

## Moray Adoption Service Adoption Service

The Moray Council  
Rose Cottage  
PO Box 67  
Elgin  
IV30 9BX

Telephone: 01343 563 568

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
18 March 2022

**Service provided by:**  
The Moray Council

**Service provider number:**  
SP2003001892

**Service no:**  
CS2004082047

## About the service

Moray Adoption service provides a service for children and young people aged from birth to 18 years old and their families. The service recruits and supports adoptive parents to provide families for those children who cannot be with their birth parents or extended family members, and whose needs have been assessed as best met in an adoptive family.

It should be noted that this inspection took place during the Covid-19 pandemic restrictions and therefore followed a revised procedure for conducting inspections in these circumstances. We spoke with the management team, staff and other professionals and viewed evidence sent to us virtually. We made arrangements to visit adoptive families and children in their homes.

## What people told us

We observed young children in their adoptive families and concluded that they were having positive experiences and were receiving high levels of support and care. Adoptive families told us that they felt well supported by current workers in the adoption team but reflected that there had been changes in management and there was felt to be fragility in the support being provided by a limited number of staff with no awareness of who the manager of the service is by the adoptive families.

## 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?	3 - Adequate
How good is our staff team?	3 - Adequate
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 evaluated this key question as weak overall, as while some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we have made requirements for improvement. The service's performance in parts of this key question were good and adequate.

Children and young people experienced supportive and enduring relationships with adoptive families who provided them with a sense of belonging. We were confident that young people were experiencing love, were claimed and were having their needs fully met by committed adoptive families. During visits, we saw

adoptive parents demonstrating individualised and attuned care. Children benefitted from support from carers who understand their individual strengths and preferences.

Children and young people were achieving positive outcomes in education and had access to a range of age-appropriate leisure and social activities. Adoptive families supported children to have fulfilling lives with high aspirations for success. This supportive and positive culture contributed to positive outcomes for children and young people.

Adoptive families told us that they felt supported by their current supervising social worker, but continuity of relationships had been impacted by some staff turnover and changes in management. This, combined with the covid-19 pandemic, led to carers feeling disconnected from the wider service with a lack of clarity around who new managers were or the overall vision of the service.

Children and young people were benefitting from adoptive families working positively with birth families. One birth mother told us about the support she had received to create photo books and life story work for her children and how much she had valued the opportunity to meet the adopters.

Adoptive families had limited training opportunities post approval. We heard that the service plans to implement a program of training aimed at adopters post approval and prior to having a child placed with them and we will review progress on this at the next inspection.

The service should make significant improvements in achieving positive outcomes for children in need of permanent care. We saw examples of drift in delay both in children achieving legal permanence and the identification of appropriate caregiver families to meet children's needs. This has meant that some children have not experienced the stability and security of a family identified as being able to provide secure, long-term care. This impacted on children's stability in their day-to-day lives and opportunities to move to permanent or adoptive families (see requirement 1).

We found that permanency planning for children was subject to delays in all cases that we 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.

Safeguarding practice in the service meant that children in the service were safe and protected from harm. During our sampling of evidence, we identified some cases where safeguarding concerns had not been notified to the care inspectorate. The service should ensure all carers have child protection training so are aware of responsibilities in relation to keeping children safe.

Families told us that they were not clear about how decisions were made by the service when assessing which carer was best able to meet a child's needs. Carers did not always get full information about the child's needs before they came to live with them. A lack of robust decision making in this area led to potentially unsafe situations for children. The service should ensure that there are robust considerations of a carer's ability to meet the needs of a child in advance of a caregiving arrangement being agreed (see requirement 2).

We heard that not all adopters were being provided with life story information for their children and no families we spoke with had later life letters for their children. We saw no evidence that the adoption service is tracking and progressing these pieces of work.

## Requirements

1. By 30 June 2022 the provider must ensure that clear systems are in place to monitor outcomes for children in need of permanent substitute care.

To do this the provider must as a minimum:

- a) ensure robust tracking arrangements are in place for children at all stages of their care journey and that drift and delay is addressed at each stage of the process
- b) ensure a robust approach is taken to family finding when children are identified as needing permanent care to ensure that their care needs can be best met.

This is to comply with Regulation 4(1)(a) of the The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is 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)

2. By 30 June 2022 the provider must ensure that there is a clear identification of a caregiver family's ability to meet the needs of a child before the child joins this family.

