

Fostering Service - Kirkwall Fostering Service

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Announced

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Service provided by:
Orkney Islands Council

Service provider number:
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CS2004082094

About the service

Orkney Islands Council Fostering Service has been registered with the Care Inspectorate since the Care Inspectorate was formed in 2011. It was previously registered with the Care Commission.

Orkney Islands 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 agency recruits and supports carer families to provide a range of fostering placements to children including, permanent, long terms, interim and short break.

During 2018, the service recruited two new fostering families. However, three fostering families stopped fostering for various reasons, meaning there was a net decrease in overall fostering capacity. Demand for the service remains high and as at 31 December 2018 a total of 13 foster carer households were looking after nine children and young people.

The service is staffed by an operational manager and two fostering and adoption social workers. The operational manager is also the registered manager for the service. The work of the agency is overseen by the Principal Social Worker. Orkney Fostering Service commissions an independent social worker to provide consultation and carry out specialised training.

During 2018 and part of 2019, the service experienced significant staff absence. This report should be read in this context.

An inspection of the adoption service took place at the same time as this fostering inspection.

What people told us

During the inspection we spoke with eight foster carers comprising five carer households. We also saw three children and young people with their foster carers.

Foster carers told us that they were generally happy about the quality of support they received. However they noted that due to staff shortages, they realised the service had been under significant stress. Some also cited examples where out of hours support was not available or adequate.

Training was reported to be of a good quality although they were unclear about what was expected in terms of training. Information about children's needs was usually available in advance supporting the foster carer to make decisions about their capacity to meet those needs.

There was a lack of clarity about the intensive fostering scheme in relation to the complexity of the task people were being asked to undertake. This had led to some unhappiness with foster carers around financial arrangements. There was also a recognition from some that young children had had a number of changes of placement, had spent long days in nursery and had transition plans compromised for having to wait for specific places to become available.

Some foster carers felt that communication within the service could be improved. One told us; 'things often fall through gaps when workers change'. Some were unclear why some carers had been reviewed at panel due to changed circumstances when others had not.

We saw three looked after children with their foster carers. We saw positive, trusting relationships between children and their carers. One young person told us that things were fine and that they enjoyed living with their fostering family.

Self assessment

The service had not been asked to complete a self assessment in advance of the inspection. We looked at the service development plan and spoke with the management team about the agency. This demonstrated their priorities for development and how they were monitoring the quality of the provision within the agency.

From this inspection we graded this service as:

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

What the service does well

Children using the fostering service felt safe and free from harm. We saw positive trusting relationships with their foster carers which supported children and young people to be healthy and active in their daily lives.

Foster carers were committed to and ambitious for the children and young people they were caring for and wanted the best for them. We saw creative child centred approaches to care around the planning for respite which supported both children and their carers having much-needed breaks.

Training supported carers to understand the impact of trauma on the children and young people they were caring for, and we saw that ongoing work with carers with young children supported building attachments and good and trusting relationships. Some of this work had extended into schools supporting children and young people in their educational placements, as well as their home lives. Children and young people were supported in their education and we saw praise used to support positive behaviour.

Foster carers confirmed regular contact with their supervising social worker. Given significant levels of staff turnover, many of these relationships were new and accordingly carers and staff were still building trust. However, foster carers felt able to raise issues collectively through support groups and individually with their supervising social worker or the manager of the service. We noted carer involvement in staff recruitment and training. Foster carer reviews and Looked After Children (LAC) reviews were key areas where children's voices were heard. Children and their carer families were invited to take part in activities throughout the year.

Foster carers knew who the manager of the service was and felt able to contact the manager with any concerns. Service development plans provided some insight into the priorities for developing the service.

There were a number of measures in place to ensure quality and consistency within the service. Policies and procedures aimed at consistency in staff practice were being reviewed and updated. Staff reported very good levels of supervision and support within the fostering and adoption team. The complaints policy was well articulated within the fostering handbook and a range of people, including foster carers and young people, were asked for their views about the service at reviews of the foster carer's approval or the young person.

The fostering panel provided an important quality assurance measure. Membership of the panel included people who had experience of using fostering and adoption services.

What the service could do better

Although we noted that children felt safe in foster care, we saw that not all foster carers had attended training in child protection and many who had, had attended some years ago. It was unclear what the service considered core training for foster carers and how this was managed. **(See recommendation 1).**

We discussed with the service, the need to review all risk assessments annually, including those assessments carried out on pets.

We acknowledged that the quality of risk assessments carried out when deciding where to place children was variable and needed to be improved. We discussed the need to ensure that the vulnerabilities as well as the strengths of each placement should be well recorded with an appropriate management plan in place. This was also important where foster carers were looking after children out with their approval. Safer Caring/Risk Management plans should be individualised and in writing. **(See recommendation 2).**

The service were at the very early stages of considering how to support young people using the fostering service to access continuing care. We also noted for some older young people, social work contact did not meet the statutory minimum of three-monthly. Continuing relationships with social workers support appropriate arrangements being in place for young people making a transition into adulthood, university etc. The service should advocate for young people in this regard and make appropriate arrangements for continuing care.

