

The Highland Council

Agenda Item	10
Report No	HCW-12-24

Committee: Health, Social Care and Wellbeing

Date: 16 May 2024

Report Title: Registered Services Inspection and Improvement Update

Report By: Executive Chief Officer Health and Social Care

1. Purpose/Executive Summary

1.1 This report seeks to update members of inspections in 2023/24 of services registered with the Care Inspectorate in Children's Social Work Services. Registered services are specifically: residential children's houses, fostering, adoption and continuing care service provision (defined as adult services) by the Care Inspectorate. This report is the second scrutiny report building on previous reports submitted to committee on 18th May 2023 ([here](#)) and the 24th of August 2023 ([here](#)).

2. Recommendations

2.1 Members are asked to:

- i. Note the contents of the report.
- ii. Comment and scrutinise improvements across services, including those areas where improvement needs to accelerate to enable sustained progress across all areas of service delivery.
- iii. Continue to agree an annual Registered Services report comes back to committee covering 2024/25 inspections outcomes.

3. Implications

3.1 **Resource** – none.

3.2 **Legal** – The provision of Registered Services are underpinned by significant statutory legislative and regulatory frameworks ensuring that 'Looked After' children have sufficiency of care options that meets their needs, and that they are supported through the statutory Children Looked After Planning and Reviewing processes. The local authority and partner agencies have broad ranging corporate parenting duties and responsibilities for care experienced children and young people, including those detailed within Part 9 of the Children and Young People (Scotland) Act 2014.

3.3 **Community** (Equality, Poverty, Rural and Island) – none.

3.4 **Climate Change** / Carbon Clever – none.

3.5 **Risk** – The service must ensure there is sufficiency of residential care and family-based care options to safeguard and protect children and young people. The provision of care must be of the highest quality, continuously improving, adequately staffed, and resourced. There remain significant challenges in recruiting foster carers and residential staff in Highland, which reflects broader national challenges in recruitment and retention of Health and Social Care across Scotland.

3.6 **Health and Safety** (risks arising from changes to plant, equipment, process, or people)- None.

3.7 **Gaelic** – None.

4. **Strategic Context**

4.1 The service has a strong Family 1st vision - to safely maintain children within their families in their Highland communities. This vision is aligned to the ambitions of the Promise. Care is one of the foundations of the Promise, which states:

If children are removed from their families, the focus of their care must be on building childhoods that are underpinned by loving relationships, fun, play, education and opportunity. The bedrock of how Scotland cares must be consistent, loving relationships to support children... (p60 the Promise).

4.2 All children’s registered care services in Highland are working towards the transformational change of the care system, articulated in the Promise. Registered services are part of a broader service wide improvement journey to promote the best possible outcomes for Highland’s children and young people.

5. **Fostering, Adoption and Continuing Care Services – Family Based Care (FBC)**

5.1 Members will recall that FBC services were inspected from July to September 2022. The findings of the inspection evidenced the need for considerable improvement, as noted in Table 1. A post inspection improvement plan was developed, covering all the requirements and recommendations from the inspection.

5.2 **Table 1 - 2022 FBC Inspection Grades**

Fostering, Adoption and Adult Placement Services	Grade
How well do we support people's wellbeing?	2 – Weak
How good is our leadership?	2 – Weak
How good is our staff team?	4 – Good
How well is our care and support planned?	2 - Weak

5.3 **2024 FBC Inspection**

The 2024 FBC inspection took place between Feb and March with verbal feedback provided on 15th March 2024. FBC services is the one service in Highland, but they are inspected as 3 distinct services – Fostering, Adoption and Continuing Care which is part of Care Inspectorate registration requirements. The report was published in April 2024 (**The Appendix has the link to all 3 reports**). Inspectors were clear that the inspection was much more positive, noting that considerable progress had been made by the service.

5.4 Inspection Framework

The inspection framework is framed around six key questions and under each key question there are several quality indicators. Crucially, when more than one quality indicator is inspected - per key question - the overall evaluation for the key question will be the **lower** of the quality indicators for that specific question. Evaluation for each key question uses a six-point scale from Unsatisfactory (1) to Excellent (2). Given the scale of improvement in FBC, it is important to detail not just the overall evaluation, but to be able to demonstrate a detailed breakdown of each quality indicator to robustly compare inspection progress from 2022-2024.

