website: www.careinspectorate.com
telephone: 0345 600 9527
email: enquiries@careinspectorate.gov.scot
Twitter: @careinspect

Sent by email to: [redacted]

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

9 September 2024
2023383317
CS2003007038

Dear Hillside School (Aberdour) Ltd

COMPLIANCE WITH IMPROVEMENT NOTICE

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.

As there has been a significant improvement in the service, the Care Inspectorate has decided not to proceed to make a proposal to cancel the registration of the service. Our conclusions about the improvements made are noted below.

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 24 May 2024 to 31 August 2024. Following a monitoring visit from 2 September 2024 – 3 September 2024, it was agreed that this requirement had been complied with during the improvement notice period.

a) The service revisited their risk assessment processes and provided staff with training inputs in this. We also noted the service took immediate steps to address some areas of training needs. We have told the service that they need to ensure a more responsive a 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 had developed improved supervision processes, which were in the early stages of implementation. As such it was difficult to assess the impact of this, staff within the houses reported feeling better support from [redacted]. We had confidence that the new system if fully implemented at all levels would have a positive impact. We are confident the service has taken steps to satisfy this point.
c) The service took decisive steps to address staffing vacancies by engaging with an external agency, they also took 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) We had no concerns during the improvement period of staffing ratios not being adhered to. We are confident the service has taken steps to satisfy this point.
e) The service has made significant development in risk assessment processes. The individual crisis support plans that we sampled were well written and showed a clear understanding of the risks for young people, and detailed appropriate strategies to reduce risk. Where we heard and saw some examples of how this improved outcomes for young people, we felt there could be further improvement in terms of care plans being more outcome focused. With clearer goals for staff to help young people achieve consistently positive outcomes. We are confident the service has taken steps

to satisfy this point and agreed when we highlighted the areas they needed to further develop.
f) The service has made significant improvement in terms of quality assurance and support for staff at all levels. There was an acceptance, and appreciation of the higher level of scrutiny being implemented by senior managers from staff. We identified improved governance in the co-ordination of care. We are confident the service has taken steps to satisfy this point, however, we have clearly identified that this is an area that the service needs to continue to develop and improve.

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

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 24 May 2024 to 31 August 2024. Following a monitoring visit from 2 September 2024 – 3 September 2024, it was agreed that this requirement had been complied with during the improvement notice period.

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] 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 took 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 [redacted] We are confident the service has taken steps to satisfy this point. 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) As above we have identified clear improvement in the services' ability to identify and respond to risk. The service had recently implemented new care planning processes. We acknowledge that this has been a considerable amount of work. The services ability to assess and clearly write outcomes focused goals to meet young people's needs requires some improvement. Following discussion with the [redacted] we feel confident that the service will take steps to address this. We are confident the service has taken steps to satisfy this point at present from the improvement notice.

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

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

The Improvement Notice dated **26 January 2024** is no longer in force.

Yours sincerely

[redacted]

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

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