

BRIDGEND COUNTY BOROUGH COUNCIL
CORPORATE PARENTING CABINET COMMITTEE

5 April 2011

REPORT OF THE CORPORATE DIRECTOR CHILDREN

Regulated Services Inspection

1. Purpose of Report

1.1 To provide Corporate Parenting Cabinet Committee with an over view of the regulatory inspections within Safeguarding & Family Support Services. This will be the first time that a report on the Regulated Services has been presented to the Corporate Parenting Cabinet Committee. The report aims to inform on the frequency and conduct of inspections and also on the outcome of those inspections which are publicised documents.

2. Connection to Corporate Plan

2.1 Looked After Children are a key responsibility for the Council as corporate parents and connect with the theme 'Children Today Adults Tomorrow.'

2.2 Corporate Parenting supports the following corporate priorities:

- Children today, adults tomorrow,
- Supporting our disadvantaged communities,
- Creating learning communities;

and is connected to the following community strategy themes:

- Young Voices,
- Healthy Living,
- New Opportunities.

3. Background

3.1 All local authorities who provide fostering, adoption or residential services for children and young people are subject to a range of required inspections. These are carried out by the Care and Social Services Inspectorate Wales (CSSIW) under the provisions of the Care Standards Act 2000 and the associated regulations pertaining to the service being inspected.

3.2 CSSIW carries out its functions on behalf of Welsh Ministers, and is an independent body despite being a department within the Welsh Assembly Government. Reports are made available to the local

authority and the service and are also available to members of the public on request, with some reports being publicised on the CSSIW website.

- 3.3 There are four regions of the CSSIW with Bridgend being inspected by officers from the South West Wales region. CSSIW focuses on professional assessment and judgement about services and organisations. They inspect and review local authority social services which include specific inspections for regulated services.
- 3.4 Annual inspections are carried out in relation to fostering and residential services and three yearly inspections are undertaken in relation to the adoption service. The four residential units, Bakers Way, Cartrefle, Maesteg and Pant Morfa and the Fostering Service encompassing Resolutions Fostering and the Family Link Scheme have become familiar with the annual inspection regime since 2002 and 2003 respectively. However, 2010 saw the first full inspection for the Adoption Service, which for this inspection looked not only at the adoption activity in the Borough but also the permanency planning activities across the four Safeguarding Teams.
- 3.5 Each unit or facility to be inspected is provided with a time scale for the inspection and is required to complete a comprehensive self-assessment form (SAF) which together with any supporting evidence is forwarded to the CSSIW in advance of the inspection.
- 3.6 The inspection activity varies from one or two days to a full week depending on the service being inspected and the activity needed to conduct the inspection. Within residential services inspections are generally unannounced. Inspection activity includes completion of a SAF by the service provider, pre inspection questionnaires for service users, such as foster carers, adopters, birth parents and staff and young people. In addition during the inspection activity includes reading reports, files and documents and meeting with groups of service users such as young people, foster carers, adopters and support staff. Key officers are also interviewed as part of the inspection. In almost all cases the Head of Service is interviewed, together with Senior Officers, Registered Managers for the services, and staff members as well as Elected Members and those serving on adoption and fostering panels. The inspectors may also observe activity such as adoption and fostering panels and team meetings.
- 3.7 Following the inspection a report is completed which is shared with the Head of Service and Registered Manager. Inspection reports have a similar format in which there is text on the findings of the inspection, notes of good practice and observations made by the inspectors. There will also be good practice recommendations and in some cases a summary or list of required actions in order to meet compliance.

4. Current Situation

- 4.1 In 2010 all of the regulated services in the children's directorate were subject to CSSIW inspections. In all cases full reports have been

received and these have been used to provide an overview of the outcome of the inspections.

4.2 Each inspection activity is reported on separately in order to give a summary of the findings for that service. The report will also highlight good practice recommendations and any requirements stipulated for the service.

4.3 **Bridgend Foster Care**

The most recent inspection was in January 2011 (previous inspection February 2010).

Bridgend Foster Care Service provides general, relative and regulation 38 (emergency family and friends) foster carers for children accommodated by the local authority. There remains an average of 70 general foster carers providing around 140 placements, 20 relative carers providing 35 placements and 15 regulation 38 carers providing 28 placements.

