



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

1st Affinity Fostering Services

Wrexham

Type of Inspection – Focused

Date(s) of inspection – 6 February 2016, 9 February 2016, 11 February 2016, 12 February 2016, 20 February 2016 and 7 April 2016.

Date of publication – 17 June 2016

Welsh Government © Crown copyright 2016.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*

Summary

About the service

1st Affinity Fostering Service Limited is registered with the Care and Social Services Inspectorate (CSSIW) as a fostering agency. It is a small agency registered to provide a general fostering for children and young people (hereafter referred to as young people) aged 0-18 years of age. There were 10 young people placed at the time of the inspection. Of the 14 households approved to provide a fostering service, 3 were on hold at the time of the inspection, one household was for short breaks only and 2 did not have a current placement. There were a further two households undergoing assessment or awaiting panel recommendation.

The responsible individual is Adrian Lindesay and the registered manager is Colin Tucker.

What type of inspection was carried out?

This was an announced inspection that was focused on the quality of care to young people. As a result of issues that came to our attention during the inspection, we (CSSIW) also looked at the other themes of the quality of staffing and the quality of the leadership and management of the service. We spent six days or part thereof over a six week period and within this time we visited foster carers and young people. The methodology we used was that we;

Read

- The case files of three young people.
- The draft annual quality of care review which was issued as covering the period up to 20/02/2016
- The up-dated statement of purpose for the service.
- Minutes of the previous three fostering panel minutes.
- Three staff files.

Observed

- A Skills to Foster training session.
- A fostering panel meeting.

Spoke with

- The registered manager.
- The responsible individual who is the agency decision maker.
- The fostering panel chair.
- 2 foster carer couples & 3 young people in placement.
- A social worker for 2 young people placed with the agency.

We received 5 completed questionnaires from young people in placement, one from a local authority social worker, 3 foster carer households and 3 fostering panel members.

We provided initial verbal feedback to the responsible individual and the registered manager on the 7th April 2016.

What does the service do well?

We did not find any areas that exceeded the national minimum standards for fostering services (NMS) 2003

What has improved since the last inspection?

- The supervising social worker for the agency now has a full time contract of employment.
 - A part time administrative officer has been recruited.
 - An engagement and consultation officer has been recruited.
 - There are now 8 independent foster panel members with experience across health, social work, education and fostering.
 - A panel member's handbook introduced in January 2015 had been reviewed in January 2016.

What needs to be done to improve the service?

We identified one issue where there was evidence of significant non-compliance with the requirements of the Fostering Services (Wales) Regulations 2003 (the regulations). The significance of this is such that a non compliance notice has been issued.

The issue identified is that :

- The service is not compliant with Regulation 8 (1) (a) (b) which requires the registered provider and the registered manager must, having regard to the size of the fostering agency, its statement of purpose, and the numbers and needs of the children placed by it and the need to safeguard and promote the welfare of the children placed by the fostering agency, manage the service with sufficient care, competence and skill. This is because the registered manager continued to be employed elsewhere on a full time basis but was also undertaking a number of roles for the purposes of the fostering agency.

We identified seven additional areas where there was evidence of non-compliance with the requirements of the Fostering Services (Wales) Regulations 2003. We found no evidence that these had had an adverse impact of the quality of life or safety of young people and therefore non compliance notices were not issued on this occasion. These were:

- The service was not compliant with Regulation 12 (2) (b) which requires the prompt referral to the area authority of any allegation of abuse or neglect affecting any child placed by the fostering service provider. This is because a foster carer had failed to report a complaint of inappropriate behaviour by a young person in their care to the appropriate safeguarding authority and there was no record of the registered manager following this up with the relevant authority.
- The service is not compliant with Regulation 18 (2) (c) which requires that the complaints procedure must include provision for the consideration of complaints made about the registered person. This is because we found reference to the

complaints procedure in the statement of purpose and in the foster carer's handbook, but these did not include the procedure for investigating complaints against the registered person.

