets in the Hundred must either be removed or positioned slightly further back.</p> <p>The urinal cover provided must be reconsidered due to size and alternative solution found.</p> <p>A solution to the lack of a venue for young male boarders to eat in the boarding house must be identified.</p> <p>Timescale: October 2017</p>	<p>MET</p> <p>MET</p> <p>MET</p> <p>MET</p> <p>MET</p> <p>MET</p> <p>MET</p> <p>MET</p> <p>Met post inspection</p>
2	Recommendation	A long term solution to the need for an additional bespoke study area should be considered.	MET
3	6.2	<p>All areas of boarding accommodation must have a deep clean, as required.</p> <p>Timescale: 1 September 2017</p>	MET
4	6.5	<p>Work must be conducted to address overloaded electrical sockets</p> <p>Timescale: March 2018</p>	MET
5	11.1	<p>The minor amendments to the safeguarding policy must be completed.</p> <p>Timescale: 16 June 2017</p>	MET
6	11.11	<p>The whistleblowing policy must be reviewed and updated</p> <p>Timescale: 30 August 2017</p>	MET
7	11.14	<p>The missing children policy must be amended</p> <p>Timescale: 30 August 2017</p>	MET
8	14.5	<ul style="list-style-type: none"> • An annual appraisal (which including boarding practice) of all boarding staff, including housemothers, must take place. 	MET

		<ul style="list-style-type: none"> More formal supervision must take place with appropriate records maintained <p>Timescale: 31 July 2017</p>	
9	16.1	<p>Plans to formalise the process of induction and introduce regular formal supervision of all boarding staff must be completed.</p> <p>Timescale: 1 September 2017</p>	MET
10	16.5	<p>Boarding tutors must be a physical presence in the boarding houses during periods where they are the designated tutor on duty. Any extracurricular activities must be considered when rotas are developed in order to avoid any clash of responsibility.</p> <p>Timescale: With immediate effect</p>	<p>Mixed feedback received, lack of evidence to demonstrate that this had been achieved</p> <p>Carried forward April 2018</p>
11	Recommendation	It would be beneficial to extend the time afforded to the meeting held each term for all boarding staff.	MET

Feedback from relevant parties

Feedback is included in the body of this report

Part 4 - Inspection Outcomes and Evidence Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 1 - Statement of Boarding Principles and Practice

OUTCOME A suitable statement of the school's boarding principles and practice is available to parents, and staff. It is known to boarders and is seen to work in practice.

Our decision:

Compliant

Reasons for our decision

There was a statement of purpose which gave a brief overview of the boarding practice at the school. It was available online and gave information in relation to:

- the organisational structure of the service
- the names of all boarding staff members and a link to the college website where details of their experience and qualifications could be found
- admission criteria and the age range of boarders
- arrangements for dealing with complaints, safeguarding, boarders health, faith or culture, social activities outside of school time, disabilities and consultation with boarders
- link to college website for access to all policies and procedures and practice

The document had been recently reviewed and all information updated.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2 - Boarders Induction and Support

OUTCOME: There is an appropriate process of induction and guidance for new boarders.

Our decision:

Compliant

Reasons for our decision

When new boarders join the school they are given an welcome pack which includes key information about what is on offer at the school and advice from previous boarders about how to make the most of their time at the school. Information regarding policies/procedures and rules were available on the website and families are directed to this for consideration.

In addition to this a new induction booklet had been developed aimed at supporting the orientation and settling in of new boarders. Boarders were given tasks to complete and people to meet, in order to increase their knowledge of people, places and routines within the boarding community. There was also a questionnaire involved to check that they had fully engaged in the process and identified their routines, responsibilities and support systems. The House Mistress

explained that she was currently undertaking a research project in relation to induction and overseas students which may lead to further improvements in the process.

There were a range of people identified who have supported new boarders to settle in and overcome any anxieties including boarding tutors, house mothers, the chaplain and more experienced boarders. Although peers mentors may be used informally, a more organised mentor programme would be beneficial for new boarders.

For a number of years boarders have had access to contact details for an independent listener but this offer had not been routinely utilised. This process had now changed with the listener coming in to meet with boarders on a regular basis, developing relationships with boarders with subsequent uptake of the service.

Requirements and recommendations

Recommendation

Formalise the system to use experienced boarders to mentor new boarders.

Provider's action plan

We will continue to work with the Boarding staff and current senior students this term to formalise the induction procedures in preparation for the new intake in September 2018.

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)

Standard 3 - Boarders' Health & Well-being

OUTCOME: The school ensures that boarders' health and well-being is appropriately managed and supported. There are suitable arrangements in place to care for boarders who are ill.