5.5 Table 2 – 2024 Inspection Grades across all quality indicators and overall evaluation

Key Question	2022	2024	2024	2024
How well do we support people's wellbeing?		Fostering	Adoption	Adults
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect.	4 Good	5 Very Good	5 Very Good	5 Very Good
1.2 Children, young people and adults get the most out of life.	2 Weak	4 Good	4 Good	4 Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience.	3 Adequate	5 Very Good	5 Very Good	5 Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them.	2 Weak	3 Adequate	3 Adequate	2 Weak
How good is our leadership?				
2.2 Quality assurance and improvement are led well.	2 Weak	3 Adequate	3 Adequate	3 Adequate
How good is our staff team?				
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families.	4 Good	5 Very Good	5 Very Good	5 Very Good
How well is our care and support planned?				
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults.	2 Weak	4 Good	4 Good	2 Weak
Overall Evaluation		Adequate	Adequate	Weak

5.6 Table 2 provides evidence there has been **improvement across all** quality indicators of FBC services. We have shifted from Weak in two key areas to Adequate. However, further significant improvement is required in respect of continuing care, (Adult Care Service), which overall remains evaluated as **Weak**. While disappointing, it should be noted there are significant **positive shifts in 5 out of 7 quality indicators** in total. The inspectors verbal feedback acknowledged that it would have been difficult for the service to achieve significant improvement across all three services, at the same time, within the timescales. As stated, systems and processes, supporting continuing care arrangements, must be an area of significant improvement focus in 2024/25 to ensure our improvement is consistent across all FBC services.

5.7 A revised FBC Inspection Improvement Plan for 2024/25 has been developed and will be tracked and monitored to ensure that the service builds on its continuous

improvement activity, supporting high quality of care for children, young people and young adults in continuing care across Highland.

6. Residential Care 2023/24

- 6.1 Members will recall a previous report went to committee on 24th of August 2023, which focused on inspection outcomes for 2021/2022 in residential care. For the purposes of this report, in 2023/24, **three** children’s houses were inspected.
- 6.2 **Mainstay House** saw a positive shift from **Adequate** to **Good**. The inspectors stated that they had found that staff had worked hard to support young people and keep them safe. Their understanding of risk had given young people confidence in the community and to undertake new experiences. Staff had a passion and drive to ensure young people’s rights were upheld. There was a strong commitment to embed trauma informed approaches to care and there were strong relationships between staff and young people. There are excellent opportunities for young people to develop relationships with their families. Staff told the inspector that management; *‘really care about the young people.’* Young people told the inspector, *‘I really like the staff.’* The inspector found staff had compassion and motivation to work with the young people and help them achieve. There were incidents where the service had not informed the Care Inspectorate of events that should be notified, however, there was significant improvement in this area.
- 6.3 **Oakwood House** saw a positive shift from **Good** to **Very Good**. The inspector commented on the amount of work and development since the last inspection, particularly around care plans and learning and development. It was noted that care plans were well written, personalised, and included contributions from young people; they were regularly reviewed and updated. Young people were encouraged to take part in community activities and sports and their achievements were supported and recognised. The inspector found that staff were writing and recording in a trauma informed way and were empathetic to young people and their needs. There was also good evidence of careful matching of young people into the house with the other children and young people.
- 6.4 **The Orchard**. Members will also recall a report went to committee on 15th November 2023 ([here](#)) which focused on children with disabilities. This report highlighted the lasting impact COVID has had on the service, and on the interrelationship with NHS Adult Services regarding transitions of care. It is not the intention to go through the complexities faced by the Orchard again in this report, but as expected, the temporary closure of the respite (short breaks) service, the impact on families, staff, and the small group of young adults, with highly complex needs, in residential care (unable to transition to Adult Care Services) has undoubtedly had a significant impact. Consequently, of concern, the inspection evaluation has gone from **Very Good** (2019) to **Weak** (2023). A post inspection improvement plan is being supported, with developmental days for staff, and additional funding has been set aside to refurbish the Orchard. Whilst we take the inspection being evaluated as Weak extremely seriously, it is important to advise it will take time to rebuild this service given the complexity of the challenges.
- 6.5 **Table 3 – 2023/24 Inspection Grades across all quality indicators and overall evaluation**

Quality Indicator	House	Grading	Grading
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Mainstay	Mainstay	April 2022	Sept 2023
7.1 – Young people are safe, feel loved and get the most out of life		5 Very Good	4 Good
7.2 – Leaders and staff have capacity and resources to champion young people’s needs and rights		3 Adequate	4 Good
Overall Evaluation		3 Adequate	4 Good
Orchard	Orchard	Oct 2019	Dec 2023
7.1 – Young people are safe, feel loved and get the most out of life		5 Very Good	3 Adequate
7.2 – Leaders and staff have capacity and resources to champion young people’s needs and rights		5 Very Good	2 Weak
Overall Evaluation 2023		5 Very Good	2 Weak
Oakwood	Oakwood	Feb 2023	March 2024
7.1 – Young people are safe, feel loved and get the most out of life		4 Good	5 Very Good
Overall Evaluation 2023		4 Good	Very Good

6.6 Each children's house manager with the staff team will develop a post inspection improvement plan, supported, and scrutinised by the External Service Manager, Residential Care, and the Strategic Lead, Corporate Parenting, who reports to the Head of Service.