- The service was not compliant with Regulation 18 (2) (e) (iii) which requires the fostering service provider to ensure that all persons working for the purposes of the independent fostering agency are informed about the complaints procedure. This is because we did not see any evidence of any training in this area.
- The service is not compliant with Regulation 20 (1) (a) & (b) and Regulation 20 (3) (d) which requires the fostering service must ensure that any person employed or engaged to work for the service is a fit person to do so. This is because the records kept did not include all the matters required by Schedule 1 of the regulations.
- The service is not compliant with Regulation 21 (1) (a) which requires that all permanent appointments are subject to the satisfactory completion of a period of probation. This is because the contract for the supervising social worker did not include a period of probation.
- The service is not compliant with Regulation 25 (1) which requires there to be at least one of the social workers employed by the fostering agency present at each meeting for the fostering panel for business to be conducted. This is because on one occasion in 2015, there was no social worker employed by the agency present. The registered manager was also not present during panel deliberations.

Areas for improvement

- The records kept on a young person's file did not record all their placement moves or the reasons for a move. The chronological summary provided to us from records held elsewhere did not include all the information required by schedule 2 of the Regulations.
- Panel minutes did not specify the identity of the assessor at the outset of the discussion of prospective foster carers' assessments.
- Panel minutes did not indicate the roles being undertaken by its members which would easily demonstrate whether the meeting was quorate or not.
- Panel minutes did not clearly indicate whether any observers were present and for what purpose.
- Panel minutes did not demonstrate whether agenda items are related to a prospective foster care assessment, an annual review of a foster carers' approval or a request for a variation in the foster carer's approval or any other business.
- Placement disruption meetings were not held and reported to the fostering panel in a summary format that could enable the lessons to be learned and improvements to practice made.
- Records did not provide sufficient evidence of the nature and quality of the service

provided that would contribute to a young person's life events.

- The draft annual quality of care review for March 15 to February 16 was presented to Panel for comment and ratification on 20/02/16. It included the data up to 20/02/16 which was the day it was distributed and did not therefore include the full year data.

Quality Of Life

Overall, young people receiving a service from 1st Affinity can be confident that they will be valued because they are known well by the staff and foster carers who promote responsive care taking account of their wishes and feelings. However, there are issues relating to the management and staffing of the agency that mean that they cannot be confident that the records kept about them detailing the nature and quality of the care provided is sufficiently up to date and comprehensive.

Young people can be confident that the service measures the outcomes they feel they are achieving in their foster placement and this gives them influence in measuring the service they receive. This is because a framework has been developed to capture the development of each young person against the outcomes identified in 'Every Child Matters'. We saw some outcomes charts from the point of view of the young person who completes a questionnaire that rates their responses to specific key statements. Each key statement is accompanied by the evidence that supports it and whether the young person has progressed or regressed. This stated it should be completed after one month in placement to establish a baseline and six monthly thereafter. However, there did not appear to be any depth behind the questions asked. The intention is that the young person, their social worker, their foster carer and school will evaluate the questionnaire to determine the effectiveness of the service and how it can be improved.

The outcomes framework we saw for one young person had an un-dated baseline chart with a review in February 2015 and again in October 2015 and showed elements of progression and regression. This young person had been in placement with the agency since May 2014 and had two long term placements and a series of respite placements. The outcomes framework for another young person was, in effect, a baseline chart because it was the first that was completed. They had been in placement with the agency since December 2014. There was no evidence that placement disruption meetings had been held when long term arrangements had come to an un-planned end. The outcome charts did not appear to have been completed by anyone other than the young person with support of the outcome and engagement officer. The two outcome charts we saw for this person did not result in a review of the placement plan objectives which were contained within the Safe Caring Pro-forma. This document is used to incorporate the initial placement agreement and placement objectives.

The outcome of the methodology used to measure the development of young people in placement is helpful in so far that young people are at its heart. However, there is little evidence on the young person's file to demonstrate to what extent young people were engaging in education, what activities they were undertaking or what appointments they had been to. We saw the diary records kept by the foster carers for one young person for two months but there were none after January 2015. A foster carer told us they did not keep daily diary records because the young person had been settled with them for 2 years and they were supporting them in their move towards independence. Whilst we did

not see the records regarding a young person recently placed with these foster carers we did hear about them transporting the young person to and from school some 20 miles away and saw the supervising social worker assisting in this activity on the occasion we visited.

