



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Hillside Secure Centre

Off Burnside  
Hillside  
Neath  
SA11 1UL

Type of inspection – Baseline

Dates of inspection – Monday, 21 September – Thursday, 24 September 2015

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## Summary

### About the service

Hillside Secure Centre is registered as a children's home for the purpose of restricting liberty and is the only setting of its type in Wales. The centre forms part of the overall provision of the secure estate provided in England and Wales, and in addition to the ten beds contracted by the Youth Justice Board through a service level agreement, Hillside provides a further twelve welfare beds under Section 25 of the Children Act 1989. This balance changed significantly this year following the decision of the Youth Justice Board to reduce the beds purchased from seventeen to ten. Young people are placed in Hillside through the Courts, due to their offending behaviour and to manage their vulnerability. They are also placed because they pose a significant risk to themselves or others in the community. The young people for whom the accommodation is provided are between the ages of 12 and 17 years. Approval is required from the Welsh Government for any young people under 13 years of age being placed under Section 25 of the Children Act 1989. Although Hillside is part of Neath Port Talbot Social Services Children's Department it is financially independent of the Departmental budget.

The Registered Manager of the centre is Mark Lazarus who has many years experience as an Assistant Manager at Hillside and was successful in being appointed this year following the retirement of the previous manager. He holds the qualifications required for the position and is registered with the Care Council for Wales.

### What type of inspection was carried out?

This was a planned annual focused inspection of the centre which examined the Quality of Life. The inspection methodology used was:

- Three days of announced inspection visits by CSSIW
- Two days of inspection by two inspectors from ESTYN
- Some discussion with young people
- Discussion with staff members
- Observation of the interaction between staff and young people
- Observation of staff handover meetings
- Discussion with some staff and two Assistant Managers
- Scrutiny of 6 young people's questionnaires returned
- Scrutiny of 21 staff questionnaires returned on 23 October 2015
- Scrutiny of a random selection of files and documentation held at the centre
- Scrutiny of the physical intervention records
- Examination of the Self Assessment of Service completed by the service and returned prior to inspection
- We did not use the Short Observational Framework for Inspection (SOFI) tool on this occasion because it was not possible to observe interactions without influencing the activity.

### What does the service do well?

The centre has managed some very complex behaviour in the last year.

### **What has improved since the last inspection?**

- There had been an improvement to the multi-disciplinary approach to the outcomes for young people
- Procedures following physical intervention had been reviewed and training reviewed

### **What needs to be done to improve the service?**

There was no requirement to issue any non compliance notices following this inspection. The following issues were raised:

- It was recommended that the daily recording of activities and use of outdoor space was improved
- It was recommended that some key-workers receive mentoring to enable them to be more dynamic in their approach
- There was feedback that on some occasions the staffing levels were low due to sickness or holidays
- It was recommended that all staff receive medication training as PRN is managed by the staff on the units to support the duty manager administering prescribed medication.

## Quality Of Life

Overall we, CSSIW, found that young people have a voice and are encouraged to express an opinion. There are limitations on the voice of the young person in relation to their lifestyle choices due to the nature of the setting. We found that young people had a voice through weekly meetings held on each unit and recordings examined confirmed that the staff team sought feedback from the senior management for decisions they were not able to make. Young people confirmed through questionnaires that they were spoken to by the staff both prior to and following review meetings. This ensured that young people were prepared for their meetings and also able to discuss any decisions afterwards.

All of the young people were allocated key-workers and we saw an example of very good practice from one key-worker who had prepared a detailed report upon a young person in preparation for moving on. It was recommended that some key-workers receive mentoring to enable them to be more dynamic in approach. The centre had developed very useful booklets to support staff in the management of the key-working process but some staff were totally guided by these and would benefit from working more flexibly. On the whole the young people stated that they would speak to staff if unhappy, however, some did state that there were some staff with whom they did not get on with. There was also some mixed feedback from young people about how well some of the staff listened to them. The Social Services Department Complaints Officer and Independent Advocacy service visited regularly. A new advocate had been appointed through Tros Gynnal Plant and a report was provided quarterly. From April to June of 2015 visits were made every fortnight to the centre between 6 and 8 pm. During this time seven young people had taken advantage of the service. Comments from young people stated: "Advocacy helped resolve my problem and I am now happier at Hillside"; "Advocacy allowed me to have a voice independently of Hillside".

