

Ochil Tower School

School Care Accommodation Service

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Auchterarder
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Telephone: 01764 662 416

Type of inspection:
Unannounced

Completed on:
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Service provided by:
Ochil Tower School

Service provider number:
SP2003002133

Service no:
CS2003009785

About the service

The service was registered with the Care Inspectorate on 1 April 2011.

The conditions of registration are:-

To provide a schoolcare accommodation service to a maximum of 32 children.

The service will be offered on the Ochil Tower School premises in six satellite premises:

1. Belvidere will provide accommodation to a maximum of 7 pupils.
2. Elmtree will provide accommodation to a maximum of 6 pupils.
3. Priory will provide accommodation to a maximum of 5 pupils.
4. Rowan will provide accommodation to a maximum of 6 pupils.
5. Sycamore will provide accommodation to a maximum of 7 pupils.
6. Coach House will provide accommodation to a maximum of one pupil.

From 20th April 2021 due to refurbishment Belvidere will be closed and will not operate until the reopening has been agreed by the Care Inspectorate.

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. The Care Inspectorate does not regulate the education service and solely focused on the quality of service provided to resident pupils.

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.

Day-to-day management is the responsibility of Head of Care and CEO. House coordinators work alongside permanent staff. The House coordinators live onsite at the school. Other voluntary co-workers, many from overseas, spend a year or more at Ochil Tower assisting with care and education.

It should be noted that this inspection took place during the Covid-19 pandemic restrictions and therefore followed a revised procedure for conducting inspections in these circumstances

What people told us

We spoke by telephone with two parents of young people attending Ochil Tower School, one placing social worker directly and one by email as part of the inspection. We spent time in the houses and grounds observing the interactions between children/young people and the adults caring for them.

Both of the parents we spoke with were very satisfied with the service provided for their children. They particularly appreciated the updates they received which included photos/videos of the activities their children had been engaged in. They felt that their views were taken into account in planning the care of their children.

Feedback from social workers included suggestions that the service could make improvements to the frequency and content of updates they received, and they were aware that staff changes had been unsettling for the young people.

How well do we support children and young people's wellbeing?**4 - Good**

We saw many examples of very positive relationships between children/young people and the adults caring for them. Children/young people clearly enjoyed their time at Ochil Tower School and had fun. Adults working in the service were warm and welcoming towards the children/young people. They created a friendly, homely atmosphere, and we saw that children/young people went to them for reassurance and appropriate comfort. Adults showed appropriate affection and touch, with nurture and compassion. This was evident in the way they spoke with children /young people and in the way they recorded their interactions. We saw that children/young people made informed choices about their care, where possible, and in developing life skills. Adults we spoke with demonstrated a commitment to enhancing children/young people's wellbeing. Because they knew the children/young people well, the adults were able to interpret young people's wishes and choices when they did not use verbal communication. We saw that children/young people were treated with respect, and their privacy and dignity was maintained. It was evident that their wellbeing was the priority in all decisions and plans made. This was confirmed by parents we spoke with, who told us that they were very happy with the care their children received.

Young people used alternative communication methods such as iPads and using Makaton to express their views. These could be enhanced through ensuring they were consistently used across the school (for example in education) to provide consistency across care and education. Adults caring for the children/young people knew them well, which helped predict their behaviour and take proactive steps to aid support. The children/young people's likes, dislikes, needs and preferences were incorporated into their support plans. The ways that children/young people understood and processed information was clearly recorded, so that any advice or instructions were given to them in a way which best suited their needs. Children/young people led very active lives with a wide range of activities, both within the grounds and in the wider community (within the limitations imposed by the Covid- 19 pandemic) We heard that staff supported young people in overcoming particular fears , such as by gradually introducing them to dogs when they had a particular fear of dogs.

We saw that the children/young people had frequent opportunities to keep in touch with family and friends, with visits home and via the use of technology. Children/young people and the adults caring for them regularly took part in singing, dancing, listening to music and playing outside on the adventure playground, while others took time out listening to music in their rooms. Children /young people were well supported to gain as much as they could from their education, which was designed to suit their individual needs. Adults encouraged children/young people to develop skills and realise their potential.

