

Starley Hall School School Care Accommodation Service

Aberdour Road
Burntisland
KY3 0AG

Telephone: 01383 860 314

Type of inspection:
Unannounced

Completed on:
3 July 2023

Service provided by:
Starley Hall School Ltd

Service provider number:
SP2004006683

Service no:
CS2003007103

About the service

Starley Hall School is a school care accommodation service. It is an independent school providing 24-hour residential care for up to 13 children and young people. Starley House accommodates up to eight young people and the Lodge accommodates up to five. Both houses share the site with the service's school, which is also attended by some day pupils (though we do not inspect provision for these pupils). Starley House is a four-storey house with accommodation for young people mainly on two floors. It has an entrance hall, living room, kitchen-dining room, a second communal room (currently being used as a staff office on a temporary basis) and a music room. The Lodge is a single-storey property with two living rooms, a kitchen and dining room. All young people have single rooms and some share bathroom and shower facilities. Both houses have garden areas. Young people also have use of an outdoor sports pitch and the wider grounds.

The service is situated on the outskirts of Burntisland, a small coastal town in Fife overlooking the Firth of Forth, about seven miles from Kirkcaldy, both of which provide a range of community facilities and services, including public transport.

About the inspection

This was an unannounced inspection which took place on 19, 20, 21 and 27 June 2023 between 13:00 and 19:35, 09:35 and 17:30, 10:10 and 17:00 and 10:10 and 15:05 respectively. 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:

- reviewed survey responses from two parents, 15 staff and four external professionals
- spoke with four young people using the service and one family member
- spoke with 14 staff and managers
- spoke with one external professional
- observed practice and daily life
- reviewed documents.

Key messages

- Staff prioritised young people's safety and used effective risk management processes to prevent harm.
- Young people benefitted from positive, respectful and nurturing relationships with staff.
- Incidents of distressed behaviour by some young people had been unsettling for the wider group and very challenging for the staff team.
- A number of improvements to the environment in one of the houses are needed to ensure it fully reflects the service's vision and ethos.
- Managers should ensure assessments of the service's suitability for young people being referred by local authorities are clearly recorded.
- The process for assessing staffing needs needs further development.
- Quality assurance and assessment and planning processes supported improvement but needed further development in some areas to maximise outcomes and experiences.

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?	4 - Good
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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?

4 - Good

We evaluated this key question as **good**. This means that there were a number of important strengths which taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on young people's outcomes and experiences.

Whilst some young people's behaviours had the potential for causing harm, staff were familiar with individual risks and implemented strategies for keeping them safe. Staff had an understanding of their professional responsibilities, and arrangements for responding to child protection concerns were effective. The provider also implemented good recruitment practice in most respects, to ensure they appointed only staff who were suitable to work with young people, though we offered suggestions for improvement.

The incidence of physical restraint varied for individual young people, though the overall frequency had been decreasing. Staff made concerted efforts to use strategies for reducing the likelihood of compromising young people's dignity and wellbeing. They also provided emotional support to promote learning and repair relationships. However, a series of incidents of distressed behaviour by some young people who struggled to respond positively to staff efforts to provide physical and emotional containment had been unsettling. Feedback from staff also indicated a need to ensure a more consistent understanding of aspects of the service's therapeutic framework. Nevertheless, we observed some very good trauma-informed care with positive outcomes for the children concerned.

Most young people's relationships with staff were positive and meaningful and they experienced nurturing care that promoted trust and healthy emotional development. Some had also benefitted from the continuity and stability of a longer-term stay at Starley Hall. We received some very positive comments from some young people we spoke with.

There was a marked difference in the quality of the environment in the two houses. General improvement work and repairs following significant damage sustained during incidents in one house had been delayed by a combination of factors, including the pandemic. This meant that the state of the décor did not reflect a respectful, nurturing place to live, despite the strength of staff and young people's relationships. But for the mitigating circumstances this would have been deemed unacceptable and should be addressed without delay. **(See area for improvement 1)**. Nevertheless, young people had the benefit of spacious grounds with impressive views, including a sports pitch, and there were plans to further enhance the site's potential.

