

# New Struan School

## School Care Accommodation Service

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Telephone: 01259 222000

Type of inspection: Unannounced  
Inspection completed on: 12 February 2018

**Service provided by:**  
Scottish Autism

**Service provider number:**  
SP2003000275

**Care service number:**  
CS2003011477

## About the service

New Struan School is a school care accommodation service for children with autism spectrum disorder (ASD) and other disabilities. The service is an independent special residential school providing placements for up to 52 weeks a year. It works with children from a number of Scottish local authorities.

The service consists of a purpose-built school and four flats in a two-storey building accommodating up to 16 children and young people. These are situated close to the centre of Alloa in Clackmannanshire. The residential accommodation provides single rooms and mainly shared bathrooms and showers, with communal areas and staff accommodation. The flats have front and rear gardens and outbuildings with additional facilities for children.

The service provider is Scottish Autism, a charity and private company limited by guarantee. Scottish Autism is a large provider of autism-specific services throughout Scotland and has a number of other registered care services including care homes, support services and housing support services.

The service has been registered since April 2002.

## What people told us

We spoke with the parents of three of the 14 young people at New Struan who agreed that we could make contact. There was a mixed response to questions about their overall satisfaction, being kept informed about progress and events and what needed to change. We have taken these views into account in our findings.

We also observed young people in the four flats during the course of the inspection though did not obtain their views directly. They were on the whole relaxed in the company of staff, with whom they interacted positively. We saw evidence of good humour and caring responses, and a particularly enjoyable mealtime.

## Self assessment

We did not ask services to submit self-assessments this year.

## From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

The service's performance was weak. Though we found some strengths, there were also important deficiencies which caused concern, both individually and collectively. These inconsistencies require structured action by the

provider. In arriving at this grade, we also took into account findings from a recent upheld complaint, which we will summarise in this report (details of upheld complaints can be found on our website [www.careinspectorate.com](http://www.careinspectorate.com)).

The young people's records we reviewed had some very useful individualised information and showed understanding of their preferences, strengths and difficulties, with good daily routines. Behaviour support plans were of good quality. We also saw some examples of well-written incident reports showing evidence of reflection, leading to a change in approach to managing needs. Examples of positive outcomes, experiences and inputs included:

- Development of independence skills such as household tasks and shopping.
- Being out in the community and being supported with particular interests.
- Fresh air and exercise.
- Affection and good humour.
- Reduction in anxiety leading to better sleep quality and a reduction in medication.

Arrangements for food planning and provision had much improved with the introduction of devolved budgets. These allowed staff to take more responsibility, plan more flexibly and provide greater choice for young people.

In contrast however, there had also been two recent instances where very poor staff practice in relation to personal care and management of challenging behaviour had compromised young people's dignity, freedom of movement and physical and emotional wellbeing. Whilst managers took appropriate action in the aftermath, these were serious incidents that raised wider concerns about young people's care and safety. We have made a relevant requirement in Quality of Staffing.

The framework for care planning and review felt fragmented and constrained the service's ability to achieve positive outcomes. Whilst plans were becoming more outcome-focussed, care interventions did not have sufficient priority in the service given young people's complex needs. It was difficult to see how staff caring for children on a daily basis were contributing to or involved in the process. They still did not have ready access to key records such as reviews and meetings to provide context to plans and these were not made available for inspection. Some of the terminology in plans was difficult to understand. Plans for meeting continence needs for example were well overdue for review or were not being adhered to by staff. The service also struggled to provide good quality evidence of young people's outcomes and progress over time. **(See Requirement 1)**

Updates for social workers were regular and detailed but tended to be very repetitive and made no reference to incidents. Communication with parents was again inconsistent. Managers need to implement changes in this area as a matter of priority to ensure parents' rights are respected.