The registered fostering services manager is corporately responsible for Resolutions Fostering and the Family Link Service although both services have their own managers. As such the annual fostering services inspection encompasses all three areas.

The most recent Fostering inspection report was received on 7th March and noted no requirements. It did however, make two good practice recommendations those being; the review of quality of care report should be further expanded to include the outcomes of consultation and what the service has done to address any issues and that staff should be provided with mobile phones. The Inspector positively noted that increased staff numbers have impacted on the overall stability of the team and has enhanced the service being provided. She was also extremely pleased to note the strong consistent management and positive team morale.

Of particular note in this inspection was the continued development and success of fostering support services aimed at a range of carers and those they care for with the establishment of a 'men who foster' group (covering all three service areas), and the 'carers own children' group. The latter however has needed considerable input to ensure the much needed group is a success.

Recruitment and branding for all the services to include Bridgend Foster Care, Resolutions, Family Link Scheme and the Supported Lodging Service continue to be successful with leaflets and advertising activity, such as 'meet and greet' events for prospective carers being pivotal to the success for the recruitment campaigns across the service areas.

In terms of staffing the services, all were noted to now be fully staffed and the quality of the work across services was praised for its continuing high standards. The last two inspections have looked in

detail at staff protocols such as recruitment, HR processes, supervision and training as well as the function of the service such as case files, performance and achievements.

The continued improvement of the Bridgend Foster Care Service has highlighted greater achievements in areas of matching children to longer term placements, planned placements for children entering the Looked After System and move on to matched placements for children who were accommodated in an emergency situation. Bridgend Foster Care processes have been scrutinised and it is noted that pre placement planning meetings, anti disruption meetings and the commissioning of the Action for Children Service aimed at preventing placement breakdown are all positive developments for the service. The inspector however noted that statutory visits by Safeguarding Staff were not consistent and timely and could be improved. Whilst Bridgend Foster Care had undertaken some of these visits, this was not seen as appropriate by the inspector due to the potential blurring of roles. The fostering supervising social worker's primary function is to support the foster carer while the child care social worker's role is to support the child. An individual fulfilling both roles could lead to potential confusion on the part of a looked after child and their parents.

The previous report highlighted two service requirements. These were that the registered services manager gains a management qualification which is in hand and secondly that no member of the service is employed in any fostering service without a full CRB check in place, although it was noted that it was good practice to allow new starters to shadow departing staff members in order to complete a full handover. This has also been now been achieved.

The inspection process is welcomed by staff and managers as an opportunity to discuss areas of development, good practice initiatives and achievements and any areas of concern. The dialogue throughout the inspection process provides good insight into the performance of the fostering services with all good practice recommendations being considered and implemented immediately by the service where it is within their means to do so.

4.4 **Bakers Way**

The most recent inspection was in July 2010 (previous inspection April 2009).

Bakers Way provides respite care for young people with a learning disability some of whom also have a physical disability. The most recent inspection was conducted on one day with an unannounced visit and was used for discussion with the staff members and the manager; Observations of the young people using the service were undertaken. Pre inspection activity such completion of a SAF, along with case tracking and inspection of records were also carried out.

The Inspectors found that the unit had benefitted from a second year of a stable management with staff well supported, supervision was regular and good practice noted.

Occupancy levels had increased within the home with the inspector noting that children and young people were encouraged by the staff to participate in activities in the home, and given choices about the meals and how they spent their time.

The paperwork was noted to have improved with case recordings being more robust, care plans and core assessments were up to date and on file as were risk assessments which were reviewed and changed in line with the child's needs. Paperwork was updated regularly.

There was a view expressed that the referrals to the unit were becoming more complex with an increase in young people with autism, requiring further training for the staff which they were said to have embraced. At the time of the inspection 28, of the 40 children using the service were diagnosed as being Autistic.

The inspector's report identified positive outcomes throughout with no requirements, only one good practice recommendation which was that staff should receive specialist training in Autism.