Young people exercised choice in many aspects of their daily lives, and had access to independent advocacy in addition to the support provided by staff to engage in decisions affecting them. Staff used additional tools to meet young people's communication needs. These included visual support strategies and supporting them to share their views about what mattered to them, which were being developed further to help ensure care closely reflected their preferences.

Young people's physical and mental health was promoted by staff who managed their medication safely and supported them to access the care they needed. The service's therapeutic team had a wide range of skills and made an important contribution to positive outcomes. This included playing a key role in the individual assessment process, individual support for wellbeing, family support, staff learning and development and complementary therapy such as massage.

Support to connect with family members helped foster a sense of belonging and identity. Staff were familiar with young people's interests, and a number benefitted from the exercise and enjoyment provided by regular activities, which also created happy memories and opportunities to spend time with staff. Young people had individual support for learning, though school attendance and engagement varied. However, the service should review support for young people who are looking for greater autonomy and independence as they prepare for early adulthood.

The support and leadership of senior staff was valued by the team and reflected the service's positive ethos, within clear lines of accountability. The admissions policy was underpinned by good practice principles and they obtained comprehensive information on young people as part of the new referral process. However, evidence showing the assessment of the service's suitability for individual young people was not readily available. Staff also had differing views on whether there were always enough staff to meet young people's needs. In the absence of a full documented assessment of staffing arrangements, we were unable to reach a conclusion about this and signposted managers to our guidance. This should provide an opportunity to review all relevant factors, including the impact on staff of a particularly demanding period. **(See area for improvement 2)**

Staff turnover was below average and provided some stability of relationships and continuity for young people, however some experienced staff had left and there were ongoing vacancies. The provider had experienced many of the sector-wide difficulties with recruitment and continued to be reliant on agency staff, though a proportion of these were regular and therefore more familiar with young people and how to meet their needs. They had also focused attention on improving retention and in particular on strengthening staff welfare provision. Most staff felt well supported to deliver high quality care. For example, impressive induction and mentoring arrangements provided a structured introduction to the service. There was also a wide range of relevant mandatory training, with an emphasis on developmentally appropriate, trauma-informed practice. However, records did not allow us to evaluate whether staff, including agency and night staff, had completed all the required training.

A range of self-evaluation and quality assurance processes was having a positive impact on service delivery and the quality of support for young people. The service had a comprehensive development plan, and whilst the pandemic had inevitably affected the pace of change, there had been progress in a number of areas. Managers were also reviewing how they obtained the views of parents and external professionals, so that these can inform the improvement process. More effective analysis of data on incidents should allow staff supporting young people to implement learning on an ongoing basis. **(See area for improvement 3)**

Individual assessments of young people were of a high standard. However, whilst plans had some strengths, they needed further development to maximise positive outcomes, and some did not accurately reflect young people's current needs and circumstances. Reviews and evaluation of progress could also be improved to ensure the service can effectively assess the impact of interventions and support and make any necessary adjustments. **(See area for improvement 4)**

Areas for improvement

1. In order that children and young people benefit from a consistently nurturing and respectful environment, the provider should develop and implement a plan for continued improvements.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. In order that young people's needs are met and they have the service that is right for them, the provider should ensure that:

- (i) admission decisions are informed by a robust, clearly evidenced assessment and matching process
- (ii) there is an effective system for assessing and recording staffing levels, skills and deployment throughout the day.

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) and 'My needs are met by the right number of people' (HSCS 3.15).

3. In order to identify and implement learning and respond to young people's needs, the provider should further develop the process for regular analysis of incidents.

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).

4. In order to ensure young people have the best possible outcomes and experiences, the provider should implement high-quality, effective planning processes, including regular, evaluative reviews of progress.

This is in order 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 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).

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?	4 - Good
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	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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