Our decision:

Compliant

Reasons for our decision

There had been significant progress made with regard to the tightening up of a wide range policies and procedures relating to boarders' health and wellbeing. A health questionnaire had always been required but not always completed by families. Families of new admissions must now complete the document prior to boarding commencing. The document contained signed consent for basic medical treatment and medication administration and had recently been amended and redistributed to all boarders' families, to ensure that any consent given applied to all potential circumstances.

On admission each boarder was given a health check assessment completed by one of the medical centre staff. This served as an opportunity to check that all necessary information had been provided on the questionnaire. Subsequently the information was stored on the electronic records system, access to which was restricted on a need to know basis. Information about any health condition or allergies had been noted and where required care plans had been developed; with information shared accordingly.

Policies and procedures had all been reviewed, updated or newly developed to cover any identified gaps. These included medicines management, self harm, first aid, mental health and wellbeing, asthma and seizure management. Consideration of the needs of children with chronic conditions or disabilities was found to be referenced in other policy documents. Those boarders with chronic health issues were found to be well supported with detailed care plans, preparation

for any potential hospital admission, regular monitoring and review of support.

The medical centre provided suitable and separate accommodation for male and female boarders who were sick or injured. The medical centre was staffed daily during the week with an on call system in place at all other times. However, when required, the accommodation can be staffed twenty four hours a day. The only issue regarding the medical centre was the location. This was acknowledged as an issue under consideration, by various boarding staff, with a final solution yet to be determined.

There were two medical centre staff members who were both suitably qualified and registered with the Nursing and Midwifery Council (NMC). Both had participated in continuing professional development as part of their ongoing registration process. Registration of the nursing staff was checked annually as part of the appraisal process.

There was evidence that the school responds quickly to any identified potential medical emergency. One example being the development of the automated defibrillator policy and the acquisition of one defibrillator, located near to the sports field. Purchase of a second machine had recently been agreed, for speed of access, given the extent of the buildings and grounds.

In addition to the medical centre staff, boarders have access to a local named GP, emergency dentist and can be provided with information about optician services, as required. Referrals can also be made to children's and adolescent mental health services (CAMHS).

Medication can be administered by boarders themselves, if assessed as being competent to do so, following completion of a risk assessment. In such cases boarders have access to a lockable facility in their room to store their medication. Otherwise prescribed medication would be stored in the medical centre and administered by the nursing staff. Records were found to have been well maintained in relation to all medication administered.

The use of household remedies was also covered in the policy document. Nursing staff ask that they are notified of any such items that boarders bring with them or purchase subsequently but this can be difficult to monitor.

The inspector noted that amongst boarding staff there was greater awareness of the importance of good record keeping in relation to medication administration. Record files had been introduced in each boarding house, which had been checked regularly by the nursing staff to ensure that they were being maintained appropriately and to identify and address any errors in a timely manner.

The confidentiality and rights of boarders, as patients, who are over sixteen or deemed to be Gillick competent were found to be respected.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6 - Safety of Boarders

OUTCOME

Boarders are kept safe whilst using school premises

Our decision:

Substantially compliant

Reasons for our decision

There was a health and safety policy in place which had recently been updated. This contained advice and guidance in relation to a range of areas which included legionella, COSHH and RIDDOR.

There was an in house maintenance team in place whose role is to maintain the accommodation and facilities to an appropriate standard. Where the team does not have capacity to complete certain tasks or the work required is specialist an external contractor had been utilised. One such example being the renewal of the existing legionella risk assessment. An external contractor had been brought in to review current systems and update the risk assessment. The contractor had visited the premises in February and completed the work however no report had been received at the time of the inspection, despite evidence shown to the inspectors that the matter had been followed up.

A valid electrical installations condition report was in place and all necessary work had been completed.

A Portable Appliance testing (PAT) machine had been purchased, for use by in house electrician. All relevant items had subsequently been checked within the last twelve months, and the data uploaded to the electronic records system. It was explained to the inspectors that the plan was to increase this checking to twice a year to incorporate any items brought back by boarders after the Christmas holidays.

Policy documents available on the website were found to address issues of boarders' access to areas of high risk. In addition to this there was an extensive range of internal and external risk assessments in place. The content of which was very detailed. All had been recently reviewed.

Work to address identified risks in relation to trailing flexes and overloaded sockets had progressed as more USB sockets had been installed since the last inspection. This will be ongoing.

Over the past few years there had been a rolling programme of replacing windows in School House and Colbourne. This work had now been completed. All windows had restrictors fitted.