Our complaint investigation concluded the service had not followed its child protection procedures following a serious incident and thereby compromised young people's safety. We also found evidence of poor behaviour support and recording practice. Records of child protection concerns beyond the initial incident did not make the assessment and decision-making process clear or follow the corporate policy. We made a relevant requirement following the upheld complaint but will supplement it in this report. **(See Requirement 2)**

A review of medication records indicated scope for further improvement. For example, not all young people had an up-to-date list of medication with details of the condition being treated. One young person appeared to not have received his medication as prescribed. It was also unclear whether the service had asked the GP to approve the use of specific home remedies. **(See Requirement 3)**

Whilst the provider was making some progress in reducing staff turnover, the impact of repeated changes of carers on young people, particularly those with autism and other disabilities, cannot be under-estimated. Instability and inconsistency of staffing can hamper progress and increase risks to young people. This was also a concern for some of the social workers and parents whose feedback we received. We have made additional comments in the section Quality of Staffing.

## Requirements

**Number of requirements:** 3

1. The provider must ensure that the service is able to meet the full range of young people's needs by implementing a coherent, coordinated system for planning and review.

**This is in order to comply with SSI 2011/210 Regulation 4(1)(a)**

**Timescale for implementation:** by no later than 4 June 2018

2. The provider must safeguard young people by ensuring that managers maintain full and discrete records of child protection matters as detailed in this report.

**This is in order to comply with SSI 2011/210 Regulation 4(1)(a)**

**Timescale for implementation:** within 48 hours of receipt of this report

3. The provider must safeguard and promote children's health by implementing improvements to the quality of medicines management.

**This is to comply with SSI 2011/210 Regulation 4(1)(a)**

**Timescale for implementation:** within two weeks of receipt of this report

## Recommendations

**Number of recommendations:** 0

**Grade:** 2 - weak

## Quality of environment

### Findings from the inspection

The service reached an adequate standard in this area though there was clearly capacity for continued improvement.

The provider recognised how the environment could be improved to enhance children's experiences and better meet their needs. For example, a programme of internal refurbishment was due to begin shortly after the inspection, with replacement of some kitchens and bathrooms. The need for replacement furnishings and fittings had also been identified.

Improvements already introduced since the last inspection included:

- Redecoration.
- New bedding.
- Improved hand washing facilities.
- Some improvements in infection control (though we observed an instance of poor hand washing practice, there was unsuitable storage of continence pads and staff did not consistently check or record the temperature of hot food).
- A more effective system for ongoing maintenance and repairs.

There were some very pleasant bedrooms that had been personalised with the involvement of young people and parents and some had been recently redecorated. The addition of easy chairs or couches had improved comfort levels. Communal rooms were on the whole light, spacious, warm and cosy with some additional homely touches. The flats also had large, pleasant, private gardens to the rear. They were within easy reach of the town and local or national transport links.

We suggested reducing the amount of paperwork on kitchen walls. Some corridor areas were rather bare and stark: we suggested consideration be given to carpeting these areas. The area immediately outside the front of the flats was somewhat dreary and neglected. Two social workers had some concerns about security and we asked managers to have further discussion about these individual young people.

There was no risk assessment for the premises (with the exception of fire safety) (**See Recommendation 1**).

## Requirements

Number of requirements: 0

## Recommendations

Number of recommendations: 1

1. The provider should complete a risk assessment for the premises in order to reduce the risk of harm to young people.

## National Care Standards School Care Accommodation Services: Standard 5 – Comfort, Safety and Security

Grade: 3 – adequate

## Quality of staffing

### Findings from the inspection

The service's performance was weak. Though we found some strengths, there were also important deficiencies which caused concern, both individually and collectively. These require structured action by the provider.

The quality of more recent recruitment and selection met most aspects of best practice. We would however recommend more consistent use of the summary sheet as a quality assurance tool to ensure all checks have been completed. There was also evidence that improvements to the process ensured prospective staff had a clear understanding of the work before they started, which it was hoped would contribute to improving retention.

Most staff reported improving morale, though there were some exceptions. Overall, there was also greater confidence in the new management team, and in improvements like a new electronic rota management system that enabled staff to plan their work-life balance better. Staff had opportunities to raise concerns and make suggestions, including a staff forum and meetings.

