

Hillside School

School Care Accommodation Service

3 Main Street
Aberdour
Burntisland
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Type of inspection:
Unannounced

Completed on:
22 October 2025

Service provided by:
Hillside School (Aberdour) Ltd

Service provider number:
SP2003001612

Service no:
CS2003007038

About the service

Hillside School is an independent school providing education and residential care for young people experiencing complex social, emotional and behavioural difficulties. Care is provided to a maximum of 35 young people on a 52 and 38 week per year residential basis.

Hillside School has four separate and distinct houses providing accommodation.

The service's aims and objectives include the following:

- A warm, friendly, nurturing and safe home, where young people are comfortable and confident.
- A home suitable for young people, aged eight to 19, which meets all of the young people's individual needs and interests.
- A happy and fun service for the young people, with a range of active, educational and engaging activities.

About the inspection

This was an unannounced inspection which took place on the 01, 02, 03 and 10 of September 2025 by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and three of their family/representatives
- spoke with seventeen staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The safety of young people was prioritised within the service. Young people told us they felt safe both emotionally and physically.
- Child protection practice was supported by a clear organisational policy and effective staff training.
- There was a warm and welcoming atmosphere within the houses, and staff made commendable efforts to create a homely environment.
- The provider should review its complaints handling processes and quality assurance measures relating to this.
- Leadership changes and absences had led to inconsistent arrangements across staff teams and houses at times.
- Matching processes need to further consider the impact of staff changes on both existing and new young people.
- Governance arrangements within the service had not progressed sufficiently the requirement has been carried forward on this inspection.
- Young people's outcomes and progress were regularly reviewed by the wellbeing coordinator and shared with care teams.

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

We made an evaluation of adequate for this key question. The service demonstrated strengths, but these just outweighed weaknesses. Strengths still have a positive impact but the likelihood of achieving positive experiences and outcomes for people are reduced significantly because key areas of performance need to improve.

Quality Indicator 7.1: Children and young people are safe, feel loved and get the most out of life

We evaluated the service's performance on this quality indicator as good, where the service had made some important progress.

The safety of young people was prioritised within the service. Young people told us they felt safe both emotionally and physically. Restrictive practices remained a last resort, with staff routinely using effective de-escalation techniques to support young people in crisis and avoid physical intervention unless absolutely necessary to prevent harm.

Debriefs were undertaken following incidents; however, we identified that improvements could be made by ensuring clear oversight of those responsible for completing them, and that they are carried out within expected timeframes.

Child protection practice was supported by a clear organisational policy and effective staff training. We found good oversight of safeguarding processes, with leaders at all levels demonstrating awareness of actions taken and review mechanisms in place to ensure procedures were followed appropriately. Staff told us they were confident in knowing what to do if they had concerns and who to report them to.

External advocacy arrangements were in place for some young people. Young people we spoke with during this inspection told us they felt they could speak to staff, and that they advocate for them. The service actively promoted the rights of young people in practice. However, we noted concerns raised by some young people regarding staff movement, with reports that staff they felt closest to had been relocated to other parts of the service. **(This issue will be explored further under quality indicator 7.2)**

There was a warm and welcoming atmosphere within the houses, and staff made commendable efforts to create a homely environment. Young people told us that most staff were enthusiastic about engaging in activities with them, and we heard many examples of fun and shared experiences.

The service had made good progress in supporting improved educational attendance. Staff demonstrated increased awareness of their role in promoting education. Young people accessing further education benefitted from the service's links with external education establishments, contributing to improved outcomes.

The service promoted young people's right to family life, and staff had developed some positive relationships with families. However, we heard that communication with some families was not always as proactive as it could be. The service should improve this area of practice to ensure that relevant information and decisions about their child are shared in a timely manner. Where comments or complaints are received the service should review their processes and responses to support this. **(See area for improvement 1)**

The development of a continuing care policy was a welcome addition. Some further work is needed to ensure that staff fully understand their roles in supporting this area of practice.