We also heard the supervising social worker and the agency's engagement officer discussing arrangements to transport other young people in placements to their education facilities. There was evidence in a notification we had received that the engagement officer had ensured there was some degree of continuity in a young person's education during a placement disruption. They had collected work for the young person from their school for them to do in their new foster placement. Evidence of young people's leisure activities was gleaned from young people's questionnaires, records of some outreach work and our discussions with them.

The emphasis on young people attending education is echoed in a questionnaire we received from a social worker who noted that the agency had 'provided additional support to foster carers when required in order to transport young people to school'. They also noted that foster carers 'have ensured that there are appropriate leisure opportunities for young people although these have not always been taken up by the young people'.

It is clear that the agency and foster carers promote the well-being of young people by providing appropriate opportunities for physical, emotional, social, education and leisure needs. The agency captures the young person's views on what outcomes they think they have achieved. However, there is insufficient evidence in young people's foster care file to demonstrate that up to date, comprehensive case records are maintained for each young person in foster care which details the nature and quality of the care provided and contributes to an understanding of their life events.

Quality Of Staffing

We looked at three staff files. We found that young people cannot be confident that all people working in or for the fostering service are suitable to work with young people. This is because disclosure and barring service (DBS) checks are undertaken and some references are sought but the evidence in the staff files is not sufficient to demonstrate that persons employed by service were fit to work for the purposes of the fostering service. The service is therefore not compliant with Regulation 20 (1) (a). As there was no evidence of a negative impact on the quality of life for young people we have not issued a non compliance notice on this occasion.

The three staff files were one for a person employed as a social worker, one for an officer commissioned to provide a service and one engaged as a consultant. Regulation 2 (4) (b) interprets employing a person to also mean employing a person under a contract of service or a contract for services. All three files should therefore have included full and satisfactory information in relation to the person in respect of each matter specified in Schedule 1 of the Regulations. We found that none had a positive proof of identity, a full employment history or documentary evidence of any relevant qualification. The service is not therefore compliant with Regulation 20 (3) (d) which states that a person is not fit to work for a fostering service unless the matters specified in Schedule 1 of the Regulations is available. As there was no evidence of a negative impact on the quality of life for young people we have not issued a non compliance notice on this occasion.

We found that the contract for the permanent qualified social worker employed to undertake the role of supervising social worker for foster carers was dated 01/05/15 but did not specify that it was subject to a period of probation. We saw that there were notes relating to supervision provided by the registered manager to the social worker on nine occasions between 25/07/15 and 21/01/16. There was no reference to the quality of the work undertaken by the social worker in these notes which were not signed by them.

The minutes of the supervision meeting between the registered manager and the social worker on 10/01/16 indicated that an appraisal form was discussed. It was suggested that the post holder and registered manager “would identify examples in all 8 areas and they would continue to complete next session. Focused at length about recurring themes re supervision records and how these could be addressed through training. Agreed to complete the probationary period by early May 2016 – 1 year after employment.” This indicates that there is a lack of clarity between probation and appraisal with a period of probation being the process of testing or observing the character or abilities of a person who is new to a role or job. This may, for example, be a period of six months. We did not see a period of probation, of whatever duration, reflected in the contract that was on the file we looked at. It would appear that the registered manager was using an annual appraisal as both the end of the probation period and the annual formal assessment of the performance of an employee. The lack of a period of probation in the contract is not compliant with Regulation 21 (1) (a). As there was no evidence of a negative impact on the quality of life for young people we have not issued a non compliance notice on this

occasion.

We saw that an appointment had been made to an Outcome & Engagement Officer post from 09/01/2016. Prior to this the post-holder was engaged to complete an independent quality of care review for the agency. We subsequently received the contract for the Outcome and Engagement post which was for 3 months initially with an extension to 12 months. We did not see a contract or agreement for the specific pieces of work to be undertaken by the commissioned officer.