Longer-term sickness absence and use of agency staff were decreasing, and there were indications that turnover was also gradually improving, though this remained a challenge for the service and hampered progress. For example, it is costly, makes heavy demands on resources for training and development and means teams are constantly reforming. We calculated that between September 2017 and the middle of February 2018, 11 residential care staff had left, eight of whom had been at the service for a year or less. Both parents and social workers commented negatively on staffing changes in their feedback. We acknowledge it is very difficult to identify all the reasons and that the provider had been addressing it from a number of angles. We will not make an additional requirement in this report though consider this to be a continuing barrier to further improvement in achieving positive outcomes for young people. We have referred to the impact of instability of staffing in Quality of Care and Support. Progress in other areas, including training and supervision, should contribute to improvements in staff retention.

We observed staff working to good effect with some children, with whom they had a positive relationship. Examples included effective communication, affection, good humour and group mealtimes.

Whilst investigations of allegations of staff misconduct were still underway, we concluded there was enough evidence to indicate pockets of very poor practice with a significant detrimental impact on the young people involved. These had also led to a lack of trust and confidence on the part of some parents and placing authorities. This did not appear to be widespread, but nevertheless indicated problems that require urgent, focused intervention by managers. In addition, the service had identified issues with some staff not consistently demonstrating leadership skills such as decision-making and accountability, placing additional pressures on seniors and the manager. They planned to provide relevant training in the near future. There was also a high proportion of staff without the minimum qualification specified by the Scottish Social Services Council. Whilst we were not able to obtain accurate Information about the number of staff with relevant previous experience in autism, this was another area where parents and social workers lacked confidence. We found a number of significant gaps in mandatory training, including health and safety, fire safety, support planning, medication, emergency first aid and re-accreditation in de-escalation and restraint. **(See Requirement 1)**

## Requirements

**Number of requirements:** 1

1. The provider must improve the quality of staffing in the service by:

- (i) Completing an analysis of staff skills, qualifications and experience.
- (ii) Developing a suitable plan with timescales for staff training, learning and development.
- (iii) implementing the above plan.

**This is in order to comply with:** SSI 2011/210 Regulation 4(1)(a) and Regulation 15(a) and 15(b)

**Timescale for implementation:** (i) by no later than 4 June 2018; (ii) by no later than 30 June 2018; (iii) by no later than 31 December 2018.

## Recommendations

**Number of recommendations:** 0

**Grade:** 2 - weak

## Quality of management and leadership

### Findings from the inspection

The service reached an adequate standard in this quality theme.

There were a number of chronic, systemic issues affecting the service and these constrained performance. The provider also acknowledged the need for cultural change in the service and planned to begin to address this in the near future. Nevertheless, the new manager had significant relevant experience and her initial analysis and action plan indicated an understanding of most of the main areas requiring change. The changes already introduced by her and the new management team had begun to have an impact and were viewed positively by the majority of staff. She had however been in post only a few months and she and a depleted senior staff team had spent a disproportionate amount of time fire fighting. The provider had recently brought in additional management support and, if it remains in place long enough, this should help further progress to be made. Whilst we recognise the manager's commitment, we need to remind the provider that this postholder must be 100% supernumerary to the rota as this is a condition of registration. There was also a lack of awareness of the staffing schedule: this had been fully discussed with managers before its inclusion as a condition of registration in August 2017. Whilst the service had not been operating at full capacity, the provider needs to ensure staffing levels and deployment demonstrably meet young people's needs at all times. This should take into account relevant Care Inspectorate guidance, which we forwarded to the manager. **(See Requirement 1)**

There had been increasing recognition of the important role played by seniors in quality assurance. For example, they had been receiving targeted development support and the new end-of-month reports they completed provided some very good quality operational management information. This was supplemented by other corporate systems, such as the one for monitoring staff registration with professional bodies. Regular external management visits provided additional safeguards and further management monitoring measures were planned.

