

Ochil Tower School

School Care Accommodation Service

140 High Street
Auchterarder
PH3 1AD

Telephone: 01764 662 416

Type of inspection:
Unannounced

Completed on:
8 September 2022

Service provided by:
Ochil Tower School

Service provider number:
SP2003002133

Service no:
CS2003009785

About the service

Ochil Tower School is an independent, non-denominational school for children and young people with additional support needs, aged between 5 and 18 years. It provides care and education for both residential and day pupils through the curative education approach which combines social care, education and therapy and is based on the philosophy of Rudolf Steiner, adapted by Karl Konig, the founder of the world-wide Camphill movement. Older pupils continue their learning through the Life Skills centre where they develop practical skills such as in gardening, and further develop their independent living skills.

Children and young people are cared for in six houses within a large campus. At the time of the inspection only four houses were being used and another was nearing completion of refurbishment.

The six houses and three school buildings are set in nine acres of grounds located unobtrusively off the main street of Auchterarder, enabling the school to be part of the local community. The grounds offer facilities for gardening, rearing animals and play activities as part of the curriculum. The campus is close to local shops and transport links.

About the inspection

This was an unannounced inspection which took place on 29 August 2022 from 13:00 to 19:00, 30 August 2022 from 09:00 to 19:30 and 31 August 2022 from 9:00 to 14:30. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service, we:

- met with 15 young people;
- emailed 22 parents to ask for their views. We received three responses;
- spoke with the parents of one young person during the inspection;
- emailed 19 placing professionals to ask for their views. We received three responses;
- spoke with staff and managers;
- spoke with visiting professionals;
- observed practice, the environment and daily life; and
- reviewed documents.

Key messages

- Staff were kind and caring and clearly loved the young people they cared for.
- The houses where the young people lived were of high quality and well maintained.
- The campus was used fully to provide very positive outdoor experiences for young people.
- Child protection guidance and staff training in child protection had improved.
- Managers were highly knowledgeable about the aspects of the service that needed to improve.
- Care plans need to be SMART and standardised.
- Managers need to build trust and confidence with staff.
- Analytic systems such as assessment of staffing needs, staff training needs.
- Audit and quality assurance systems such as staffing needs, training needs, update to policy and procedure, incident and accident analysis and admission processes need to be reviewed and improved.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

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| How well do we support children and young people's rights and wellbeing? | 3 - Adequate |
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support children and young people's rights and wellbeing?

3 - Adequate

We have graded key question 7.1 which is about children and young people being well cared for, feeling loved and valued, as Good, where several strengths impacted positively on outcomes for young people. We have graded key question 7.2 as adequate where strengths only just outweigh weaknesses. This aspect of key question 7 relates to managers and staff being confident in their practice and well supported, staffing levels and skills being right to meet the needs and rights of young people and self evaluation and quality assurance driving improvement in every aspect of young people's lives. Therefore this key question is graded adequate overall.

In the recent months before the inspection, Ochil Tower School had gone through significant changes in management arrangements. Whilst it was still too early to measure the full impact of these changes our discussions with the management team were very positive and they had a clear vision for the future of the school. Many of the issues identified at the previous inspection had not been addressed and these alongside issues found at this inspection had already been identified by the new CEO and head of education, who committed to taking immediate steps towards improvement.

There had been significant staff changes and vacancies within the boarding staff team and changes to the structure of boarding which had impacted negatively on staff morale. Whilst there were sufficient staff to care for the young people at the time of the inspection, staff needed to do overtime and transfer between houses in order to facilitate this. We made an area for improvement about this at the last inspection and have made this area for improvement again. See area for improvement 1. Despite the staffing issues people were committed to the young people they cared for. They held good information about the young people and were very aware of the young people's needs. However, whilst the information about young people and the strategies to help them progress and stay safe were discussed, and well known to specific staff, they were not communicated effectively through written care plans and risk assessments. The plans were difficult to navigate and not standardised across all houses. As a result the depth of knowledge about young people varied across the houses. This was more obvious in houses where staff had moved or newer staff were there. This meant that progress for some young people could potentially be restricted. (See Area for improvement 2)

The atmosphere in the houses and around campus was calm and relaxed. All of the houses were very individual and reflected the interests of the young people and their carers. The houses were comfortable, aesthetically pleasing and very well maintained. The beautiful grounds and natural environment was used to full effect offering young people many opportunities to explore their world and take part in stimulating outdoor activities.

