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Hillside School (Aberdour) Ltd
Main Street
Aberdour
Burntisland
KY3 0RH

17 June 2024
2023383317
CS2003007038

Dear Hillside School (Aberdour) Ltd

IMPROVEMENT NOTICE – EXTENSION OF TIMESCALE

On **26 January 2024** you were served with an Improvement Notice in relation to Hillside School, Main Street, Aberdour, Burntisland, KY3 0RH, in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made.

The Care Inspectorate has decided to extend the timescale within which some of the improvements must be made in order to give you a further opportunity to make a significant improvement in the provision of the service. The revised timescales are as follows:

Improvements

1. By 24 May 2024, **extended from 16 February 2024,** you must ensure that no child or young person is subject to restraint, unless it is the only practicable means of securing the welfare and safety of the child or young person. In particular you must:

a) ensure there is a robust review of approved restraint techniques, an evaluation of how these are used and the impact that high risk holds have on the children and young people.

b) ensure that all children and young people's personal plans and risk assessments are appropriately detailed and updated regularly in relation to the use of restraint and restrictive practices. Ensure clear guidance is given to staff about safe strategies to use, based on the individual needs of the children and young people.
c) ensure that individual de-briefs are carried out with staff following all incidents where restraint has been used and that analysis of the strategies used by staff identifies staff learning to improve future practice.
d) ensure that any use of restraint is documented, includes pertinent detail and is shared timeously with relevant partner agencies including the social work department, the Care Inspectorate and any other relevant agencies.
e) ensure that restraint practices are effectively overseen by management to ensure staff compliance with training standards.
f) ensure managers analyse and review incidents where restraint has been used to decipher any patterns and learning needs for the staff team.
g) ensure any incidents of improper use of restraint are dealt with appropriately.
h) ensure that staff have been trained in restraint and restrictive practice and are competent to meet the needs of children and young people.

This is in order to comply with Regulation 4(1)(a), Regulation 4(1)(c) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 26 January 2024.

Action taken on previous requirement

An extension was given on this requirement from 16 February 2024 to 24 May 2024. Following monitoring visits from 28 May 2024 – 31 May 2024, it was agreed that this requirement had been complied with during the improvement notice period.

During the follow up inspection we assessed the service's progress and if they had sustained improvement

a) The service immediately reviewed the approved restraint techniques for all young people. This included the removal of prone techniques for all young people. Details of the approved holds were held within individual crisis support plans, and staff were aware of the reductionist and last resort principles of interventions. We are confident the service has taken steps to satisfy this point.
b) The service has vastly improved their individual crisis support plans; these are now discussed by the teams within the service. This ensures that all staff have awareness of appropriate supports. The service continues to improve on these, and they are subject to regular review and update. We are confident the service has taken steps to satisfy this point.
c) The service has reviewed its debriefing structure with more staff now conducting these. We sampled many incidents throughout the improvement notice and found that

all episodes of restraint were subject to regular debrief. We are confident the service has taken steps to satisfy this point.
d) The service has taken steps to address the gaps in notifications. Restraint and all other notifications were notified. The service had some aspects of quality assurance relating to this, meaning some which were missed were identified and submitted retrospectively. We are confident the service has taken steps to satisfy this point.
e) Managers had greater awareness of incidents of restraint. Debriefs highlighted practice issues through improved reflection, the service had better responses to these and would address this with staff. We are confident the service has taken steps to satisfy this point.
f) The service had created a structure to allow greater review of this area. We outlined the need to build further reflection to ensure patterns and trends were subject to review and analysis to influence future practice. We are confident the service has taken steps to satisfy this point.
g) The service reviewed its policies in relation to misconduct and took appropriate steps to address any concerns. We had confidence that the service took young people's views more seriously. We are confident the service has taken steps to satisfy this point.
h) Staff training content had improved although all staff had not yet been subject to the new training systems. There were plans in place to train all staff prior to the new term beginning. We are confident the service has taken steps to satisfy this point.

We are satisfied that the service has met this requirement and has plans in place to further improve this area of practice.

2. By 24 May 2024, extended from 1 March 2024, you must ensure that the child and adult protection practice is reviewed and developed. This review must be informed by effective analysis of safeguarding issues. This is to ensure the safety of children and young people. In particular you must:

a) ensure that child and adult protection procedures and policies are reviewed and updated to reflect current best practice guidance.
b) ensure that staff who have lead responsibility for safeguarding and protection receive appropriate training. This is to ensure that they make appropriate timely decisions and involve all relevant partners to ensure the safety and protection of children and young people.
c) ensure all staff are provided with up-to-date child and adult protection training in relation to their roles and responsibilities in the protection of children and young people and are fully supported to embed this training in practice.
d) ensure robust oversight by senior managers of child protection concerns which may arise to strengthen reflection within the staff team and support learning for future practice.
e) ensure that child protection, adult protection and safeguarding concerns are reported to the appropriate agencies, including the social work department and any other relevant agencies.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 8(1)(a) of the Health and Care (Staffing) Scotland Act 2019 (as substituted for regulation 15(b)(i) the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210) .

