

Ochil Tower School

School Care Accommodation Service

140 High Street
Auchterarder
PH3 1AD

Telephone: 01764 662 416

Type of inspection:
Unannounced

Completed on:
31 October 2025

Service provided by:
Ochil Tower School

Service provider number:
SP2003002133

Service no:
CS2003009785

About the service

Ochil Tower School is an independent school for children and young people with additional support needs, aged between 5 and 21 years. Until 30 November 2025 the service can continue to care for two specific young people who are over the age of 21 years.

Ochil Tower provides care and education for both residential and day pupils. Older pupils continue their learning through the Life Skills centre where they develop practical skills such as in gardening, and further develop their independent living skills. Children and young people are cared for in six houses within a large campus. At the time of the inspection only four houses were being used. The six houses and three school buildings are set in nine acres of grounds located unobtrusively off the main street of Auchterarder, enabling the school to be part of the local community. The grounds offer facilities for gardening, rearing animals and play activities as part of the curriculum. The campus is close to local shops and transport links.

About the inspection

This was an unannounced inspection which took place onsite on 7 October 2025 between 11:00 and 19:00, 8 October 2025 between 09:00 and 18:00 and 10 October 2025 between 09:00 and 15:00. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service, we:

- spoke with four young people and met many more
- spoke with 16 staff and managers
- spoke with three social workers
- reviewed returned questionnaires from 16 staff members
- reviewed returned questionnaires from two parents
- received email communication from two social workers
- observed practice, the environment and daily life
- reviewed service documents.

Key messages

- Staff within the houses know young people well and provided nurturing care.
- Quality assurance at leadership and board level needs to be progressed and lead to improvement.
- The safety of young people could be compromised by lack of adherence to protection procedures.
- Care plans need to be reviewed to reflect SMART targets.
- The environment is of high quality and provides therapeutic opportunities for young people.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support children and young people's rights and wellbeing?	2 - Weak
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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?

2 - Weak

We found some strengths in aspects of the care provided, however the strengths just outweighed the weaknesses, therefore we evaluated quality indicator 7.1 as adequate. We evaluated quality indicator 7.2 as weak, where strengths could be identified but were compromised by significant weaknesses. Therefore, the overall grade for Key question 7 was weak.

Whilst care staff prioritised the safety of young people, the extent to which children and young people were protected from harm was compromised by the lack of coordinated response and adherence to key processes. We had concerns over the service's ability to ensure that internal policy and procedures followed up to date guidance and we suggested improvements to the safeguarding policy and procedure.

Protection concerns did not follow internal policy and reports were often not made within identified timeframes to allow appropriate decision making by lead professionals. In addition, notifications were not made to the regulator. Internal quality assurance of protection processes were absent at all levels. This meant that the safety of young people could be compromised. **See requirement 1.**

Staff had developed strategies to keep young people safe in day-to-day care and risk assessments were in place for most young people. However, they were not prioritised or updated routinely to reflect up to date strategies and a consistent response from care teams.

Most young people had family outwith the service who advocated on their behalf. Ochil Tower School staff strongly advocated for young people and some had access to external advocacy.

Young people in the main experienced therapeutic and stable care and their emotional wellbeing was well supported.

We were confident that physical restraint was minimal, however the regulator had not been notified of all incidents, which meant awareness prior to inspection was compromised. Whilst incident reports contained good reflective analysis at house level, analysis was very limited at senior leadership level. In addition, where incidents did take place, there were insufficient post-incident debriefs, and future learning to ensure that steps and strategies reduced incidents for young people.

There was a focus on creating a trauma informed workforce and we were confident that staff, at the house level, considered the impact of trauma on young people and their behaviours.

Effective planning helped to ensure the individual needs of young people were met in a busy group living environment. Staff fully considered behavioural cues and communication methods with young people and included them in making decisions. A considerate approach to personal care protected dignity and respect and young people's physical and mental health was prioritised.

All of the houses were homely and comfortable, with all the necessary facilities conducive to a therapeutic care environment. The extensive campus allowed young people a degree of freedom to explore, and take proportionate risks whilst promoting wellbeing.

The right to see family was supported and, whenever possible, young people spent time with the people who are important to them.

Young people were engaged with school or the life skills centre. Full consideration was given to the routines of individual children with a focus on having fun doing things the young people enjoyed.

Care plans varied both in quality and quantity of information and identification of SMART targets. Senior managers had highlighted that a review of care plans was needed, but no action was taken. This was an example of the service's inability to progress and track improvements in identified areas. **See requirement 2.**

High quality care is dependent on the scaffolding of processes and procedures which are confidently actioned by leaders and staff. Whilst care at practice level had resulted in some positive outcomes for young people, the lack of adherence to, and ability to follow policies and procedures, at all levels had potential to negatively impact on the safety and positive outcomes for young people. We had significant concerns about some of the functions and attention to processes across the senior leadership team.

Over the past three years leadership had lacked stability, energy and direction. The service had been unable to meet the requirements of the Care Inspectorate despite committing to do so. However, we were tentatively reassured by the appointment of new leaders who, at this inspection, presented a vision for progress and clarity of thought in how to approach this systematically. **See requirement 3.**

The oversight of the Board of Trustees is crucial to ensure that quality assurance is prioritised with a clear line of sight from the Board. Their role and visibility in the school must provide leaders and staff with the confidence to carry out their roles effectively and result in improvement, particularly in relation to protection and accountability. **See requirement 4.**

We were pleased to find that the appointment of a transitions coordinator, had resulted in better planning and transitions for young people moving on from the school. More work was needed in relation to young people arriving at the school with better matching and planning for the placement **See requirement 5.**

There had been some turnover of staff, however the impact of this on young people was difficult to fully assess because at the time of inspection a lot of young people were at home during the holidays. However, staff and social workers identified an increase in staff turnover which sometimes had an impact on young people who needed consistency in relationships and on young people's opportunities and experiences. The requirement made at the last inspection in relation to staffing needs assessment had not been achieved. **See requirement 6.**

Staff had participated in a range of training. However, the impact of the training had not been measured. Leaders need to assess the impact that training has on the delivery of care and respond appropriately with further training if necessary. This is particularly essential in relation to protection training. In addition, whilst we were assured that a staff supervision programme had commenced this had not been consistent across all staff. Regular supervision is a requirement of registration with SSSC, provides support and promotes confident staff.

