

Inverclyde Council Fostering Service Fostering Service

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Service provided by:
Inverclyde Council

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About the service

Inverclyde Council's Fostering Service provides a fostering and family placement service for children and young people aged from birth to 18 years. The service recruits and supports carer families to provide a range of fostering placements including short break, interim, long term and permanent foster carers fostering.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

About the inspection

This was a short notice announced inspection which took place between 22 April 2024 and 17 May 2024. 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 10 foster carers and 10 responded to our survey.
- Spoke with four young people using the service and two responded to our survey.
- Spoke with eight staff and management and nine responded to our survey.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with three external professionals and 17 responded to our survey.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Inverclyde Council Adoption Service and Continuing Care Service were inspected at the same time and separate reports are available.

Key messages

- Children and young people developed meaningful, affectionate and secure relationships with their caregiver families.
- Siblings have been kept together where possible and the provider is committed to supporting these relationships.
- Caregiver families advocated passionately for the children and young people living in their family.
- Children and young people did not always benefit from caregivers having up to date knowledge and training.
- Children experienced delays in permanency planning.
- Children and their caregivers support and plans were impacted by a lack of robust quality assurance within the 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?	3 - Adequate
How good is our leadership?	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 evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children and young people developed meaningful, affectionate and secure relationships with their caregiver families. Most experienced stable living situations and relationships were based on empathy, compassion, love and fun. Young people's right to continuing care was promoted and they were fully included in family life and this included going on holiday and caregivers stayed in touch with children once they had moved on.

Children and young people living within caregiver families routinely exercised a high degree of choice in all aspects of their day-to-day lives and children and young people were supported to have time with their birth family. There were positive examples of carers developing relationships with birth families to support young people with their understanding of their identity and life story.

Most young people had developed friendships and had developed positive relationships with the caregivers' wider family. For some this provided a natural short break or support but some children did not have access to a short break with a familiar person. The service recognised that short break provision was an area they were hoping to develop and recruit carers that could provide this.

When children joined the household it was not always evident that decisions were sufficiently focussed on the capacity of the carer and the needs of the young person. This was due to the emergency nature of these referrals. However, this resulted in some negative outcomes for young people when there was also a lack of support network or short breaks in times of crisis.

Children and young people did not always benefit from caregivers having up to date knowledge and training. While the service offered some training and some caregivers carried out their own research, many caregivers had not completed any training for a considerable period of time. A structured and recorded approach to supervision and reflective discussions with carers would also enable the service to know that key knowledge on child protection, attachment, trauma or loss was embedded and confidently being used. (Area for improvement 1)

Caregiver families advocated passionately for the children and young people living in their family. However, some told us that they "don't feel valued" by the provider and that they felt like they were "irrelevant people" in the child's life.

Siblings had been kept together where possible and the provider was committed to supporting these relationships. We noted the positive outcomes for siblings living with foster carers recruited specifically for them.

When young people's living arrangements ended with carers the service did not subsequently hold reflective meetings, which limited learning opportunities for the service, provider and caregivers. However, we did note that there was not a high number of unplanned endings but encouraged the service to strengthen practice in this area. (Area for improvement 2)

Initial assessments of caregivers were comprehensive, however, ongoing assessment of caregivers was compromised due to carers not returning to panel when out with approval or consistently within expected timescales for review. This was coupled with a lack of evidence that caregivers were reassessed when an allegation was made or when a significant life event occurred meant the service could not always be assured that some caregivers were always best placed to meet children's needs. (Requirement 1)

Networks of support for children and young people outside the home were sometimes limited, and did not always provide the additional safeguards required due to placing social workers and health professionals not regularly visiting them at home. When a young person was asked what could be better, they replied, "if social work came to see me more often instead of never coming to see me". While most children and young people had an awareness of who their caregivers supervising social worker was, there was not a sense these were strong relationships that would provide an additional safeguard to the children in the absence of the child's own social worker.

Children had also experienced delays in permanency planning and some young people's reviews were overdue meaning plans could not be progressed timeously. This meant children lived with carers, who were not always appropriately approved, for many years before plans moved on, sometimes resulting in an upsetting experience for the children, caregivers and their families. The service should ensure that they take a pro-active role in monitoring the progress of permanency planning. This should include supervising workers highlighting when children do not have a social worker, workers not visiting or when reviews are overdue. (Requirement 2)

Requirements

1. By 31 July 2024 the provider must ensure the safety and wellbeing of children and young people through the accurate, prompt and clearly recorded, robust assessment and reassessment of carers and (where necessary) presentation to panel following the identification of any significant changes of circumstances within the caring household.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

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

"If I have a carer, their needs are assessed and support provided." (HSCS 4.26) and;

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

2. By 2 September 2024 the provider must ensure that all children in need of permanent care arrangements have their assessments completed and plans carried out without unnecessary delay.

