

Orkney Adoption Service Adoption Service

School Place
Kirkwall
KW15 1NY

Telephone: 01856 873 535

Type of inspection:
Announced (short notice)

Completed on:
19 April 2021

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.

During 2020 the service advised us through their annual return that they approved one new adoptive family, they did not register any children as in need of adoption. There have been no adoptive disruptions during the year. As at December 2020, the service advised that there were 4 children approved for adoption who had been waiting for over one year. There were 18 families receiving post adoption support to varying degrees, which included support groups, and access to training.

The aims of the service have recently been reviewed and state:

- 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 due to Covid-19 restrictions on travel and face-to-face interactions. As part of this remote process, we utilised electronic questionnaires, email, and 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.

The inspection was carried out by inspectors from the Care Inspectorate.

What people told us

We spoke with two adoptive families and received an email response from a further adopter.

Adoptive families were generally positive about the relational support they received. Adoptive families told us about the adaptations made to support them due to pandemic restrictions and that they were appreciative of the service's efforts to maintain contact.

Comments included:

"My social worker has good insight into the realities of being an adoptive parent."

"The level of support from Orkney was good and we could have asked for more if we needed it."

"Support was there from staff, but they know we have done this before. They are there but not intrusive."

"Transition was handled poorly, but this wasn't about planning it was about foster care clashing with adoption, as the foster placement was needed."

"There is a battle for resources between fostering and adoption that cannot be fixed without recruiting more foster carers."

We did not see children with their adoptive families due to the remote inspection process however, we were able to see evidence of ongoing nurturing relationships through service documentation and discussion with adopters themselves.

Self assessment

The service had not been asked to complete a self-assessment in advance of the inspection.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of staffing	4 - Good
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

As part of this inspection, we considered information from a range of sources, including sampling of children's and adopter's files, service documents relating to the care and support of children and their families and staff and stakeholders.

We found that children and young people were safe and supported by adults with whom they had positive connection. Statutory checks were completed, and assessments and references were of a good quality. Following placement with adoptive families, supervising social workers maintained links with families, providing post adoption support, which was individualised and responsive to needs. The ongoing personalised approach supported stability in children's lives. Adopters told us about the positive and supportive relationships with their supervising social workers and the team manager. There was good access to primary health care services and access to specialist advice and support from the supervising social workers and manager. However, we found that when mental health services were needed, these were not always available. We encouraged the service to ensure that young people could access mental health services without delay should it be required (**see recommendation 1**).

We heard about and saw evidence in the files of nurturing relationships between adoptive families and their children. Clear examples of parents advocating for their children and actively supporting them emotionally and with additional physical or educational needs were seen. Adopters told us that they had sufficient information to provide their children with a narrative about their previous life experiences and were able to maintain links to previous carers.

Since the last inspection, the service had not placed any children for adoption. We found that permanency planning for children was subject to delays in all cases that were reviewed where children had been identified as requiring permanent alternative care including adoption. Planning was not actioned in a timely manner or was impacted by poor information governance. We saw drift in individual plans and delay in achieving permanence, affecting children's stability in their day-to-day lives and opportunities to move to a permanent or adoptive family. The service told us about their linking with CELCIS (Centre of Excellence for

Looked After Children in Scotland) to make improvements in this area. Although we could see the positive potential of these plans the current and likely future negative impact of drift and delay in this area is significant (**see requirement 1**).

We heard about adopter's inclusion in adoption planning and found that there were opportunities for adopters to express their views on service aims and how the service develops. We found that the service utilised social media, newsletters, online activities and groups to support inclusion of children and adopters in ongoing support during the pandemic restrictions.

In conclusion, we saw strengths in the service's individualised post adoption support. We also heard about the relational approach of the team and how adopters felt they knew the team and were known by them. However, the delays in permanence planning and information governance, led to compromised opportunities for children to achieve stable living situations in permanent care. The delays in permanency planning were additionally noted to compromise capacity within the whole service. As a result, we have evaluated the quality of care and support as weak.

Requirements

Number of requirements: 1

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

Recommendations

Number of recommendations: 1

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).

Grade: 2 - weak

Quality of staffing

Findings from the inspection

Staffing within the family placement team had remained stable since the last inspection and this had a beneficial impact on the service. No staff had been recruited since the last inspection, however, the annual return indicated that all necessary checks were complete prior to people having significant contact with children and young people. All staff were registered with the Scottish Social Services Council (SSSC). We found however, that staffing within the children and families team had been less stable. Whilst only a small part of the children and families team workload contributed to the Adoption Service, the impact on permanence planning was significant in terms of outcomes for children.

We heard about staff knowing adoptive families and their children well. Staff supported families to reflect on what worked with children and young people and this supported good nurturing care. Staff themselves were well supported by their team colleagues in regular team meetings and by their direct manager through supervision. Staff told us that supervision occurred regularly, they appreciated the reflective approach, and that they viewed it to be of a high quality. Recording of supervision sessions could be improved as it did not always reflect this quality.