This requirement was made on 26 January 2024.

Action taken on previous requirement

An extension was given on this requirement from 1 March 2024 to 24 May 2024. Following a monitoring visit from 28 May 2024 – 31 May 2024, it was agreed that this requirement had been complied with during the improvement notice period.

During the follow up inspection we assessed the service's progress and if they had sustained improvement

a) The service had up-dated their child protection policy which was much more robust, and this reflected current national guidance. The service had provided additional training to staff to ensure they were aware of the child protection procedures and all staff reported that this training has supported their understanding and confidence. We discussed with the service the need to improve their knowledge, understanding, policies and procedures around adult protection and were confident that they would make progress in this area. We are confident the service has taken steps to satisfy this point.
b) Child protection lead training had been provided to relevant staff. This had been facilitated externally and staff who attended spoke positively about the benefits of this training. This had increased their understanding of wider processes and their place within a larger system of protection as well as the need for timely information sharing. We are confident the service has taken steps to satisfy this point.
c) During monitoring visits, we saw the efforts to further train staff. Not all staff have received training, however there were dates arranged for these staff. We expressed to the service the importance of supporting staff to understand this training and how to embed this in practice and were hopefully that the service will continue to develop in this area. We are confident the service has taken steps to satisfy this point.
d) The service had made progress in this area and introduced new systems to ensure more effective and timely sharing of information. We recognised this as progress and provided advice to the service about how senior managers should further improve this area of practice with more robust evaluation and analysis to support the staff team's development and learning for future practice. We are confident the service has taken steps to satisfy this point.
e) We saw examples of how the service had improved in this area and were confident that protection matters were being shared in a more detailed and timely manner. We

suggested that to increase confidence in this area of practice, the service should have regular discussions with the placing local authorities about their expectations of the service. We are confident the service has taken steps to satisfy this point.

We are satisfied that the service has met this requirement and has plans in place to further improve this area of practice.

3. By 24 May 2024, extended from 8 March 2024, you must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of children and young people, and that there are processes in place to identify and appropriately respond to any concerns about staff competence and practice. This is to ensure the safety of children and young people. In particular you must:

a) ensure that [redacted] have the relevant skills and training to identify and respond to staff competence and practice issues.
b) ensure that your whistleblowing policy is reviewed, updated and appropriately followed in all instances.
c) ensure that your policies are followed in relation to concerns about staff practice resulting in misconduct, and that these are notified to the appropriate. registration bodies and the Care Inspectorate. This should include review and notification of any previous incidents of staff misconduct.
d) ensure that learning from staff competence and practice issues improves practice across the staff team.
e) ensure that all staff have applied to register with appropriate bodies.

This is in order to comply with Regulation 4(1)(a) and Regulation 7 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and sections 7 & 8 of the Health and Care (Staffing) Scotland Act 2019 (as substituted for regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210).

This requirement was made on 26 January 2024.

Action taken on previous requirement

An extension was given on this requirement from 8 March 2024 to 24 May 2024. Following a monitoring visit from 28 May 2024 – 31 May 2024, it was agreed that this requirement had been complied with during the improvement notice period.

During the follow up inspection we assessed the service's progress and if they had sustained improvement

a) We have seen progress in this area of practice, where issues are identified more effectively, and senior management meetings provide forums for discussion about any issues. We have however suggested the need for greater development this area. [redacted] would benefit from additional training to develop their skills and consistency in identifying and responding to staff competence and practice issues. We are confident the service has taken steps to satisfy this point.
b) We were confident that the service had reviewed this policy and saw examples where staff had raised concerns about other staff members, and this had been dealt with appropriately. We are confident the service has taken steps to satisfy this point.
c) The service had vastly improved its notifications to external bodies, ensuring that these are made within appropriate time frames. In addition, the service took steps to retrospectively notify incidents which were not notified. We are confident the service has taken steps to satisfy this point.
d) The service had improved its response to misconduct issues or concerns around practice, we had confidence that staff understood that their practice was rightly subject to scrutiny and reflection. We made suggestions that the service to offer further oversight of practice related issue themes to ensure they took steps to address trends. We are confident the service has taken steps to satisfy this point.
e) The service has consulted with staff not yet subject to registration with appropriate bodies. The service intends to submit applications once the registration window reopens for staff. We are confident the service has taken steps to satisfy this point.

We are satisfied that the service has met this requirement and has plans in place to further improve this area of practice.

4. By 31 August 2024, extended from 24 May 2024 and 23 February 2024, you must ensure that there are effective systems in place for the identification, assessment, analysis, management and mitigation of risk. You should ensure that there are tools in place and implemented to support methodical and systematic approaches to better understand risk and its presentation. This is to ensure the safety of children and young people and ensure they receive high quality consistent care and support. In particular you must:

a) ensure that all staff are provided with and attend training on risk assessment and risk management. This should include, but is not limited to, [redacted]
b) ensure that all staff have appropriate supports from managers to implement their training in practice and understand their role to protect children and young people and minimise risk.
c) ensure that there are appropriate processes in place and implemented to conduct staffing needs assessments, and that staffing levels are adequate to always meet the assessed level of risk within each house.
d) ensure assessed and agreed young people to staff ratios are always adhered to.

e) ensure that personal plans and risk assessments are updated regularly with positive approaches to individualised risk reduction and achieving positive outcomes for children and young people.
f) ensure there are appropriate quality assurance systems of risk assessment and risk management practice in place and implemented.