Quality Of Leadership and Management

Young people cannot be confident that the service is well run and managed with due diligence and compliance with the regulations. This is because we found failures to comply with the regulations.

We found that the registered manager is employed elsewhere on a full time basis. The statement of purpose in 2013 stated that “initially there will be a part time Registered Manager (Colin Tucker) – a succession plan is in place to appoint another RM as the service develops”. This has not happened as the registered manager continues to work in this service in a part time capacity, whilst employed full time elsewhere. The statement of purpose reviewed in 2016 states the same intention. We raised this as an issue with the service during the baseline inspection in November 2014 which was published early in 2015. In a questionnaire from a placing authority social worker they responded that they did not feel the agency was effectively managed because the registered manager had full time employment elsewhere..

We found that the registered manager was still undertaking the roles of assessing social worker for prospective foster carers, outreach worker for young people, the supervising social worker to some foster carers, delivering some training, providing 24 hour support to foster carers, the recruitment of staff and was designated as the fostering panel advisor. They were also a director of the company. This is a breach of Regulation 8 (1) (a) & (b). This requires that the registered provider and registered manager must, having regard to the size of the fostering agency, its statement of purpose, and the numbers and needs of the children placed by it, carry on or manage the fostering agency with sufficient care, competence and skill. This is a serious matter for which a non compliance notice has been issued.

The outcome for young people is that they cannot be confident that this is a service that is well managed because there is evidence that there are insufficient staff to undertake all the requirements of a fostering service to ensure that the welfare and safety of young people is promoted and safeguarded. This has resulted in the registered manager undertaking a number of different roles. The service therefore is not compliant with Regulation 19 (a) which requires the fostering service provider to ensure that there are a sufficient number of suitably qualified, competent and experienced persons working for the purposes of the fostering service. This is a serious matter that relates to Regulation 8 (1) (a) & (b) for which a non compliance notice has been issued.

We saw the annual quality of care had been reviewed in preparation for this inspection. The information contained in the report relates to the period from 01/03/2015 up to the end of January 2016 although it states that it is up to February 2016. The data is stated as being accurate as at the 20/02/16 when it was presented to the agency’s fostering panel for comment and ratification. However, we noted there were inaccuracies in the information contained within the report. For example, a young person was recorded as having left their placement on 01/12/2015 but their placement history included 4

placements between 01/12/2015 and 18/12/2015. Another example was the number of approved foster carers was given as 13 but on the register of foster carers provided for the inspection there were 14 approved carers. The annual report from the 01/03/2015 to the 29/02/ 2016 was submitted after the inspection period.

We spoke to the responsible individual (RI) on 11/02/2016 as a part of the inspection and received summary notes of their quarterly meetings with the chair of the fostering panel. We saw there was evidence of the quality assurance function of the panel and the RI with both discussing the quality of prospective foster carer assessments and developments in the agency. However, we did not see that all of the issues raised were subsequently followed up. For example, the use of independent social workers as assessors for prospective foster carers assessments was discussed in February 2015 but had not been resolved by February 2016. We saw the notes of the meeting between the RI and the fostering panel chair recorded that the supervising social worker was doing one assessment with the registered manager doing the rest.

We saw that an independent assessor completed a prospective foster carer assessment that was presented to the May 2015 panel. It was noted by the panel members as not being based on evidence and sufficient analysis. The minutes of that meeting recorded that the chair spoke to the independent assessor who stated that they had known the applicants previously when they worked as an agency social worker for a local authority. This should have been recognised by the registered manager as an inappropriate allocation to this independent social worker. The assessing social worker went on to make comments that were judgemental about the practices of the local authority and the termination of a previous placement with the applicants without providing the evidence for the comments made. The panel chair had discussed the quality of the assessments with the responsible individual in November 2015 and reported on the poor quality of the assessment report completed by an independent assessor but it was not clear which assessment this was because the panel minutes did not include the name of the assessor and whether the registered manager and the independent assessor had completed it together.

