

Stephen Brown (Chief Officer)

Orkney Health and Social Care Partnership

01856873535 extension: 2601

OHACfeedback@orkney.gov.uk



Agenda Item: 9.

Performance and Audit Committee

Date of Meeting: 22 March 2023.

Subject: Care Inspectorate: Fostering, Adoption and Adult Placement Services.

1. Purpose

1.1. To advise of the findings of the Care Inspectorate's inspection reports for Fostering, Adoption and Adult Placement (Continuity Care) Services.

2. Recommendations

The Performance and Audit Committee is invited to note:

2.1. That, on 26 September 2022, the Care Inspectorate undertook a short notice, announced, inspection of the following registered services:

- Fostering Service.
- Adoption Service.
- Adult Placement Service (Continuing Care).

2.2. That, on 29 November 2022, the Care Inspectorate published its inspection reports in relation to the registered services referred to above.

2.3. That, in response to the inspection reports, referred to at paragraph 2.2 above, Action Plans, attached as Appendices 4, 5 and 6 to this report, were developed, addressing all the requirements and improvement areas identified from the inspection findings.

2.4. The key findings arising from the registered services inspection reports, summarised in sections 4 to 6 of this report.

2.5. The positive findings arising from the registered services inspection reports, summarised in section 7 and attached as Appendix 7 to this report.

It is recommended:

2.6. That members scrutinise the inspection reports by the Care Inspectorate in respect of Fostering, Adoption and Adult Placement (Continuing Care) Registered Services, attached as Appendices 1 to 3 of this report, together with the associated Action Plans, attached as Appendices 4 to 6 of this report, in order to obtain assurance that planning and implementing actions to address the priority areas for improvement continue to develop and improve.

3. Background

3.1. On 26 September 2022, short notice, announced inspections were completed remotely on Orkney's Fostering Service, Adoption Service, and Adult Placement Service (Continuing Care).

3.2. On 29 November 2022, the Care Inspectorate published its inspection reports in relation to the registered services referred to at section 3.1 above and attached as Appendices 1 to 3 of this report.

3.3. Improvement areas were identified from the process of engagement with the Care Inspectorate and their inspection activities. Draft Action Plans were developed, which were modified and accepted by the Care Inspectorate on 12 December 2022, outlining that a detailed Action Plan was sought within the timeframe, indicating how requirements would be met. The Care Inspectorate clarified this may be across the next 3 to 6 months, despite the wording of individual requirements stating they must be completed by 30 December 2022. The Care Inspectorate were satisfied with the detailed Action Plans being developed, and the accompanying email indicating the plan would be approved and supported by the wider provider management, Integration Joint Board and Elected Members.

4. Fostering Services

4.1. From the Fostering Services inspection the Care Inspectorate evaluated the service as follows:

- How well do we support people's wellbeing? 2 – Weak.
- How good is our leadership? 1 – Unsatisfactory.
- How good is our staff team? 2 – Weak.
- How well is our care and support planned? 1 – Unsatisfactory.

4.2. Two requirements related to how well the service support people's wellbeing was which identified that by 30 December 2022 the provider must:

- Ensure that all foster carers have completed core training requirements.
- Improve the quality of permanence planning.

4.3. One improvement area related to how well the service support people's wellbeing which identified:

- Embed awareness of children's rights to have their voices heard and respected.

4.4. Two requirements related to how good the service leadership was which identified that by 30 December 2022 the provider:

- Must ensure effective tracking and planning for outcomes.
- Should develop a culture of continuous improvement by implementing robust quality assurance of practice.

4.5. Two requirements related to how good the service staff team was which identified, in summary, that by 30 December 2022:

- All staff must receive sufficient and regular training including child and adult protection training and an appropriate record be maintained.
- All staff must receive regular, and good quality formal supervision and an appropriate record be maintained.

4.6. Two requirements related to how well the service care and support planned which identified that by 30 December 2022:

- Care and support needs were accurately reflected in support plans and anticipate future needs.
- All relevant or requested reports, assessments, minutes, and related documents were completed, signed, dated, and stored appropriately.

4.7. A copy of the inspection report and Action Plan can be found at Appendices 1 and 4, respectively, of this report.

5. Adoption Service

5.1. From the Adoption Services inspection the Care Inspectorate evaluated the service as follows:

- How well do we support people's wellbeing? 2 – Weak.
- How good is our leadership? 1 – Unsatisfactory.
- How good is our staff team? 2 – Weak.
- How well is our care and support planned? 2 – Weak.

5.2. One requirement related to how well the service support people's wellbeing was, which identified that by 30 December 2022 the provider:

- Must improve the quality of permanence planning.

5.3. One area of improvement related to how well the service that support people's wellbeing was, which identified:

- Embed awareness of children's rights to have their voices heard and respected.

5.4. Two requirements related to how good the service leadership is which identified that by 30 December 2022 the provider:

- Should develop a culture of continuous improvement by implementing robust quality assurance of practice.
- Must ensure effective tracking and planning for outcomes.

5.5. One area of improvement related to how good the service leadership was which identified that:

- To enable the Fostering and Permanency Panel 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.

5.6. Two requirements related to how good the service staff team was which identified that by 30 December 2022 the provider:

- Must ensure all relevant staff have access to and complete training specific to the families with whom they are working.
- Should ensure staff have regular opportunities for good quality and regular supervision for all areas of their working practice.

5.7. Two requirements related to how well the service care and support planned was which identified that by 30 December 2022 the provider must ensure:

- Care and support needs are accurately reflected in support plans and anticipate future needs.
- All staff must receive regular, and good quality formal supervision and an appropriate record is maintained.

5.8. A copy of the inspection report and Action Plan can be found at Appendices 2 and 5, respectively, of this report.

6. Adult Placement Service

6.1. From the Adult Placement Services Inspection, based on the experience of one young person, the Care Inspectorate evaluated the service as follows:

- How well do we support people's wellbeing? 3 – Adequate.
- 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.

6.2. There were no requirements or areas for improvement related to how well the service supported people's wellbeing.

6.3. There was one requirement related to how good the service leadership was which identified that by 30 December 2022 the provider should:

- Develop a culture of continuous improvement by implementing robust quality assurance of practice, a robust audit system promoting shared responsibility, direct line management responsibility, and ensure effective communication takes place with young people, carers, and stakeholders.

6.4. There were two requirements related to how good the service staff team was which identified that by 30 December 2022 the provider must ensure:

- All staff receive sufficient and regular training including child and adult protection training and that an appropriate record was maintained.
- All staff receive regular, and good quality formal supervision and that an appropriate record was maintained.

6.5. There was one requirement related to how well the service care and support planned was which identified that by 30 December 2022 the provider must ensure:

- Care and support needs were accurately reflected in support plans and anticipate future needs.

6.6. A copy of the inspection report and Action Plan can be found at Appendices 3 and 6, respectively, of this report.

7. Positive Findings

7.1. While the above findings are extremely serious, far reaching and deeply concerning, there were also many positive findings across all services including:

- Children experienced nurturing and meaningful relationships with their adoptive families. Adopters had positive relationships with supervising social workers.
- Young people living with caregiver families experienced affectionate and meaningful care. Caregivers described examples of advocating on behalf of young people.
- Examples of care being personalised, with young people experiencing support which considered their individual strengths and preferences.
- Care from caregivers who were committed to supporting their children's emotional wellbeing and development.
- The caregivers' creative care and support meant that the young person's transitions, and challenges were navigated effectively.
- Staff formed genuine relationships with carers. They were skilled in helping to resolve challenging situations and in the provision of specialist advice.
- There was an understanding of the complexity in siblings' relationships with additional support to therapeutically promote the relationship between brothers and sisters.
- Children and young people accessed local community resources, including swimming, rugby, football, soft play, singing lessons and judo, where one young person progressed to a higher level due to their improved ability.
- Understanding of identity was valued in the service. There was an expectation that all children and young people would understand their life journey.

- Time with family was encouraged and family members spoke highly of the care their child received.

7.2. The full range of positive findings from the inspections are contained in Appendix 7.

7.3. A joint Integration Joint Board and Elected Members' Seminar led by the Interim Head of Children, Families and Justice Services and Chief Social Work Officer was held on 13 December 2022 to go over the findings, the Action Plans and the underlying themes.

8. Underlying Themes

8.1. The two most significant underlying themes from the inspection findings were:

- Redeployment of staff from Fostering, Adoption and Kinship Services to support and protect children in the community, an important legislative duty which remains under scrutiny from the Care Inspectorate report of February 2020, with a further Position Statement required for 31 March 2023.
- Lack of social workers with experience of permanence work including the Court process, report writing and effective understanding of role, meaning the service has not been able to progress permanence plans.

8.2. There has been a high turnover of social workers during the last three years compounding the service's inability to secure staff with the required experience in the field. The unstable workforce is noted by the Care Inspectorate, contributed to by a national shortage of social workers and managers, in short, a national staffing crisis.

8.3. This national staffing crisis has meant significant social worker and managerial gaps which have contributed to a highly competitive locum recruitment market making it a "seller's market" with island and rural services losing out to larger authorities with greater travelability advantages, higher salaries, and other incentives.

8.4. The Children and Families Social Work service was unfit for purpose prior to Council investment and a new structure as of 1 April 2022. However, due to the national picture, the new structure has not been fully populated meaning the service remains unfit for purpose. In January 2023, the service has one permanent social worker in the fieldwork team who qualified in June 2022.

8.5. There were significant gaps in the required roles of Independent Chair and Medical Advisor of the Fostering and Adoption Panels contributing to the delays in progressing permanence plans for some of the children as identified in the findings of the Inspections. Various efforts were made to fill these roles with success in securing the Independent Chair role but the Medical Advisor role remains unfilled following a three months interim arrangement which ended in December 2022.