4.5 **Cartrefle**

The most recent inspection was in December 2010 (previous inspection April 2010)

Earlier in 2010, inspectors commented that the home benefited from having an experienced registered manager and an established staff group, all of whom are registered with the Care Council for Wales. The report was positive throughout with only one good practice recommendation and one requirement.

The report made mention of the fact of inappropriate placements being made and therefore set a requirement that the Registered Manager of the unit should have the ultimate say in relation to admissions. This has been addressed and is now common practice at the unit with a significant positive impact being noted by the manager and staff. The inspector was sensitive in her recording that it had been a difficult year for the staff in Cartrefle having to deal with a tragedy whilst at the same time supporting other young people in the unit.

The more recent inspection was very brief with the inspector spending just half a day at the unit. The report read very much the same as the previous one, with only one good practice recommendation which came about following discussion between the manager and the inspector. The good practice recommendation related to the document for the monthly key working report needing to be reviewed. There were no requirements at the last inspection.

4.6 **Maesteg**

The most recent inspection was in June 2010 (previous inspection August 2009)

Both the 2009 and 2010 inspections have been positive with minimal good practice recommendations. There were common themes of good practice which include that there were good processes for providing information on the service to both young people and agencies. Admission processes were improving and that young people's files were of a very good standard.

In relation to the young people, the inspector commented on the hard work of staff in maintaining a culture where young people attend their educational placement. Young people identified through the pre-inspection questionnaire and through observation that they felt settled and happy in placement. It was also noted that young people felt confident that they could speak out against bullying.

The inspection noted that the staff team consisted of well qualified and experienced members who work actively to maintain placements. There is a strong team ethos and felt supported working in a challenging environment.

Both inspection reports comment on the physical environment, reporting it to be well maintained and the unit is well run. The staff report that there is good management support to the team. In terms of good practice recommendations, these consist of the need to undertake a training needs analysis including considering the need for refresher training on restraints and Key Work documentation was to be reviewed.

Whilst in 2009 there was a requirement to ensure Regulation 32 visits were carried out monthly, this was completed and did not appear in the 2010 report. There were no requirements identified for 2010.

4.7 **Pant Morfa**

The most Recent Inspection was in November 2010 (previous inspection April 2010).

Over the two inspection periods, the unit had just seven good practice recommendations, four of which were previous outstanding requirements, which due to financial restraints and the residential review have not been seen as a priority and relate to upgrading and

refurbishments of the physical environment which was sensible to delay pending the outcome of the residential review.

Through both inspections there were positive verbal communication and feedback from the inspector. With respect to the physical environment the inspector was very impressed with the investment staff have made in upgrading the property using their individual skills and turning the activity into a project involving young people which gives them ownership and investment in the unit and will hopefully minimise future damage.

The report was largely positive regarding the staff at the unit and noted good practice activity such as staff interaction with the young people which was enabling, educative and empowering. The inspector did note inconsistency by the allocated social workers in relation to their visits to the unit which was a repeat of the previous inspection findings. However the inspector noted the residential staff efforts to resolve these issues.

Good practice recommendations included a similar theme to that of other units in that the manager should have the ultimate say on who should be admitted to the unit. Menus for young people needed to record their balanced diet and for those young people who are not in education further exploration into provision on site was suggested. As outlined earlier there was also a recommendation that some upgrade/refurbishment be considered to the kitchen/dining room. There was just one formal requirement to be addressed, which is in relation to the need to notify CSSIW of certain activities. However given that the notifications would be daily and related to notifications around a young person's misdemeanors the inspector agreed to compromise with weekly notifications being given.

4.8 The Adoption Service

The most recent inspection was in July 2010 (previous inspection under a previous inspectorate process 2005).

The inspection was in two parts but both were conducted at the same time and inspection activity overlapped. The Adoption Service was looked at in its entirety as was the local authority's permanency planning for looked after children.

The Adoption Service was reconfigured in 2006 to its current format and enjoys the benefit of an experienced manager and the team is staffed by experienced, qualified and knowledgeable staff members.

The service is responsible for five key areas of service, namely

1. Adopter assessment, support and matching.
2. Non Agency Adoptions (such as step parent adoptions)
3. Birth Record Counselling and Intermediary Services (a service for adults affected by adoption, birth relatives and adopted people and

may include supporting the adopted adult to make contact with their birth family.