Staff were kind and caring and clearly loved the young people they were caring for. There was good awareness of the triggers that could cause unsettlement and anxiety to young people and staff used early intervention strategies to lessen stress.

In the main we felt that young people were treated respectfully. Young people benefited from predictable rhythms and routines which helped them feel safe. We were impressed by the low level communication where everyone knew their roles and responsibilities, offering consistency without this being obvious to young people.

Staff tried very hard to take young people's views into account. Many of the young people at Ochil Tower

were non verbal, however staff recognised their personal needs and feelings through their gestures and behaviours and responded to them with sensitivity and thoughtfulness.

Whilst most parents were very positive about the school and their child's care there was a feeling that they were not consulted, particular by management. There needs to be better connect with parents through care plans where parents can make their views about the care of their young people known.

Some young people were identified as not well matched within the houses which impacted on the group dynamic, and the progress for particular young people. (See area for improvement 3)

A complaint made to the Care Inspectorate in April 2022 had resulted in changes to the child protection policy and procedure. These changes had resulted in improvement and were being finalised at the time of the inspection. We urged the management team to ensure that advice from both the Care Inspectorate and Education Scotland were fully taken into account when finalising that document. In addition the new management team had ensured that staff received training in child protection. We were impressed with the methods used in this training, using scenarios and testing learning. Managers now need to consider how often policies and procedures such as whistleblowing, restraint reduction and challenging behaviour need to be reviewed in order to keep them up to date with best practice and make them concise and engaging for staff. (See area for improvement 4)

Clear processes were in place in relation to recording incidents and accidents, however analysis of accidents and incidents needed to improve in order to identify preventative measures and promote safety. (See area for improvement 5)

Staff confidence and morale had been impacted as a result of previous management decisions which, in turn, impacted on consistency for young people. The new management team were aware that they needed to build trust with the staff teams and provide opportunities for staff to speak openly and honestly when presenting their views. This also included improved training opportunities and regular protected one to one supervision.

We found that supports for young people were significantly reduced during holiday times and sometimes on weekends. On occasions when a young person was in crisis and needing increased support this left significantly reduced support for other young people. The last inspection made a requirement to produce a four weekly staffing assessment based on the needs of the young people. As this had not happened we have again made this requirement. (See requirement 1)

The new management team had identified areas for improvement which were consistent with our findings and committed to taking the necessary steps towards improvement. A number of the issues had materialised as a result of inconsistencies in audits and quality assurance. For example, lack of records in relation decisions in management of complaints, failure to submit required notifications to the Care Inspectorate and irregularity in staff registration with the Scottish Social Services Council. Whilst audits had identified issues in relation to medication this had not resulted in the required improvements and left potential for recurrence impacting on the safe dispensing of medication to young people. (See area for improvement 6)

Many of the issues found during the inspection could be identified as training needs specific to individual roles and responsibilities. We have identified an area for improvement in relation to this. (See area for improvement 7)

Requirements

1. In order to ensure that the service provides sufficient staff on each shift to meet the needs of each child/ young person, by 31 March 2023, the Provider must:- a) Keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual. b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs. c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

This is in order to comply with SSI (2011) 210 -4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users. It is also to ensure that care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15)

Areas for improvement

1. In order to ensure that children/young people have continuity of care, and clarity about who will be looking after them, the manager and provider should establish a consistent staff team providing opportunities to enhance positive relationships between young people and the adults caring for them. In addition, they should ensure that young people have continuity of relationships and consistent, stable care and support through addressing issues of staff retention.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support."(HSCS 3.11) and "My care and support is consistent and stable because people work well together." (HSCS 3.19)

2. In order to ensure that the service can consistently achieve positive outcomes for young people the provider should review the care planning system and adopt a SMART approach to care planning that is integrated with robust risk assessment and risk management procedures. These care plans and risk assessments should be outcome focused and clearly express strategies to mitigate risk and help young people to progress.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15)

3. In order that young people get the most out of life and feel safe in their environment the provider should take matching guidance into account and develop a format for admissions.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "If I experience care and support in a group, the overall size and composition of that group is right for me.". (HSCS 1.8)