We spoke to the panel chair after observing a panel meeting which had a training session before the meeting on 'what makes a good foster carer'. The foster panel chair felt that panel was comfortable in challenging the issues picked up in the papers presented to panel and were critically reflective of the quality of the assessments being presented. They expressed concern at the different roles of the registered manager but felt that the quality of assessments had improved. We saw that the panel members' handbook had been reviewed in January 2016 but noted that it stated the panel was quorate with "60% membership and with at least one independent member". However, Regulation 25 (1) states that "business must not be conducted by a fostering panel unless at least five of its members, including the chair (or vice chair), at least one of the social workers employed by the fostering service and at least two of the independent members meet as a panel". These are additional to the independent panel chair. Of the three sets of minutes of foster panel meetings we saw, one showed that the panel had not been quorate because at the 04/07/2015 panel the registered manager was present and was also recorded as being the supervising social worker. The registered manager

presented foster carers' annual reviews and were therefore not available to panel members as panel adviser. At the 09/05/2015 and 21/11/2015 panels the supervising social worker was present but the registered manager, who is the agency adviser, was presenting prospective foster carer assessments and again was not able to provide professional advice to the panel.

The minutes for three panel meetings were very detailed and appeared to be verbatim recording of discussions held and were difficult to follow in parts. For example in the record of a foster carers annual review in the 4th July 2015 minutes there is a query recorded as to whether the couple would "be able to cope with three children" when their approval was for two children. It would be clearer if headings specified the purpose of presentation to panel for example, a foster carer annual review, an assessment of prospective applicants to foster or an application to vary the terms of approval of the foster carers. Another example of imprecise minutes was the annual review of a foster carer where the gender of two young people both referred to as 'C' were sometimes mixed up and incidents relating to female child C were attributed to male child C.

Furthermore we saw a report in the 04/07/2015 panel minutes of the discussion with the foster carer and the registered manager, acting in their role as supervising social worker. This was regarding how the foster carer had said that they had 'diffused' a complaint from a parent which had alleged inappropriate behaviour towards their child by the young person in placement but for which a separate complaint had been made directly to the police. There is no record of this incident on the young person's file. The registered manager has subsequently clarified that there was only one incident and that a community police officer had visited the property and, according to the registered manager, had decided that further action was not required. We did not see evidence that this incident had been notified to CSSIW as required by Regulation 43 (1). The registered manager spoke to the foster carer and the young person and decided that further action was not required. Neither the incident, nor the recording of the conversation between the registered manager and the foster carer at panel appear to have triggered further enquiry. It had not been reported to the safeguarding authority. Only when it was mentioned at a local authority statutory review of the child in care shortly after the placement end on 27/04/2015, did the social worker for the young person agree to update the police officer who was investigating other matters.

Whilst factual inaccuracies may occur in panel minutes there did not appear to have been sufficient scrutiny that minutes were read by members of the panel and inaccuracies raised and corrected at the next meeting. For example we read in the 09/05/2015 minutes that the first name of the applicant was changed half way through the minutes of the panel discussions. The second name brought into use was the one referred to in the recommendation to approve and then in subsequent records relating to the couple.

The plan to ease the workload on the registered manager by recruiting a part time manager was discussed by the RI with the panel chair in February 2016. We also saw the RI and the registered manager had a director's strategic meeting in December 2015 during which staffing and infrastructure issues were discussed. The training manager had

contacted an agency in relation to possible candidates as part time managers and we saw the CVs of some potential applicants during the inspection.

We saw that the RI had visited a foster carer in response to an allegation made by a young person that included the poor quality of the home environment of the carer. The RI had discussed their visit with the panel chair who offered to provide some shadowing for a member of staff to increase their supervision skills because the RI suggested that the supervision of the foster carer needed strengthening. This would have compromised the independence of the panel chair. The RI told us they undertook the role of agency decision maker. They had however observed panel in May 2015 and February 2016 to monitor quality and effectiveness but their observations were not recorded. They told us they spoke to the registered manager and the panel chair before and after each panel and were available to greet applicants attending panel. This compromises the independence and objectivity of the agency decision maker.

