

West Dunbartonshire Continuing Care Service Adult Placement Service

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West Dunbartonshire Council

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About the service

West Dunbartonshire Continuing Care Service has been registered with the Care Inspectorate since 2023. The service is registered as an adult placement service and is provided to young adults age 18 years or over, allowing young people in foster care the opportunity to remain with their existing fostering family until they are ready to move into independent or alternative accommodation.

The service states that 'Our vision is to ensure that every child and young person who is looked after by West Dunbartonshire Council has the opportunity to reach their full potential and achieve the best possible outcomes'.

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 27 May 2024 and 19 June 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 two caregivers and two completed our questionnaire
- met with one young person
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals and four responded to our questionnaire.

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.

West Dunbartonshire Council Adoption Service and Fostering Service were inspected at the same time and separate reports are available.

Key messages

- Young people benefit from loving and dependable relationships within their caregiver families.
- The service should seek to further develop learning opportunities for staff and carers in the area of trauma informed and therapeutic care.
- Panel processes are strong. However, the service needs to strengthen quality assurance and improvement practices.
- A skilled staff team consistently formed trusting and supportive relationships with caregiver families, enabling carers to best meet the needs of children in their care.
- Young people benefit from a significant improvement in the quality of care planning and feel that their voices are heard in this process.
- The local authority should seek to ensure a more consistent approach is taken to pathway planning and welfare assessment well in advance of young people reaching adulthood.

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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Young people benefitted from loving and dependable relationships within their caregiver families. One young person said this about their carer, "I felt the love right from when I first met her - we have a special connection". These relationships provided a secure base, enabling young people to thrive in all areas of their lives.

Caregivers had good relationships with and received responsive support from their supervising social workers. Carers felt confident that they could always get the support they needed and family placement social workers sometimes 'filled the gaps' when young people did not have regular contact with allocated social workers. This ensured young people's needs were met to a high level even when support from allocated workers was limited.

Many carers were skilled advocates for the needs and rights of young people in their care. We heard of one strong example where carers advocated for a young person during a hospital stay which led to health staff taking a more mindful and trauma informed approach to caring for the young person. Caregivers worked effectively with a wide range of other services to ensure that young people were aware of their rights and these were championed.

Young people were supported to get the most out of employment and learning opportunities. Caregivers had good local links within education and the world of work and young people were supported to meet their potential. Skills and achievements were acknowledged and celebrated.

The service offers a small range of carer training in key areas and also signposts carers to additional learning opportunities. However, not all carers have consistently engaged with training. Social workers have been increasingly tenacious in supporting carers in this area, with clear action plans discussed at carer reviews where engagement with training has been an issue. This could be further enhanced with more effective quality assurance to ensure that managers have an overview of any gaps in training across the service.

The service did not offer any specific training in trauma informed care and we advised the service to introduce mandatory training in this area, to ensure that carers are supported to best meet the emotional needs of young people in line with the commitments of The Promise. This would be further supported if the service invested in training on evidence based therapeutic interventions to enhance the trauma skilled approach of the supervising social worker team. **(See Area for improvement 1)**

The service should also ensure that all carers providing continuing care and staff members have undertaken training relevant to caring for young adults, including at a minimum adult protection training. **(See Area for improvement 2)**

The service effectively follows national guidance in relation to protection and serious practice concerns or allegations were usually dealt with robustly in partnership with other agencies.

Caregiver families are comprehensively assessed to ensure that they have the capacity to meet the needs of young people and most adult placement carers had been appropriately approved as adult placement carers. Carer approvals were specific and reflected the assessed capacity of carers. This ensured that young people received a service that was right for them.

The views of all young people were regularly sought and considered during carer reviews. Young people and caregivers also told us that they felt that their views were listened to more in their statutory reviews chaired by the independent reviewing coordinators than they had been previously. These reviews continued seamlessly when young adults were in continuing care placements. This supported young people to feel more in control of decision making about their own lives.

Young people and their caregivers were well informed about young people's rights under continuing care legislation and the registration of the continuing care service had brought additional reassurance about this. Where pathways plans had been completed, these were of good quality although we found that these were not routinely being done in advance of young people turning 18. The local authority's draft continuing care policy accurately reflects the law and best practice but has not yet been approved or distributed throughout the local authority contributing to the lack of consistency of practice.