7. Voice and Lived Experience

7.1 Improvement activity must always capture the stories, voices, and lived experiences of children and young people in our care. This concluding section shines a light on children and young people’s voices experiences across our registered services.

Residential Care - Your Voice Matters – feedback from young people in residential care.

Positive and areas for development:

- ✓ **Staff are kind.**
 - ✓ **I was supported to see my family.**
 - ✓ **They helped me be more independent, to do daily living tasks.**
 - ✓ **I love my bedroom.**
 - ✓ **It feels safe ...familiar to me.**
 - ✓ **They couldn’t help me anymore than they do.**
- **I don’t feel like I have privacy.**
 - **It doesn’t feel settled.**
 - **It feels like mum is very far away from me.**
 - **The house doesn’t look nice.**

Language Bin quotes from young people to help us move away from stigmatising language:

Words they don’t want:

- ‘unit’
- ‘bad’
- ‘contact’

- 'Not normal'

What they would prefer:

- ✓ 'Say what it is!'
- ✓ Family time.
- ✓ Use words WITH children not about them, help us understand'.

7.2 Family Based Care

I want to continue staying with my Foster Carer till I can perhaps stay in my own council property and finish my apprenticeship.

I wore a kilt for the first time at a wedding that I attended, along with my Foster Carer in England

I would like to live with my Foster Carers forever & I will look after them when they are old!

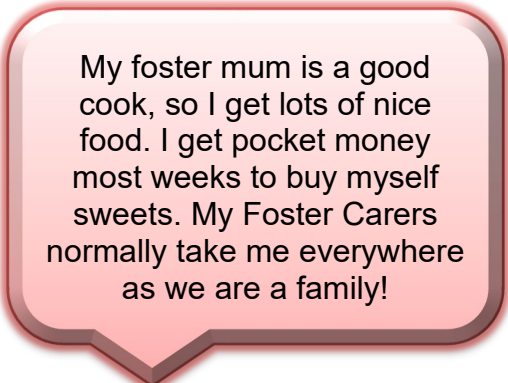
With help I attended Open Doors at UHI getting career advice, my carer then took me to an interview & I was pleased to be offered an apprenticeship.

I have enjoyed doing my life story it helped me say things and show my feelings.

My Foster Carers did my room up before I came to live with them with lots of my favourite things.
My foster mum makes me clean my room, which I don't like, but I know it's good to keep my own space nice.

My foster mum & dad look after me & I am happy here as I get to do lots of things, like taekwondo, football, swimming & play with my friends after school.

My birth mum died just after Christmas & my foster dad took me to her funeral. My foster carers even went to see my mum



My foster mum is a good cook, so I get lots of nice food. I get pocket money most weeks to buy myself sweets. My Foster Carers normally take me everywhere as we are a family!

My Promise Board Members – Video of the Voices of Care Experienced YP in association with Who Cares? Scotland

All children and young people in registered services are care experienced and have significant rights (UNCRC) and protections in legislation associated with corporate parenting duties. This video was created in Highland collaboratively with care experienced children and young people supported by Who Cares? Scotland. This engagement was to ensure the Corporate Parenting Board (CPB) (now the Promise Board) meaningfully listened to what the care experienced community in Highland expected from the Board. The creation of the video was one of several sessions, as part of an overall self-evaluation. The video is attached [here](#)

Designation: Executive Chief Officer Health and Social Care

Date: 8 April 2024

Author: Margaret McIntyre, Head of Children's, and Justice Social Work

Background Papers:

Appendices:

- Appendix 1 - Fostering
- Appendix 2 – Adoption
- Appendix 3 - Adult Placement (Continuing Care)

Highland Council Fostering Service Fostering Service

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Telephone: 01463 702 741

Type of inspection:
Announced (short notice)

Completed on:
15 March 2024

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2004082042

About the service

Highland Council Fostering Service provides a fostering and family placement service for children and young people from birth to 18 years and their families, who are assessed as in need of this. The agency recruits and supports carer families throughout the Highland area to provide a range of fostering placements including permanent, long-term, interim and short break.