9. Actions to Address Staffing

9.1. A range of actions have been taken by Orkney Islands Council to mitigate some of the impacts from the national staffing crisis and recruitment including:

- Launching a Sponsorship and Trainee Social Worker Partnership with the Open University which will produce local social workers over the next 2, 4, 6 and 10 years while the service continues to advertise for permanent staff.
- Work on understanding the reasons some of the Children and Families staff, including Family Support Workers (FSW), Social Workers and managers, have left the service in the previous three years has been undertaken. This highlights:
 - Promotion.
 - Roles in wider children's services provision.
 - Career breaks.
 - Existing underlying health reasons.
 - Retirement.
 - Pre-planned family reasons.
 - Change of career.
 - Change of organisational culture to learning and development.
 - Performance.
- Strengthened management and social worker numbers in the structure, fully supported by the Council, for effective support and supervision of staff.
- Calling for a National Fast-track Scheme with the Council Interim Chief Executive writing to the Scottish Government Permanent Secretary and the Council Interim Chief Executive, Chief Officer, and the Chief Social Work Officer, meeting in Orkney with representatives of the Scottish Government to discuss a national fast-track social worker scheme amongst other things.
- Presenting the challenges of the national staffing crisis and the locum social worker market at the Social Work Scotland (the national social work leadership body) Workforce Development Committee by Orkney' Chief Social Work Officer.

9.2. As per bullet point 2 above, whilst the overall retention rates across Orkney Health and Care are very good, the areas where there is most pressure have seen some colleagues leave over the last three years. This is in part due to the gaps in management to provide robust support and leadership and, in part, due to the demands on a very stretched team and overall, the reasons outlined above which are varied, personal, practical and understandable. The service has also managed to secure:

- An Interim Service Manager with extensive experience in Fostering and Adoption, amongst other things, who is pledging to stay longer to lead the Improvement Plan with the value of contribution being clearly seen in the service already.
- Appointment of a permanent Service Manager (Children and Families Authority Wide Services) subject to final negotiations on salary and relocation.
- An internal appointment from within the Fostering, Adoption and Kinship Team of an Acting Team Manager (Fostering, Adoption and Kinship).
- A larger Family Support Team of five Family Support Workers which can make significant contribution in supporting the work of social workers across the full range of children and families' services.

- Appointment of experienced locum social workers with a range of skills and abilities (not all related to permanence work) and an Independent Review Officer determined to drive through care plans.
- One of the most capable and experienced Independent Chairs of the Fostering and Adoption Panels in Scotland determined to drive through permanence plans.
- An interim appointment of a very experienced Medical Advisor to the Fostering and Adoption Panels, pledging to stay longer to assist with improvement work.
- A housing agreement with a local family for three years for the accommodation of social workers.

9.3. These things, combined with the Social Work Traineeship programme, will help bring enhanced capacity to the service and, in turn, stabilise retention rates out with the practical and personal circumstances outlined above, over which there is little control.

10. Identification of Improvement Areas

10.1. As part of the inspection process, a comprehensive Position Statement (highlighting strengths and areas for improvement) as outlined at section 3.3 above, on Fostering, Adoption and Adult Placement Services was completed in August 2022 and submitted to the Care Inspectorate in September 2022, together with an initial draft Action Plan. While it highlighted many of the above challenges it did not anticipate the extent of the low grades awarded from the inspections.

11. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	No.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
Sustainability: To make sure economic and environmental factors are balanced.	Yes.

12. Resource and financial implications

12.1. There are no immediate financial implications arising from the report recommendations. Any costs associated with the implementation of the audit report recommendations should be met from within service approved budgets.

13. Risk and equality implications

13.1. There are no risk or equality implications directly arising from the recommendations contained in this report.

14. Direction required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.

15. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

16. Authors and contact information

16.1. Stephen Brown (Chief Officer), Integration Joint Board. Email: stephen.brown3@nhs.scot, telephone: 01856873535 extension 2601.

16.2. Jim Lyon (Interim Head of Children, Families and Justice Services and Chief Social Work Officer), Orkney Health and Social Care Partnership. Email: jim.lyon@orkney.gov.uk, telephone: 01856873535 extension 2611.

17. Supporting documents

17.1. Appendix 1: Inspection Report – Fostering Services.

17.2. Appendix 2: Inspection Report – Adoption Services.

17.3. Appendix 3: Inspection Report – Adult Placement (Continuing Care) Services.

17.4. Appendix 4: Action Plan – Fostering Services.

17.5. Appendix 5: Action Plan – Adoption Services.

17.6. Appendix 6: Action Plan – Adult Placement (Continuing Care) Services.

17.7. Appendix 7: Positive Findings.

Orkney Fostering Service Fostering Service

School Place
Kirkwall
KW15 1NY

Telephone: 01856 873 535

Type of inspection:
Announced (short notice)

Completed on:
26 September 2022

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004082094

About the service

Orkney Fostering Service has been registered since 21 December 2005.

Orkney Island Council Fostering Service provides a fostering and family placement service for children and young people aged from 0 to 18 years who are assessed as in need of alternative family care. The service recruits and supports carer families to provide a range of fostering placements to children including, permanent, long-term, interim and short break.

The aims of the service are:

- To provide quality loving, safe, warm and nurturing family-based care for care-experienced children and young people in Orkney to the age of 18 years.
- To provide a structured and stimulating family-based care for children and young people, that is free from prejudices.
- To treat all children and young people with dignity and respect.
- To recruitment and retain foster carers on Orkney to enable Orkney children and young people to remain in their community.
- To support the findings of The Promise."

We undertook this inspection using virtual methodology which included the use of technology. As part of this process, we undertook the following:

- Obtaining the views of children, young people, carers and professionals using online surveys and video technology discussions.
- Discussions with external managers, and staff using video technology.
- Discussions with foster carers using video technology.
- Evaluation of a wide range of electronic documents, including policies and procedures, personal plans, risk assessments and staff records.

What people told us

We spoke with fostering families and reviewed feedback received in response to our surveys. Foster families told us that they viewed the staff group as skilled but under pressure. In addition, they told us:

"It's not got any better... it's got worse."

"The lack of progress is significantly impacting on [their] life."

"Strengths are the individual social workers working in a system that is completely broken."

"We get a yearly form asking for opinions, but I now don't fill it in as the questions don't get answered and we aren't listened to."

"We get a goodie bag every year, but this doesn't make up for needing answers or not getting forms back signed, having to chase everything all the time."

We spoke with a number of professionals, some comments included:

"The fostering service needs to be separated out from children and families. Fostering is in crisis in terms of providing a service to foster carers. Even the experienced carers are at breaking point."

"The fostering and adoption team need to be given the opportunity to do their work, child protection will always take precedence, but the fostering and adoption staff know what they are doing and just need encouraged to get on with it."

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?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	2 - Weak
How well is our care and support planned?	1 - Unsatisfactory

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

How well do we support people's wellbeing?

2 - Weak

We made an evaluation of weak for this key question. Whilst we assessed that there were a number of strengths, these were compromised by significant weaknesses. As these weaknesses had the potential to have a negative impact on outcomes and the welfare of children and young people, we have made requirements for improvement.

Children and young people living with caregiver families experienced affectionate and meaningful care. Caregivers described examples of advocating on behalf of young people. This active engagement on behalf of children and young people by carers, ensured that they were able to engage in activities.

However, carers themselves reported high levels of stress and anxiety at having to pursue the service for permissions and support. Despite the actions of carers, we assessed that the delays in decision making and action by the service negatively impacted upon children and young people's day to day lives. We found that children and young people who knew that their plan was to move to permanent foster care or forever homes, had no timescales for when or if this would ever occur. Meaning that the practice of the service had a wider ranging impact on the development of children and young people's sense of belonging.

There were examples of care being personalised, with children and young people experiencing support which took into account their individual strengths and preferences. We found that efforts were made to support ongoing relationships and contact with others, including parents where appropriate, and there was a thread throughout care planning in relation to siblings. Children and young people experienced care with caregivers who were committed to supporting their emotional wellbeing and development. The support that they provided was let down by the services failures to effectively communicate with the caregiving group, complete regular visits and reviews and act towards securing permanency. This meant that the planning that took place in the last year did not support the pursuit of stable and secure living arrangements for children and young people.

Caregivers were not supported to develop or learn with no training provided in the last year. Although we did hear about individual staff members providing quality one to one support to carers to support behavioural management or crisis situations. Since the last inspection there had been no training offered to carers, with gaps in carer core training identified as a concern. This concern was identified in the last two inspections (see requirement 1). The full range of service supports were however unavailable due to the redeployment of staff. For carers this meant that opportunities to train, receive additional support or upskill were lost. Experienced caregivers spoke about their frustrations at the lack of support, including respite and training and conveyed a strong understanding of the competing pressures of the wider provider services. Some caregivers indicated their ambivalence about continuing in the role. For newer carers the opportunities to be trained and supported by the staff team were compromised and the recruitment of new carers to build capacity was lost which has the potential to impact on the services ability to offer care in the future.

Caregivers feedback was positive about the relational approach of the staff team with caregivers universally viewing staff as skilled and supportive. However, it was reported that in the last year all staff had duties in other parts of the wider provider provision. This impacted on the support and contact they were able to offer carers, children, and young people. This was evidenced further in our tracking of home visits, supervision of carers and reviews with notable gaps in these areas. The lack of responsiveness during the last year meant that carers witnessed the direct impacts on children and young people with examples given ranging from missing out on overseas holidays, chasing the service for consent forms, and generally a sense of being alone with the care. The overall sense was one where there was no continuous review of needs for children, young people, and their carers but rather a reactive system.

Where the service was responsible for assessing caregiver families, we found this to be comprehensive. However, panels and caregiver reviews were not occurring regularly causing delays in assessment processes and leading to the repetition of assessment steps for young people and carers alike.

Children and young people's access to mental health services and multi-disciplinary connections across children's services were found to have improved. This meant that children and young people had been able to access assessments from specialist services and that staff felt confident that these same services could be accessed for other children and young people. A key element identified by the staff group in this improvement was around ensuring that professional connections between social work, education and health were maintained and supported by senior colleagues.

We found in the last inspection that the quality of permanence planning within the service was poor.

With almost all children who needed permanent alternative care, experiencing significant delays. At this current inspection we were unable to evidence progress in securing permanent care for children and young people. We could see the beginnings of improvement and tracking work, as we could at the last inspection, but could not see any positive impact on children and young people's experiences or outcomes. The delays in planning were assessed as having an impact on family life for children, their families and fostering families. The drift and delays in planning for children significantly compromised their opportunities to experience stable, loving families throughout their childhood. These delays also compromised the ability of the service to meet their aims and objectives (see requirement 2).

Access for children and young people to accessible rights information was unable to be assessed (see area for improvement).