The maintenance and repairs programme prioritised areas for action each year. Following last year's inspection a number of actions were identified. These included a deep clean of all boarding accommodation, painting, plasterwork, replacement furniture and equipment in both School House and Colbourne amongst other actions. Most had been fully addressed including the recommendation for an additional study area. Work had begun on developing a dining area for young boarders in Colbourne but had not yet been completed. There had been significant commitment to continual improvement of the overall state of boarding accommodation. However feedback during the inspection indicated that there were a number of minor areas for action. These included two broken windows, a faulty door closure and a broken water dispenser. Some

female boarders expressed dissatisfaction regarding some bed frames breaking and some mattresses being uncomfortable. Finally male boarders complained about the sound proofing between a small number of rooms.

Boarding staff members had access to a policy on alcohol, smoking and drugs to guide and support their actions in relation to any of these areas. The policy clearly identified what was and was not permitted alongside consequences for breaches.

A valid public liability insurance was available.

Requirements and recommendations

Standard 6.1

Legionella risk assessment document to be provided.

Timescale: once received from contractor

Standard 6.2

- Work on new dining area to be completed **Met Post inspection**
- Two faulty windows in Colbourne to be mended: **Met post inspection**
- Broken water dispenser in Colbourne to be repaired or replaced
- Door in School House to be mended to ensure that it does not blow open in windy conditions: **Met post inspection**
- Bed frames and mattresses in School House to be checked and replaced as necessary

Timescale: October 2018

Recommendation

- To consider assessing the sound proofing between some rooms

Provider's action plan

Updated Legionella risk assessment has now been completed and is available for inspection in The Bursary. New Dining Area completed in Colbourne House post inspection. New water dispensers to be fitted in both boarding houses in August 2018. There is an ongoing programme of development and replacement of furniture and mattresses in School House to ensure that this requirement is met as soon as possible.

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) **Standard 7 - Fire Precautions**

OUTCOME

The school takes steps to ensure boarders are not at risk from fire and that each individual knows about and understands the fire procedures.

Our decision:

Substantially compliant

Reasons for our decision

Examination of records showed that the following fire safety measures had been undertaken. Weekly fire alarm checks, fire drills each term and the fire risk assessment had been reviewed and updated. Boarders confirmed that they had regular fire drills, which were held on various days and times, and were aware of what to do in the event of a fire. There was some confusion regarding the required monthly emergency lighting tests. It was thought that monthly shutdown of the system was needed, which was difficult to facilitate, whereas it was only visual checks

required. Inspectors were informed that monthly fire extinguisher checks had been completed but not all had been recorded.

Requirements and recommendations

Standard 7.4

Monthly visual checks of fire extinguishers and emergency lighting must be conducted and recorded.

Timescale: Met post inspection

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 8 - Provision and Preparation of Food and Drink

OUTCOME

All boarders, including those with special dietary, medical or religious needs are provided with meals/or the means to cook meals that are adequate in nutrition, quantity, quality, variety and choice. They are offered a variety of drinks in quantities necessary for good health. Food preparation areas comply with relevant legislation.

Our decision:

Substantially compliant

Reasons for our decision

The school was registered with DEFA as a food premises. A recent environmental health check had been conducted which stated that the kitchen was in "overall good condition" although some remedial actions were identified. An action plan was produced to address all issues identified, most of which had been achieved at the time of the inspection.

The inspectors were informed that the school is now a member of the British Nutrition Foundation (BNF) to further support the production and delivery of healthy, nutritional meals for boarders. Copies of menus are maintained for reference.

The kitchen was situated on the floor above the serving area. Food temperatures were checked on leaving the kitchen and on arrival in the serving area to ensure that they meet with guidelines. The kitchen had a system in place for allocation and sign off of daily cleaning tasks. Fridge and freezer temperatures were taken and recorded daily. Records viewed showed that the recorded temperatures were in line with guidance to support the safe storage of food items.

All kitchen staff and boarding staff involved in food preparation, as part of their teaching role, had all completed online training in food hygiene. However the house mothers had not, although one had training planned for the near future. Boarders had not as yet had any food hygiene training provided.

Meals are served in the Barovian Hall. The weekly menu on offer to boarders during the inspection week was examined and found to contain a varied and nutritious choice of hot and cold meals, which were produced fresh, daily using local produce. The week day options of hot meals, a salad bar, pasta bar and jacket potato bar provided for boarders were extensive. Options were more limited at weekends due to the smaller number of boarders. The diversity of boarders' culinary preferences was found to be addressed through periodic events focusing on cuisine from other countries, such as the South African, German and Chinese nights which had previously

been organised.

