

Ochil Tower School

School Care Accommodation Service

140 High Street
Auchterarder
PH3 1AD

Telephone: 01764 662 416

Type of inspection:
Unannounced

Completed on:
21 November 2024

Service provided by:
Ochil Tower School

Service provider number:
SP2003002133

Service no:
CS2003009785

About the service

Ochil Tower School is an independent school for children and young people with additional support needs, aged between 5 and 18 years. From the 1 July 2023, for a period of up to 18 months, the service can continue to care for a number of young people who are over the age of 21 years.

Ochil Tower provides care and education for both residential and day pupils through the curative education approach which combines social care, education and therapy, 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. 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 a shared inspection with Education Scotland which took place on 18 November 2024 between 12:00 and 18:45, 19 November 2024 between 09:00 and 19:15, 20 November 2024 between 09:00 and 15:00 and 21 November 2024 between 09:30 and 17:00. Education Scotland carried out an inspection of the school, onsite, between 18 November 2024 and 21 November 2024.

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:

- spoke with 4 young people directly, met and observed interactions of many more;
- spoke with 18 members of staff and managers;
- spoke with a board member;
- observed practice, the environment and daily life; and
- reviewed documents.

A joint letter of the inspection findings of the Care Inspectorate and Education Scotland can be accessed on the Education Scotland website.

Key messages

- Staff were fully aware of the needs of the young people and how to keep them safe
- Children and young people enjoyed fun experiences and their preferences were always prioritised
- The management team should make improvements to keep skilled staff and ensure relationships are consistent, positive and stable
- The roles and responsibilities of those in senior leadership positions need to be clarified
- Robust quality assurance processes need to be implemented at all levels of care including staff supervision and performance management
- The service needs to develop and implement improved matching procedures
- Support planning needs to be improved to ensure that documents are SMART, live and leading care practices.

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

How well do we support children and young people's rights and wellbeing?	2 - Weak
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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?

2 - Weak

We found a number of important strengths in aspects of the care provided, supporting positive outcomes for children, therefore we evaluated quality indicator 7.1 as good. However, we evaluated quality indicator 7.2 as weak where strengths could be identified but were compromised by significant weaknesses. Therefore, the overall grade for Key question 7 was weak.

Care staff were attuned to the individual needs of young people, which was essential for keeping young people safe and helping them to achieve their potential.

Increased training for staff in relation to protection had improved confidence in their role to protect young people. However, at a management level there needed to be clearer oversight and recording of information regarding protection processes. All concerns need to be recorded factually including chronology of decision making and responsibilities in order to keep young people safe.

Staff worked very hard to ensure that young people enjoyed positive relationships with each other and with extended family and we found examples of how this had contributed to sustaining the right to family life.

Collaborative work with a range of external agencies ensured a collective and holistic approach to the care of the young people. The involvement of the occupational therapist, developing sensory profiles and providing staff training is in early stages but will be a welcome addition.

We noted that the multi-agency approach had, at times, been compromised by decisions made without involving social workers and parents in transitions and information sharing within sufficient time frames. The lack of consistency in this area meant that all young people didn't necessarily get the supports they needed at the times required. It was pleasing to find that the service was beginning to address this with a more co-ordinated approach to planning.

Many young people had advocacy support and most young people had close family members who served to ensure that their young people were well cared for.

Whilst interactions and relationships were good and young people had very positive outcomes, at times this was impacted by inconsistency of staff turnover, and vacancies. This meant that there were times where young people were unable to go on planned outings as a result of staff deployment. Whilst we recognise that recruitment is a national, sector wide issues, focus must be on the individual needs of young people and maintaining their opportunities.

Most incidents and physical interventions were subject to debrief. We urged a more consistent approach to debriefs in order to ensure a full reflection of staff practice, analysing trends and ensuring effective supports are put in place to promote a reductionist approach. The service was committed to reducing physical interventions. They were affiliated with The Restraint Reduction Network, and were developing a process of analysis, which they hoped would lead to a reduction in restraint.

It was clear that the preferences of young people were prioritised at all times. We understand the complexity of this, and numerous communication tools were used to maximise communication and inclusion. All of the young people benefited from the staff team's understanding of their ways of

communicating both their feelings and their needs. There was a focus on creating fun for young people in ways that they could fully participate and enjoy.

Huge efforts were made to make the environments warm and homely, and individual environments were led by young people's choice and needs such as colours for decor, storage and sleeping preferences. Communal spaces had photos of shared experiences which increased self-esteem and sense of belonging. Mealtimes were a sociable event with everyone sitting together to enjoy their meal.

The grounds were well maintained and provided lots of opportunities to enjoy fresh air and the outdoors. In addition, young people made very good use of the facilities on site including the hall and sensory room, out with school hours

Physical and mental health was prioritised with a focus on staff knowledge, and this was strengthened by additional training as well as knowledge sharing in the staff team. Specialist training was provided in areas such as epilepsy and gastro feeding.

Whilst we did not look at all medication in all houses, we were satisfied that procedures were appropriate, including notification of medication inaccuracies and appropriate response.

Young people's important connections were well supported with staff celebrating and discussing time with family. Those who didn't have close family connections were sensitively offered other opportunities.

Young people were well supported to learn the life skills needed to help them participate in daily life. There were clear expectations about involvement in household tasks and managing personal responsibilities.