Requirements

1. By 30 December 2022, the provider must ensure that all foster carers have completed core training requirements.

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, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

2. By 30 December 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the service must ensure that:

- a) Procedures to secure permanent alternative care are embedded in practice.
- b) Staff are supported and feel confident in planning permanent alternative care.
- c) Assessments are undertaken and children are presented at permanence panel within timescales.

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: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16).

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?

1 - Unsatisfactory

We made an evaluation of unsatisfactory for this key question. There were weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for children and young people. We have made requirements for carrying out necessary actions as a matter of urgency.

The service has developed a system for tracking and evaluating the outcomes of children and young people using the fostering service. The tracker system is in the early stages of implementation however, we found gaps in the tracking of data which had the potential for children and young people to be missed. We were unable to see any positive impacts at the time of inspection from the use of the tracker on either drift and delay in permanence or on children and young peoples' outcomes. Additionally, service tracking of complaints and child protection concerns were of concern with information being held in different locations. This meant that when reviewing separate documents, we were able to see separate concerns that were not tied to each other. We assessed this as having the potential to lead to poor decision making and negative outcomes for children and young people (see requirement 1).

The effectiveness of the new processes for tracking, and managerial action to evaluate children and young people's care planning and outcomes have not been evidenced. The concerns which were raised at the last inspection remain unaddressed (see requirement 2).

The quality assurance process and direct provision of services is limited by the chronic lack of staff. This currently includes the lack of a registered manager for the fostering service and until recently gaps in positions of external oversight, although positively this later issue is temporarily resolved. Since the last inspection there has been a nine-month period where no fostering or adoption panels took place, which has directly impacted on carer reviews, decision making and progression of planning and on the provision of additional external safeguards and assurances. There has been an acknowledged staff shortage which has led to insufficient capacity to provide core aspects of service and therefore improvement activities have been side-lined. The process of making or embedding change has been since the last inspection and is still hindered by a lack of staff. It is likely that the effectiveness of any improvement actions will be directly linked to staffing numbers across the wider provision.

Requirements

1.
By 30 December 2022, 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).

2.
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).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we assessed that there were a number of strengths, these were compromised by significant weaknesses. As these weaknesses had the potential to have a negative impact on outcomes and the welfare of children and young people, we have made requirements for improvement.

Staff formed genuine relationships with carers. They were skilled in helping to resolve challenging situations and in the provision of specialist advice. However, the redeployment of staff away from the core task of the fostering service directly impacted on the quality and quantity of service provision. This caused delays in the completion of assessments and reviews, impacting negatively on children and young people's daily experience but also on their journey through care.

Continuous learning has been a previous strength of the staff of the service. Since the last inspection access for staff to learning opportunities has lacked breadth and scope. Individual and group training analyses were not found. This meant that access to training occurred on an ad hoc rather than planned basis and may not reflect the needs of the children, young people, carers, or service (see requirement 1). Additionally, there was no system in place that allowed for the incorporation of carers, children's and young people's views into training, supervision, appraisal or wider service planning. Meaning that during this recent period of redeployment of core staff no meaningful consultation took place with key stakeholders.

We found supervision for staff to have occurred infrequently for the work of the fostering service with varying quality of recording. The structure of some recordings was confusing with unclear direction to action from the discussion. It was unclear how staff were supported through the changing expectations of their roles and the handing over of responsibilities in relation to specific cases (see requirement 2).

1. 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).

2. 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).

How well is our care and support planned?

1 - Unsatisfactory

We made an evaluation of unsatisfactory for this key question. There were weaknesses in critical aspects of performance which require immediate remedial action to improve experience and outcomes for children and young people. We have made requirements for carrying out necessary actions as a matter of urgency.

Assessments and care plans for children and young people using the fostering service were of a good quality when we were able to view completed pieces of work. They would however benefit from adopting a SMART process with particular emphasis on the setting of timescales for completion (see requirement 1). In the case tracking that we conducted, we found examples of decisions being made and requests for assessments but then no action occurring. We found gaps in files and recordings. The ability to track a young person's journey through care was not always possible with missing chronologies, poor event recordings and inconsistencies in how staff were recording information and where. The provider has taken steps to address this, and a new IT system will be in place soon. However, the recording system as it currently stands would make it difficult for a young person to be able to understand if they requested their file, why and when decisions were made.

We found that since the last inspection there had been little progress in the completion of assessments, progressing care plans and that regular reviews were not completed. This meant that children and young people's situations had not progressed since the last inspection. Meaning that steps towards longer term goals were not being taken and that review of short-term goals and updating care planning to reflect changing views and wishes was not occurring. This is now the third inspection where this weakness has been found with no evidence of sustained improvement. The impact on outcomes for children and young people has now reached a critical point and immediate remedial action to improve experience and outcomes must occur (see requirement 2).

Requirements

1. 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).

2. By 30 December 2022, to ensure that children and young people receive timely progression of plans and to understand their past should they wish to review their files, the provider must ensure that all relevant or requested reports, assessments, minutes and related documents are completed, signed, dated and store appropriately.

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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

Requirements

Requirement 1

The provider must improve the quality of permanence planning for children to promote stability in children's lives.

In order to achieve this, the service must ensure that:

- procedures to secure permanent alternative care are embedded in practice
- staff are supported and feel confident in planning permanent alternative care
- tracking systems identify where there are gaps and these are addressed.

This is in order 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 needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16); and in order to comply with SSI 2011/210 Regulation 4 (1)(a).

This requirement was made on 19 April 2021.

Action taken on previous requirement

This requirement has not been met and continues.

Not met

Requirement 2

The provider must ensure that all relevant reports, assessments, minutes and related documentation are signed, dated, and stored in a centralised system. This is to support timely progression of plans and to assist children and young people in adulthood to understand their past should they wish to review their files.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and in order to comply with SSI 2011/210 Regulation 4 (1)(a).

This requirement was made on 19 April 2021.

Action taken on previous requirement

This requirement has not been met and continues.

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

The service should continue to work with corporate parenting partners to ensure that mental health services are available to children at the point of need.

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

'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29).

This area for improvement was made on 19 April 2021.

Action taken since then

Improved access to mental health services. This area for improvement has been met.

Previous area for improvement 2

The service should ensure that all foster carers have completed core training requirements.

This is in order 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 3.14).

This area for improvement was made on 19 April 2021.

Action taken since then

This area for improvement has not been met, therefore has now been made a requirement.

Previous area for improvement 3

The service should ensure that children and young people can access rights information and advocacy services directly if they wish to do so.

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

'I am supported to understand and uphold my rights' (HSCS 2.3).

This area for improvement was made on 19 April 2021.

Action taken since then

This area for improvement has not been met at inspection and continues.

Previous area for improvement 4

The management vision for the service should be better explained and planning around how to achieve desired outcomes needs to be more specific.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

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

This area for improvement was made on 19 April 2021.

Action taken since then

This area for improvement has not been met at inspection, therefore has now been made a requirement.

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?	2 - Weak
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	2 - Weak
1.2 Children, young people and adults get the most out of life	2 - Weak
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	3 - Adequate
1.4 Children, young people, adults and their caregiver families get the service that is right for them	2 - Weak
How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement are led well	1 - Unsatisfactory
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	2 - Weak
How well is our care and support planned?	1 - Unsatisfactory
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	1 - Unsatisfactory

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Orkney Adoption Service Adoption Service

School Place
Kirkwall
KW15 1NY

Telephone: 01856 873 535

Type of inspection:
Announced (short notice)

Completed on:
26 September 2022

Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2004082081

About the service

The Orkney Island's Council Adoption Agency has been registered since 21 December 2005.

The Adoption Agency provides a service for children and young people, aged from birth to 18 years, and their families who are assessed as in need of this service.

The agency recruits and supports adoptive parents to provide families for those children who cannot live with their birth parents or extended family members. The Adoption Agency operates within a small geographical island area and has close links with its neighbouring island authorities.

The aims of the service are:

- To provide quality, loving, safe, warm and nurturing adoptive families for children and young people from Orkney and outwith Orkney who require permanent homes.
- To support the needs of adopters to meet the needs of children who have experienced trauma and loss.
- To support the findings of The Promise.

This inspection was completed using a virtual methodology. As part of this remote process, we utilised electronic questionnaires, email, and virtual video discussion with a range of professionals and adopters. Additionally, we evaluated the services documentation electronically, this included policies and procedures, assessments, adoption plans, meeting minutes and staff records.

About the inspection

This was an announced which took place between 30 August 2022 and 26 September 2022. 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 three people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Children and young people experienced nurturing relationships with their adoptive families.
- Supervising Social Workers had been allocated additional responsibilities outwith the Adoption Service which resulted in them being less available to offer support to children, young people and their families.
- Gaps in leadership roles impacted service improvement, development and quality assurance processes.
- Drift and delay in permanency planning and processes resulted in negative outcomes for children and young people.
- Adoption Support Plans were inconsistently assessed and reviewed by the Adoption Service.

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?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We have evaluated this key question as weak, as although we identified some strengths these were outweighed by significant weaknesses, which substantially affect children's outcomes. Due to the impact on the welfare of children and young people, we have made requirements for improvement.

Children experienced nurturing and meaningful relationships with their adoptive families. Adopters had positive relationships with supervising social workers. There was a focus on relational based practice within the service which allowed workers to advocate on behalf of the children and their families. Although some advocacy work was identified this could be strengthened to best support children and young people. (See Area for Improvement 1). However, Supervising Social Workers had faced a period of redeployment within Children's Services and this impacted their availability to support and advocate on behalf of families within the Adoption Service.

Transitions were managed adequately and adoption allowance was used to support families and make connections.

Children and young people were supported to engage in their local community either within friendship groups or age appropriate activities. There was an improved access to mental health services. Referrals were submitted timeously and where required staff were proactive in progressing discussions. Multiagency discussions were supported where required to aid understanding and inform interventions. A key area of improvement identified in this inspection was in the professional connections between social work, education and health.

Some events were organised within the Adoption Service with a high sense of value placed on their activities by the families. However, there had been no training offered to adoptive families since the last inspection and limited support groups which resulted in families feeling isolated and missing out on chance to access learning opportunities.

There was an understanding around the complexity in siblings relationship and additional support was sought to therapeutically promote the relationship between brothers and sisters. This meant that where possible decision making kept siblings together and supported their relationships.

Risk was identified but not fully responded to in a timely manner. This resulted in escalation of concerns and reactive planning. This failure to fully identify and respond to indicators of concern resulted in fractures in the family relationships and therefore in negative outcomes for the child.