To do this the provider must as a minimum:

- a) have clear a clear referral process which outlines the needs of children needing alternative care from caregiver families
- b) identify carer strengths and vulnerabilities in relation to meeting the needs of a specific child and outlining any additional support required to ensure that children's needs are fully met
- c) ensure planning meetings take place when children join caregiver families to review children's needs
- d) ensure panel members have full information for matching panels including minutes of linking meetings.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

## How good is our leadership?

## 3 - Adequate

We have evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The service has a new management and governance arrangement in place and has taken steps to monitor performance. Whilst we heard that staff were generally positive about these changes this is at an early stage. The service had implemented a series of practice workshops to support development of staff and to strengthen the culture of the team.

The service generally dual approves adopters, also registering them as foster carers. This has a significant benefit of allowing children to move into their planned permanent placement at a much younger age

without having to wait for legal matters to be concluded, which usually meant that attachment with adopters were easier to make. We were concerned to find that these families are not being supervised as foster carers and in line with fostering regulations. We saw a lack of supervision, training and review of these carers, therefore there is no evidence of review or quality assurance processes for such families. This will form a requirement (see requirement 1).

The service should improve quality assurance systems for monitoring key areas which are outlined in fostering and adoption legislation to ensure children remain safe within their adoptive families.

We observed adoption panels and were confident in the skill mix of panel members and their ability to carry out their functions confidently. Most panel members had received supervision for their role.

Outcomes for children and young people were potentially poor due to issues identified in the panel matching process. We reviewed panel processes for the matching of children and young people to their adoptive families and were concerned to see that not all panel members were provided with full paperwork, therefore we were not confident in robustness of assessment and decision-making processes. This will form a requirement (see requirement 2).

The fostering and adoption panel and agency decision maker provide scrutiny to applications to adopt, and we saw evidence of applications being challenged. The panel advisor role further supported quality assurance, however the service needs to improve how social work staff are supported and how practice issues are identified at an earlier stage. We saw examples of delays in decision making caused by information not being available for panel to consider or information being presented which was incomplete. This impacted negatively on outcomes for children by further delaying key decisions about their care (see area for improvement 1).

A service development plan is in place which outlines a number of areas of improvement for the service. Some of these elements were contained in previous plans so the service needs to evidence how it can move from planning to delivery based on feedback from children, carer and other key stakeholder. We could see that the service had made some recent progress with this as we saw evidence of feedback being sought from adoptive families.

During our inspection we found that managers have a vision for the service and are beginning to make progress, however, they will require a stable staff team and skilled workers to move this on. Progress on this will be reviewed at the next inspection.

## Requirements

1. By 30 June 2022 the provider must ensure that all dual registered foster carer/adopters are supported in line with fostering legislation and best practice.

To do this the provider must as a minimum:

- a) undertake foster care agreements in line with best practice guidance and statutory requirements
- b) ensure systems are in place for identification and panel review of dual registered prospective adopters
- c) ensure that all carers are supported through regular supervision and have access to relevant training
- d) ensure that the safety of children and young people is improved through unannounced visits
- e) Individual safer caring plans are developed and reviewed regularly in response to changing need
- f) full carers checks are monitored and kept up to date.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"I receive high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

2. By 30 June 2022 the provider must ensure that all children and young people are cared for in safe and well-matched adoptive families.

To do this, the provider must as a minimum:

a) ensure that Panel members are all provided with relevant documentation to inform the matching of young people with their adoptive families.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

## Areas for improvement

1. To promote positive outcomes, the provider should ensure that all staff understand their roles and responsibilities in relation to quality assurance.

This should include but is not limited to improving internal quality assurance processes and ensuring staff are sufficiently supported to practice effectively.

This is 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)

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas of performance need to improve.

Staff practice observed through tracked cases reflected values and principles of the Health and Social Care Standards. Adoptive families told us that staff had worked hard to build genuine trusting relationships, but this had been impacted by high levels of staff turnover in the service. There were improved working relationships with the children's social work team with improved communication and joint working. A shared approach to child's wellbeing across both teams ensured greater consistency of support for children.

Staff had been supported through development sessions run by the service to improve their knowledge and members of the team were also due to undertake external training provided by The Fostering Network.

Although these are positive improvements, staff expressed that changes in management meant that they had not had continuity of support and some areas of practice were unclear. Staff had regular supervision but not consistency in their line manager which impacts on the quality of the supportive relationship. New staff told us that they had also had not had access to a clear induction or annual appraisals or development plans.