The service's philosophy of care with roots in a pedagogical approach and based on attachment theories was evident during the inspection and we could see that staff had internalised this approach. Staff were well trained, with access to training throughout the pandemic restrictions through online means. Training was comprehensively explained in the corporate learning and development plan and linked knowledge with key approaches to practice. Core training was clearly communicated within the policy and additional training was identified in relation to the needs of the organisation, the needs of staff and the needs of young people.

In conclusion, we found a stable well trained and connected family placement team. The day-to-day work of the staff was supported by good supervision, team meetings and a clear training and development plan. Overall, we assessed the quality of staffing within the service as good.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

Due to the pandemic restrictions, we conducted this inspection remotely. We appreciate the assistance that was given to us by the management team throughout the process.

Staff spoke highly of their line manager, reporting good levels of supervision and support within the Adoption team. This positive view of the team manager was echoed in reports from adopters who said that the manager was known to them, knowledgeable and supportive.

Adopters said there were opportunities to express their views about the service either individually with their supervising social worker, or collectively through the adopter's support group. We found that adopters had been sent aims, objectives and service development plans for the service and had been invited to contribute to discussions around these. We thought that it would be helpful to have more detail in the plans, relating to specific actions and an area to record progress. The production of an annual report summarising the overall work of the service, development progress and identifying improvement opportunities would support communication of the management vision for the service (**see recommendation 1**).

We found measures taken by management to support a consistent approach to practice, ensuring quality in the service, with evidence that policies had been reviewed and that others were under review. However, we also noted poor governance around information. We assessed that the service would benefit from regular auditing of their files, confirming that all supporting reports, assessments, and any consents are appropriately signed, dated, and filed. This would ensure that children and young people can access all information they may wish to in the future (**see requirement 1**).

We noted the panel provided an important quality assurance measure, they held regular monthly meetings. Panel membership was varied, and the service were taking steps to recruit a care experienced young person to the panel. The service had started the process of panel member appraisals, strengthening the professional approach to the panel leadership. We found the panel to have appropriately challenged the service. The chief social work officer had recently been appointed as agency decision maker and provided further professional assurance and challenge. We were told that in the future the agency decision maker will attend some business meetings to ensure communication between the wider service and panel.

We were advised that the role of the agency medical advisor is being addressed however, this has been outstanding for some considerable time. We felt that the impact of the agency medical advisor not attending panel could result in further delay for children in terms of permanency planning. We have asked the service to continue to pursue this with their health partners.

Quality assurance activities within the organisation were found to be held at management level. There was management overview of some key information, but we noted that the service did not maintain data which would provide an overview of planning in permanence. We saw that cases were individually monitored through 1:1 supervision. The development of more robust service level monitoring of data would support the

identification of system gaps, drift and delay and the progression of improvement strategies (see **requirement 1** made under the theme of Care and Support).

In conclusion, there were clear strengths in the management and leadership of the Adoption Service. However, identified areas are recommended for improvement around information governance, and monitoring of permanence, ensuring that individual case drift and delay and service wide improvement is progressed. Longer term staffing of the wider service is not yet assured, compromising the ability of the service to drive change and improvement. This has led to an assessed grade of weak.

Requirements

Number of requirements: 1

1. 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

Recommendations

Number of recommendations: 1

1. 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).

Grade: 2 - weak

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

Previous requirements

Requirement 1

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

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); and in order to comply with SSI 2009/154 Regulation 8(1) and Regulation 13(1).

This requirement was made on 2 September 2019.

Action taken on previous requirement

The service had developed their systems to ensure that the correct letters were sent within timescales.

Met - within timescales

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

Previous recommendations

Recommendation 1

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 recommendation was made on 2 September 2019.

Action taken on previous recommendation

The service had developed and consulted on service development planning. However we thought these plans could provide clearer detail about how actions would be achieved. We also considered that a service report

would put planned changes into the context of overall change (**see recommendation 1** under management and leadership).

Complaints

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
2 Sep 2019	Announced	<div>Care and support</div> <div>3 - Adequate</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>Not assessed</div> <div>Management and leadership</div> <div>3 - Adequate</div>
20 Oct 2017	Announced (short notice)	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>Not assessed</div>
25 Nov 2015	Announced (short notice)	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
27 Feb 2015	Announced (short notice)	<div>Care and support</div> <div>5 - Very good</div> <div>Environment</div> <div>Not assessed</div> <div>Staffing</div> <div>5 - Very good</div> <div>Management and leadership</div> <div>5 - Very good</div>
13 Mar 2014	Announced	<div>Care and support</div> <div>5 - Very good</div>

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 5 - Very good 5 - Very good
8 Mar 2012	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 5 - Very good
18 Aug 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 4 - Good
7 Oct 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 3 - Adequate 3 - Adequate
12 Nov 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 4 - Good 3 - Adequate

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