The service had procedures in place to help keep children/young people safe, and most adults caring for them were trained in Child Protection and Child Sexual Exploitation (CSE). The manager confirmed that he had given face to face safeguarding training to all staff. We saw that where necessary these procedures had been followed effectively. A member of the board had recently taken responsibility for overseeing safeguarding within the service, and board members were kept updated on any protection issues. We advised that their overview could be further developed to include direct observation of practice within the houses (once Covid - 19 restrictions allowed) similar to the 'Learning Walks' carried out by board members in the classrooms.

While we saw that incidents were recorded appropriately we advised that the system could be further developed to be more responsive. In doing this actions which were needed immediately as well as longer term could be identified and the adults involved provided with opportunities to reflect on their practice. A system to provide overview and analysis would help identify any trends so that proactive steps could be taken to minimise occurrence. (see area for improvement 1)

Adults caring for children/young people showed a nurturing caring approach. Strategies for helping children/young regulate their behaviour were clearly identified and aimed towards reducing risks and reducing emotional distress. Staff were given training in de-escalation skills, so that the use of physical interventions could be minimised.

Children/young people were encouraged to develop healthy lifestyles and were provided with appetising nutritious meals which they enjoyed in a sociable atmosphere together. Some children/young people took part in menu planning and shopping for food to prepare meals, and some had opportunities to eat out as planned activities.

We saw that systems were in place to make sure that young people's health needs were met. Some were registered with local health, dental and optician services, and referred appropriately to specialist health services when necessary while others maintained these registrations at their home base. The service had developed close links with the local pharmacy. While we saw that systems for medication were generally effective, we advised that good practice was shared between houses and audits were carried out more frequently.(see area for improvement 2)

Areas 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)

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)

How good is our leadership?**4 - Good**

Children/young people's care was reviewed regularly and changes made to care plans where appropriate. The senior management team were in the process of developing a five year strategic plan, to which staff were asked to contribute. They were also reviewing all policies and procedures to make sure they reflected best practice. The management team were planning future developments and looking at ways to maximise the facilities available. Major investments were planned for professional development of the staff team, and including board of trustees in the CPD plan. The manager had drawn up a care renewal plan. The management team had asked for feedback from parents and visiting professionals regarding their response to Covid-19 and carried out feedback interviews with the departing co-workers at the conclusion of their placements. They used this feedback to inform future planning. The service had used feedback from a parents survey to understand how parents felt about their response to Covid-19.

While we acknowledged that the Covid-19 pandemic had restricted opportunities for visits by external managers, we advised that a system of overview including direct observation should be implemented when restrictions allow. This would include speaking with staff, looking at records, and observing interactions with young people. The service had plans to introduce a parents forum which would provide another means for feedback.

The service had started a process of consultation with staff regarding future developments to the service. As a result of the new CEO carrying out an evaluation of the service, the need for significant investment in staff training and development had identified. In further developments we advised that a more comprehensive, systematic process of quality assurance could be implemented.

How good is our staff team?**3 - Adequate**

Staff demonstrated a strong commitment to the wellbeing of the young people and most enjoyed their work. Most staff were highly motivated and enthusiastic. There had been staff shortages in some of the houses, which had led to house co-ordinators covering for absent staff on a regular basis. This was detrimental to their own wellbeing and their ability to carry out their role effectively. The service were now rebuilding the staff team, with newly recruited staff. Managers and the Provider now needed to build a strong staff team working to the same ethos together. (see area for improvement 1) In order to meet the assessed needs of all of the young people, the provider and manager needed to make sure enough staff with the necessary skills were on each shift, and deployed effectively.

It was evident that the service's programme of staff supervision and appraisal had not been maintained as frequently as planned for some staff during the Covid-19 restrictions, and staff meetings had not been held. In developing the system for supervision, the manager and Provider should consider more specific training to be identified and future plans for this recorded. The service should ensure there was a focus on staff welfare and any safeguarding. They could further enhance this with more in depth recordings of discussions. We saw some good reflective practice evidenced through logs which could be further extended through encouraging staff to share within the team in their house for learning and upskilling. The manager needed to improve the consistency around supervision, supervision contracts and frequency. The provider and manager needed to implement a programme of staff training, linked to their programme of staff supervision and appraisal so that training needs could be identified and appropriate training provided as a result. We advised that in order to help staff support children/young people in line with current best practice, training on the impact of adverse childhood experiences on children/young people's development and trauma

informed care would be beneficial. This would be enhanced by more links with research and good practice .(see area for improvement 2)

Night staff had no opportunities to meet together and had little direct contact with managers. This meant that those staff had not been given the opportunity to reflect on their practice; discuss issues raised by their work with young people; identify areas of concern or where they would benefit from support and guidance; or identify training needs. It also meant that there had been little opportunity for managers to monitor the quality of the care provided. The manager and provider now needed to make sure that these opportunities were provided so that the service ethos, aims and culture were shared and embedded in practice.