Areas for improvement

1. To ensure that children and young people benefit from the highest quality therapeutic care, in line with the commitments of The Promise, the service should seek to develop or source learning opportunities that support carers to develop a stronger trauma skilled approach.

This should include but not be limited to: ensuring the staff team have access to high quality specialist training to further develop skills and knowledge, and ensuring all carers engage with training opportunities to help them strengthen their approach to supporting children impacted by trauma.

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).

2. To ensure that young people are supported by people who can help to keep them safe, the service should ensure caregivers and a service have a strong understanding of adult protection processes and adult development.

This should include ensuring that all caregivers and staff have, at a minimum, completed adult protection training.

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 good is our leadership?

3 - Adequate

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

The service has some effective systems in place which monitor and evaluate the experiences of children, young people and caregivers. This included quarterly meetings between caregivers and service managers, and a fostering and adoption panel that functioned very well. The fostering and adoption panel, with an independent chair, is a significant strength of the service. It was evident that the panel took a young person centred view and skilfully held caregivers and the wider service to account when necessary. The fostering panel would be further strengthened by the introduction of panel member appraisals, which the service has now planned.

On the whole, statutory requirements such as, PVG checks and unannounced visits were monitored effectively and were within timescales. However, there were no mechanisms working effectively to track and monitor accidents and incidents, carer and social worker training, or unplanned endings of foster placements for children. There was also no regular system of case file audit or practice evaluation. Workers within the fostering team had a good grasp of the areas of practice they felt were strong and those which needed to be improved, and felt supported by their line managers, but there was a clear lack of strategic overview from more senior management.

It was very difficult for us to get information on placement endings. The service was not able to provide a clear overview of the number of or reasons for young people moving from adult placements. The service has not yet embedded a clear policy or system for the review of young people and carer's experiences when placements end in an unplanned way. This was identified as an area for improvement at the time of the last inspection that has not been effectively addressed.

The local authority have acknowledged that manager illness and the wide remit of the team leader for the service means that, senior social workers within the family placement services have been relied on to drive improvement in fostering and adoption in addition to their day to day operational responsibilities. One member of staff stated, "It feels as though our service is broadly improving, and the culture is a good one. There is a lot of expertise / experience in the team ... We could be so much better though with more dynamic and available leadership at a higher level." This means that quality assurance activity has not been a priority. There are plans to review leadership structures in the council's five year plan; however, currently this continues to be a significant gap. **(See Requirement 1)**

The staff team and carers have highlighted that there was a lack of written policies and procedures within the service which means that carers are not always given consistent guidance. The social work team have been proactive about working to address this as a team, demonstrating their commitment and skill. However, this is work that would be more effectively led by a manager within the service, in collaboration with the team.

Requirements

1. By 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) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to, carer logs, carer supervision records, risk assessments, safer caring plans and adoption support planning.

- b) Implement effective systems for monitoring and evaluating unplanned placement endings.
- c) Implement a clear system for the tracking and evaluation of incidents and accidents including protection concerns.

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

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for children and young people and clearly outweighed areas for improvement.

Staff consistently formed enduring, trusting and genuine relationships with people being supported by the service. Feedback from caregivers highlighted the supportive relationships that the staff formed with them and with the young people. One caregiver told us, "Our supervising social worker is both skilled and very committed to supporting us as required." This provided carers with a sense of security and confidence that enabled them to care for children and young people to the best of their ability.

In most circumstances, staff used their authority appropriately and skilfully supporting caregiver families to manage challenging situations such as, resolving conflict. Additionally, we heard that when necessary, staff were able to challenge carers in a supportive way in different settings. However, there were some situations where we felt concerns about carer practice should have been addressed in a more robust and timeous way in order to minimise disruption and improve experiences for children and young people.

Staff were reflective about their practice and we saw that reflective discussions were facilitated during the team meeting. While staff told us they felt well supported by their line managers, there was no written evidence of formal supervision of staff. We did not doubt that supervision was usually taking place on a regular basis but there was little in the way of recordings. Staff should be provided with a record of any actions agreed at supervision to improve clarity and accountability. This would also ensure managers effectively evidence the support provided and how any practice issues or training needs are addressed.