Boarders have access to sufficient snacks and drinks outside of meal times. A catering request system was in operation whereby boarders had the ability to order items and collect them the following day. Discussion with boarders indicated that overall they were happy with the food provided, especially during the week. However some boarders requested that a more substantial late evening snack such as sandwiches be provided. Boarders acknowledged that they had the opportunity to contribute to the compilation of menus and air their views on the food provided through the food committee but recognised that they had not made use of the systems in place. The Domestic Bursar explained that the scope of the food committee meetings was to be extended to cover a greater range of domestic issues with boarders.

In order to ensure that boarders' dietary needs are met there was close cooperation with medical staff to ensure that any necessary information was shared appropriately. Compulsory completion of medical questionnaires had been introduced to ensure that any food allergies or health issues relating to diet were known prior to any boarder starting.

Some feedback to inspectors indicated that as the year progresses many kitchen items reduce in number and that some additional domestic equipment would be beneficial for further development of boarders' daily living skills. This was discussed with the Domestic Bursar who, in order to improve communication and action issues identified promptly, has now set up regular meeting with house mothers, head of housekeeping and himself.

Requirements and recommendations

Standard 8.4

Food hygiene training must be provided for house mothers and boarders

Timescale: Met post inspection

Recommendation

Evening and weekend food arrangements should be reviewed to address boarders comments

Provider's action plan

Regular food committee meetings are held with minutes taken in order to listen to and act upon the wishes of the boarding community. Regular food questionnaires to be developed in the new academic year to gauge the needs and requirements of the whole school community. This is an ongoing project which, going forward, will be reviewed on a regular basis.

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 10 - Activities and Free Time

OUTCOME: Boarders are able to engage in suitable and safe activities out of teaching time. Private time is facilitated. Boarding staff maintain responsibility for boarders when they are 'off site'.

Our decision:

Substantially compliant

Reasons for our decision

There was evidence that a range of activities had been made available for boarders outside of school hours. However take up had not always been good. This had led to occasional compulsory activities being organised which had received mixed response from boarders. Activities and

events offered had included badminton, yoga, movie nights and a disco. There was a social committee set up, as a means for boarders to put forward suggestions and to review what was on offer. Boarders' feedback indicated that they felt their suggestions were not always listened to and that the available activities were not what they would choose. There was recognition that the poor weather through the winter had impacted the activities programme. Some staff feedback indicated that an increase in the number of minibus drivers would open up more opportunities for boarders to access activities in the community. The Deputy Head Pastoral explained that there was awareness of the need to make improvements in this area. Plans to reform the social committee were shared with the inspectors, with the intent of making it more responsive.

Within the school grounds there was access to a range of safe recreational areas both indoor and outdoor. These included playing fields, swimming pool and gym. Any risks had been considered and measures implemented to reduce any potential risk.

No activities were provided during school holiday periods as no boarders remain on site.

The college facilities enable boarders to engage in a wide range of sporting and recreational activities some of which are linked to staff availability due to the need to minimise risks. There are rugby, football and cricket clubs as well as hockey, netball and rounders' clubs to name but a few. Boarders also have access to facilities such as the swimming pool, music and fitness suites.

Potential risks associated with internet access and the use of social media had been considered. There was an e safety policy in place which covered use of social networking and social media. In addition to which there was a mobile phone policy. There was clear information within the policies about individual responsibilities, any risks identified and safeguards in place to minimise them along with consequences of any breaches. All boarders must sign up to the acceptable use policy to confirm their understanding and adherence to identified guidelines. The school network was closely monitored with daily reports provided to the Deputy Head Pastoral with any areas of concern being addressed in a timely manner.

Requirements and recommendations

Standard 10.1

Review activities on offer outside of school hours in response to feedback from boarders

Timescale: September 2018

Recommendation

Consider increasing the number of minibus drivers

Provider's action plan

Boarding social committee and boarding prefects to constantly review the activities offering. All staff are encouraged to take the minibus test.

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 11 - Safeguarding

OUTCOME

Arrangements are made to protect boarders from any form of abuse and bullying. Policies and procedures are consistent with the Isle of Man Protection Children Board and with these standards.

Our decision:

Compliant

Reasons for our decision

There was a detailed safeguarding policy in place which had recently been reviewed and updated. The policy covered the types of abuse and how to recognise them, reporting procedures, limits of internal investigations, support systems available, dealing with allegations regarding another boarder and contact details for external agencies involved with child protection. In addition to which all staff members had accessed child protection training and been given a pocket sized guide to carry with them, at all times, for ease of reference. The aim of these measures was to guide, support and improves staff practice in this area. The safeguarding policy was available on the website offering ease of access for all.