Quality Of The Carers

This inspection focused on the quality of life of young people receiving a service from 1st Affinity and, as such did not look at the quality of the foster carers in depth. However, we did visit 2 foster carer couples and speak to them and the 3 young people placed with them. We heard how knowledgeable both foster couples were about the young people placed with them although this was less so for a young person only recently placed in an emergency following a placement breakdown with their previous foster carer. They had received the Safe Caring Pro-forma the day after the most recent placement by email. We observed relaxed and open relationships between foster carers and the young people placed with them and the majority of young people described their achievements and their plans for the future to us.

We received 4 completed questionnaires from foster carer households and 3 were mostly positive. One carer described the support from their supervising social worker as 'exceptional' and all three noted their satisfaction with the out of hours' service provided by the registered manager. One foster carer couple described the registered manager as 'brilliant, and 'very hands on' whilst the other couple commented on the monthly visits from them and the weekly visits from the supervising social worker. However another foster carer couple reported that it was very difficult to get hold of the registered manager or the supervising social worker out of hours. They were appreciative of the support from their supervising social worker but generally critical of the registered manager.

The training schedule to improve the quality of care provided by staff and foster carers to young people is detailed and dates are scheduled in advance. We attended one 'Skills to Foster' training session that was delivered by the registered manager and also attended by the responsible individual and the agency's supervising social worker. This course is intended for prospective foster carers undergoing assessment. However, the registered manager was undertaking the assessments of the prospective foster carers so had a conflict of interest and a diminution of their objectivity in their assessment. The other person scheduled to undertake this training was also, on occasion, assessor for prospective foster carers. The service was using on-line training for foster carers provided by AC Education which covered a number of subject areas and we saw that first aid training had been planned for 2 dates in March 2016. This will address the gaps in mandatory training identified by 3 of the foster carers in their questionnaires.

We did not however see any training for the receipt or handling of complaints by people working for the fostering provider as required by Regulation 18 (5). Furthermore there was no evidence that the complaints procedure included provision for the consideration of complaints made about the fostering service provider. This is not compliant with Regulation 18 (3). We received a complaint about the actions of the registered manager during the course of the inspection and referred this to the responsible individual to arrange an independent investigation into the concerns raised. The responsible individual found, on the basis of the independent report, that the complaints were unfounded. The registered manager informed us that discussions with all carers included talking

about complaints processes.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Non Compliance Notice

Fostering Agency

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in CSSIW taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.cssiw.org.uk

1st Affinity Fostering Services

Wrexham

Date of publication: **17 June 2016**

Welsh Government © Crown copyright 2016.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context*

Quality of Life

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number

NONE

Quality of Staffing

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number

NONE

Quality of leadership and management

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number
<p>The registered persons have not, having regard to the size of the fostering agency, its statement of purpose, and the numbers and needs of the children placed by it and the need to safeguard and promote the welfare of the children placed by the fostering agency, managed the service with sufficient care, competence and skill 2015.</p> <p>Therefore the registered persons must provide CSSIW with evidence that they have made suitable arrangements for the management of the service</p>	31-Aug-2016	8 (1) (a) 8 (1) (b)

The service is not compliant with Regulation 8 (1) (a) (b) Registered Person – General Requirements

This is because the registered manager continued to be employed elsewhere on a full time basis but was also undertaking a number of roles for the purposes of the fostering agency. There were seven areas that are regarded as technical breaches or isolated failures to comply with the Regulations.