Understanding of identity was valued in the service. There was an expectation that all children and young people would understand their life journey. However, due to the pressures on staffing, we saw no evidence of any lifestory work being completed within the last inspection period. This meant that the service was unable to meet their own expectation around children and young people's understanding of their care journey.

Supervising social workers used attachment and trauma aware focussed discussion to strengthen relationships between adopters, children and young people which resulted in nurturing relationships. However, the lack of responsiveness from staff will have negatively impacted on the families, children and young people. This will also have prevented a continuing review of needs.

Information provided to potential adopters was clear and concise. However, the creation of an adoption service handbook would be beneficial as part of a wider preparation process. There had been no progression of adopter assessments since the last inspection. Which meant that we were unable to consider current assessment practice and the service had not grown as required to offer permanent families to their children.

At the time of the inspection there had not been a fostering and permanency panel for nine months, due to the lack of panel chair and panel advisor. The impact of this gap was not only on the review of carers but also on the direct progression of permanency planning for children. Despite a number of children being aware of their individual assessment for a forever family, no children secured permanency which had also been the case in the last inspection of the service. Stability for children continues to be compromised due to the drift and delay in permanency and negatively impacting their opportunity to find their forever families. (See Requirement 1).

Requirements

1. By 30th December 2022, to ensure stability in children's lives, the service must improve the quality of permanence planning for children. To do this, the provider must as a minimum ensure that:

- a. Procedures to secure permanent alternative care are embedded in practice
- b. Staff are supported and feel confident in planning permanent alternative care
- c. Tracking systems identify where there are gaps and these are addressed.
- d. Assessments are undertaken and children are presented at permanence panel within timescales.

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: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16).

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).

How good is our leadership?

1 - Unsatisfactory

An evaluation of unsatisfactory has been graded for this key question. There were major weaknesses identified which require immediate remedial action to improve experiences and outcomes for children, young people and their families. As the weaknesses concerned the welfare of children and young people, we have made requirements for improvement.

At the time of inspection, there was no manager or service manager for the Adoption Service. This gap in the service greatly impacted service development as well as the quality assurance systems in place. The temporary solutions to the chronic lack of staff and external oversight, brought a fragility to level of scrutiny being implemented. Due to the infancy of appointments, there was no evidence seen of a measurable impact on outcomes. (See Requirement 1).

There was no overview of panel member training and supervision. (See Area for Improvement 1). Supervising social workers received inconsistent supervision which was reflective of gaps in line management. The staff members were redeployed within Children's Services for which we found no evidence of supervision or manager oversight. The result was staff feeling unsupported and vulnerable in an area of work they were not routinely familiar with.

The approach to monitoring did not occur in a holistic and systemic manner. A permanency tracker was in early development with gaps in implementation, therefore there was a risk that children will be lost in the tracking and thus did not allow accurate review of planned improvements.

The service was aware of the concerns around permanency and the previous work with Permanence and Care excellence Programme (PACE). However, there continued to be drift and delay in the planning around permanency. The lack of a robust system to track performance, impacted the service's ability to advocate for improved timescales. This was assessed as having had a direct negative impact on young people's outcomes. (See Requirement 2).

Staff training was being developed which would focus on specific areas of improvement for practice. However, staff morale was low and their capacity to develop would likely be affected. Continued challenges within the longer term staffing of the wider service, as well as lack of registered management of the adoption team, compromised the ability of the service to drive change and improvement.

Requirements

1. By 30th 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' (4.19) and 'I use a service and organisation that are well led and managed' (4.23).

2. By 30th December 2022, 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?

2 - Weak

Although some strengths were identified these were compromised by significant weaknesses therefore a grade of weak has been awarded to this key question.

The staff team had a strong value based approach and a good understanding of the Health and Social Care standards and professional codes. This meant that the staff team were operating from a good basis to offer support to families.

Since the last inspection, the supervising social workers held additional responsibilities within the Children's Services. There was a strong emphasis on relationship based practice however this was severely impacted by the need to prioritise the additional responsibilities they were allocated. The result of this conflicting caseload impacted their ability to perform core duties, progress permanency plans, deliver training and support which had been professionally demoralising for staff.

Along with the gap in carer training, there was also a significant gap in staff training, with no evidence seen of any training being robustly scrutinised. This lack of oversight will impact the service's ability to identify strengths and training needs and therefore in service delivery. (See requirement 1).

There has been infrequent supervision for staff, reflecting gaps due to manager absence. Although appraisals were completed, there had been a lack of consistent oversight on staff training and development. There has been limited support to the team to promote self-reflection in terms of their learning needs. The staff were experienced and had a high level of understanding of trauma-informed practice. However, their ability to reflect this in practice had been limited due to the competing demands asked of them. (See requirement 2).

We found no system in place to incorporate adopter, children and young people's views in supervision and appraisals.

1. By 30th December 2022, to ensure that children and young people and their families feel staff have the right skills and experience to support them, the provider must ensure all relevant staff have access to and complete training specific to the families they are working with.

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' (3.14).

2. By 30th December 2022, to ensure that staff feel safe and supported in their practice, the provider should ensure that staff have regular opportunities for good quality and regular supervision for all areas of their working practice.

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' (3.14), and with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

How well is our care and support planned?

2 - Weak

An evaluation of weak was graded to this key question. Although a number of strengths were identified, these were compromised by significant weakness. As these weaknesses had potential to negatively impact outcomes for children and young people, we have made requirements for improvement.

Adoption support plans were not consistently completed and reviewed by the Adoption service. Some plans were reviewed annually within education settings, whereas others were reviewed by Supervising Social Workers. The result of the difference in approach is likely to result in a static document which did not reflect approaches to the child's care and support needs. The support plans updated by Supervising social workers were detailed in terms of strategies and interventions but lacked measures and timescales for reviews. The level of staffing and their recent availability, undermines confidence in the assessment and proposed interventions to reduce risk.

We saw no manager oversight of support plans meaning there was no scrutiny on what support was being provided to families in comparison to their level of need. Family needs were discussed during supervision but this had been inconsistent in the period prior to the inspection.

The level and quality of recording was inconsistent. Multiagency professional meetings were convened to consider individualised care plans as well as sharing of information. However, there were gaps within recordings and formal minutes were sparse within files. The use of the recording system was also inconsistent across the service. Clear narratives for children and young people are beneficial in later years, should they wish to review documentation in order to gain an understanding of their journey. From the recordings sampled, the young people would not have a clear sense of their journey. We suggest that the functions within each family file be better used to record key and relevant information.

Training was being developed with a particular focus on assessments which will be delivered to all staff. This training will be useful to staff to support their development undertaking assessments in practice and evidencing this within the written documents. However, this training has not yet occurred and the gap in assessment remains evident.

Requirements

1. By 30th 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).

2. By 30th December 2022, to ensure that children and young people receive timely progression of plans and to understand their past should they wish to review their files, the provider must ensure that all relevant reports, assessments, minutes and related documents are signed, dated and stored appropriately.

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 experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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

Requirements

Requirement 1

The provider must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the service must ensure that:

- Procedures to secure permanent alternative care are embedded in practice
- Staff are supported and feel confident in planning permanent alternative care
- Tracking systems identify where there are gaps and these are addressed.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16); and in order to comply with SSI 2011/210 Regulation 4 (1)(a). Timescale for Completion: 30 November 2021.

This requirement was made on 19 April 2021.

Action taken on previous requirement

Requirement not met, continued requirement for improvement.

Not met

Requirement 2

The provider must ensure that all relevant reports, assessments, minutes and related documentation are signed, dated, and stored in a centralised system. This is to support timely progression of plans and to assist children and young people in adulthood to understand their past should they wish to review their files.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and in order to comply with SSI 2011/210 Regulation 4 (1)(a). Timescale for completion: 30 November 2021.

This requirement was made on 19 April 2021.

Action taken on previous requirement

Requirement not met, continued requirement for improvement.

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

The service should continue to work with corporate parenting partners to ensure that mental health services are available to children at the point of need.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma and neglect' (HSCS 1.29).

This area for improvement was made on 19 April 2019.

Action taken since then

We noted improved access to mental health supports.

Previous area for improvement 2

The management vision for the service should be better explained and planning around how to achieve desired outcomes needs to be more specific.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 19 April 2021.

Action taken since then

Some improvements have been made in this area. However, a lack of consistency in the management team continues to impact improvement in this area. A requirement has been made in terms of stability of the management team which will also cover this area for improvement.

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?	2 - Weak
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	3 - Adequate
1.2 Children, young people and adults get the most out of life	2 - Weak
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	3 - Adequate
1.4 Children, young people, adults and their caregiver families get the service that is right for them	2 - Weak
How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement are led well	1 - Unsatisfactory
How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	2 - Weak
How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	2 - Weak

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Orkney Adult Placement Service Adult Placement Service

Council Offices
School Place
Kirkwall
KW15 1NY

Telephone: 01856 873 535

Type of inspection:
Announced

Completed on:
26 September 2022

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. Families are approved as both foster carers and adult placement carers through the fostering and adult placement panel to make the transition from foster care to adult placement as seamless as possible.

At the time of the inspection, one young person was in continuing care.

The aims of the service are:

"• To provide quality, loving, safe, warm and nurturing family-based care for care-experienced young people in Orkney from the age of 18 years up to the age of 21 to live in and move on from.

- To identify a foster home for a young person beyond the age of 18 where this is considered necessary, appropriate and sustainable.
- To provide a structured and stimulating family-based care for young people, that is free from prejudices.
- To treat all young people with dignity and respect.
- To support the findings of The Promise."

We undertook this inspection using virtual methodology which included the use of technology. As part of this process, we undertook the following:

- Obtaining the views of visiting professionals using an e-mail questionnaires and video technology discussions.
- Discussions with external managers, and staff using video technology.
- Discussions with adult placement carers using video technology.
- Evaluation of a wide range of electronic documents, including policies and procedures, personal plans, risk assessments and staff records.

What people told us

Carers told us that they were aware of changes within the staff group and provision of support within the service, but that they had felt that this had not impacted upon them or the care they were able to provide. Staff were viewed as competent. The young person using the service choose not to engage in the inspection process.

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?	3 - Adequate
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?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst we assessed that there were a number of strengths, key areas needed to improve to ensure positive experiences and outcomes for young people.