When we looked records of recruitment we found that there were areas which needed improvement. These included:-

- issues regarding the way that recruitment records were made;
- a lack of clarity about receiving confirmation that the newly recruited staff had satisfactory Protection of Vulnerable Groups (PVG) checks prior to starting their employment ;
- insufficient detail about skills and experience
- references which contained very little useful information

We discussed these during feedback, and were told that the service had recently appointed a Human resources manager who would take responsibility for addressing the issues identified.

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)

1. 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. 2. 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).

How good is our setting?

5 - Very Good

The organisation had drawn up suitable guidance for staff regarding COVID-19, and supplied appropriate personal protective equipment (PPE). All visitors were required to register on arrival and have their temperature checked and recorded. Staff were confident that they followed procedures in place. The restrictions imposed due to COVID-19 had meant fewer visitors to the service and less opportunities for young people to participate in activities outwith the grounds or in the local community. However, as far as possible, young people continued to live an active life and made full use of the extensive grounds, gardens and play equipment. Their use of the grounds formed an integral part of many of the young people's care plans, in recognition of the therapeutic benefits these presented.

At our last inspection we asked the school to consider some aspects of the environment within Belvidere House, particularly in relation to the banister drop in the hallway and fire evacuation from upper floors. This had been given consideration and included in plans. Belvidere house was now closed for refurbishment which would resolve the issues identified. Systems were in place to ensure that the premises were safe.

These included:-

- risk assessments,
- fire safety checks,
- legionella checks (which were carried out by an authorised specialist firm and actions implemented by them)
- risk assessments on the adventure playground equipment (carried out by a specialist firm, with any actions identified carried out by another specialist firm);
- portable equipment testing (PAT testing) of electrical equipment, appliances and games consoles,
- and risk assessments for asbestos (carried out by specialist firms with actions identified carried out by specialists)
- checks on trees in the grounds with tree surgeons carrying out any necessary work

The houses were decorated and furnished to a high standard, and were homely and comfortable. "Safe spaces" were provided for young people in accordance with their needs, which was recorded in their care plans. Some young people preferred to sleep in their safe spaces.

A newly appointed member of staff was now taking on responsibility for many of the checks and works on the grounds, gardens and trees.

How well is our care and support planned?

5 - Very Good

It was evident that care was planned on a highly individualised basis for each child/ young person. Effective specific plans had been developed for the young adults. The support plans were recorded in a way which described individual needs. They contained sufficient detail to make sure that adults caring for the child/ young person had clear guidance about what was needed from them to provide a high level of care, in a format which was concise enough to make the information readily accessible. Makaton symbols were used in the care plans for the older young people. This helped to provide a real shared understanding for both the child/young person and the adult caring for them.

A regular assessment of progress was carried out for each child/young person, against GIRFEC indicators. These could be further enhanced by the addition of clearer timescales. Through doing this it was possible to see where strategies might not have achieved outcomes and may need to be reviewed, as well as where they had been successful and progress could be shown. This also helped the children/young people reflect on their achievements and build their self-confidence and self-esteem. In addition, formal reviews of care plans were held regularly with the relevant professionals involved. Care plans were adapted following any changes in needs or circumstances, in consultation with the young people, their families and placing social workers. The service maintained strong communication links between the care service and its education service. Young people's engagement with education was supported through this effective communication and with the support of care staff being present with them, when required. During Covid -19 restrictions, each house had operated in a bubble which included their teaching staff. We heard that this had helped to further develop the close links with education staff and thereby enhance outcomes for the young people.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support children and young people's wellbeing?	4 - Good
1.1 Children and young people experience compassion, dignity and respect	5 - Very Good
1.2 Children and young people get the most out of life	5 - Very Good

1.3 Children and young people's health benefits from their care and support they experience	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing levels are right and meet children and young people's needs, with staff working well together	3 - Adequate
How good is our setting?	5 - Very Good
4.3 Children and young people can be connected with and involved in the wider community	5 - Very Good
How well is our care planned?	5 - Very Good
5.1 Assessment and care planning reflects children and young people's needs and wishes	5 - Very Good

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