Inspections of an adult placement (continuing care service) and adoption service have been undertaken and separate reports have been completed.

About the inspection

This was a short notice inspection which took place between 19 February and 15 March 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:

- Five young people using the service.
- Five caregivers and 12 at the observed support group.
- Eight staff and management.
- Three external professionals.
- Panel chair and the Agency Decision Maker.

We also reviewed survey responses from :

- 44 caregivers.
- 14 staff.
- 17 external professionals.

Key messages

Children experienced supportive, enduring relationships with caregiver families that provided them with a sense of belonging.

Caregivers valued genuine trusting relationships and we assessed that staff were skilled at supporting them.

Matching and transition planning was thoughtfully planned, implemented and recorded.

Caregivers were provided with consultations and therapeutic support from mental health specialists.

Permanency planning had improved through the provision of additional support and guidance from the team.

Improvements were required in relation to the recruitment and assessment of caregivers.

Caregivers should receive annual reviews in line with best practice and attendance at panel would support improved scrutiny and oversight from the panel.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	5 - Very 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?

3 - Adequate

Overall we evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Children and young people had meaningful and affectionate relationships with their caregivers. Caregivers were empathetic, compassionate and understanding about the life experiences of children, young people and their birth families. We were confident that children were experiencing nurture and love with their needs fully met by committed caregivers.

Children and young people experienced highly personalised care provided by caregivers who understood their individual needs. We saw examples of caregivers promoting relationships with important people in the lives of looked after children to support positive identity. Children and young people had positive experiences of relationships with brothers and sisters, and we saw examples of sibling groups living together.

Children and young people were thriving and reaching age-related developmental milestones. Caregivers supported children to have fulfilling lives with high aspirations for success. Children and young people had access to a range of educational and leisure activities. Caregivers were supported to understand the impact of trauma and presenting behaviours. They could access consultations and specific therapeutic interventions from the Child and Adolescent Mental Health Service (CAMHS) team. This enabled caregivers to provide responsive support at times of difficulty, ensuring children felt understood and valued.

Child plans identified involvement and input from a range of professionals and specialists, supporting the child, their family and their placement. This contributed to holistic and comprehensive assessments to promote positive outcomes for children and young people.

The service had made strategic improvements to the provision of life story work for children, with a project plan that was being implemented. Caregivers understood the importance of life story work for children and maintaining a photographic narrative of children's life in their care.

Caregivers were being provided with and attending a range of training opportunities, however, the area for improvement made at the last inspection in relation to the provision and completion of Adult Protection training had not been met and will therefore be repeated (see area for improvement 1).

We saw clearer referral processes and matching documentation. These recorded considerations of a caregiver's ability to meet the needs of a child, in advance of a caregiving arrangement being agreed. This meant that children were kept safe, and outcomes improved.' We discussed with service the need to ensure that matching and risk assessments relating to any children and people sharing a bedroom are considered and recorded.

Safeguarding has been improved through the provision of caregiver training, new individualised safer caring documentation and the completion of unannounced visits in line with guidance.

Improved planning for children in need of permanent substitute care was evident. The service has introduced staff skilled in permanence planning as 'Permanence Champions' and Family-Based Group Decision Making, where the family is supported to identify solutions. Staff also provide permanency consultations and assist in the completion of permanence reports. Some of these are at the early stages of implementation. Despite these improvements drift and delay was still occurring for some children. The length of time to secure permanent placements and the uncertain nature of care proceedings can cause frustrations and anxieties for children and their caregiver families. Addressing drift and delays in permanency planning will form an area for improvement (see area for improvement 2).

There was evidence that prospective caregiver recruitment was negatively impacted due to staff undertaking additional tasks. Assessment times were found to be lengthy with the majority taking over 12 months to complete and therefore not meeting best practice guidance. There is a high demand for caregiver families to provide placements for children and young people and delays in the assessment processes limits this availability and potential choices. Improving assessment timescales will form an area for improvement (see area for improvement 3).

Reviewing caregiver's competencies and ability to meet the needs of children at a Panel is a statutory

requirement. We identified that a significant number of caregiver reviews had not taken place, in line with the services' policy of every two years. Best practice of annual caregiver reviews, with the legislative requirement of presentation at Panel every three years was discussed. Best practice also identifies caregivers' attendance at Panel, at these regulatory timescales. This would improve scrutiny processes and ensure the needs of children are met by their caregivers. This will form an area for improvement (see area for improvement 4).