Safe recruitment was well documented and managed. However, despite the service being aware that key staff did not have appropriate professional registration, they continued their role within the service.

We were disappointed that identified improvements had not progressed since the last inspection. However, the reassurance provided by recently appointed CEO has led us to the decision to proceed with further scrutiny to ensure the necessary improvements are made. We have made a plan with the school to measure progress and offer support and signposting to improvement.

Requirements

1. By 14 December 2025 the provider must ensure that child protection processes are robust. This is to ensure that children and young people are kept safe and experience high quality, consistent care and support. In particular you must:

- a) ensure all staff have appropriate training to equip them in their role
- b) ensure child protection reporting procedures are followed
- c) ensure the child protection policy and procedures are reviewed and identify expected timescales
- d) ensure effective management oversight and identification of child protection matters.

This is 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) Make proper provision for the health, welfare and safety of service users

and

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities". (HSCS 3.20)

2. By 31 January 2026 to ensure that the service can consistently achieve positive outcomes for young people, the provider must adopt a SMART approach to care planning that is integrated with robust risk assessment and risk management procedures. These care plans and risk assessments must be outcome focused and clearly express strategies to mitigate risk and help young people to progress.

This is 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) Make proper provision for the health, welfare and safety of service users

and

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices". (HSCS 1.15)

3. By 14 December 2025 must ensure that leaders have a robust understanding and overview of the quality of care. To do this the provider must at a minimum:

- a) ensure that all staff have regular one to one supervision with their line manager including recorded performance management
- b) develop a programme for senior managers to spend time in houses to observe practice and offer support and role modelling
- c) develop a quality assurance process which identifies areas for improvement and action plans with timescales to evidence progress.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

and

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

4. By 14 December 2025 the Board of Trustees must ensure that they have clear oversight of the progression towards meeting the requirements of this inspection and ensure that improvements are made.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

and

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

5. By 14 January 2026, the provider must 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) ensuring they consider the potential impact on existing young people within the service, including identifying specifically which house they will reside in
- b) ensuring they have all the necessary information prior to making a decision regarding the new young person being referred to the service
- c) ensuring they consider staffing levels, skills, mix and any current staff vacancies.

This is in order to comply with Regulation 3, Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210). Promoting quality and safety and make proper provision for the health, welfare and safety of service users.

and

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "I am in the right place to experience the care and support I need and want" (HSCS 1.20)

6. By 14 January 2026 ensure that the service has sufficient staff on each shift to meet the needs of each child/ young person. To do this, the provider must, at a minimum:

- a) keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual

- b) in respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs
- c) the overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

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

and

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15)

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

Requirements

Requirement 1

By 22 April 2025 must ensure that leaders have a robust understanding and overview of the quality of care. To do this the provider must at a minimum:

- a) ensure that all staff have regular one to one supervision with their line manager including recorded performance management
- b) develop a programme for senior managers to spend time in houses to observe practice and offer support and role modelling
- c) develop a quality assurance process which identifies areas for improvement and action plans with timescales to evidence progress.

This is to comply with Regulation 4(1)(a) (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which states that "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This requirement was made on 21 November 2024.

Action taken on previous requirement

Whilst some staff had had supervision, this was inconsistent. Quality assurance processes had not been developed. We have repeated this requirement at this inspection.

Not met

Requirement 2

By 28 February 2025 ensure that the service has sufficient staff on each shift to meet the needs of each child/ young person. To do this, the provider must, at a minimum:

- a) keep individual records of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care. Record this in each care plan as this will inform the direct care hours for the individual

- b) in respect of the delivery of the service, a provider should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs
- c) The overall assessment of staffing level and deployment must be available to any visitors to the service and everyone using it.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15)

This requirement was made on 21 November 2024.

Action taken on previous requirement

This requirement had not been progressed. We have repeated this requirement at this inspection.

Not met

Requirement 3

By 28 February 2025, the provider must 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) ensuring they consider the potential impact on existing young people within the service, including identifying specifically which house they will reside in
- b) ensuring they have all the necessary information prior to making a decision regarding the new young person being referred to the service
- c) ensuring they consider staffing levels, skills, mix and any current staff vacancies.

This is in order to comply with Regulation 3, Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210). Promoting quality and safety and make proper provision for the health, welfare and safety of service users.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state "I am in the right place to experience the care and support I need and want" (HSCS 1.20)

This requirement was made on 21 November 2024.

Action taken on previous requirement

This requirement had not been progressed. We have repeated this requirement at this inspection.

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 ensure consistent positive outcomes the provider should review the care planning system and adopt a SMART approach to care planning. These care plans must be outcome focused and clearly express goals and strategies to help young people to achieve their potential. These plans should also include assessment of risk and identify strategies to mitigate risk.

This area for improvement was made on 21 November 2024.

Action taken since then

This area for improvement had not progressed. We have made a requirement about this at 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?	2 - Weak
7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	2 - Weak

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