

Orkney Adult Placement Service Adult Placement Service

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Type of inspection:
Announced (short notice)

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23 October 2023

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2020380698

About the service

Orkney Adult Placement Service has been registered with the Care Inspectorate since 10 September 2020. Orkney Adult Placement Service provides a continuing care service to young people who are living in foster care. This allows young people to remain with their foster carers until the age of 21.

The service is linked to the Orkney Fostering service for which there was a separate inspection and report but should be read in conjunction with this report.

About the inspection

This was a short announced inspection which took place between 25 September and 23 October 2023.

The inspection was carried out by three 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 one person using the service and two of their caregivers.
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals

Key messages

Young people experienced nurturing and meaningful relationships from their caregivers.

Young people received proactive support which promoted the development of independent skills at a pace which was right for them.

There was investment and a commitment to staff training which was beneficial to the supervising social workers as well as those they support.

There was a strong focus on leadership within the Local Authority, however the temporary nature of the appointments created a fragility to the sustainability of improvements.

Although risk was identified, this was not well analysed with limited information with regards to relevant interventions or strategies to support the management of the risk.

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 people's wellbeing?	4 - Good
How good is our leadership?	2 - Weak
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We have evaluated this key question as good as there were a number of important strengths identified which clearly outweighed areas for improvement.

Young people had a strong sense of being part of family life with their continuing care carers. There was strong meaningful relationships and a sense of security which has allowed the young people to develop. The continuing care carers were supported well to provide nurturing care, for which young people hugely benefitted. One young person told us that they felt "very grateful for the care and support" received over the years and that they were "very lucky" to be with their continuing care family.

Young people were accepted and valued by their carers. There was good support in exercising their legal and human rights from carers and allocated workers.

Through the proactive and responsive support that has been offered to the young people, they are prepared for moving to living independently at a pace which feels right for them. However, there were difficulties in identifying suitable properties for young people which prevents young people from taking this next step. Although there were regular discussions being held to promote young people's needs, all departments within the Local Authority need to be aware of their role within corporate parenting and their responsibility to meet young people's needs holistically.

There was a lack of formal and independent advocacy available to the children and young people. This was an area for improvement made at the last inspection and will remain in place following this inspection. **See Area for Improvement 1.** Plans for addressing this gap in support has been initiated but not yet implemented.

Young people were empowered to make choice in their day-to-day life, with continuing care carers understanding their needs and strengths which were promoted by personalised care. Creative use of short breaks allowed young people to trial independent living while still being supported by the service.

Relationships with birth family were led by young people and supported by carers which resulted in family time feeling safe and positive.

Young people made positive decisions with education and employment, which were as a result of the supportive approach taken by the continuing care carers. This led to very positive outcomes for young people who were able to progress with chosen careers.

Assessments of continuing care families were comprehensive and the support being offered during the transitions were well managed. Welfare assessments were well completed and available for young people.

Areas for improvement

1. To enable children and young people to be aware of their rights, have their voices heard and respected, the provider should embed awareness of children's rights within the service. This should include, but not be limited to, advocacy services being visible to children and young people and training for all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to use independent advocacy if I want or need this (HSCS 2.4) and 'I am supported to understand and uphold my rights' (HSCS 2.3).

How good is our leadership?

2 - Weak

We awarded an evaluation of weak to this key question, as the strengths identified were outweighed by significant weaknesses. The areas of weakness requires necessary action for improvement therefore requirements have been made on conclusion of this inspection.

Quality assurance processes had been implemented within the service which resulted in statutory reviews and safeguarding checks being undertaken in a timely manner. This was a concern raised at the last inspection and it was positive to see a tracker being implemented. However the tracking of protection concerns, accidents and incidents requires further development to ensure all processes are followed. This will form part of a requirement made under this key question. **See Requirement 1.**

There had been a focus on creating and implementing policy and procedures, which gave workers direction and guidance. There had been steady momentum in the improvement plan for the service in recent months. However, prior to this, there had been little communication from senior management. Caregivers reported that communication from senior management had been tokenistic and did not genuinely take responsibility for the concerns that had been identified and the impact this had caused. More recently there had been an increase in communication which had been welcomed and genuine.

At the last inspection a requirement was made in relation to stability within the leadership team, with clear direct line management and oversight in the quality assurance processes which would contribute to continuous improvement. Some progress has been made in relation to this requirement. However, the temporary nature of the management roles brings a fragility to the level of the scrutiny and improvement until permanent appointments are made. Therefore we have concluded that this requirement has not been met. **See Requirement 1.**

Scrutiny has been implemented and developed on the tracking of children and young people's experiences, in particular for those who have experienced significant drift and delay in terms of their care planning. This is positive, however the outcome of this practice is yet to yield any progression in the care planning for some children and young people. The Adult Placement Service can proactively support a young person's journey by ensuring necessary tasks within their remit are undertaken in a timely manner. We did not find the practice of this to be consistent within the service therefore we have concluded that this requirement has not been met. **See Requirement 2.**

The panel chair was experienced and there had been a concerted effort to review all carers within timescales. Not all panel members felt fully supported in their role. **See Area for Improvement 1.**

Requirements

1. By 30 January 2024, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

- a. Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
- b. Ensure a direct line management responsibility.