Areas for improvement

1. To ensure that carer families are skilled and supported to care for young adults the service should develop and deliver Adult Protection training to all carer households.

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) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

2. To support long term stability for children and young people the service should ensure that analysis of permanence practice informs continuous improvement and service development. This should include but is not limited to:

- Identifying patterns and trends in relation to permanence practice.
- Taking this learning to inform ongoing development of practice.

Ensure tracking systems in place are used to robustly monitor and evidence improved outcomes.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with organisations having robust and transparent quality assurance processes" (HSCS, 4.19).

3. To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of care givers and that guidance regarding assessment timescales are adhered to.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

4. For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration. To do this the provider should, at a minimum, ensure:

- Undertake annual reviews of all caregiver families.
- Ensure that all applicants and caregivers attend panel's and that this adheres to fostering regulation timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our leadership?

3 - Adequate

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

Since the last inspection the service had evidenced the capacity to improve.

Improved quality assurance processes were in place. These enabled some key performance indicators to be monitored and analysed and provide oversight of practice within the team. This contributed to consistency in key elements of practice which promoted children's safety and wellbeing.

We assess there was now a more consistent overview of key processes, such as caregiver checks, caregiver reviews, unannounced visits and safer caring plans. We noted some of quality assurance processes were not up to date and urged attention to this detail to safeguard children and caregivers', and the continued progress of improvement planning.

The requirement from the last inspection relating to the monitoring, reporting and analysis of serious incidents had not been met. Several significant incidents and allegations had not been submitted as notifications to the Care Inspectorate. We were however satisfied that child protection procedures had been followed when allegations of abuse were made. The requirement relating to notifications to the Care Inspectorate will be repeated (see requirement 1).

The service has an experienced panel chair and panel membership was diverse. Caregivers do not at present attend their panel reviews and therefore we were unclear on the independence and scrutiny oversight of carer reviews. Key Question 1 addresses this issue which includes an identified area for improvement.

Panel members have access to a range of learning and development opportunities, however, they were not being supported through annual appraisal. This will form an area for improvement (see area for improvement 1).

Requirements

1. By 31 May 2024, the provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us of all incidents, accidents and allegations of abuse against foster carers in accordance with this guidance.

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

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. The service should ensure that panel members are provided with regular opportunities for support and that annual appraisals are undertaken.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: '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 staff team?

5 - Very Good

We evaluated this key question as very good. There were major strengths in supporting positive outcomes for people.

Staff viewed improvements implemented since the last inspection positively. Their practice, observed through tracked cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards. All staff were appropriately registered with the Scottish Social Service Council.

Staff displayed passion for their area of practice and had worked hard to build genuine and trusting relationships with caregivers. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff appreciated the level of support they received from their visible management team. They received monthly formal supervision in addition to a high level of informal supervision. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Staff had access to a new staff appraisal system, introduced after the last inspection. This supported a joint review of progress, and for staff to identify their professional learning and developmental needs. Staff were involved in developing and delivering training sessions to caregivers. An improved range and schedule of internal and external learning and development opportunities had been implemented.

We identified that many policies and procedures had not been reviewed for several years and heard this need had been identified by the management team. Greater clarity from updated policies and procedures will increase staff knowledge, skills and confidence in their role and provide consistency in approach to practice.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were several important strengths which, taken together, clearly outweigh areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

Children were leading positive, healthy, enjoyable and meaningful lives through the implementation of good quality planning. Safer caring plans were in place for all children and young people. These were detailed and individualised to reduce potential risks for everyone in the caregiver household.

Supervising social workers provided progress reports to Care Plan meetings. Children's plans identified

involvement and input from a range of professionals supporting the child and their caregiver family. Care Planning meetings were taking place regularly and in line with timescales. This contributed to comprehensive assessments which promoted positive outcomes for children.

The voice of young people was evidenced through their contributions to their care plans with their voices being seen within assessments and minutes. Formal advocacy was used where required. We asked the service to strengthen their efforts to have the views of young people sought and shared for care giver reviews.

Children and young people's wellbeing was improved through improved assessment and matching of the admission of children and young people to a family.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 December 2022, the provider should ensure children and fostering families are included in discussions related to safer caring. To do this the provider must, at a minimum, ensure:

- The service should review its implementation of safer caring plans.
- The service should review formats of documentation and improving guidance to staff on how to engage children and fostering families in safer caring plans.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6)

This requirement was made on 9 December 2022.