All young people had care plans in place and the service was far more effective in representing the views of young people in these. There was still a need to ensure that goals were of a consistent standard through auditing processes and that all staff were fully aware of the content of these to ensure they were offering effective support.

Quality Indicator 7.2: Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights

We made an evaluation of adequate for this quality indicator. The service demonstrated strengths, but these just outweighed weaknesses.

Leadership changes and absences had led to inconsistent arrangements across staff teams and houses at times. At the time of inspection, one house lacked management oversight, resulting in staff being without the support and guidance essential for delivering effective care. The service was actively addressing this and expressed confidence that appropriate management arrangements would be in place shortly.

External management arrangements had also changed, but the visibility and impact of this support in quality assuring service delivery and outcomes for young people were difficult to evidence. Insufficient progress had been made, and we highlighted the need for strong and effective systems to ensure oversight and governance. **(See Requirement 1)**

Matching processes were in place and considered individual needs to some extent. However, recent changes to service delivery across additional houses had disrupted relationships for many young people due to staff movement. One young person shared, "I never get to spend time with my favourite person now." **(See Area for Improvement 2)**

Staffing levels and changes since the last inspection had been significant. The service took steps to mitigate the impact, including enhancing induction processes to support new staff. Staff training arrangements had also improved, with better oversight and assessment of individual and team needs.

Despite previous identification of the need for performance management across all staff, this area had not progressed sufficiently and now requires focused attention. **(See Requirement 2)**

Staff recruitment processes were robust, with safe recruitment checks completed for those sampled during inspection. This gave the service confidence in the suitability of staff supporting young people.

Young people's outcomes and progress were regularly reviewed by the wellbeing coordinator and shared with care teams. However, the effectiveness of this process varied, with managers lacking oversight and quality assurance of this. We suggested improvements to ensure staff teams are well-positioned to deliver outcomes aligned with young people's needs and wishes.

Quality assurance processes were in place with mixed success. Oversight of restrictive practices was robust, providing clear analysis and accountability. However, other areas, such as medication audits, were less effective. The service responded to concerns during the inspection, and we were satisfied that the steps taken would address these issues.

The service improvement plan was shared with the service's education colleagues.

Although goals were established, they were not subject to regular review or oversight. This limited the service's ability to ensure that identified areas for improvement were progressed effectively, with leaders having clear roles, responsibilities, and awareness of both barriers and advances.

Requirements

1. By 16 January 2026, the provider 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 that governance arrangements continue to be developed and implemented. This should include the services use of 'critical friends'; and

b) provide Care Inspectorate with a progress report reviewing governance processes and their efficacy by 16th January 2026.

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HCSC) which state that:

'I use a service and organisation that are well led and managed' (HSCS 4.23).

2. By 30 January 2026, the provider must strengthen and implement its performance management structures for staff. This is to ensure that children and young people experience high quality and, consistent care and support.

In particular, you must:

a) ensure that these are routinely implemented at all levels, and that senior managers and external governance have oversight of this.

This is to comply with Regulation 3 and Regulation 4(1)(a) 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 (HCSC) which state that:

'If I have a carer, their needs are assessed and support provided' (HSCS 4.26).

Areas for improvement

1. To support children's wellbeing, the provider should review its complaints handling processes. This should include improving quality assurance systems to ensure that complaints are handled inline with organisational objectives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To support children's wellbeing, the provider should ensure that they follow 'Matching Looked After Children and Young People: Admissions Guidance for Residential Services', published by the care inspectorate'. This should include but is not limited to:

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

b) Ensure they consider staffing levels, skills, mix and any current staff vacancies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am in the right place to experience the care and support I need and want' (HSCS 1.20).

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

Requirements

Requirement 1

By 12 May 2025, the provider 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 that governance arrangements continue to be developed and implemented. This should include the services use of 'critical friends'; and
- b) provide Care Inspectorate with a progress report reviewing governance processes and their efficacy by 12 May 2025.

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 14 November 2024.