The Deputy Head Pastoral was identified as the designated safeguarding lead for boarders. All potential safeguarding concerns had been reported to him. A safeguarding file was examined which showed that detailed records had been maintained containing all required information. This information had also been securely stored. Links had been made with other schools on the island to share information and further develop skills, knowledge and understanding in this area.

There were a range of other associated policies available including whistleblowing, restraint, anti bullying and missing student. The whistleblowing policy confirms that there would be no reprisal for any concerns raised in good faith.

The missing student policy covered boarders' absence within the school and in the boarding houses. A register was maintained during the school day with any unauthorised absence from lessons followed up. Registers were taken morning and evening in the boarding houses. Any absences were followed up in line with the identified procedure. A notification of event form was completed in relation to the only such incident during the last inspection which evidenced that due process had been followed by staff members involved.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 17 - Complaints

OUTCOME

Boarders know who to complain to and are assured that their complaint will be dealt with appropriately and sensitively.

Our decision:

Compliant

Reasons for our decision

There was a complaints policy in place and available on the website, which had been recently reviewed. The policy clearly identified the stages of the process and associated timescales. Boarders and their families are given information about how to complain when they start and there is always access to the policy online. The policy encourages openness by confirming that there will be no retribution for any boarder making a complaint in good faith. There was also information about the independent listener and contact details for the Registration and Inspection unit.

There was a complaints log available which gave brief detail in relation to any complaints made. Twenty complaints had been recorded in the last inspection year, all of which had been resolved at the preliminary stage with none proceeding to the formal complaints process. The complaints log was monitored by the Deputy Head Pastoral.

Boarders were clear about who they would speak to if they had a complaint, and stated that they would feel comfortable to do so and felt that they would be listened to. This demonstrates an open atmosphere within the boarding community where boarders are encouraged and supported to air any concerns they may have. Minor issues and grumbles were found to be more appropriately dealt with as part of the daily meetings in both School House and Colebourne.

Requirements and recommendations

None

Provider's action plan

Not applicable

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 18 - Discrimination and Equal Opportunities

OUTCOME: Boarders do not experience inappropriate discrimination.

Our decision:

Compliant

Reasons for our decision

There was an equal opportunities policy in place within the school which clarified the rights and responsibilities of boarders, staff and parents. The policy promoted key values, recognition, acceptance and understanding of areas of difference including sexuality, religion and disability. There were also a number of additional policies, including bullying, staff conduct, admissions and safeguarding noted which further supported the school's commitment to equality of opportunity for all and highlighted how any issues of discrimination would be dealt with.

Inspectors were informed that work within the school was undertaken in lessons such as PHSE, religious studies, and school assemblies to foster a sense of community, raise awareness of issues and encourage the development of well-rounded boarders who acknowledge, accept and embrace people's differences.

Feedback from boarders and staff alike indicated that there was no discrimination of any kind operating within the boarding community. There was a clear consensus from all parties that the boarding community was a very close one with a good value system.

There were a large number of boarders from other countries, for whom English was not their first language. The school had an ESOL (English as a second language) department in operation in order to offer additional support where necessary. There was also a language policy in place.

The kitchen staff would be provided with information regarding any specific cultural or religious dietary requirements which they would implement accordingly. In addition to which each term an evening celebrating the food and culture of various countries was found to be held.

Requirements and recommendations

None

Provider's action plan

Not applicable

Please complete the provider action plan sections beneath each requirements and recommendations providing details of action taken (or to be taken) with timescale for each.

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report please do not hesitate to contact the Registration and Inspection Unit.

Inspector: Mandy Quirk **Date:** 16/04/18

Part 5 - Provider's comments/response

To: The Registration and Inspection Unit, Ground Floor, St George's Court, Hill Street, Douglas, Isle of Man, IM1 1EF

From: King William's College

I / we have read the inspection report for the unannounced inspection carried out on 14, 15 & 20 March 2018 at the establishment known as King William's College, and confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s). ☒

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report. ☒

Please return the whole report which includes the completed action sections to the Registration and Inspection Unit within 4 weeks from receiving the report. Failure to do so will result in your report going on line without your comments.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) ☐

Click here to enter text.

Signed
Responsible Person Joss Buchanan.
Date 1.5.18

Signed
Registered Manager Click here to enter text.
Date Click here to enter text.

Action plan/provider's response noted and approved by Inspector:
Date: 01/05/18 **Signature/initials** MQ