Action taken on previous requirement

The service have implemented new individualised safer caring documentation for all children and young people. Carer training has been updated and provided to carers.

Met - within timescales

Requirement 2

By 31 December 2022, the provider must ensure that there is a clear identification of a fostering family's ability to meet the needs of a child before the child joins this family. To do this the provider must as a minimum:

- Have clear a clear referral process which outlines the needs of children needing alternative care from fostering families.
- Identify carer strengths and vulnerabilities in relation to meeting the needs of a specific child and outlining any additional support required to ensure that children's needs are fully met.
- Ensure planning meetings take place when children join fostering families to review children's needs.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

This requirement was made on 9 December 2022.

Action taken on previous requirement

Improved referral and matching processes were seen and we are confident that there is a clear identification of a fostering family's ability to meet the needs of a child before the child joins this family.

Met - within timescales

Requirement 3

By 31 December 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives. To do this the provider must as a minimum:

- Ensure robust tracking arrangements are in place for children at all stages of their care journey and that drift and delay is addressed at each stage of the process.
- Ensure a robust approach is taken to family finding when children are identified as needing permanent care to ensure that their care needs can met by the right fostering/adoptive family.
- Ensure that clear systems are in place to monitor outcomes for children in need of permanent substitute care. Matching and transition documentation is comprehensive - CGs reviews and Children planning meetings.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1.16)

This requirement was made on 9 December 2022.

Action taken on previous requirement

Permanence outcomes had improved but drift and delay was still occurring for some children. The service needs to evidence how improvements in tracking can identify themes to drive further service development and this will form an area for improvement in this inspection.

Met - within timescales

Requirement 4

By 31 December 2022, the provider must ensure that robust quality assurance processes are in place to monitor key areas of performance within fostering regulations with monitoring and review to identify areas of continuous improvement: To do this, the provider must as a minimum ensure:

- Undertake foster care agreements in line with best practice guidance and statutory requirements.
- Ensure systems are in place for identification and panel review of foster carers and dual registered prospective adopters.
- Ensure that the safety of children and young people is improved through unannounced visits.
- Individual safer caring plans are developed and reviewed regularly in response to changing need.
- Unannounced visits take place within required timescales.
- Full carers checks are monitored and kept up to date.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This requirement was made on 9 December 2022.

Action taken on previous requirement

We could see that quality assurance processes had improved and there were now trackers in place to monitor key processes.

Met - within timescales

Requirement 5

By 31 December 2022, the provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us of all incidents, accidents and allegations of abuse against foster carers in accordance with this guidance.

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

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (3.20); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

This requirement was made on 9 December 2022.

Action taken on previous requirement

We were not assured that this requirement had been met and therefore it will be repeated with a new timescale of 31 May 2024.

Not met

Requirement 6

By 31 December 2022, the provider should ensure that care planning documentation for children and young people takes a SMART approach (specific, measurable, achievable, relevant and time-bound). To do this the provider must, at a minimum, ensure:

- Assessed needs are accompanied with detailed action points.
- Professional involvement to support progression of action points is clearly recorded.
- Delay and drift in progressing action points are addressed and recorded.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 9 December 2022.

Action taken on previous requirement

We saw improvements in care planning documentation for most young people we case tracked and were assured that improvements were being progressed.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that carer families are skilled and supported to care for young adults the service should develop and deliver Adult Protection training to all carer households.

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) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'.

This area for improvement was made on 9 December 2022.

Action taken since then

We saw insufficient provision and attendance of Adult Protection training. This area for improvement will be repeated.

Previous area for improvement 2

To ensure all children have a clear understanding of their past the provider should improve its approach to life story work. This should include but is not limited to, implementing a consistent approach to gathering and storing important life story information and providing specific training to staff and carers about how life story work should be approached.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.' (HSCS, 1.29)

This area for improvement was made on 9 December 2022.

Action taken since then

We saw that progress has been made in relation to the approach to life story work and are assured that improvements will continue.

Previous area for improvement 3

To ensure children and young people have opportunities and benefit from participation in decision that affect them, the provider must evidence of support provided to children and young people to express their views, attend meetings and understand how their needs will be met through care planning processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and 'my human rights are central to the organisations that support and care for me' (HSCS 4.1).

This area for improvement was made on 9 December 2022.