This is to comply with Regulation 4(1)(a)and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210) and with section 8 of the Health and Care (Staffing) Scotland Act 2019 (as substituted for regulation 15(b) the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210) .

This requirement was made on 26 January 2024.

Action taken on previous requirement

An extension was given on this requirement from 23 February 2024 to 24 May 2024. Following a monitoring visit from 28 May 2024 – 31 May 2024. During the monitoring period we assessed the service's progress, at this moment we are currently unable to say that this requirement has been fully met.

a) The service has revisited their risk assessment processes and provided staff with training inputs in this. We have also noted the service has taken immediate steps to address some areas of training needs. We have told the service that they need to ensure a more responsive and proactive approach to ensure all staff have the necessary training to support the individual needs of young people. We are confident the service has taken steps to satisfy this point.
b) The service has developed improved supervision processes, which are in the early stages of implementation. As such it is difficult to assess the impact of this, staff within the houses reported feeling better support from their managers. We have confidence that the new system if fully implemented at all levels will have a positive impact. We are confident the service has taken steps to satisfy this point.
c) The service has taken decisive steps to address staffing vacancies by engaging with an external agency. They have also taken steps to reduce the capacity of the service from 4 to 3 houses on a temporary basis to ensure appropriate staffing levels. The process of formal staffing needs assessment requires further improvement to ensure the service fully assesses the abilities of their staff in direct correlation with the needs of young people. We are confident the service has taken steps to satisfy this point.
d) The service took steps to ensure that they adhered to appropriate staffing ratios. We are confident the service has taken steps to satisfy this point.
e) Despite efforts to redevelop risk assessment processes the service has not made any steps in developing outcomes focused care planning processes, or risk reductionist goals to meet the needs of young people. We are unable to state that this point is met and will extend the improvement period in relation to this.

f) The service still struggles to implement robust quality assurance methods in relation to this requirement. Governance within the service needs to be developed to ensure that all staff at all levels are offered effective support, scrutiny and challenge on their practice relating to this requirement. We are unable to state that this point is met and will extend the improvement period in relation to this.

We have extended the time frame on this requirement to monitor improvement.

5. By 31 August 2024, extended from 24 May 2024 and 15 March 2024, you must ensure there is evaluative scrutiny and oversight of all aspects of the care provision within the service. This is to ensure that children and young people experience high quality, consistent care and support. In particular you must:

a) ensure there is effective observation of staff interaction with children and young people, with close attention paid to decision making and communication. Appropriate action should be taken if any concerns are identified.
b) review the use of consequences and sanctions, to ensure they are not negatively impacting on the rights and wellbeing of children and young people.
c) ensure that the roles and responsibilities of [redacted] are well defined to allow regular oversight and scrutiny of practice.
d) ensure that personal plans and risk assessments are regularly updated. Ensure they include relevant detailed information with specific strategies for staff to follow to ensure safety and positive outcomes for children and young people.

This is to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This requirement was made on 26 January 2024.

Action taken on previous requirement

An extension was given on this requirement from 15 March 2024 to 24 May 2024. Following a monitoring visit from 28 May 2024 – 31 May 2024. During the monitoring period we assessed the service's progress, at this moment we are currently unable to say that this requirement has been fully met.

a) The service has improved their observation of practice at a staff level, regular team meetings address and support practice development. We are confident the service has taken steps to satisfy this point. We did highlight the need to further develop [redacted] oversight and external governance to offer scrutiny, challenge and support to build on improvement. We are confident the service has taken steps to satisfy this point.

b) The service has taken immediate steps to address the use of consequences and sanctions. Young people told us they feel that this is not negatively used now. We are confident the service has taken steps to satisfy this point.
c) The service has developed job descriptions for those in senior roles. We asked the service to further develop the roles of governance within the service, including developing external partner engagement. We are confident the service has taken steps to satisfy this point.
d) Risk assessments are subject to more regular review and scrutiny; however, this has not been extended to the services care planning processes. This has meant that young people's individual goals are not clear, and staff have no specific approaches to help support these being met. We are unable to state that this point is met and will extend the improvement period in relation to this.

We have extended the time frame on this requirement to monitor improvement.

If there is no significant improvement within the revised timescale, we intend to make a proposal to cancel your registration in terms of section 64 of the Act.

A copy of this notice has been sent to the local authority within whose area the service is provided.

Please contact me if you would like to discuss this letter or if there is anything in the notice you do not understand.

Yours sincerely

[redacted]

Mary Morris
Team Manager
Direct: [redacted]
Email: mary.morris@careinspectorate.gov.scot

cc: Local Authority – [redacted] Fife Council
[redacted]