4. Adoption Support Services (a range of services for those affected by adoption from birth parents, children, relatives and adopters).
5. Twin Tracking and Family Finding. This activity works alongside the Safeguarding teams to provide the Adoption Agency role of looking to ascertain whether adoption is the primary plan for the child. Where adoption has been considered as the plan for the child, this activity then expands to also undertake the family finding and placement support.

Pre inspection activity included the completion of a self assessment form and supporting evidence such as copies of policies and procedures. CSSIW sent questionnaires to all users of the above services, social workers, other professionals and partners as well as to adoption panel members. The inspection itself was conducted over a 5 day period in July 2010 and consisted of reading files, case tracking, interviews with each staff member, members of adoption panel, and senior managers with responsibility for the adoption service, child protection and the Independent Reviewing Service.

The inspectors were complimentary of the adoption service stating “it is staffed by a knowledgeable and experienced team manager who has put into place a sound structure which has led to an improved quality and more productive service. The staff team are experienced and knowledgeable and the service benefits from a stable workforce”. The inspectors were concerned by the size of the team given the increasing work demands on the service and also suggested succession planning and filling vacancies needed to be a priority.

The inspectors noted many good practice issues such as the range of adoption support, timely intervention of the adoptions service in case planning and the quality of reports both for children and adopters with examples of excellent work on files. The inspectors also noted areas that could be improved and made good practice recommendations such as the introduction of a permanency panel, review of the monitoring of work to ensure timeliness. The adoption manager highlighted prior to the inspection that there were three key areas for improvement/development which would be addressed in the coming year. These included the review of policies and procedures, review of the adoption support service and the implementation of a quality assurance framework. All three were accepted by the inspectors and largely cover the areas of good practice recommended by the inspection team.

There was only one requirement highlighted which has already been addressed. This was for the manager to consider the training needs of the adoption staff in relation to child protection.

Permanency

- 4.8 Whilst permanency was not a separate inspection, some of the issues raised in the adoption inspection also applied to aspects of the

permanency planning for looked after children whilst other aspects were separate.

The inspectors noted that at the time of the inspection there had been a recent reconfiguring of the teams and that this was having an impact on some teams which were struggling with increased work demands and new areas of responsibility.

The inspectors were particularly interested in the permanency planning arrangements and noted that whilst care plans were articulated, the evidence was not always present. The inspectors made some good practice recommendations to include the need for the local authority to consider the introduction of an early alert and management of risk system which would help deliver improved outcomes for care planning especially in relation to permanency for all L.A.C. They went on to recommend that senior management should consider how they can effectively monitor the L.A.C. population with regard to both managing drift and forward planning. The re launching of the LAC project has begun to address this latter issue.

The inspectors highlighted the monitoring of cases and noted that the high workloads of the Independent Reviewing Officers should also be addressed in order to in order to ensure capacity to meet demand.

The good practice recommendations were again not surprising with suggestions for the creation of a permanence panel and systematic permanency planning and monitoring to be implemented. In addition they recommended the quality of work be monitored and training for staff on recording to be considered.

Whilst it is not possible to fully detail in their report the full scope of the recommendations, it is worth noting that this was the first adoption and permanence inspection and was overall a highly positive and complimentary report. Good practice issues and recommendations have been acknowledged and an action plan is being finalised for addressing the issues highlighted.

Despite a significant number of specific and general good practice recommendations there were no practice requirements noted.

5. Effect upon Policy Framework and Procedure Rules

5.1 None

6. Equality Impact Statement

6.1 Not applicable

7. Financial Implications

7.1 None

8. Recommendations

8.1 It is recommended that Committee notes this report..

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Background Documents

CSSIW Inspection Reports Fostering 2010 & March 2011
CSSIW Inspection Reports Bakers Way April 2009 & July 2010
CSSIW Inspection Reports Cartrefle April 2010 & December 2010
CSSIW Inspection Reports Maesteg August 2009 & June 2010
CSSIW Inspection Reports Pant Morfa April 2010 & November 2010
CSSIW Inspection Report Adoption Services 2005 & July 2010