Action taken since then

We saw improved evidence of participation of children and young people in decisions that affect them. Children and young people's views are now better evidenced in care planning documentation.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	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	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very 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

To find out more

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Highland Council Adoption Service Adoption Service

Fostering and Adoption Service, Room 4
Council Offices
Glenurquhart Road
Inverness
IV3 5NX

Telephone: 01463 702 741

Type of inspection:
Announced (short notice)

Completed on:
15 March 2024

Service provided by:
Highland Council

Service provider number:
SP2003001693

Service no:
CS2004082039

About the service

Highland Council Adoption Service provides a service for children and young people, aged from birth to 18 years of age, and their families.

The service recruits, assesses and supports adoptive parents throughout the Highland area to provide families for those children for whom it has been assessed cannot live with their birth parents or extended families. Potential adopters are assessed for a dual foster care role. This enables children to live with potential adopters at an early stage in permanency planning and limits the number of times children join new caregiver households.

The team also provides ongoing post adoption support to children, young people and their caregiver families.

Inspections of fostering and adult placement (continuing care service) were also undertaken, and separate reports completed. Reports should be read together as potential adopters initially provide a fostering service, and it is the same staff and management team across all three services.

About the inspection

This was a short notice inspection which took place between 19 February and 15 March 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:

- One young person using the service
- Six adoptive caregivers
- Eight staff and management
- Three external professionals
- Panel chair and the agency decision maker.

We also reviewed survey responses from

- 44 caregivers
- 14 staff
- 17 external professionals.

Key messages

- Children experienced supportive, enduring relationships with caregiver families that provided them with a sense of belonging.
- Caregivers valued genuine trusting relationships and we assessed that staff were skilled at supporting them.
- Matching and transition planning was thoughtfully planned, implemented and recorded.
- Caregivers were provided with consultations and therapeutic support from mental health specialists.
- Permanency planning had improved through the provision of additional support and guidance from the team.
- Improvements were required in relation to the recruitment and assessment of caregivers.
- Caregivers should receive annual reviews in line with best practice and attendance at panel would support improved scrutiny and oversight from the panel.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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?

3 - Adequate

We evaluated this key question as adequate. We identified some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people are reduced significantly because key areas of performance need to improve.

Children experienced meaningful and affectionate relationships with their caregivers. Caregivers were empathetic, compassionate and understanding about the life experiences of children and their birth families. We were confident that children were experiencing nurture and love with their needs fully met by committed

dual approved fostering and adoptive caregivers.

Children experienced highly personalised care provided by caregivers who understood their individual needs. Caregivers promoted relationships with important people in children's lives, which supported the development of a positive identity. Where possible sibling groups lived together. When this was not possible caregivers understood the importance of siblings being connected and facilitated this wherever possible.

Child plans identified involvement and input from a range of professionals and specialists. This contributed to holistic and comprehensive assessments to promote positive outcomes for children and young people.

Children were thriving and reaching age-related developmental milestones. Adoptive families supported children to have fulfilling lives with high aspirations for success. Children had access to a wide range of educational toys and attended local nurseries and leisure activities. Caregivers were supported to understand the impact of trauma and presenting behaviours. They could access consultations and specific therapeutic interventions from the Child and Adolescent Mental Health Service (CAMHS) team. This enabled caregivers to provide responsive support at times of difficulty, ensuring children felt understood and valued.

The service had made strategic improvements to the provision of life story work for children, with a project plan that was being implemented. Caregivers understood the importance of life story work for children and maintaining a photographic narrative of children's life in their care. Timely preparation and transfer of these memories could be improved, supporting children's transitions to new caregivers.

We saw clearer referral processes and matching documentation. These recorded considerations of a caregiver's ability to meet the needs of a child, in advance of a caregiving arrangement being agreed. This meant that children were kept safe, and outcomes improved.

Safeguarding has been improved through the provision of caregiver training, new individualised safer caring documentation and the completion of unannounced visits in line with guidance.

Improved planning for children in need of permanent substitute care was evident. The service has introduced staff skilled in permanence planning as 'Permanence Champions' and Family-Based Group Decision Making, where the family is supported to identify solutions. Staff also provide permanency consultations and assist in the completion of permanence reports. Some of these are at the early stages of implementation. Despite these improvements drift and delay was still occurring for some children. The length of time to secure permanent placements and the uncertain nature of care proceedings can cause frustrations and anxieties for children and their caregiver families. Addressing drift and delays in permanency planning will form an area for improvement (**see area for improvement 1**).

