

Ochil Tower School

School Care Accommodation Service

140 High Street
Auchterarder
PH3 1AD

Telephone: 01764 662 416

Type of inspection:
Unannounced

Completed on:
30 August 2023

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. From the 01 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. 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. 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 21 August 2023 between 10:30 and 19:00, 22 August 2023 between 09:00 and 19:00 and 23 August between 09:00 and 10:30. 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 18 children and young people;
- spoke with two parents
- spoke with 13 members of staff and managers;
- spoke with a member of the board of trustees
- observed practice, the environment and daily life; and
- reviewed documents.

Key messages

- Young people experienced nurturing sensitive care
- Staff were very good at communicating with young people in the way that was right for them
- Families were fully involved in the care of their young person
- Young people enjoyed extensive outdoor experiences on the well cared for campus
- Improvements were needed to support quality and assurance systems
- Staff need to receive core training within the first six months of employment
- Appropriate staffing levels are needed at all times to meet the needs of the young people

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?	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

In relation to key question 7.1, we found significant strengths in aspects of the care provided and how these supported positive outcomes for young people, therefore we evaluated key question 7.1 as very good. We evaluated key question 7.2 as adequate where strengths only just outweigh weaknesses. The overall evaluation for key question 7 is adequate.

Young people were kept safe by staff who clearly understood their needs and used established and consistent strategies to help them achieve. Staff were knowledgeable in their roles in the protection of young people and what they should do if they had concerns. The child protection training was thorough and reflected best practice.

There was a belief in the abilities of young people and staff made considerable efforts to help decision makers know the capabilities and aspirations of young people. Staff were skilled in their communication with young people using comprehensive communication passports which made it clear how young people could and would make choice.

Staff were attuned to young people. They understood the importance of relationships and the effects relationships have on personal growth. Staff and young people shared tactile and warm relationships and affection was visible in all interactions and conversations. The social pedagogic approach promoted nature/nurture which helped underpin those relationships. Staff spoke very positively about the inspiring impact that some of the training they had received. They also spoke about the privilege they felt in having opportunity to care for and live alongside the young people. Recent changes to the registration of the service evidenced a desire to ensure young people moved on in a positive way.

Staff worked closely with families, recognising that they were the experts in the needs of their young people and ensuring their views were clearly heard,

Particular attention was paid to the promotion and protection of rights and was an area of practice led by house coordinators.

The expansive and stunning grounds provided a multitude of outdoor experiences for young people. They enjoyed planting and harvesting, cycling, games, walks, campfire experiences and taking pride in the upkeep of the grounds.

All of the houses felt homely and communal areas were attractive and well furnished. Young people's bedrooms provided privacy as well as a relaxing space. Significant investment had gone into renovation of some of the properties and plans were in place to continually upgrade facilities.

Food was given high importance and mealtimes were sociable events where everyone sat together to enjoy their meal. However, we stressed the importance of ensuring that all staff receive food hygiene training. See area for improvement 1

Young people had good access to health professionals. Independence was promoted throughout all aspects of care. Personal care was provided in a sensitive and discreet way based on individual needs.

Getting outdoors, participating in exercise, nature nurture as well as young people's desires and wishes

being given the upmost importance meant that the mental health of young people was promoted.

A reduction in staff turnover had impacted positively for young people. Staff were very committed to the young people and enjoyed working at Ochil Tower. The house co-coordinators led the houses well and had clear expectations of how situations and support should be approached. This was less well shared by the wider management structure and is something they were working to address through operational management support and visibility.

A variety of circumstances since the last inspection had resulted in inconsistency in the senior leadership team. Whilst steps had been taken to address this, the disruption had meant that some of the tasks identified at the last inspection had not been successfully implemented. Whilst we had some very positive discussions about the vision to carry tasks forward many had not had time to be fully embedded and evidence impact. See requirements and areas for improvement from last inspection

The style of senior management was in holding trust that what was meant to be done, would be done, as opposed to holding to account. This was in contrast to the leadership of house coordinators, who had high expectations of staff and provided role modelling and challenge. See requirement 1

Work had been done by senior managers to implement positive matching of young people in houses. Whilst that paperwork was available at inspection it was awaiting endorsement before being put into practice and we look forward to seeing the impact at future inspection.

Senior managers had recognised that there was under reporting of incidents and had taken steps to address this as well as move towards more robust analysis of incidents. House coordinators were using the analysis to reduce the likelihood of incidents and this had shown some success.

The quality of care staff had improved since last year. New recruitment procedures were helping to achieve more applicants and evidenced the desire to get the right people in post. However there was recognition that gaps in staffing had impacted on supervision, team meetings and supportive processes. Whilst attempts were made to minimise impact on young people, there were times whereby the absence of adequate staff levels had resulted in young people being unable to take part in some activities. See requirement 2

We had concerns about the robustness of performance management and there was a lack of process and role modelling from a top down approach. Staff were clearly confident about whistleblowing, however managerial responses were not always fast enough. In addition, senior managers needed to take responsibility for addressing performance issues on an ongoing and supportive way, giving people the best opportunity to change, reflect and develop their practice. Senior managers having an increased presence in the houses would offer opportunities to observe and assess practice and would be an opportunity to identify success, progress and areas for improvement. See requirement 1

Safe recruitment was well documented and processes were appropriate resulting in the safe recruitment of staff.

There were positive examples of additional training opportunities which were well received and enhanced the skills and knowledge of staff. Whilst it was evident that all staff had received some training managers need to consider what is regarded as essential training and ensure all staff receive that core training. See area for improvement 1

Records for care planning and risk assessment were mainly focussed on education outcomes. Whilst some

young people had a few aims within the care houses, they did not reflect the extensive impact care staff were having with the young people we observed during the inspection. In addition, the care plans were based on school terms and did not have specific time frames. We also saw disparity in the quality and quantity of information within care plans. This again demonstrated a lack of organisational expectations and overview from senior managers. See area for improvement 2

At the last inspection we made an area for improvement that the provider should regularly review and update policies and guidance. Many of the policies and procedures had not been reviewed or updated. See area for improvement 3

Requirements

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)

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)

Areas 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 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)

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 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).

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 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 requirement was made on 8 September 2022.

Action taken on previous requirement

This requirement had not been met and we have repeated this requirement. **See Requirement 2**

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 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 area for improvement was made on 8 September 2022.

Action taken since then

The service had made some progress on this area for improvement. A new recruitment process had led to more applicants and a new probationary process had led to finding the right staff.

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 8 September 2022.

Action taken since then

Further improvements to care planning were needed. We have repeated this area for improvement. **See area for improvement 2**

Previous area for improvement 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 area for improvement was made on 8 September 2022.

Action taken since then

The service had made some progress with this. They had developed new processes which were about to be implemented. We would expect to see the impact of this at the next inspection.

Previous area for improvement 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 area for improvement was made on 8 September 2022.

Action taken since then

This area for improvement had not been completed and we have repeated it at this inspection. **See area for improvement 3**

Previous area for improvement 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 area for improvement was made on 8 September 2022.

Action taken since then

A procedure for analysing incidents was in place and was having some success in reducing incidents.

Previous area for improvement 6

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

This area for improvement was made on 8 September 2022.

Action taken since then

The service needed to make further improvements in this area. **See requirement 1**

Previous area for improvement 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 area for improvement was made on 8 September 2022.

Action taken since then

The service now needs to establish a core training programme and ensure that staff receive that training within six months of employment. **See area for improvement 1**

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?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	5 - Very 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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