

Dumfries and Galloway Fostering and Kinship Service Fostering Service

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Type of inspection:

Announced (short notice)

Completed on:

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Service provided by:

Dumfries & Galloway Council

Service provider number:

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Service no:

CS2004084441

About the service

Dumfries and Galloway Council provides a Fostering Service for children and young people who are assessed as in need of this service. The Fostering Service is delivered by the Fostering, Adoption and Kinship Team. The service recruits and supports carer families to provide a range of fostering placements. The service also provides an intensive support service for fostered young people.

The service aims to:

Provide high quality care in a family setting - for all children and young people who need it, either to aid their return to their own family, whenever appropriate, or as a permanent substitute.

At the time of inspection there were 109 registered foster households and 129 children living in foster care within Dumfries and Galloway Council. There was one foster household registered with Dumfries and Galloway with one child placed living outwith the region.

What people told us

We gathered the views of foster carers in a variety of ways, including use of questionnaires, a foster carer's focus group; visiting foster carers in their homes and telephone interviews. In doing so we made contact with 21 foster carer households.

Foster carers were positive about the support provided from family placement workers and told us that support was on-going when their particular worker was unavailable.

Most foster carers considered the training opportunities were good although some foster carers considered the opportunity for training from external specialist had reduced. The recently provided training from the LAAC health team to the intensive support foster carers had been particularly well received.

The majority of foster carers we spoke with considered the decision to reduce the mileage paid for transporting children was unfair and not in the best interests of children. Some foster carers told us this decision had led to them feeling undervalued and unappreciated.

Foster carers told us that there continued to be a lack of written information provided about the child prior to admission although we were told family placement workers gave a verbal account of children's needs.

The access to health services for children was described as being very good and helpful to children and themselves as carers.

Some foster carers considered there was less opportunity to engage in the development of the service as there had been in previous years and considered the interface between foster carers and management could improve.

Self assessment

The Care inspectorate did not request a self assessment from the service however the service provided a development plan which helped us with the inspection process.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	not assessed
Quality of management and leadership	3 - Adequate

What the service does well

We considered that children and young people were receiving good quality care from foster carers who were committed to their wellbeing. Foster carers understood importance of good attachment and many children were being helped to overcome earlier disadvantage and benefiting from nurture provided within the foster household. It was clear that for many children they were regarded as part of the fostering household family. Outcomes for children and young people were plentiful including, increased confidence and self-esteem, improved educational attainment, improved social skills, reduction in crisis behaviour and improved capacity to meet developmental milestones.

Foster carers were strong advocates for children to ensure that children were receiving the support they required in terms of health and education. The links with the Looked after child (LAC) health team was extremely valuable in helping foster families understand and support the mental health needs of the children and young people. This had been strengthened by the recent training on Trauma provided by the LAC health team to the Intensive support carers, many of whom described the training as excellent.

The content of the preparatory groups was robust covering all aspects of the fostering task including the rewards and challenges of fostering. We considered that the assessment of foster carers was thorough and the additional scrutiny of the fostering panel meant that only suitable applicants were approved to become foster carers. Further assessment was undertaken of existing foster carers when it was considered a child would benefit from remaining in the foster household on a permanent basis. Some children had benefiting from this situation and older young people were living in foster care on a continuing care basis. This was extremely important to these children and young people and gave them feelings of belonging and security.

Foster carers told us that they were very well supported by their family placement social workers and that advice and support was also readily available when their own worker was unavailable. This included the out of hour's service. We could see that a good range of training was available and those who attended training found it to be helpful and informative.

There had been changes to the management team since the last inspection and with this a refocus on operations, policy and procedure. There was a detailed development plan and we could see that the team were participating in taking forward different aspects of the plan. This included the update on the policy and procedural guidance of safer caring plans, the introduction of foster carer supervision recordings, referrals procedure, complaints and allegations, update of the foster carer handbook and incident recording.

The new office premise in Dumfries was now shared jointly with locality social workers and the team told us this worked well and had improved communication. We found the family placement workers and locality staff worked well together to support children and foster carers.

Family placement workers told us management were both accessible and approachable and this was important to them. There was regular supervision with management and many staff told us this was helpful. Team meetings were held regularly and took place across the locality to take account of staff based elsewhere throughout the region. The agenda focused on service developments and staff members contributed to the agenda and updated on the various working streams being progressed.

We found the level of consideration of unplanned placement endings in disruption meetings to be very thorough and the 'no blame' approach was helpful in learning for the future. Similarly the foster care de-registration reports provided a retrospective view of why this decision was being recommended, which was of particular importance when this was not anticipated.

The fostering panel membership had good varied representation from across the community and a sound understanding of the needs of looked after children and the role of foster carers. The panel was rigorous in considering foster carer approvals, reviews and deregistrations and provided a valuable element of quality assurance to the service.

What the service could do better

We discussed the arrangement of non-related children sharing a bedroom for respite purposes. We were told this had been reviewed and was no longer accepted practice.