Young people living with caregiver families experienced affectionate and meaningful care. Caregivers described examples of advocating on behalf of young people. This active engagement on behalf of young people by carers, ensured that they were able to engage in activities and lead independent lives.

There were examples of care being personalised, with young people experiencing support which took into account their individual strengths and preferences. We found that efforts were made to support ongoing relationships and contact with others, including parents where appropriate. Young people experienced care with caregivers who were committed to supporting their emotional wellbeing and development. The support that they provided was, however, let down by the services failures to effectively communicate with the caregiving group, and complete regular visits and reviews.

Caregivers were not supported to develop or learn with no training provided in the last year. We did hear about individual staff members providing quality one to one support to carers to support behavioural management or crisis situations. Since the last inspection there had been no training offered to carers, with gaps in carer core training identified as a concern. This concern was identified in the last two inspections. The full range of service supports were however unavailable due to the redeployment of staff. For carers this meant that opportunities to train, receive additional support or upskill were lost.

Caregivers feedback was positive about the relational approach of the staff team with caregivers universally viewing staff as skilled and supportive. However, it was reported that in the last year all staff had duties in other parts of the wider provider provision. This impacted on the support and contact they were able to offer carers and young people. This was evidenced further in our tracking of home visits, supervision of carers and reviews with notable gaps in these areas. The overall sense was one where there was no continuous review of needs for young people, and their carers but rather a reactive system.

Where the service was responsible for assessing caregiver families, we found this to be comprehensive. However, panels and caregiver reviews were not occurring regularly and no additional recruitment or assessment of carers for the adult placement service had taken place since the last inspection.

Young people's access to mental health services and multi-disciplinary connections across services were found to have improved. This meant that young people had been able to access assessments from specialist services, although this could have occurred in a timelier manner and that staff felt confident that these same services could be accessed for other young people. A key element identified by the staff group in this improvement was around ensuring that professional connections between social work, education and health were maintained and supported by senior colleagues.

The caregivers' creative care and support meant that the young persons transitions and challenges were navigated effectively. The service supported the caregivers in crisis situations and it was clear that the young person would be able to be supported by the service to remain in their care setting for as long as possible and until they felt able to move on. However, practice in this area could be improved through further support to independence for the young person from the service. The creation of a pathway for the completion of welfare assessments and the finalisation of the adult placement policy would also be beneficial.

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we assessed that there were a number of strengths, these were compromised by significant weaknesses. As these weaknesses had the potential to have a negative impact on outcomes and the welfare of young people, we have made requirements for improvement (see requirement 1).

The service has developed a system for tracking and evaluating the outcomes of children and young people using all registered services. The tracker system is in the early stages of implementation however, we found gaps in the tracking of data which had the potential for children and young people to be missed. We were unable to see any positive impacts at the time of inspection from the use of the tracker on young people's outcomes. Additionally, service tracking of complaints and child/adult protection concerns were of concern with information being held in different locations. This meant that when reviewing separate documents, we were able to see separate concerns that were not tied to each other. We assessed this as having the potential to lead to poor decision making and negative outcomes for young people.

The effectiveness of the new processes for tracking, and managerial action to evaluate young people's care planning and outcomes have not been evidenced. The concerns which were raised at the last inspection remain unaddressed. The quality assurance process and direct provision of services is limited by the chronic lack of staff. This currently includes the lack of a registered manager for the adult placement service and until recently gaps in positions of external oversight, although positively this later issue is temporarily resolved. Since the last inspection there has been a nine-month period where no fostering or adoption panels took place, which has directly impacted on carer reviews, decision making and progression of planning and on the provision of additional external safeguards and assurances. There has been an acknowledged staff shortage which has led to insufficient capacity to provide core aspects of service and therefore improvement activities have been side-lined. The process of making or embedding change has been since the last inspection and is still currently hindered by a lack of staff. It is likely that the effectiveness of any improvement actions will be directly linked to staffing numbers across the wider provision.

Requirements

1. By 30 December 2022, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of 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.
- c. ensure that effective communication takes place with young people, carers and stakeholders.

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

How good is our staff team?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst we assessed that there were a number of strengths, key areas needed to improve to ensure positive experiences and outcomes for young people. Staff formed genuine relationships with carers. They were skilled in helping to resolve challenging situations and in the provision of specialist advice. There was redeployment of staff away from the core task of the adult placement service which had the potential to impact on the quality of service provision. However, due to a number of unique factors the staff remained involved with the carers and young person throughout the last year. There were however delays in the completion of reviews, impacting negatively on young people's journey through care.

Continuous learning has been a previous strength of the staff of the service. Since the last inspection access for staff to learning opportunities has lacked breadth and scope. Individual and group training analyses were not found. This meant that access to training occurred on an ad hoc rather than planned basis and may not reflect the needs of young people, carers, or the service (see requirement 1). Additionally, there was no system in place that allowed for the incorporation of carers, or young people's views into training, supervision, appraisal or wider service planning. Meaning that during this recent period of redeployment of core staff no meaningful consultation took place with key stakeholders.

We found supervision for staff to have occurred infrequently for the work of the adult placement service with varying quality of recording. The structure of some recordings was confusing with unclear direction to action from the discussion. It was unclear how staff were supported through the changing expectations of their roles and the handing over of responsibilities in relation to specific cases (see requirement 2).

1. 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).

2. 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).

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst we assessed that there were a number of strengths, key areas needed to improve to ensure positive experiences and outcomes for young people.

We found that since the last inspection regular reviews were not completed. There was however evidence of the service responding appropriately to support young people and caregivers. This could be further developed to create more robust planning towards independence that is not as reliant on the caregivers to lead. Care planning would benefit from adopting a SMART process with particular emphasis on the setting of timescales for completion (see requirement 1).

Requirements

1. By 31 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 support plans identify future needs
- b. are informed by a young persons care plan and risk assessment
- c. reviewed regularly to ensure that young person and carers support needs 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).

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

Requirements

Requirement 1

The provider must ensure that information appropriately retained and is available for young people into adulthood to support understanding of their past.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and in order to comply with SSI 2011/210 Regulation 4 (1)(a).

This requirement was made on 19 April 2021.

Action taken on previous requirement

This requirement is not met, however update to IT system is planned which will assist the provider in addressing this.

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

The service must undertake welfare assessments on all young people who may be in need of continuing care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 19 April 2021.

Action taken since then

The age range of young people using the service meant that no welfare assessments were due to occur since the last inspection.

Previous area for improvement 2

The service should continue to work with corporate parenting partners to ensure that mental health services are available to children at the point of need.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, which state that:

'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma and neglect' (HSCS 1.29).

This area for improvement was made on 19 April 2021.

Action taken since then

This area for improvement has been met.

Previous area for improvement 3

The management vision for the service should be better explained and planning around how to achieve desired outcomes needs to be more specific.

This is in order 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).

This area for improvement was made on 19 April 2021.

Action taken since then

This area for improvement has not been met. This area for improvement has been incorporated into the requirements under Key Question 2.

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?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	3 - Adequate
1.2 Children, young people and adults get the most out of life	3 - Adequate
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	3 - Adequate
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

FOSTERING SERVICE – ACTION PLAN DEC 2022

Requirements/ Recommendations	Outcomes	Agreed Action	Time scale	Identified responsible person	Q/A responsible officer
<p>How well do we support people’s wellbeing</p> <p>Requirements</p> <p>1. By 30 December 2022, the provider must ensure that all foster carers have completed core training requirements.</p> <p><i>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, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).</i></p>	<p>Our carers are skilled and confident in meeting the needs of children they care for.</p> <p>Children, young people, and their families feel confident in the quality of support they receive</p>	<p>Supervising Social Workers will complete a training audit of all Foster Carers and arrange for core training to be undertaken.</p> <p>Training needs specific to young people in their care will also be identified and training provided, using internal and external providers</p>	<p>Audit complete Core training scheduled and complete by 03/03/2023</p> <p>Individual training needs audit with Carers 11/01/2023 complete</p>	<p>F and A Team – Supervising Social Workers</p>	<p>Team Manager/ Service Manager</p>

Action Plan Fostering Service

<p>2. By 30 December 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the service must ensure that:</p> <p>a) Procedures to secure permanent alternative care are embedded in practice. b) Staff are supported and feel confident in planning permanent alternative care. c) Assessments are undertaken and children are presented at permanence panel within timescales.</p> <p><i>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: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16).</i></p>	<p>Social Workers are supported and feel confident in planning permanent alternative care.</p> <p>Children, young people, and their families do not experience unnecessary delay in the plans made with them when they need permanent alternative care.</p>	<p>a) Finalise permanence procedures. Embed within the service through training, team meetings and supervision.</p> <p>b) Provide training on Permanence planning for Social Work staff</p> <p>Embed the practice of regular Team around the Child meetings for Looked after Children to ensure actions in the Child's Plan are being progressed.</p> <p>Ensure regular Looked after child reviews, within timescales.</p>	<p>Procedure is progressed from draft and briefing provided to staff teams – 3rd March 2023</p> <p>Permanence tracking meetings taking place.</p> <p>External provider to provide training to Social Work staff. Dates offered for April 2023 TBC</p> <p>Agenda item for team meeting and for individual supervision 30th November 2022</p> <p>Looked After Reviews are scheduled well in advance and plans are developed with Children, Young People and families and final copies</p>	<p>IRO/ Service Managers</p> <p>Service Managers</p> <p>Team Managers</p> <p>Social Workers/ IRO</p>	<p>Head of Service/ CSWO</p> <p>Service Managers</p> <p>Service Managers/ IRO</p> <p>Service Manager</p>
---	---	--	--	--	--

Action Plan Fostering Service

		<p>Ensure clear escalation process for all staff where there is unmet need or challenges in progressing plans</p> <p>c) Ensure Permanence Planning Group meets monthly and progress is tracked.</p> <p>Foster and Adoption Panels are scheduled regularly, and Social Workers supported to provide necessary paperwork within timescales.</p>	<p>shared within agency timescales. Complete</p> <p>Develop and embed written process to make escalation process explicit and embed within practice. Complete</p> <p>Meeting took place 13th January 2023 to review progress and regular meetings scheduled for 2023</p> <p>Fostering and Adoption Panel dates are currently scheduled and dates for individual cases to be confirmed for 2023 Permanency tracking sheet used to support Social Workers plan within timescales.</p>	<p>Team Mangers/ Service Managers/ IRO</p> <p>Permanence Tracking Group Members</p> <p>Panel Advisor/ Panel Chair</p>	<p>Head of Service/ CSWO</p> <p>Head of Service/ CSWO</p> <p>Service Manager</p>
--	--	---	---	---	--