The evidence was obtained from ;

- The files of three young people, one of whom had left placement in December 2015, one who had been in respite care in 2015 and one who was in placement.
- The statement of purpose for the service submitted to CSSIW in 2013.
- The up-dated statement of purpose for the service submitted to CSSIW in preparation for this inspection.
- Fostering Panel Members Handbook last reviewed by the service in January 2016.
- Panel minutes for 09/05/2015, 04/07/2015 and 21/11/2015.
- Minutes of meetings between the chair of the fostering panel and the responsible individual dated 18/04/2015, 27/07/2015, 13/11/2015 and 05/02/2016.
- Directors Strategic Meeting dated 13/12/2015.
- Documentation supplied by the registered manager relating to a young person receiving respite from their residential school.
- Foster carer supervision notes for 04/04/2015 and 18/04/2015 during the time that the young person on respite was placed.
- A Safer Caring Pro-Forma for the young person on respite dated 06/04/2015.
- A report of an outreach session with the young person on respite dated 18/04/2015.
- Attendance at a 'Skills to Foster' training session.
- The staff file relating to the employed supervising social worker.

- A copy of the supervision notes for employee (A) dated 10/01/2016 and delivered to CSSIW 07/03/2016. Minutes of a meeting between the responsible individual (RI) and the panel chair on 05/02/2016 regarding the quality of the supervision records of a foster carer.
- The staff files relating to the commissioned Outcomes and Engagement Officer and the engaged consultant.
- The documentation relating to the supervising social worker and the Outcome and Engagement Officer received by CSSIW on 07/03/2016 from the registered manager.
- Email from the registered manager dated 14/01/2016 in which the Outcome and Engagement Officer is referenced as an individual for whom the agency had waited for 4 months.
- Email from the responsible individual dated 15/03/2016 clarifying the employment status of the registered manager for another organisation.
- Completed questionnaires from a placing authority social worker and a foster carer household.
- Independent Investigation Final Report dated 09/01/2016 regarding a foster carer undertaken by the now Outcome and Engagement Officer, who at the time undertook the investigation on a commissioned basis. .

We found that

- The registered manager fulfilled a number of roles for the purposes of the fostering service whilst working full time for a local authority elsewhere. A number of the roles within the agency were in addition to their role as registered manager. They were acting as an assessing social worker for prospective foster carers, a supervising social worker for some foster carers, an outreach worker for some young people, they were delivering some training, and providing out of hours support to foster carers. This indicates that there were insufficient qualified, competent and experienced persons to fulfil the functions of the fostering service as required by Regulation 19 (a).

- The responsible individual has confirmed that the registered manager is employed as an independent reviewing officer on a full time basis for a local authority with whom the agency has no other links.

- However, the statement of purpose for the service in 2013 stated that ‘initially there will be a part time registered manager...a succession plan is in place to appoint another RM as the service develops’. The statement of purpose for 2016 repeats the same sentence. A post inspection action plan was written following an inspection in November 2014. The plan was included in the service’s draft Regulation 42 annual quality of care report to from March 2015 to mid February 202016. Regarding the role of the manager it states that in relation to “the registered manager undertaking too many roles and is therefore unable to quality assure assessments and panel business adequately” A further action was “additional capacity is introduced to reduce RM workload”. This confirms that it was acknowledged that the manager was undertaking too many roles but that the matter has not been addressed.

- We did not see any diminution in the number of roles being undertaken by the registered manager, other than outreach work with young people. We saw they continued to present foster carer annual reviews to panel and undertaking the assessments of prospective foster carers. The RI noted in their discussion with the panel chair in November 2015 about a possible part time registered manager to replace the current registered manager and an agency had been contacted in relation to possible candidates.

- The draft annual quality of care review presented to Panel on the 20/02/2016 covered the period from March 2015 to February. It states on page 3 that the data is correct as at 20/02/2016 the day it was presented to Panel. However, the data therein is not accurate for example, a young person placed with a foster carer in Wrexham on 17/12/15 was moved as an emergency on 18/02/2016. Another young person on respite was recorded as having left the placement on 20/04/2015 but records of supervision with the foster carer records that the young person left on 18/04/2015. Another young person is recorded as being with a foster carer in Skelmersdale since May 2014 when this is not correct.