The self assessment of service forms stated that the exit interview process has been reviewed and re-established to capture young people's thoughts, feelings on service quality and delivery. Examination of the complaints recordings confirmed that the centre was open to complaints and acted appropriately in response to any made.

On the whole young people are active, positively occupied and stimulated in the centre. There are clearly restrictions to the activities that young people are able to undertake whilst at the centre given the nature of the secure element. All of the young people attend education and the structure this offers the day is important to the routine within the centre. To ensure young people do not have several weeks of no education the term times are different to mainstream and they have a maximum of two weeks off at any time in the year. The education provision was inspected by ESTYN and their report was produced independently of this report. Some young people did state that they did not have homework from school whilst others spoke positively about having been able to achieve some qualifications.

Records examined confirmed that young people were occupied in the evenings and weekends although this was balanced against some personal time. In addition to planned activities the young people were also seen to approach staff to take part in board games,

watch television together or play cards. Within the centre they had access to the external astroturf area, the gym, level 6 room (a room provided for young people at the top level of positive behaviour), the lounge area with pool table and television. They also had a cinema area for use at weekends and holidays. There was feedback from some staff that they would welcome the return of sessional staff who previously organised activities in the evenings and there was also feedback that the gym equipment could be updated. Each unit had an enclosed garden and young people were able to make use of this facility. It was noted that at the time of inspection the young people in one unit were very reluctant to go outside whilst other units had many activities to occupy the young people. It was recommended that the daily recording of activities and use of outdoor space was improved.

There were more opportunities for these young people to have 'mobility', a term used for access to the community. Thorough risk assessments were carried out before a visit was sanctioned and in order to ensure vehicle availability the staff used a booking sheet. This was a very positive step for young people especially in preparation for their moves on away from the centre. One young person was observed to go on mobility with a parent during the inspection.

Young people experience appropriate, responsive care from staff who have an up to date understanding of their individual needs and preferences. The centre had improved their referral process through the introduction of a daily multi-disciplinary team meeting and from 1 October 2015 they were trialling one unit leader acting as a permanent duty manager during office hours. This had resulted in more details being provided to the decision makers about whether or not the centre could meet the needs of young people. The young people had the benefit of a clinical psychologist and associate working full time in the centre who undertook assessments. The initial assessment, along with day-to-day observations of the care staff fed into the Care Planning Meeting and formulated the objectives, targets and actions agreed within the Placement Plan and Care Plan. Each young person's plan was monitored and managed by the Plan Coordinator and key-worker, who took responsibility for achieving the agreed placement objectives and communicating regularly with the child / young person's case worker.

The young people were supported in their health care needs with the availability of a nurse on a daily basis and the general practitioner visited weekly or when needed. This was under review at the time of inspection with a view to increase the nurse time in the home and also give responsibility for the administration of medication. At the time of inspection one young person was a self medicating diabetic with support provided by a local diabetic nurse. At the time of inspection the centre was also considering the introduction of the comprehensive health assessment tool (CHAT) produced for young people in the secure estate. The dentist was a regular visitor and if the young people required specialist health care support, they could access the local hospital through mobility with staff support. Referrals were made to the Drug and Alcohol Service and / or the Sex Offender Service for assessment, counselling, treatment or therapy in response to the initial assessment. The young people also had the support of the psychiatrist who visited the centre weekly. At the time of inspection there were several young people who required intense support for complex behaviours and for some this included extreme self harm behaviours.

The centre had introduced weekly multi-disciplinary meetings which focused upon

outcomes and linked these to the care plans for the young people. Feedback was positive about these meetings with a view that better consistency in care planning had been achieved. Examination of records confirmed that the staff team had comprehensive assessments to work from and guidelines as to how they managed these young people and the staff also maintained comprehensive records.

Young people are encouraged to manage their emotions and behaviour in a positive manner and are encouraged to look at coping strategies. Observation of the interactions between the staff and young people confirmed that staff worked to maintain appropriate boundaries and manage negative behaviour through diffusion, individual talk time and reflection. Observation of handover between staff teams confirmed that they shared information and looked to ensure consistency of approach. Any consequences of actions were considered carefully in terms of any sanctions imposed and the opportunity for reparation to overturn the sanction. The young people were also praised for not engaging in negative behaviour when challenged by other young people. As a last resort to ensure the safety of all, the staff team were all trained in physical intervention and all instances were recorded with the type of hold, the names of the young people, staff members involved, location, duration and any injuries recorded. There was also a de-brief held with the young person and staff as soon as it was possible for reflection on the incident. Following some incidents in the previous year the centre had reviewed procedures to ensure that placing authorities were informed immediately as there had previously been a delay in a few instances. The centre had also introduced a post incident weekly review meeting chaired by a senior manager to scrutinise incidents, identify learning, safeguarding and training outcomes in line with their aim to minimise restraints.