Turnover in management and staffing has impacted on consistency of support provided to adoptive families and children in the service. One carer told us "My supervising social worker is great, but I don't know who the manager is, and I wouldn't know who to contact if my social worker left".

The service had not undertaken exit interviews to understand reasons for high staff turnover.

Improvements to the levels of staff support provided by the service will form a requirement to outline specific areas of improvement (see requirement 1).

1. By 30 June 2022 the provider must ensure that all staff are fully trained and supported effectively to provide consistent support to caregiver families.

To do this the provider must as a minimum ensure:

- a) there is a clear induction process for new staff joining the service
- b) there is a clear training plan for all staff
- c) all staff have regular access to annual appraisal
- d) there is continuity of supervisory relationships for all staff
- e) exit interviews are undertaken and information analysed to understand reasons for staff turnover so that this can be addressed.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

## How well is our care and support planned?

## 2 - Weak

We evaluated this key question as weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we have made a requirement.

We had concerns that when reviewing documentation, we found that there was limited evidence of families having individual support plans which outlined the need for post adoption support.

We found that staff are proactive in offering support and maintaining relationships until the adoption is formalised, however, post adoption there is a lack of clarity about services available and no apparent assessment of individual needs for families. From the sample we reviewed we saw that the child's plan does evidence some post adoption support needs, however, these are not specific or individualised.

The service should adhere to adoption legislation and best practice guidance in which adoptive families

meet with the service to identify supports when an adoption is legally granted. We would then expect that families meet with the service at set timescales to review needs. This will ensure that children and adoptive families receive appropriate support when they need it.

We saw limited evidence of co-ordination meetings and no evidence of any linking meetings which led us to conclude that there was a lack of information on which to make an analysis of any post adoption support needed.

The service had in recent months made use of Self-Directed Support (SDS) funding to assess adoption support needs and provide services required. This was at the early stages and potentially a good progression, however, there was some concern that this may be used at crisis stage rather than in a pro-active manner.

The service had limited success in setting up and maintaining adoption support groups. They were aware of this and are continuing to address this using gap using a range of methods, for example the development of a closed Facebook page.

We saw no management overview relating to areas such as the management of birth family time, letterbox contact and provision of later life letters. There were no clear mechanisms for the service to track and monitor this practice which increases the risk that important information is lost which will impact on children's life experience.

The lack of adoption support plans led us to conclude that children and their families were not receiving responsive, tailored and timely interventions. The service has not met the recommendation met at the last inspection regarding developing a strategic approach to providing post adoption support and therefore due to our continued concerns this will now form a requirement (see requirement 1).

## Requirements

1. By 30 June 2022 the provider must adopt a strategic approach to providing post adoption support services.

To do this, the provider must as a minimum ensure:

- a) all adoptive families have an adoption support plan in place and that this is reviewed in line with legislation and good practice guidance
- b) ensure that staff are fully aware of their roles and adopters are aware of their rights in relation to the development of adoption support plans.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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)

## 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 adopt a strategic approach to providing post adoption support services.

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).

**This area for improvement was made on 23 October 2019.**

#### Action taken since then

The service have been unable to evidence any progress on this.

#### Previous area for improvement 2

The service should adopt a more strategic approach to participation.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6), and "I know how, and can be helped, to make a complaint or raise a concern about my care and support" (HSCS 4.20).

**This area for improvement was made on 23 October 2019.**

#### Action taken since then

The service have evidence some progress in relation to participation, however, need to develop this further.

#### Previous area for improvement 3

The agency should address staff relationships between and within teams to ensure good quality support for children and their families.

This is to ensure that the quality of care and support and management and leadership is consistent with the Health and Social Care Standards (HSCS) which state "I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me" (HSCS 3.4), and "My care and support is consistent and stable because people work well together" (HSCS 3.19).

**This area for improvement was made on 23 October 2019.**

#### Action taken since then

There has been some improvement in relationships between and within teams. This will require monitoring in order to maintain this.

## Previous area for improvement 4

The agency should develop a service improvement plan based on user and staff feedback and performance reporting.

This is to ensure that the quality of management and leadership is consistent with the Health and social Care Standards (HSCS) which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

**This area for improvement was made on 23 October 2019.**

### Action taken since then

The service have an improvement plan in place, however, they should strengthen this through the inclusion of user and staff feedback and performance reporting.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
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?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
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?	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](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto: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 ਵਿੱਚ 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.