4. To ensure that staff have up to date and relevant guidance, the provider should review and update policies and procedures on a regular basis and ensuring that staff have understanding of how they use policies and procedures in practice.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "I experience high quality care and support based on relevant evidence, guidance and best practice.". (HSCS 4.11)

5. In order to promote safety the provider should develop a system to fully analyse incidents and accidents to find patterns and identify preventative measures.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

6. In order to promote safety and reassurance the provider should develop robust audit and quality assurance processes including a service development plan.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

7.7. In order to ensure that staff have the necessary skills and knowledge to care for young people safely and promote their wellbeing the provider should carry out a full staff training needs analysis and follow this up with regular staff supervision.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.". (HSCS 3.14)

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

In order to ensure that the service provides sufficient staff on each shift to meet the needs of each child/ young person, by 1st September 21, the Provider must:- a) Keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual. b) In respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs. c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

This is in order to comply with SSI (2011) 210 -4 (1)(a) - a regulation that a provider must make proper provision for the health, welfare and safety of service users. It is also to ensure that care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15)

This requirement was made on 25 June 2021.

Action taken on previous requirement

This requirement had not been met and we have made this requirement again.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

In order to ensure that care is provided in a proactive way, responding to changes promptly, an effective system for overview of incidents should be devised and implemented. This should enable responses immediately, short term and long term so that care can be planned and provided accordingly. By linking this to an effective system of debrief following all incidents, and further developing the system of overview and

analysis, any trends or staff training needs could be identified and would allow for more reflection by staff on their practice with proactive responses to minimise repeated incidents.

This is in order to ensure that care and support is consistent with Health and Social care Standards which state that " I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.(HSCS 4.19) and "I am supported and cared for sensitively by people who anticipate issues and are aware and plan for any known vulnerability or frailty " (HSCS 3.18) Have repeated this area for improvement

This area for improvement was made on 25 June 2021.

Action taken since then

The service had gone a little way to establishing debrief from incidents, however had not devised analysis of incidents. We have made an area for improvement for this. See area for improvement 5

Previous area for improvement 2

In order to make sure that medication systems were safe and used effectively, the manager needed to ensure that effective quality assurance systems were in place, taking account of best practice guidance.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that "Any treatment or intervention I experience is safe and effective." (HSCS1.24) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11) Whilst the audits had identified issues they had not been appropriately addressed.

This area for improvement was made on 25 June 2021.

Action taken since then

The service had developed systems to audit medication. The audits had proved successful in identifying discrepancies, further improvement was required over all auditing and quality assurance processes. See area for improvement 6

Previous area for improvement 3

In order to ensure that children/young people have continuity of care, and clarity about who will be looking after them, the manager and provider should establish a consistent staff team providing opportunities to enhance positive relationships between young people and the adults caring for them. In addition, they should ensure that young people have continuity of relationships and consistent, stable care and support through addressing issues of staff retention.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support."(HSCS 3.11) and "My care and support is consistent and stable because people work well together." (HSCS 3.19)

This area for improvement was made on 25 June 2022.

Action taken since then

Whilst there were sufficient staff to care for the young people at the time of the inspection, staff needed to do overtime and transfer between houses in order to facilitate this. Managers were working on a plan to improve retention of staff, however we have made this an area for improvement. See Area for improvement

1

Previous area for improvement 4

In order to ensure that young people are cared for by adults with the skills, knowledge and understanding necessary to undertake their roles, the provider should ensure that their staff professional development programme accurately reflect the more complex needs of young people the service is caring for.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14); and 'As a child or young person I am helped to develop a positive view of myself and to form and sustain trusting and secure relationships.' (HSCS 3.5).

This area for improvement was made on 25 June 2021.

Action taken since then

Whilst staff had completed some training in relation to the needs of the young people they care for. A full staff training needs analysis needs to be carried out in order to explore the training needs in relation to individual roles and responsibilities. See area for development 7

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

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| How well do we support children and young people's rights and wellbeing? | 3 - Adequate |
| 7.1 Children and young people are safe, feel loved and get the most out of life | 4 - Good |
| 7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights | 3 - Adequate |

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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