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 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)

and

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

2. By 30 January 2024, to ensure that children and young people receive quality care and support, the provider must ensure effective tracking and planning for outcomes for children and young people. To do this, the provider must as a minimum:

- a. Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.
- b. The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.

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 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' (4.19).

Areas for improvement

1. To enable the Fostering and Permanency Panel are able to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and regular supervision is available to all panel members.

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

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

How good is our staff team?

3 - Adequate

The evaluation of adequate has been awarded to this key question, as the strengths identified outweighed weaknesses.

The staff team had a strong value base approach and a good understanding of the Health and Social Care Standards and professional codes. Staff reported that the clear policies and procedures were helpful to guide practice particularly for workers who were newer within the service. This could be greater enhanced by further access to additional best practice guidance and opportunities to embed this into individual and team practice.

There was a commitment from workers to developing and maintaining strong relationships with foster families. Interventions were holistic, timely and skilled to support children, young people and their families, which resulted in stronger family relations and wellbeing.

At the last inspection, staff had not received any supervision for a significant period. During this inspection period, all staff reported to feel supported with all supervising social workers received regular and good quality supervision. Some further developments were required within the structure of supervision to encompass constructive reflection which includes feedback from families as well as monitoring of delegated actions. The registered manager of the service had not received regular supervision which was required for wellbeing and service improvement. Staff supervision was a requirement following the last inspection and although partially met, this requirement will remain in place from this inspection to reflect the need for this formal support to be in place for all staff members. **See Requirement 1.**

There had been a significant increase in staff training since the last inspection with all staff attending child and adult protection training, as well as other core training to support them in their role. There was

evidence of good manager oversight in terms of training with good analysis on the level of need across the team. There was a commitment from the service to support staff in their continuous development moving forward.

1. By 30 January 2024, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.

This is necessary in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 3 "A provider shall provide a service in a manner which promotes quality and safety"

and

15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform".

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

'I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3.24).

How well is our care and support planned?

3 - Adequate

A grade of adequate was awarded to this key question. Strengths were identified which just outweighed the weaknesses. As a area was identified which impacts the risk management for children and young people, a requirement has been made.

There were good outcomes for young people within continuing care, however, the lack of housing had been raised as an issue in terms of the approach to corporate parenting. Welfare assessments were comprehensive with allocated workers having a good understanding of the rights of care experienced young people.

Risk assessments were completed for all young people however there were discrepancies within information, regarding incidents and outcomes for young people, between the risk assessment and the welfare assessment. Although professional relationships were good, the discrepancies within documentation concludes that there needs to be improvements within the partnership working.

The risk assessment for young people would benefit from analysis and details of interventions to help important people understand the risk and the impact for young people. Chronologies were also completed, however there were gaps in information which prevents the ability to identify patterns and concerns. **See Requirement 1.**

Due to the upgrade of systems, the recording of information was well managed which will be helpful in maintaining records for young people should they wish to view their files at a later date.

Requirements

1. By 30 January 2024, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised, identified and analysed. To do this the provider must as a minimum:

- a. Ensure all risks identified are recorded within risk assessment documentation.
- b. details interventions and strategies required to reduce the risk for children and young people.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14)

and

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

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

Requirements

Requirement 1

By 30 December 2022, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice. To do this, the provider must as a minimum:

- a. Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
- b. Ensure a direct line management responsibility.

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 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)

and

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

This requirement was made on 26 September 2022.

Action taken on previous requirement

Some progress had been made but not fully met therefore this requirement will continue.

Not met

Requirement 2

By 30 December 2022, the provider must ensure that all staff receive sufficient and regular training including child and adult protection training and that an appropriate record is maintained.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 4(1)(a) "A provider must make proper provision for the health, welfare and safety of service users" and 15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform".

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

'I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.24).

This requirement was made on 26 September 2022.

Action taken on previous requirement

All staff have completed the relevant training.

Met - outwith timescales

Requirement 3

By 30 December 2022, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.

This is necessary in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 3 "A provider shall provide a service in a manner which promotes quality and safety" and 15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform".

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

'I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3.24).

This requirement was made on 26 September 2022.

Action taken on previous requirement

Although most staff had received formal supervision, this was not the case for all staff.

Not met

Requirement 4

By 30 December 2022, to ensure that children, young people and their families care and support needs are accurately reflected in support plans and anticipate future needs. These plans should be responsive, person-centred with goals which are SMART (specific, measurable, achievable, realistic and time-bound). To do this the provider must as a minimum:

- a. Ensure that post adoption support plans identify future needs.
- b. Are informed by a child's care plan and risk assessment.
- c. Reviewed regularly to ensure that adopters needs for post adoption support are met.

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

'I am fully involved in assessing my emotional, psychological, social and physical need at an early stage, regularly and when my needs change' (HSCS 1.12)

and

'my future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

This requirement was made on 26 September 2022.

Action taken on previous requirement

This requirement was assessed as being met at this inspection.

Met - within timescales

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 people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	4 - Good
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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