<p>Areas for improvement</p> <p>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.</p> <p><i>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).</i></p>	<p>We engage with Children and Young People in meaningful ways to ensure their voices are heard, they understand their rights and are enabled to participate in their own care plans.</p> <p>Children and Young People feel listened to, informed and supported to access independent advocacy when they need it.</p>	<p>Ensure the roll-out across Children’s Services and the wider partnership of ‘telling the child’s story’ and the interagency guidance ‘Voice of the child’</p> <p>Continue to work with Who Cares? Scotland to ensure advocacy services are available and Children and Young People have opportunities to participate.</p> <p>Continue to work with the partnership as we prepare to embed UNCRC.</p>	<p>Currently used within induction pack for new members of staff. Agenda item for Team meeting complete</p> <p>Arrange to meet with Who Cares Area Manger following recruitment to local Advocacy post and review current provision complete</p> <p>Agenda item for Children’s partnership meeting and Improvement Development group</p>	<p>Team Managers</p> <p>Service Manager/ Who Cares Scotland Manager</p> <p>Children’s Partnership</p>	<p>Service Manager</p> <p>Service Manager</p> <p>Head of Service/ CSWO</p>
<p>How good is our leadership</p> <p>Requirements</p> <p>1. By 30th December 2022, to ensure that children and young people receive</p>					

Action Plan Fostering Service

<p>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:</p> <p>a. Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.</p> <p>b. The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.</p> <p><i>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'</i></p>	<p>We are confident that the services we provide for children, young people and their families are making a positive difference and we can identify our improvement needs from clear evidence.</p> <p>Children, Young People, and their families experience care and support that exceeds HSCS standards and are confident that the service is open and transparent where there is need for improvement.</p>	<p>a) Service Managers, Team Managers and staff teams contribute to electronic filing system update</p> <p>Ensure greater consistency of content and filing of records</p> <p>b) Develop and embed Quality Assurance framework across the Service area, ensuring all staff understand the purpose, and share the responsibility, of quality improvement work and</p>	<p>Weekly Paris working group meetings currently to progress this work - demo from CIVICA - complete</p> <p>Ongoing weekly meetings</p> <p>Review current process and provide clear guidance. Team Manager C and F already started this work</p> <p>Work planned for 16th January 2023 - complete – action to mitigate risk with CSWO for discussio</p> <p>Share frame work with staff group once signed off by Head of Service/CSWO 17th January 2023 – complete. Quality improvement group (QIG) established. First meeting 23rd Feb 23</p>	<p>Paris Working Group, Team Managers/ Service Managers</p> <p>Team Managers/ Service Mangers</p> <p>IRO/ Team managers/ Service Managers</p>	<p>Service Manager</p> <p>Service Managers</p> <p>Head of Service/ CSWO</p>
---	--	--	---	---	---

<p>2. By 30th 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.</p> <p><i>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</i></p>	<p>The service is confident in the qualitative and quantitative data that is produced from our QA systems and this informs our continuous improvement journey</p> <p>Children, Young People and their families feel that they are supported by staff that experience good leadership and management, and are therefore confident in their decision making.</p>	<p>continuous improvement.</p> <p>a) Audit systems will be identified within the quality assurance framework identified as an action above.</p> <p>b) The Team Lead Fostering, Adoption, Kinship post is currently being recruited to. Interim direct line management is in place.</p>	<p>Met</p>		
--	--	---	-------------------	--	--

Action Plan Fostering Service

<p><i>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)</i></p> <p>Areas for improvement</p> <p>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. <i>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).</i></p>	<p>The service is confident that our panel members are equipped with the necessary training and support to make the decisions requested of them.</p> <p>Panel members are confident in making decisions for Children and Young People either in need of alternative care arrangements, or decisions around permanence.</p>	<p>Review of current training needs and re-establish regular supervision for all panel members</p> <p>Plan for a Panel Development Day</p> <p>Panel processes to be reviewed and updated as required</p>	<p>Individual meetings to be arranged with panel member/ panel advisor and panel chair December 2022/January 2023</p> <p>Date to be arranged – mid-2023</p> <p>Work with neighbouring Island authority planned 15th January 2023 – complete and ongoing</p>	<p>Panel Advisor/ Panel Chair</p> <p>Panel Advisor/ Panel Chair</p> <p>Panel Advisor/ Panel Chair/ Panel Advisor / Service Manager/Shetland Islands Council</p>	<p>Service Manager</p> <p>Service Manager</p> <p>Service Manager</p>
---	--	--	---	---	--

<p>How good is our staff team Requirements</p> <p>1. By 30th 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</p>	<p>Social work staff are able to access necessary training, and this is recorded for audit purposes. The service is confident that the training needs of the staff are appropriately met, and staff are confident in their roles.</p>	<p>Review training needs with individual staff and ensure they can access any necessary updates and refresher courses on a regular basis</p>	<p>Child Protection training delivered as part of SMART action plans on 1st December 2022</p> <p>ASP and CP training calendar currently being worked on and 14/15/16 Feb 2023</p>	<p>Partnership training delivered by IRO</p> <p>ASP and CP leads</p>	<p>Service Managers</p> <p>Service Managers/ Head of Service/ CSWO</p>
<p>How well is our care and support planned Requirements</p> <p>1. By 30th 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,</p>	<p>The plans that are developed for Children, Young People and their families encompass the values of relationship-based practice, are person centred and SMART</p>	<p>a) Training to be provided for the partnership on SMART planning.</p> <p>Review all post adoption support plans and ensure future needs are considered and planned for</p>	<p>Training delivered on 1st December 2022</p> <p>Complete</p>	<p>Partnership training co-ordinated by IRO</p> <p>Allocated Social Workers</p>	<p>Service Managers</p> <p>Service Manager</p>

Action Plan Fostering Service

<p><i>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).</i></p> <p>2. By 30th December 2022, to ensure that children and young people receive timely progression of plans and to understand their past should they wish to review their files, the provider must ensure that all relevant reports, assessments, minutes and related documents are signed, dated and store appropriately.</p> <p><i>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</i></p>	<p>The Service is confident that the records they maintain are of good quality, accessible and evidence timely progression of plans for Children and Young People. This will assist young people in their adulthood to understand their past should they wish to review their records</p>	<p>Robust audit process around appropriate completion of records, storage, and retention to be reviewed and embedded.</p> <p>Review of statistical data from IRO on regular basis detailed within the developed QA framework</p>	<p>30th December 2022</p> <p>To be finalised at QIG 23rd Feb 23</p> <p>Draft QA framework 18th January 2023, will require sign off by Head of Service/CSWO</p> <p>To be finalised at QIG 23rd Feb 23</p>	<p>Team Manager/ IRO/ Service Manager</p> <p>Team Manager/ IRO/ Service manager</p>	<p>Head of Service/CSWO</p> <p>Head of Service/CSWO</p>
--	---	--	--	---	---

<p><i>that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).</i></p>					
<p>Requirements not met (from previous inspection)</p> <p>Requirement 1 The provider must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the service must ensure that: - procedures to secure permanent alternative care are</p>	<p>Requirement actioned within plan above.</p>				

Action Plan Fostering Service

<p>embedded in practice - staff are supported and feel confident in planning permanent alternative care - tracking systems identify where there are gaps and these are addressed.</p> <p>This is in order 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 needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16); and in order to comply with SSI 2011/210 Regulation 4 (1)(a). This requirement was made on 19 April 2021. Action taken on previous requirement This requirement has not been met and continues</p> <p>Requirement 2 The provider must ensure that all relevant reports, assessments, minutes and related</p>	<p>Requirement actioned within plan above.</p>				
---	---	--	--	--	--

Action Plan Fostering Service

<p>documentation are signed, dated, and stored in a centralised system. This is to support timely progression of plans and to assist children and young people in adulthood to understand their past should they wish to review their files. This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and in order to comply with SSI 2011/210 Regulation 4 (1)(a). This requirement was made on 19 April 2021. Action taken on previous requirement This requirement has not been met and continues</p>					
---	--	--	--	--	--

Action Plan Fostering Service

<p>access rights information and advocacy services directly if they wish to do so.</p> <p><i>This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights' (HSCS 2.3). This area for improvement was made on 19 April 2021. Action taken since then This area for improvement has not been met at inspection and continues.</i></p> <p>4. The management vision for the service should be better explained and planning around how to achieve desired outcomes needs to be more specific. <i>This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:</i></p>	<p>All parts of the Service clearly understand and share the vision for the service and are able to articulate this clearly.</p> <p>Children, Young People and their families know what the vision of the</p>	<p>Development session with Fostering/Adoption/ Kinship team to consider and develop shared vision</p> <p>Service improvement and development plan to be updated to reflect action included in this action plan</p>	<p>29th November 2022 Complete – ongoing development for 2023</p> <p>January 2023</p>	<p>F/A/K Team/Team Manager/Service Manager</p> <p>F/A/K Team/ Team Manager</p>	<p>Head of Service/ CSWO</p> <p>Head of Service/ CSWO</p>
---	---	---	--	--	---

Action Plan Fostering Service

<p><i>'I use a service and organisation that are well led and managed (HSCS 4.23).</i></p> <p>This area for improvement was made on 19 April 2021. Action taken since then This area for improvement has not been met at inspection, therefore has now been made a requirement</p>	<p>service means for them and will experience this in the service they receive.</p>				
---	---	--	--	--	--