Action taken on previous requirement

The service submitted a governance report in line with the requirement. However, despite the assurances provided within the report, our inspection found that governance arrangements remain poorly defined. Furthermore, many of the actions outlined in the report have not progressed. As a result, this requirement remains unmet and will be repeated.

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

To support young people's right to education, the service should ensure that plans and supports are in place to maximise young people's attendance in school.

This should include care plan focused educational goals and supports, including what is expected from care staff to help consistently progress educational goals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 14 November 2024.

Action taken since then

We found that the service had improved its partnership working with education colleagues to support better school attendance. Care staff demonstrated awareness of their roles and responsibilities in promoting and encouraging educational attendance and achievement. Young people's care plans reflected relevant educational outcomes and steps, and staff showed good knowledge of these.

Previous area for improvement 2

The service should develop a continuing care policy to set out its responsibilities to provide continuing care to young people, and how it will ensure that young people are aware of their rights to continuing care up to the age of 21.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'As a child or young person I feel valued, loved and secure' (HSCS 3.5)

and

'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

This area for improvement was made on 14 November 2024.

Action taken since then

The service had developed a continuing care policy, which was a welcome step forward. While staff had some awareness of the policy, further work is needed to ensure they fully understand their roles in supporting its implementation. We recommended that the service enhance training in this area of practice, and the service agreed with this approach.

Previous area for improvement 3

To support the young people's wellbeing and outcomes, the service should review its care planning processes to ensure they fully reflect the wishes and needs of young people, and inform staff fully of their role in supporting them.

The service should ensure that:

a) goals are SMART (specific, measurable, achievable, realistic and timely). These should be reflective of young people's words, and should clearly describe the supports required to achieve these.

Goals should be actively tracked and subject to regular review; and

b) all staff are aware of the needs and focus of work for all young people within the service, and know exactly what is needed from everyone to support young people to reach their goals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan (sometimes referred to as 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).

This area for improvement was made on 14 November 2024.

Action taken since then

The service had made some improvements to the format and content of care planning processes. However, we found that the quality of care plans varied across the house, and quality assurance processes were not consistently applied. This resulted in missed opportunities to assess and improve the quality of planning. Additionally, some staff lacked full awareness of the content of care plans and how their practice should align with them to support positive outcomes.

Outcome tracking was in place and led by the wellbeing coordinator, who shared this information with care staff. However, managers need to strengthen their oversight of this area to ensure that staff and teams are equipped to regularly review SMART goals. This will help ensure that goals reflect both progress and barriers in achieving outcomes for young people.

Previous area for improvement 4

The service should further strengthen its performance management structures for staff to ensure consistency and support improvement in staff practice within the service. .

This should include, but is not limited to:

a) ensure that these are routinely implemented at all levels, and that senior managers and external governance have oversight of this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'If I have a carer, their needs are assessed and support provided' (HSCS 4.26).

This area for improvement was made on 14 November 2024.

Action taken since then

We found insufficient evidence to progress this area for improvement. Performance management processes had not been fully developed or implemented. While we acknowledge the service has faced challenges with management capacity, it remains essential that staff at all levels receive effective performance assessments to ensure the quality of work is maximised throughout the service.

The service had plans to review house management arrangements, and it is crucial that robust performance management systems underpin these changes.

Previous area for improvement 5

The service should ensure that the service improvement plan is formalised. This should include the plans in place for improvement and resources required to improve themes within the service. The service should ensure this is kept under continual review and includes specific, measurable, achievable, realistic, and timely objectives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 14 November 2024.

Action taken since then

The service had developed a joint care and education improvement plan, which helped formalise improvement objectives. However, it was not always clear what ongoing assessment processes were in place to monitor progress, including identifying advances and barriers to achieving goals. The service had recently changed its external management arrangements for care, with a new 'critical friend' now supporting the Head of Care. We suggested that reviewing the effectiveness of the improvement plan, including its oversight and scrutiny mechanisms, would be a constructive starting point following this inspection.

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	4 - 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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