Young people were well prepared to participate in education, however there were barriers for some young people returning to school after rest time and we urged the service to consider the benefits of rest time for all young people.

Care and support plans had improved since the last inspection. The assessment of needs from a care perspective was more visible, than solely education focused. However, some care plans were not reflective of current situations and goals were not SMART. **See area for improvement 1.**

We had concerns over the governance, roles and responsibilities of those in key positions and the lack of response to addressing the necessary improvements as identified from previous inspections. Both requirements made at the last inspection remain unmet. This was particularly in relation to quality assurance processes and staffing. **See requirements 1 and 2.**

A review of senior positions had taken place with a marked increase in these positions within the school. The roles and responsibilities, and impact of these positions was unclear, and we would suggest a need to analyse and define roles and impact.

There had also been significant changes in key personnel which had resulted in a detrimental effect on the supports that people could expect. A minority of staff had received direct, one to one supervision and this needed to be improved to include all staff.

Whilst the Care Inspectorate had received some required notifications, not all had been submitted. We reiterated the Care Inspectorate guidance in relation to expected notifications including weekly staff absence.

The previous requirement outlined the need for the service to undertake a staffing needs assessment in line with care inspectorate guidance. This was not progressed by the service. This meant that there was insufficient assessment of the needs of individual young people, staff teams and their ability to meet holistic needs.

Matching processes were not formal or well assessed. Despite having a matching policy, the service was unable to provide the relevant documentation. We identified some placements that had not, in the first instance, been well matched and only through the commitment and dedication of care staff the placements had been sustained. Some transitions had been impacted by inappropriate movement between houses, which were not properly assessed or planned and key people including parents and placing authorities were not included in the process. Decisions made by leaders around moves were often reactive to staff shortages within houses or movement of staff as opposed to being solely in the best interest of the young people. Leaders need to ensure a far more proactive approach with formal processes undertaken and quality assured with clear decision making on the needs of all young people and following Care Inspectorate guidance and their own policy. **See requirement 3.**

Despite aspects of care, and outcomes for young people being good, the inability of leaders to provide key processes, known to benefit staff retention, improve performance and minimise disruption to young people, had serious potential to impact on outcomes for young people. We stressed to leaders the urgency of meeting the requirements and areas for improvement from this inspection.

Requirements

1. By 22 April 2025 must ensure that managers have a robust understanding and overview of the quality of care. To do this the provider must at a minimum:
 - a) Ensure that all staff have regular one to one supervision with their line manager including recorded performance management
 - b) Develop a programme for senior managers to spend time in houses to observe practice and offer support and role modelling.
 - c) Develop a quality assurance process which identifies areas for improvement and action plans with timescales to evidence progress.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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)

2. By 28 February 2025 ensure that the service has sufficient staff on each shift to meet the needs of each child/ young person To do this, the provider must, at a minimum:
 - 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 section 8 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210))

This is 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)

3. By 28 February 2025, the provider must ensure that they follow 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services', published by the care inspectorate'. This should include but is not limited to:

a) Ensuring they consider the potential impact on existing young people within the service, including identifying specifically which house they will reside in.

b) Ensuring they have all the necessary information prior to making a decision regarding the new young person being referred to the service.

c) Ensuring they consider staffing levels, skills, mix and any current staff vacancies.

This is in order to comply with Regulation 3, Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210). Promoting quality and safety and make proper provision for the health, welfare and safety of service users

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "I am in the right place to experience the care and support I need and want" (HSCS 1.20)

Areas for improvement

1. To ensure consistent positive outcomes the provider should review the care planning system and adopt a SMART approach to care planning. These care plans must be outcome focused and clearly express goals and strategies to help young people to achieve their potential. These plans should also include assessment of risk and identify strategies to mitigate risk.

This is to ensure that care and support is consistent with the 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)

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

Requirements

Requirement 1

By 30 November 2023 must ensure that managers have a robust understanding and overview of the quality of care. To do this the provider must at a minimum:

- a) Ensure that all staff have regular one to one supervision with their line manager including recorded performance management
- b) Develop a programme for senior managers to spend time in houses to observe practice and offer support and role modelling.
- c) Develop a quality assurance process which identifies areas for improvement and action plans with timescales to evidence progress.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

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)

This requirement was made on 30 August 2023.

Action taken on previous requirement

This requirement had not been met and we have agreed an extension until 22 April 2025.

Not met

Requirement 2

By 30 November 2023 ensure that the service has sufficient staff on each shift to meet the needs of each child/ young person To do this, the provider must, at a minimum:

- 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 to comply with Regulation 15(a) (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is 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 30 November 2023.

Action taken on previous requirement

This requirement had not been met and we have agreed an extension until 28 February 2025.

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 staff have the right skills and knowledge to care for young people safely the provider should identify core training requirements and ensure that staff receive this training within the first six months of employment.

This area for improvement was made on 30 November 2023.

Action taken since then

The service had identified core training as well as additional training and implemented a training plan therefor had achieved this area for improvement.

Previous area for improvement 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 area for improvement was made on 30 November 2023.

Action taken since then

Whilst the service had made some progress in relation to support plans further work was needed to make the plans SMART.

Previous area for improvement 3

In order 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 area for improvement was made on 30 November 2023.

Action taken since then

Policies and procedures had been updated, therefor the service had achieved this area for improvement.

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 rights and wellbeing?	2 - Weak
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	2 - Weak

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