Staff training had also been reviewed with external facilitators re-introduced. Fully integrated staff personal alarm systems had also been introduced to improve responses to emergency situations. There was analysis of interventions in the previous twelve months carried out during inspection which considered the number of restraints during the year and the reason e.g. assault upon others or prevention of self-harm. There had been 600 restraints in a one year period and approximately 50% of these were to prevent self harm. Over 200 of these had been interventions to prevent the self harm of one young person. There were also a number of young people placed at Hillside who did not experience any physical intervention.

## Quality Of Staffing

This inspection focused on the experience of young people using the service and their quality of life at the setting. CSSIW did not consider it necessary to look at the quality of staffing on this occasion because:

- 80% of the staff team were qualified
- Staff were registered with the Care Council for Wales
- Staff have traditionally received good quality training, although some staff considered that they would benefit from further training in mental health issues to reflect the changing needs of the young people
- Hillside has had a robust recruitment policy and procedure which had been further strengthened in the last year with permission to recruit outside of the local authority internal vacancy list
- The staff team fed back that they received good support from their individual line managers and their shift teams
- Management had responded to the staff request for a review of the rota and this had resulted in a change that was due to be implemented shortly after the inspection
- A weekly clinic with the psychologist provides clinical support time for all staff
- From 1 October 2015 one unit leader was to become a duty manager daily from 9 – 5 to relieve other unit leaders from this responsibility
- A resettlement officer had been appointed

It was noted, however, from feedback and observation that:

- Staff requested improved secure facilities to store their personal property
- There was a mixed response in questionnaires about the opportunity to contribute ideas and make suggestions about the operation of the centre, however no specific examples were given
- Many suggested that the return of sessional workers in the evenings to support further activities would be beneficial
- There could be an improvement in communication and dissemination of information
- There was feedback that on some occasions the staffing levels were low due to sickness or holidays
- It was recommended that all staff receive medication training as PRN is managed by the staff on the units.

This theme will be examined at further inspections.

## Quality Of Leadership and Management

This inspection focused on the experience of young people using the service and their quality of life at the setting. CSSIW did not consider it necessary to look at the quality of leadership and management on this occasion because:

- A new manager with experience of working in Hillside for many years as an assistant manager had been appointed and each of the assistant manager posts had been filled

The self assessment of service reported that the following monitoring is undertaken:

- Hillside has contractual obligations with the Youth Justice Board, which are monitored through quarterly meetings with the YJB Monitoring Officer. Further Quality Assurance and data collation is provided by the Centre through the YJB E-Asset System. Again, this is scrutinised as part of the contract requirements of the YJB.
- Further Quality Assurance and monitoring is achieved through Local Authority Inspections i.e. Monthly Regulation 32 Officer, Local Safeguarding Board Officer, who visits on a quarterly basis
- Hillside's Senior Management Team has a Monthly Report which provides quality data on the effectiveness and performance of the service
- Each care plan is reviewed on a 28-day basis to ensure that the quality of care being provided is meeting the required need and standards
- Children within the Looked After system have their respective regular Looked After meetings, which again further evidences the quality of the service being provided
- Monitoring is identified through the primary stakeholders' point of view, the Youth Justice Board or recommendations from the Regulation 32 Officer
- Quarterly reports are taken to the Council's Children's Services Scrutiny Committee for Members to scrutinise the service
- A weekly post incident review meeting is convened to monitor safeguarding, learning, training outcomes
- A quarterly report on the use of physical restraint is provided to the LSCB and annually relayed to the YJB.

However, this theme will be considered during future inspections.



## Quality Of The Environment

This inspection focused on the experience of young people using the service and their quality of life at the setting. CSSIW did not consider it necessary to look at the quality of the environment on this occasion because:

- The areas of the centre viewed were found to be clean, tidy and well furnished
- Communal areas had been re-decorated
- They had introduced a fully integrated staff personal alarm system
- There were plans to replace and fully update the CCTV system

However, the following comments are were noted:

- Some of the young people and staff considered that the bedrooms could be modernised
- More equipment could be made available for the gym.

## How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.