Most of the staff team had completed relevant training since the last inspection and some much less, according to the individual training logs. The staff team were encouraged to engage with external training relevant to the role. However, there was no evidence of recent trauma informed practice training, although staff members did display an understanding of this and an eagerness to learn more. As highlighted earlier in this report, we would recommend the service invests in this area of development for the staff team to further develop the therapeutic and trauma skilled elements of the service.

There was no evidence of appraisal or performance review of staff. Although staff were given opportunities for further training and development and the service was open to ideas that the staff brought when they identified training, we could not see how this was prioritised. A staffing skills analysis and training plan, informed by staff supervision and appraisal would support this assessment and ensure that training is targeted. **(See Area for improvement 1)**

Areas for improvement

1. To support caregiver and children's wellbeing, learning and development, the provider should ensure that all staff are sufficiently confident, supported and their learning and development needs are well understood.

This should include but is not limited to:

- a) provision of regular opportunities for good quality supervision in line with their policy
- b) ensuring staff have a written record of any actions agreed during their supervision
- c) implementation of systems of appraisal for all staff
- d) developing an analysis of skills and training needs for the team.

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).

This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

The local authority have made significant progress in the area of care planning since the time of the last inspection. Independent reviewing coordinator posts were introduced in the summer of 2023. All looked after and accommodated children and young people have now had reviews and these are being held within statutory timescales, including young people in continuing care. All young people now have active child's plans in place and these are appropriately shared with young people and carers. Carers and young people's views are clearly recorded within the minutes of these meetings and within the plans themselves. Some work could still be done to make these plans more SMART (specific, measurable, achievable, realistic and time bound), particularly with regards to identifying more specific time frames for agreed actions to be carried out.

Staff within the family placement team take an active role within children's statutory reviews, and caregivers and staff were usually in attendance at meetings though did not routinely provide reports for these meetings. This ensured that young people's day to day experiences were considered at planning meetings.

Safer caring plans were in place for each young person, helping to ensure that day to day care arrangements appropriately reflected needs and wishes. These varied in quality and some could have been more individualised to the needs of young people and their caregivers. It was sometimes unclear whether these were written by carers or social workers and it wasn't clear whether young people had contributed to the writing of these in any way.

There is a risk assessment proforma in use for many children and young people. However, not all young people had risk assessments that clearly identified any areas of risk or gave clear guidance to the caregiver in how to manage the risk. Some workers within the service had not been aware that there was a risk assessment proforma in use, which provides an example of the themes around quality assurance and clarity of policies and procedures within the service highlighted previously.

There is also a need to improve practice in the area of carer recordings of day to day life and key events for young people. Very few carers were regularly keeping or sharing records of young people's experiences. The staff team have recognised this gap and are working to draft an agreed policy and procedure. However, it is clear that up until now practice in this area has been lacking and previous attempts to address this issue have been ineffective. **(See Area for improvement 1)**

Practice around the completion of pathways plans for young people approaching adulthood was not consistent. Where pathways plans had been completed, these were of good quality although we found that these were not routinely being done in advance of young people turning 18. For young people with no allocated social worker, it was not always clear who was responsible for coordinating the pathways assessment. We found that a continuing care welfare assessment was not explicitly contained within the pathways assessments nor were there standalone welfare assessments in place. This is an area that the local authority must seek to address as soon as possible. **(See Area for improvement 2)**

Areas for improvement

1. To ensure children and young people's daily experiences and developments are meaningfully recorded, the service should seek to ensure caregiver and social worker practice in this area is high quality and consistent in line with the commitments of The Promise.

This should include but not be limited to: developing a clear written policy on caregiver recording; providing all carers with training on child centred record keeping; and ensuring these records are regularly monitored by supervising social workers.

This is to ensure that care and support is consistent with 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).

2. In order to support and enable young people to experience stable and consistent care beyond the age of 18, the service should seek to ensure a more consistent approach is taken to care planning.

This should include but not be limited to: ensuring all young people have co-produced pathways plans in place well in advance of their 18th birthdays; and ensuring that this explicitly contains a continuing care welfare assessment.

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 in order 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).

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?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very 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	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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