ADOPTION SERVICE – INSPECTION REPORT ACTION PLAN DEC 2022

Requirements/ recommendations	Agreed Action		Due Date	Responsible	Comment
<p>How well do we support people’s wellbeing</p> <p>Requirements</p> <p>1. By 30th December 2022, to ensure stability in children’s lives, the service must improve the quality of permanence planning for children. To do this, the provider must as a minimum ensure that:</p> <p>a. Procedures to secure permanent alternative care are embedded in practice</p> <p>b. Staff are supported and feel confident in planning permanent alternative care</p> <p>c. Tracking systems identify where there are gaps and these are addressed.</p> <p>d. Assessments are undertaken and children are presented at</p>	<p>Social Workers are supported and feel confident in planning permanent alternative care.</p> <p>Children, young people, and their families do not experience unnecessary delay in the plans made with them when they need permanent alternative care.</p>	<p>a) Finalise permanence procedures. Embed within the service through training, team meetings and supervision.</p> <p>b) Provide training on Permanence planning for Social Work staff</p> <p>Embed the practice of regular Team meetings around the Child meetings for Looked after Children to</p>	<p>Procedure is progressed from draft and briefing provided to staff teams</p> <p>3rd march 2023</p> <p>Permanence tracking meetings taking place</p> <p>Independent provider to provide training to Social Work staff. Dates to be confirmed</p> <p>May/June 2023</p> <p>Agenda item for team meeting and for individual supervision</p> <p>30th November 2022</p>	<p>IRO/ Service Managers</p> <p>Service Managers</p> <p>Team Managers</p>	<p>CSWO/ Head of Service</p> <p>Service Managers</p> <p>Service Managers/ IRO</p>

Action Plan – Adoption Service

<p>permanence panel within timescales. <i>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: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16).</i></p>		<p>ensure actions in the Child's Plan are being progressed.</p>			
		<p>Ensure regular Looked after child reviews, within timescales.</p>	Complete	<p>Social Workers/ IRO</p> <p>IRO/ Team managers</p>	<p>Service Managers</p>
		<p>Ensure clear escalation process for all staff where there is unmet need or challenges in progressing plans</p>	Complete	<p>Service Manger</p>	<p>Service Managers</p>
		<p>c) Ensure Permanence Planning Group meets monthly and progress is tracked.</p>	<p>Meeting to take place 13th January 2023 to review progress and regular meeting scheduled for 2023</p>	<p>Permanence tracking group members</p>	<p>Head of Service/ CSWO</p>
	<p>Foster and Adoption Panels are scheduled regularly, and Social Workers supported to</p>	Complete	<p>Panel Chair/ Panel Advisor</p>	<p>Service Manager</p>	

<p>Areas for improvement</p> <p>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.</p> <p><i>This is to ensure that care and support is consistent</i></p>	<p>We engage with Children and Young People in meaningful ways to ensure their voices are heard, they understand their rights and are enabled to participate in their own care plans.</p> <p>Children and Young People feel listened to, informed and supported to access independent advocacy when they need it.</p>	<p>provide necessary paperwork within timescales.</p> <p>D) Continued focus on recruitment to key posts. IRO maintains overview and escalates any unnecessary delay</p> <p>Ensure the roll-out across Children’s Services and the wider partnership of ‘telling the child’s story’ and the interagency guidance ‘Voice of the child’</p> <p>Continue to work with Who Cares? Scotland to ensure advocacy services are available and Children and Young People have opportunities to participate.</p>	<p>Complete</p> <p>Currently used within induction pack for new members of staff. Agenda item for Team meeting complete</p> <p>Arrange to meet with Who Cares Area Manger following recruitment to local Advocacy post and review current provision complete</p>	<p>Children’s Partnership</p> <p>Service Managers/ Who Care’s Area manager</p>	<p>Service Managers/ CSWO/Head of Service</p> <p>Service Mangers</p>
--	---	--	---	--	--

<p><i>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).</i></p> <p>How good is our leadership</p> <p>Requirements</p> <p>1. By 30th 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</p>	<p>The service is confident in the qualitative and quantitative data that is produced from our QA systems and this informs our continuous improvement journey</p> <p>Children, Young People and their families feel that they are supported by staff that experience good leadership and management, and are therefore confident in their decision making</p>	<p>Continue to work with the partnership as we prepare for embedding UNCRC.</p> <p>a) Audit systems will be identified within the quality assurance framework identified as an action below.</p> <p>b) The Team Lead Fostering, Adoption, Kinship post has been filled on an acting up basis. Interim direct line management is in place</p>	<p>Agenda item for Children’s partnership meeting and Improvement Development group</p> <p>Met</p>	<p>Children’s partnership</p>	<p>CSWO/ Head of Service</p>
--	---	---	---	-------------------------------	------------------------------

<p>direct line management responsibility. <i>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) and ‘I use a service and organisation that are well led and managed’ (4.23).</i></p> <p>2. By 30th December 2022, 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:</p> <p>a. Ensure that records and practices are in place to evidence the effectiveness</p>	<p>We are confident that the services we provide for children, young people and their families are making a positive difference and we can identify our improvement needs from clear evidence.</p> <p>Children, Young People, and their families experience</p>	<p>a) Service Managers, Team Managers and staff teams contribute to electronic filing system update</p> <p>Ensure greater consistency of content and filing of records</p>	<p>Weekly Paris working group meetings currently to progress this work - demo from CIVICA complete Ongoing weekly meetings</p> <p>Review current process and provide clear guidance. Team Manager C and F</p>	<p>Paris working group, Team Managers/ Service Managers</p> <p>Team Managers/ Service Mangers</p>	<p>Service Managers</p> <p>Service Managers</p>
--	---	--	---	---	---

<p>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. <i>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).</i></p> <p>Areas for improvement</p> <p>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</p>	<p>care and support that exceeds HSCS standards and are confident that the service is open and transparent where there is need for improvement.</p> <p>The service is confident that our panel members are equipped with the necessary training and support to make the decisions requested of them.</p>	<p>b) Develop and embed Quality Assurance framework across the Service area, ensuring all staff understand the purpose, and share the responsibility, of quality improvement work and continuous improvement.</p> <p>Review of current training needs and re-establish regular supervision for all panel members</p>	<p>already started this work Work planned for 16th January 2023 – complete – action to mitigate risk with CSWO for discussion</p> <p>Share frame work with staff group once signed off by Head of Service/CSWO January 2023 – complete Quality Improvement Group (QIG) established. First meeting 23rd Feb 23 Agenda item to finalise QA draft framework</p> <p>Individual meetings to be arranged with panel member/ panel advisor and panel chair – dates to be confirmed December 2022/January 2023</p>	<p>IRO/ Team managers/ Service Managers</p> <p>Panel Advisor/ Panel Chair</p>	<p>CSWO/ Head of Service</p> <p>Service Manager</p>
--	--	--	---	---	---

<p>should ensure suitable training and regular supervision is available to all panel members. <i>Inspection report Inspection report for Orkney Adoption Service [DRAFT] page 6 of 13 This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I use s service and organisation that are well led and managed. (HSCS 4.23).</i></p>	<p>Panel members are confident in making decisions for Children and Young People either in need of alternative care arrangements, or decisions around permanence.</p>	<p>Plan for a Panel Development Day</p> <p>Panel processes to be reviewed and updated as required</p>	<p>Date to be arranged – mid 2023</p> <p>Work with neighbouring Island authority planned 15th January 2023 – complete and ongoing</p>	<p>Panel Advisor/ Panel Chair</p> <p>Panel Advisor/ Panel Chair/ Panel advisor./ Service Manager/Shetland Islands Council</p>	<p>Service Managers</p> <p>Service Manager</p>
<p>How good is our staff team Requirements</p> <p>1. By 30th December 2022, to ensure that children and young people and their families feel staff have the right skills and experience to support them, the provider must ensure all relevant staff have access to and complete training specific to the families they are working with. <i>This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland</i></p>	<p>Social work staff are able to access necessary training and this is recorded for audit purposes. The service is confident in that the training needs of the staff are appropriately met and staff are confident in their roles.</p>	<p>Review training needs with individual staff and ensure they can access any necessary updates and refresher courses on a regular basis</p>	<p>Child Protection training delivered as part of SMART action plans on 1st December 2022</p> <p>ASP and CP training calendar currently being worked on and 14/15/16 Feb 2023</p> <p>Individual training reviews complete by</p>	<p>Partnership training delivered by IRO</p> <p>ASP and CP leads</p>	<p>Service Managers</p> <p>Service Managers - Head of Service/CSWO</p>

Action Plan – Adoption Service

<p><i>(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' (3.14).</i></p> <p>2. By 30th December 2022, to ensure that staff feel safe and supported in their practice, the provider should ensure that staff have regular opportunities for good quality and regular supervision for all areas of their working practice.</p> <p><i>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 Inspection report Inspection report for Orkney Adoption Service [DRAFT] page 7 of 13 support is consistent with the</i></p>	<p>Our staff feel safe and supported to carry out their role and experience regular, reflective supervision alongside case management discussion.</p>	<p>Ensure all staff have regular supervision dates, arranged in advanced, sessions are recorded appropriately and filed.</p>	<p>30th January 2023 - complete</p> <p>Currently in place</p>	<p>Line managers</p> <p>Line Manager/ Social Work Staff</p>	<p>Service Managers</p> <p>Service Managers</p>
--	---	--	--	---	---

<p><i>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' (3.14), and with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).</i></p> <p>How well is our care and support planned</p> <p>Requirements</p> <p>1. By 30th 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</p>	<p>The plans that are developed for Children, Young People and their families encompass the values of relationship based practice, are person centred and SMART.</p>	<p>a) Training to be provided for the partnership on SMART planning.</p> <p>Review all post adoption support plans and ensure future needs are considered and planned for</p>	<p>Training delivered on 1st December 2022</p> <p>Complete</p>	<p>Partnership training delivered by IRO</p> <p>Allocated Social Workers</p>	<p>Partnership training delivered by IRO</p> <p>Allocated Social Workers</p>
--	--	---	--	--	--

<p><i>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).</i></p> <p>2. By 30th December 2022, to ensure that children and young people receive timely progression of plans and to understand their past should they wish to review their files, the provider must ensure that all relevant reports, assessments, minutes and related documents are signed, dated and store appropriately.</p> <p><i>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</i></p>	<p>The service is confident that the records they maintain are of good quality, accessible and evidence timely progression of plans for Children and Young People. This will assist young people in their adulthood to understand their past should they wish to review their records.</p> <p>Children, Young People, and their families know that their information is respected, and the information recorded</p>	<p>Robust audit process around appropriate completion of records, storage, and retention to be reviewed and embedded.</p> <p>Review of statistical data from IRO on regular basis detailed within the developed QA framework</p>	<p>30th December 2022</p> <p>To be finalised at QIG 23rd Feb 23</p> <p>Draft QA framework 18th January 2023, will require sign off by Head of Service/ CSWO</p> <p>To be finalised at QIG 23rd Feb 23</p>	<p>Team Managers/ IRO/ Service Managers</p> <p>Team Managers/ IRO/ Service Managers</p>	<p>Head of Service/ CSWO</p> <p>Head of Service/ CSWO</p>
---	---	--	---	---	---