The range of training for foster carers was very good, however was not well attended. For a few carers this meant key training following approval had not been completed. (Refer to recommendation 1)

Some of the support groups, mainly in the west, had now stopped due to poor attendance. The night support group had also ceased for the same reason. We asked that the management explore how this could be improved.

Risk assessment and management plans for children were not routinely compiled. We found that they were not in place for some children who had specific risk behaviours or were vulnerable to particular risks. We considered insufficient risk assessing and inappropriate management of the risk for two children had left them vulnerable. This will form requirement 1.

During the course of our inspection we became aware of several instances which had not been formally notified to the Care Inspectorate. The manager has advised that this will be addressed as part of the new incident recording procedure.

There was a lack of file auditing which we considered as an important weakness in quality assurance. For example, we found some foster carers had not been reviewed timeously which may have been identified as part of a file audit. We were advised file audits are to commence imminently.

The practice of gathering views of panel attendees and panel members had not been carried with the same level of frequency. The panel business meeting for 2017 and 2018 had not taken place. Therefore the opportunity to evaluate the work of the service, consider the views collated from satisfaction questionnaires and future planning had been missed.

We consider this element of quality assurance as a vital component which should be intrinsically linked to service development. We were advised a panel business meeting has scheduled for early 2019.

It was apparent when examining case records that the need for chronology training was required in order to safeguard to children and monitor the quality of care. We considered if in use this may have alerted to a situation of unsatisfactory care. We are aware this is contained within the service development plan and were told this would be prioritised.

The process used to agree and monitor foster carers when outwith registration was not sufficiently robust and there was no record kept of decision making. We found that some carers were not returning to the fostering panel to have these arrangements ratified. (Refer to recommendation 2)

From our inspection we concluded that Dumfries and Galloway fostering service was currently under increasing pressure to meet need. We reached this conclusion following discussion with the team, locality social workers, foster carers and examining key documents. At the time of the inspection there were no foster carers availability for potential admissions and there were a number of children on the waiting list, some for several months. There were also children in foster placements deemed inappropriate and waiting to move. The manager told us they are planning a recruitment campaign.

For some applicants there had been a prolonged period between applying to become foster carers and being approved. We were unable to establish the reasons for this as initial visits and well attended preparatory group were taking place in good time. The management overview of the reasons was uncertain however were preparing to introduce a workload management tool to measure staffing capacity. (Refer to recommendation 3)

The service development plan was lengthy and required prioritising. We did not find it to be sufficiently SMART (Specific, measurable, achievable, reviewed and time bound). We observed that some matters identified at the last inspection had not been fully achieved, such as, safer caring plans and children's risk assessments. The manager advised the development plan would be reviewed. We will repeat the recommendation regarding safer caring plans made at the last inspection. (Refer to recommendation 4)

The decision to reduce the mileage paid to foster carers had been unpopular. Some carers expressed feelings of being undervalued, a perception that senior management did not understand the vital role of foster carers in supporting children (to attend school, clubs and contact). We were also told this caused financial pressure for foster carers living in more rural locations. We were aware that three foster households had left the service and were now fostering with neighbouring Local Authorities. The management is proposing to bench mark with other Local Authorities, part of which would be the financial remuneration for foster carers. We consider this to be critical in the interests of retaining and recruiting foster carers. (Refer to recommendation 4)

We were dissatisfied with the management responses and record keeping to allegations against foster carers. This will form requirement 2.

Requirements

Number of requirements: 2

1. Dumfries and Galloway fostering service require ensuring that risk assessments are in place for children and that competent management of risk protect children from harm.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 4 (1) (a) Welfare of users.

Timescale: 3.1 .19.

2. Dumfries and Galloway fostering service require to ensure a robust management response is taken following allegations and there is a written record of decision and actions.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, Regulation 4 (1) (a) Welfare of users.

Timescale: 3.1.19

Recommendations

Number of recommendations: 5

1. The service should ensure that all foster carers undertake key training following approval.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14).

2. The service should review processes to ensure that when carers are outwith their registration they are returned to panel within timescales. This is to ensure the continued suitability of the foster carers and enable a recommendation to be made regarding any variation to the terms of approval.

This is to ensure 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).

3. The timescales of assessing and approving applicants to become foster carers should improve.

This is to ensure 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).

4. The service should develop safer caring plans for all foster care settings. Plans should then be individualised for all children and young people using the service.

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

5. The service should commence bench marking with other Local Authorities regarding conditions for foster carers with a view to implementing necessary changes to maximise the recruitment and retention of foster carers.

This is to ensure 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).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
6 Sep 2016	Announced (short notice)	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
3 Dec 2014	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
9 Jan 2014	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
12 Dec 2012	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good

Date	Type	Gradings	
		Management and leadership	5 - Very good
21 Feb 2012	Announced (short notice)	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
27 Jan 2011	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 3 - Adequate Not assessed
22 Mar 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good Not assessed
14 Nov 2008	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good

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