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

- a) All children in need of permanent fostering have their plans reviewed by managers.
- b) Staff within the service recognise, respond to and pursue any delays by clearly communicating these with the area teams.
- c) Managers maintain an overview of all timescales taken when planning for children in need of permanent care and address and resource any delays.
- d) Assessments are carried out within timescales.

This is in order to ensure that care and support complies 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 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)

Areas for improvement

1. In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training, development and supervision of foster carers.

This should include but is not limited to;

All staff and caregivers having a clear understanding of the mandatory training that should be undertaken by foster carers.

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)

2. To ensure that children and foster carers are given the best possible chance to succeed, the service should develop and use a clear process when foster placements end in an unplanned way. This should include, but is not limited to, holding unplanned ending meetings in a timely manner and considering whether carers need to be formally reviewed at panel before further children are placed in their care.

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 leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There were some systems in place to monitor aspects of service delivery however these have not been in use for some time and did not provide an assurance of quality within the service.

There was no evidence of audits, no appraisal and very sporadic formal supervision of staff that did not monitor performance. Leaders were not aware of the quality of the recordings written by staff. Although they had a sense of the issues that required to be addressed such as carer training and permanence progression there was no Specific Measurable Achievable Realistic Timebound plan in place that detailed how these issues and the wider issues of quality assurance were going to be addressed. (Requirement 1)

There was not a robust culture of reflecting on complaints, concerns and significant events embedded within the service and the lack of reflective meetings after an ending or reassessment after a complaint highlighted that the service was not pro-actively learning from these incidents. (Area for improvement under Key Question 1 "How well do we support people's wellbeing?")

The panel was robust and the role of the Agency Decision Maker (ADM) within this was also clear. There was however uncertainty within the service regarding the role of the ADM when emergency alterations to approval were required and there was not clear process for when these alterations should be presented at panel.

We had some concerns about the capacity to support improvement activities however, leaders were responsive to feedback throughout the inspection and there were some plans in place to improve the capacity of the service. We looked forward to seeing the impact of this at the next inspection.

Requirements

1. By the 2 September 2024 the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview, and improvement work.

To do this, the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress including statutory checks, unannounced visits, return to panel (where applicable), unplanned endings.
- b) Ensure staff receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance.
- c) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.

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 (SS1 2011/210).

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) and;

"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) and;

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

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Some children and young people did not consistently benefit from timeous reviews of their plan and some children experienced delays in reviews and permanency planning meetings. This meant important decisions could not always be made timeously. (Requirement 2 under Key Question 1 "How well do we support people's wellbeing?"). The fostering team did ensure they attended reviews and their input was an important part of the process.

Individual risk assessment for children living with foster carers were not always completed or reviewed by the service. Although there was a template for this, most young people did not have a recently reviewed risk assessment that took account of life within the fostering household or when out in the community. When this was combined with the emergency nature of children moving into households on an emergency basis there was an increased risk to outcomes. (Area for improvement 1)

The service did make use of safer caring plans and foster carers were aware of these. The quality of these plans varied and without ongoing training and reflective practice relating to safer caring the service was vulnerable to risks to outcomes relating to safer care. (Area for improvement 1)

There was a lack of robust quality assurance. The plans were not dynamic tools to inform care giver families of approaches to care and support. They did not reflect the care and support provided by the caregivers and staff, and experienced by the children. (Requirement 1 under Key Question 2 "How good is our leadership")

Areas for improvement

1. To ensure children and young people's safety, health and wellbeing are robustly prioritised and confidently responded to by their caregivers through effective use of safer caring plans and risk assessments.

To do this the service should ensure individual safer caring plans and risk assessments are in place for all children and young people, reviewed and updated regularly.

This is 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)

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 ensure that they obtain robust risk assessments for children that can then inform individual safer caring plans. Information within the documents should be relevant, regularly reviewed, completed in collaboration with social work colleagues and within an appropriate timeframe.

This area for improvement was made on 30 October 2018.

Action taken since then

While risk assessments were provided at the start of being matched with carers these were not regularly reviewed and updated and shared with foster carers.

Previous area for improvement 2

When a child is being considered for matching through the referral process, the service must ensure that it has all the necessary information required to enable sound decision making prior to placing a child.

This area for improvement was made on 30 October 2018.

Action taken since then

While the service received the information they required regarding the children referred there was not always evidence of careful matching with carers whose current circumstances were taken in to account, particularly regarding the length of placement required and what support the carer required to support the child's living arrangements.

Previous area for improvement 3

The service should review the pattern of placement disruptions and develop an action plan to reduce the unplanned ending of placements

This area for improvement was made on 30 October 2018.

Action taken since then

The service has recently updated its policy on reviewing unplanned endings and disruptions. There have been relatively few unplanned endings since the last inspection.

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	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	4 - Good
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?	3 - Adequate
2.2 Quality assurance and improvement are led well	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

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