<p><i>2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).</i></p> <p>Requirements</p> <p>Requirement 1 The provider must improve the quality of permanence planning for children to promote stability in children's lives. In order to achieve this, the service must ensure that: - Procedures to secure permanent alternative</p>	<p>about them is stored appropriately</p> <p>Requirement actioned within plan above</p>				
---	--	--	--	--	--

<p>care are embedded in practice - Staff are supported and feel confident in planning permanent alternative care - Tracking systems identify where there are gaps and these are addressed.</p> <p><i>This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1:16); and in order to comply with SSI 2011/210 Regulation 4 (1)(a). Timescale for Completion: 30 November 2021. This requirement was made on 19 April 2021.</i></p>					
---	--	--	--	--	--

ADULT PLACEMENT – INSPECTION REPORT ACTION PLAN DEC 22

Requirements/ recommendations	Outcomes	Agreed Action	Time scale	Identified responsible person	Q/A responsible officer
<p>How good is our leadership</p> <p>Requirements</p> <p>1. By 30 December 2022, to provide stability in leadership and evidence the effectiveness of the service in meeting the needs of 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:</p> <p>a. ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.</p> <p>b. ensure a direct line management responsibility.</p> <p>c. ensure that effective communication takes place with young people, carers and stakeholders.</p>	<p>The service is confident in the qualitative and quantitative data that is produced from our QA systems, and this informs our continuous improvement journey.</p> <p>Young people accessing this service feel that they are supported by staff that experience good leadership and management, and are therefore confident in their decision making</p>	<p>a) Audit systems will be identified within the Quality Assurance Framework</p> <p>b) Develop and embed Quality Assurance Framework across the Service area, ensuring all staff understand the purpose, and share the responsibility. Of quality improvement work and continuous learning.</p> <p>c) Review communication</p>	<p>16th January 2023 – draft to be finalised at Quality improvement group (QIG) 23rd Feb</p> <p>Share framework with staff group once approved by Head of Service/ CSWO February 23</p>	<p>F/A/K Team/ Team Managers Service Managers IRO/Team</p> <p>Managers/Service Managers/ IRO</p>	<p>Head of Service/ CSWO</p> <p>Head of Service/ CSWO</p>

Action Plan – Adult Placement

<p><i>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) and 'I use a service and organisation that are well led and managed'</i></p>		<p>practice within the service and work alongside Who Cares (Scotland) to improve participation.</p>			
<p>How good is our staff team</p> <p>Requirements</p> <p>1. 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.</p>	<p>Social Work staff are able to access necessary training, and this is recorded for audit purposes. The service is confident that the training needs of the staff are met, and staff are confident in their roles.</p>	<p>Review training needs with individual staff and ensure they can access any necessary updates and refresher courses on a regular basis</p>	<p>Child Protection training delivered as part of SMART action plans on 1st December 2022</p> <p>ASP and CP training calendar currently worked</p>	<p>Partnership training delivered by IRO</p> <p>ASP and CP leads</p>	<p>Service Manager</p> <p>Team Managers/</p>

Action Plan – Adult Placement

<p><i>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, Inspection report Inspection report for Orkney Adult Placement Service [DRAFT] page 5 of 10 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).</i></p>			<p>on – CP training dates 14/15/16 Feb 23</p>		<p>Service Managers</p>
<p>2. 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. <i>This is necessary in order to comply with the Social Care and</i></p>	<p>Our staff feel safe and are supported to carry out their role and experience regular, reflective supervision alongside case management discussion.</p>	<p>Ensure all staff have regular supervision dates. Arranged in advance, sessions are recorded appropriately and filed.</p>	<p>Currently in place</p>	<p>Line Managers/ Social Workers</p>	<p>Service Managers</p>

Action Plan – Adult Placement

<p><i>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).</i></p>					
<p>How well is our care and support planned</p> <p>Requirements</p> <p>1. By 31 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,</p>	<p>The plans that are developed for Children, Young People and their families encompass the values of relationship-based practice, and are person centred and SMART.</p>	<p>a) Review current plans in place and ensure that future plans embed the practice of considering support needs, both current and for the future.</p>	<p>January 2023 And ongoing</p>	<p>Social Worker/ Team Manager</p>	<p>Service Manager</p>

Action Plan – Adult Placement

<p><i>'my future care and support needs are anticipated as part of my assessment' (HSCS 1.14).</i></p>					
<p>Requirements /IMPROVEMENTS NOT MET FROM PREVIOUS INSPECTION</p> <p>1 The provider must ensure that information appropriately retained and is available for young people into adulthood to support understanding of their past.</p> <p><i>This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and in order to comply with SSI 2011/210 Regulation 4 (1)(a).</i></p> <p>This requirement was made on 19 April 2021. Action taken on previous requirement This requirement is not met, however update to IT system is planned which will assist the provider in addressing this.</p>	<p>Young People are able to access their records and are confident that the information is accurate and stored in accessible formats.</p>	<p>Service Managers, Team Managers and relevant staff currently contributing to upgrade of electronic filing system</p> <p>Service wide work on retention of files</p>	<p>Weekly Paris working group meetings to progress this work. Demo from CIVICA 2nd December 2022 - complete and ongoing weekly PARIS system upgrade meetings</p> <p>Commences January 2023</p>	<p>F/A/K Team/ Team Managers Service Managers</p>	<p>Service Managers</p>

Action Plan – Adult Placement

<p>Not met Areas for improvement</p> <p>Previous area for improvement</p> <p>1. The service must undertake welfare assessments on all young people who may be in need of continuing care. <i>This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19). This area for improvement was made on 19 April 2021.</i></p>	<p>Young people experience care planning that takes account of their individual needs, they understand the options available to them and are confident that the people supporting them are knowledgeable around their legal duties and responsibilities.</p>	<p>Finalise draft Continuing Care procedure.</p> <p>Provide internal training to staff to ensure understanding of the legislation, welfare assessment and appropriate planning for young people accessing this service</p>	<p>Celsis guidance and good practice note shared with all staff. Procedure finalised 25th February 2023</p> <p>Individual discussion taken place with relevant staff. Spotlight training session 8th March 2023</p>	<p>Service Manager</p> <p>Service Managers / Team Managers</p>	<p>Head of Service/ CSWO</p> <p>Service Managers</p>
--	--	--	---	--	--

Action Plan – Adult Placement

--	--	--	--	--	--

Appendix 7 – Positive Findings

1. Fostering Services

“Children and young people living with caregiver families experienced affectionate and meaningful care. Caregivers described examples of advocating on behalf of young people. This active engagement on behalf of children and young people by carers, ensured that they were able to engage in activities”.

“There were examples of care being personalised, with children and young people experiencing support which took into account their individual strengths and preferences. We found that efforts were made to support ongoing relationships and contact with others, including parents where appropriate, and there was a thread throughout care planning in relation to siblings. Children and young people experienced care with caregivers who were committed to supporting their emotional wellbeing and development”.

“Caregivers feedback was positive about the relational approach of the staff team with caregivers universally viewing staff as skilled and supportive”.

“Where the service was responsible for assessing caregiver families, we found this to be comprehensive”.

“Children and young people's access to mental health services and multi-disciplinary connections across children's services were found to have improved. This meant that children and young people had been able to access assessments from specialist services and that staff felt confident that these same services could be accessed for other children and young people. A key element identified by the staff group in this improvement was around ensuring that professional connections between social work, education and health were maintained and supported by senior colleagues”.

“Staff formed genuine relationships with carers. They were skilled in helping to resolve challenging situations and in the provision of specialist advice”.

“Assessments and care plans for children and young people using the fostering service were of a good quality when we were able to view completed pieces of work”.

2. Adoption Services

“Children experienced nurturing and meaningful relationships with their adoptive families. Adopters had positive relationships with supervising social workers. There was a focus on relational based practice within the service which allowed workers to advocate on behalf of the children and their families”.

“Children and young people were supported to engage in their local community either within friendship groups or age-appropriate activities. There was an improved access to mental health services. Referrals were submitted timeously and where required staff were proactive in progressing discussions. Multiagency discussions were supported where required to aid understanding and inform interventions. A key

area of improvement identified in this inspection was in the professional connections between social work, education, and health”.

“Transitions were managed adequately, and adoption allowance was used to support families and make connections”.

“Some events were organised within the Adoption Service with a high sense of value placed on their activities by the families”.

“There was an understanding around the complexity in siblings’ relationships and additional support was sought to therapeutically promote the relationship between brothers and sisters. This meant that where possible decision-making kept siblings together and supported their relationships”.

“Understanding of identity was valued in the service. There was an expectation that all children and young people would understand their life journey”.

“Supervising social workers used attachment and trauma aware focussed discussion to strengthen relationships between adopters, children and young people which resulted in nurturing relationships”.

“Information provided to potential adopters was clear and concise”.

“The staff team had a strong value-based approach and a good understanding of the Health and Social Care standards and professional codes. This meant that the staff team were operating from a good basis to offer support to families”.

“The staff were experienced and had a high level of understanding of trauma-informed practice”.

3. Adult Placement Service

“Young people living with caregiver families experienced affectionate and meaningful care. Caregivers described examples of advocating on behalf of young people. This active engagement on behalf of young people by carers, ensured that they were able to engage in activities and lead independent lives”.

“There were examples of care being personalised, with young people experiencing support which took into account their individual strengths and preferences. We found that efforts were made to support ongoing relationships and contact with others, including parents where appropriate”.

“Young people experienced care with caregivers who were committed to supporting their emotional wellbeing and development”.

“Caregivers feedback was positive about the relational approach of the staff team with caregivers universally viewing staff as skilled and supportive”.

“The caregivers' creative care and support meant that the young person’s transitions, and challenges were navigated effectively. The service supported the caregivers in crisis situations, and it was clear that the young person would be able to be

supported by the service to remain in their care setting for as long as possible and until they felt able to move on”.

“Staff formed genuine relationships with carers. They were skilled in helping to resolve challenging situations and in the provision of specialist advice”.

“However, due to a number of unique factors the staff remained involved with the carers and young person throughout the last year”.