Incident analysis at service level was inadequate and had been a recurring problem, with no discernible progress having been made. However the provider's new electronic data management system should provide the means for more effective data collection and analysis in the future. Communication with social workers and parents about incidents was sometimes delayed. **(See Requirement 2)**

We identified failures in management of child protection concerns and allegations of staff misconduct in a recent upheld complaint (and will therefore not make a relevant requirement in this report). This was illustrative of wider problems in the service. However, following a very recent incident, the manager had taken on board our findings and taken appropriate action. This was further evidence of capacity for continued improvement, though we need to see this being sustained.

Medication audits suggested that practice in this area was very good, though this was at odds with our own findings and those of the manager. **(See Requirement 3)**

The records we reviewed indicated there had been a number of examples of good quality, reflective and purposeful supervision for staff. However, the service had not made sufficient progress in ensuring that this took place at regular intervals or in accordance with the corporate policy (and the expectation of the Scottish Social Services Council's code of conduct for employers). **(See Requirement 4)**



## Requirements

**Number of requirements:** 4

1. The provider must meet young people's needs by regularly reviewing (and documenting) assessments of staffing levels and deployment over a 24-hour period and implementing these accordingly.

**This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) and Regulation 15(a)**

**Timescale for implementation: by no later than 30 April 2018**

2. The provider must implement a more effective incident management system in order to keep children safe and identify any necessary improvements to their outcomes and experiences by:

- (i) Ensuring that managers promptly document their analysis of individual incidents.
- (ii) Ensuring that records of incidents are forwarded to the relevant local authority without delay and that parents are also promptly informed.
- (iii) undertaking regular analysis of key incident information at service level.

**This is in order to comply with SSI 2011/210 Regulation 4(1)(a) and SSI 2002/114 Regulation 19(3)(d)**

**Timescale for implementation: by no later than 4 June 2018**

3. The provider must ensure that audits of medication records are sufficiently robust to safeguard children's health and wellbeing.

**This is in order to comply with: SSI 2011/210 Regulation 4(1)(a)**

**Timescale for implementation: by no later than 30 April 2018**

4. The provider must ensure that young people using the service experience quality care and support from a knowledgeable and supported staff team by providing access to regular, planned supervision.

**This is in order to comply with: SSI 2011/210 Regulation 4(1)(a)**

**Timescale for implementation: by no later than 4 June 2018**

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 – adequate

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

### Previous requirements

#### Requirement 1

The provider must safeguard and promote children's health by implementing improvements to the quality of medicines management.

**This is to comply with SSI 2011/210 Regulation 4(1)(a)**

**Timescale for implementation: within two weeks of receipt of this report**

**This requirement was made on 21 November 2017.**

#### Action taken on previous requirement

Whilst there had been some improvements, we concluded that the service had not fully met this requirement and that further progress and consistency was needed.

**Not met**

#### Requirement 2

The provider must implement a more effective incident management system in order to identify any necessary improvements to children's outcomes and experiences by:

- (i) Ensuring that managers promptly document their analysis of individual incidents.
- (ii) Ensuring that records of incidents are forwarded to the relevant local authority without delay.
- (iii) Undertaking regular analysis of key incident information at service level.

**This is in order to comply with SSI 2011/210 Regulation 4(1)(a) and SSI 2002/114 Regulation 19(3)(d)**

**Timescale for implementation: within two months of receipt of this report**

**This requirement was made on 21 November 2017.**

#### Action taken on previous requirement

The provider had not made any discernible progress in this area.

**Not met**

#### Requirement 3

The provider must ensure that young people using the service experience quality care and support from a knowledgeable and supported staff team by providing access to regular, planned supervision.

**This is in order to comply with: SSI 2011/210 Regulation 4(1)(a)**

**Timescale for implementation:** within two months of receipt of this report

**This requirement was made on** 21 November 2017.

## Action taken on previous requirement

There had not been enough progress in this area.