- We saw from the panel minutes in July 2015 that an incident occurred regarding the young person when the foster carer had 'successfully diffused' an incident whereby the parents of a young person in the community had complained about inappropriate behaviour. According to the panel minutes another similar incident was reported to the police. Whilst the registered manager has challenged whether it was one incident or two, we did not see any record of this incident being referred to the local authority safeguarding service at the time that the fostering service became aware of it. We did not receive a notification of any police involvement in the incident as is required by Regulation 43 (1)

- During the course of the inspection we received a complaint about the registered manager which was referred on by us to the service to investigate. We found that the agency's complaints procedure did not include the process that would be followed in the event that a complaint was made against the registered person(s). It was not referenced in the statement of purpose or the foster carer's handbook. This is not compliant with Regulation 18 (2) (c). We also saw that there was no specific training or awareness raising about complaints procedures for staff and carers which is not compliant with the Regulation 18 (2) (e) (i, ii, iii) requiring the procedures to be made known.

- We found from the three staff files we looked at that none contained all of the information required by Regulation 20 (1) (a) & (b) and Regulation 21 (3) (d). There was no application form or curriculum vitae (CV) for any of the three staff. There was a CV for the supervising social worker but this was completed in 2014 and had not been up-dated. There were two references relating to 2014 for the supervising social worker with one new one dated June 2015 which was after the post-holder had started their employment. There were no interview notes for this post to indicate there was a formal interview process.

- The file we saw regarding the engagement of the consultant showed evidence of a DBS check undertaken by the responsible individual on 18/01/2016. There was no evidence of earlier checks although they had been engaged for training and assessments of prospective foster carer applicants. The file was otherwise unclear as to what level of checks was undertaken. There were supervision notes relating to supervision held on 4 occasions in the previous 12 months. These did not specify any evaluation of the quality of the work and we did not see any contract relating to the work to be undertaken.

- The file for the Outcome and Engagement officer commissioned to undertake a specific piece of work showed that there was a discussion regarding the proposed role on 01/11/15 with a start date of 01/01/2016. A DBS check was undertaken on 15/12/15 and there were two references on file which were not signed or dated. We did not see evidence of a written contract for this piece of work.

- Details had been provided for three referees for the Outcome and Engagement Officer role who could be approached. Regarding a reference from the person's then employer, the registered manager informed us they had spoken to the human resource manager for that employer where they were employed until 03/01/2016 but there was no record of the conversation. We did not see any interview notes for the post of Outcome and Engagement officer.
- We did not see evidence of when the commissioned piece of work started other than an email dated 16/12/2015 from the registered manager to us (CSSIW) stating that the post-holder 'started today'. The report was completed and distributed 09/01/2016 after the second piece of work began. This was the date the role and person specification as Outcome and Engagement officer was signed and dated with the contract being signed on 15/02/2016 which the registered manager stated was after the post-holder had commenced duties. Whilst there is a requirement for the post-holder to attend monthly supervision meetings we did not see any notes to evidence such meetings had taken place. There was no reference to evaluating the quality of the work undertaken.
- The contract for the supervising social worker dated 01/05/2015 did not specify a period of probation of whatever duration. This is not compliant with Regulation 21 (1) (a) which requires that all permanent appointments are subject to a satisfactory period of probation. We subsequently received a contract for the supervising social worker which included a probationary period of employment but this was not signed or dated. We did not see any evidence in the supervision notes of the post-holder of any discussion of the quality of the work they were undertaking and we saw no reference to the annual appraisal of their work until January 2016 with a completion being after a year in employment.
- The fostering panel had not been quorate on one occasion in July 2015 because there was no social worker employed by the agency present for panel's deliberations. The registered manager was also not present during their deliberations. This does not comply with Regulation 25 (1). The minutes of panel meetings are inadequate for purpose because of the number of errors that were not subsequently amended.

The evidence indicates;

The absence of a dedicated manager continues to compromise the service's ability to ensure that business administration is sufficiently effective to comply with the requirements of the regulations. This means that there is insufficient evidence that the service is being managed with sufficient care, competence and skill.

Quality of Carers

Non-compliance identified at this inspection and action to be taken

Description of Non Compliance / Action to be taken	Timescale for completion	Regulation number

NONE