Children and young people using the service did not routinely receive comprehensive health assessments. This compromised the ability of foster carers to ensure that all health needs were addressed. **(See requirement 1).** In addition, foster carers did not routinely access and update first aid training which was described as core training in the fostering handbook. **(See recommendation 1 above).**

The implementation of the intensive fostering scheme supported one carer in a fostering family to be at home full-time to support children. However, we noted that some very young children in foster care had experienced a number of changes of carer. We also saw one example where transition planning had been compromised. This was not conducive to offering positive, nurturing care for children using the fostering service. (See recommendation 3).

Due primarily to the lack of staff in the service, we noted that some carer reviews, including statutory reviews were overdue. We were concerned at the apparent inequity and the failure of the service to review carers at the fostering panel following significant events and the inadequacy of the risk assessment when placing children out with the carers approval range. **(See requirement 2).**

Advocacy for children using the fostering service was being reviewed and new arrangements were being planned. We saw that foster carers advocated well for children but that the service should continue to improve participatory opportunities for children and young people using the service so that their voices were heard.

Plans on how to develop the fostering service lacked specific detail about the steps to be taken to achieve the overall aim. We also noted that areas for improvement discussed at the inspection during 2017 had not yet been addressed and were included as part of the development plan. Going forward, an annual report to accompany the plans would provide a clearer management vision about the service generally and about service development. **(See recommendation 4).**

Management information systems could be better developed to maintain a more effective overview of key information such as statutory checks and unannounced visits. The system in place to monitor accidents and incidents, within the service, was not effective and we noted several situations which should have been notified to the Care Inspectorate. We have discussed the duty to notify the care inspectorate of significant events previously at inspection. **(See requirement 3).**

We discussed with the service the need to keep the range of panel membership under review to ensure there is an appropriate range of experience brought to decision-making. Regular annual reviews for individual panel members would support the identification of training and any support needed to ensure the most effective decision-making in respect of recommendations.

The role of the Agency Medical Advisor was not sufficiently developed within the agency to enhance panel decision-making. The lack of health representation on the fostering panel had the potential to delay decision-making for children.

The interface between the Agency Decision Maker and the panel should be improved to ensure that the management vision for the panel is well communicated and that the panel is functioning well. The overview of the panel needs to be more robust to ensure that letters are sent out timeously to avoid any unnecessary delays in decision-making. **(See requirement 4).**

We also discussed with the service the benefits of creating carer chronologies to identify strengths and areas of concern for foster carers.

In conclusion, in the areas of care and support and management and leadership, we saw a number of strengths. However these just outweighed the areas which the service needed to develop further. We assessed the service as being in transition from a period of very limited staffing to their current position of new staff being in post. This has informed the grade of adequate for both these areas.

Requirements

Number of requirements: 4

1. The provider must ensure that the health and wellbeing of children is always appropriately managed.

In order to achieve this, the service must ensure by March 2020 the following:

- They make appropriate arrangements to comprehensively assess the health needs of children and young people using the fostering service.

This is in order to ensure that care and support and management and leadership is consistent with Health and Social Care Standards (HSCS) which state "I experience high quality care and support because people have the

necessary information and resources" (HSCS 4.27), and "If I am supported and cared for by a team or more than one organisation, this is well-coordinated so that I experience consistency and continuity" (HSCS 4.17).

It is also necessary to comply with SSI 2011/210 Regulation 4 (1)(a).

2. The provider must ensure that by March 2020 reviews of foster carers take place at prescribed intervals and following any significant events.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

It is also necessary to comply with SSI 2009/210 Regulation 25.

3. The provider must ensure by 30 September 2019 that incidents and accidents are appropriately notified to the Care Inspectorate.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

This is also necessary to comply with SSI 2011/28 Regulation 4(1)(b).

4. The provider must ensure by 30 September 2019 a sufficiently robust overview of the fostering panel such that letters are sent out timeously to avoid unnecessary delays for children and foster carers.

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

This is also necessary to comply with SSI 2009/210 Regulation 22(3).

Recommendations

Number of recommendations: 4

1. In order to ensure that foster carers are appropriately prepared for their role, the service should:

- clearly articulate their expectations in relation to carer training to their foster carers.
- ensure that any programme of training can be delivered effectively, and
- maintain an overview of carer training to ensure that any updates to core training are identified and planned.

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

2. In order to ensure that appropriate decisions are made in relation to placing children with foster cares, the service should review their process of matching and risk management and ensure that plans are individualised and well recorded.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state "I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

3. In order to ensure that foster carers are available to provide nurturing care for children, the service should address fostering arrangements and the approval ranges of foster carers.

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

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 to ensure that the quality of management and leadership is consistent with the Health and Social Care Standards (HSCS) which state "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

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

Inspection and grading history

Date	Type	Gradings
20 Oct 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
25 Nov 2015	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
27 Feb 2015	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
13 Mar 2014	Announced	Care and support 4 - Good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
8 Mar 2012	Announced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
18 Aug 2010	Announced	Care and support 4 - Good Environment Not assessed Staffing 4 - Good Management and leadership 4 - Good
7 Oct 2009	Announced	Care and support 4 - Good Environment Not assessed Staffing 3 - Adequate Management and leadership 3 - Adequate
12 Nov 2008	Announced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good

Date	Type	Gradings
		<div>Management and leadership</div> <div>3 - Adequate</div>

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