**Not met**

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

### Previous recommendations

#### Recommendation 1

The provider should ensure that records of incidents involving physical restraint more clearly record the sequence of events to provide a better indication of the assessment and decision-making process.

**National Care Standards Care Homes for Children and Young People: Standard 7 – Management and Staffing**

**This recommendation was made on** 21 November 2017.

#### Action taken on previous recommendation

There had been some progress in this area.

#### Recommendation 2

The provider should ensure that the service develops comprehensive multi-disciplinary risk assessments for more complex situations where the use of restraint may on occasion be necessary to reduce harm to children.

**National Care Standards Care Homes for Children and Young People: Standard 6 – Felling Safe and Secure**

**This recommendation was made on** 21 November 2017.

#### Action taken on previous recommendation

Since the previous inspection there had been no recurrence of the kind of complex need requiring intervention of this kind, therefore we were unable to evaluate progress.

## Recommendation 3

The provider should meet children's needs and preferences by addressing recurring problems with food planning and supply.

**National Care Standards Care Homes for Children and Young People: Standard 10 - Eating Well**

**This recommendation was made on 21 November 2017.**

### Action taken on previous recommendation

The new arrangements for food planning and supply were working much better (see Quality of Care and Support).

## Recommendation 4

The provider should ensure that staff have an understanding of good practice in infection control and implement this consistently to promote children's health and wellbeing.

**National Care Standards Care Homes for Children and Young People: Standard 5 - Your Environment**

**This recommendation was made on 21 November 2017.**

### Action taken on previous recommendation

There had been some improvements in this area though we brought some issues to the attention of managers (see Quality of Care and Support).

## Recommendation 5

The provider should ensure that probationary staff receive formal evaluation to allow them to progress to the next stage of their employment.

**National Care Standards Care Homes for Children and Young People: Standard 7 - Management and Staffing**

**This recommendation was made on 21 November 2017.**

### Action taken on previous recommendation

We did not evaluate progress with this recommendation.

## Recommendation 6

The provider should ensure that staff receive appropriate training following their induction period.

**National Care Standards Care Homes for Children and Young People: Standard 7 - Management and Staffing**

**This recommendation was made on 21 November 2017.**

### Action taken on previous recommendation

We found a number of significant gaps in mandatory training and have commented on these in Quality of Staffing.

**Recommendation 7**

The provider should implement an effective system for communication with local authorities about individual children.

**National Care Standards School Care Accommodation Services: Standard 7 - Management and Staffing**

This recommendation was made on 21 November 2017.

**Action taken on previous recommendation**

There remained a need for further improvement in this area, for example in relation to notifying social workers about significant events: see Quality of Management and Leadership.

**Complaints**

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

**Enforcement**

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
12 Oct 2017	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
22 Jun 2017	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	2 - Weak
		Management and leadership	Not assessed
10 Jan 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
6 Jun 2016	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
18 Feb 2016	Announced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Feb 2016	Re-grade	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
21 Sep 2015	Re-grade	Care and support	2 - Weak
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings
30 Jun 2015	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and leadership 3 - Adequate
12 Mar 2015	Unannounced	Care and support 2 - Weak Environment 4 - Good Staffing 2 - Weak Management and leadership 2 - Weak
19 Jan 2015	Re-grade	Care and support 2 - Weak Environment Not assessed Staffing 2 - Weak Management and leadership Not assessed
12 Mar 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
30 Aug 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
27 Feb 2013	Announced	Care and support Not assessed Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
2 Jul 2012	Announced (short notice)	Care and support 5 - Very good Environment 5 - Very good Staffing Not assessed Management and leadership Not assessed
8 Mar 2012	Announced (short notice)	Care and support Not assessed Environment Not assessed Staffing 4 - Good Management and leadership 5 - Very good

Date	Type	Gradings	
10 Jun 2011	Announced	Care and support Environment Staffing Management and leadership	6 - Excellent 6 - Excellent Not assessed Not assessed
13 Jul 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
19 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
5 Nov 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
27 Mar 2009	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 4 - Good



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