There was also evidence that prospective caregiver recruitment was negatively impacted due to staff undertaking additional tasks. Assessment times were found to be lengthy with the majority taking over 12 months to complete and therefore not meeting best practice guidance. There is a high demand for caregiver families to provide placements for children and delays in the assessment processes limits this availability and potential choices. Improving assessment timescales will form an area for improvement (**see area for improvement 2**).

Reviewing caregivers competencies and ability to meet the needs of children at a Panel is a statutory requirement. We identified that a significant number of caregiver reviews had not taken place, in line with the services' policy of every two years. Best practice of annual caregiver reviews, with the legislative requirement of presentation at Panel every three years was discussed. Best practice also identifies caregivers' attendance at Panel, at these regulatory timescales. This would improve scrutiny processes and

ensure the needs of children are met by their caregivers. This will form an area for improvement (see area for improvement 3).

Areas for improvement

1. To support long term stability for children and young people the service should ensure that analysis of permanence practice informs continuous improvement and service development. This should include but is not limited to:

- Identifying patterns and trends in relation to permanence practice
- Taking this learning to inform ongoing development of practice
- Ensure tracking systems in place are used to robustly monitor and evidence improved outcomes.

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 organisations having robust and transparent quality assurance processes' (HSCS 4.19).

2. To support positive outcomes for children and young people the service should ensure that there is sufficient focus given to the timely recruitment and assessment of caregivers and that guidance regarding assessment timescales are adhered to.

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).

3. For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear recommendations for foster carer registration. To do this the provider should, at a minimum, ensure:

- Undertake annual reviews of all caregiver families
- Ensure that all applicants and caregivers attend Panel's and that this adheres to fostering regulation timescales.

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).

How good is our leadership?

4 - Good

We evaluated this key question as good. We identified several important strengths which, taken together, clearly outweigh areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

Since the last inspection the service had evidenced the capacity to develop improvement plans. Key question 1 addressed issues of continued delay in permanency planning.

Improved quality assurance processes were in place. These enabled some key performance indicators to be monitored and analysed and provide oversight of practice within the team. This contributed to consistency in key elements of practice which promoted children's safety and wellbeing. We noted some of quality assurance processes were not up to date and urged attention to this detail to safeguard children and caregivers', and the continued progress of improvement planning.

The requirement from the last inspection relating to the monitoring, reporting and analysis of serious incidents had not been met. Several significant incidents and allegations had not been submitted as notifications to the Care Inspectorate. We were however satisfied that child protection procedures had been followed when allegations of abuse were made. The requirement relating to notifications to the Care Inspectorate will be repeated for the fostering services. As adopters are dual approved as foster carers, we decided it was not necessary to repeat this requirement for the adoption service.

We noted Panel membership was diverse and included an experienced chairperson. Caregivers do not currently attend their Panel reviews and we were unclear on the independence and scrutiny oversight of caregiver reviews. Key Question 1 addresses this issue which includes an identified area for improvement.

Panel members had access to a range of learning and development opportunities; however, they were not being supported through annual appraisal. This will form an area for improvement (**see area for improvement 1**).

Areas for improvement

1. The service should ensure that panel members are provided with regular opportunities for support and annual appraisals are undertaken.

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 staff team?

5 - Very Good

We evaluated this key question as very good. We identified major strengths in supporting positive outcomes for people.

Staff viewed improvements implemented since the last inspection positively. Their practice, observed through tracked cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards. All staff were appropriately registered with the Scottish Social Service Council.

Staff displayed passion for their area of practice and had worked hard to build genuine and trusting relationships with caregivers. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff appreciated the level of support they received from their visible management team. They received monthly formal supervision in addition to a high level of informal supervision. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Staff had access to a new staff appraisal system, introduced after the last inspection. This supported a joint review of progress, and for staff to identify their professional learning and developmental needs. Staff were involved in developing and delivering training sessions to caregivers. An improved range and schedule of internal and external learning and development opportunities had been implemented.

We identified that many policies and procedures had not been reviewed for several years and heard this need had been identified by the management team. Greater clarity from updated policies and procedures will increase staff knowledge, skills and confidence in their role and provide consistency in approach to practice.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. We identified several important strengths which, taken together, clearly outweigh areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes.

Children were leading positive, healthy, enjoyable and meaningful lives through the implementation of good quality planning. Safer caring plans were in place for all children and young people. These were detailed and individualised to reduce potential risks for everyone in the caregiver household.

Supervising social workers provided progress reports to Care Plan meetings. Children's plans identified involvement and input from a range of professionals supporting the child and their caregiver family. Care Planning meetings were taking place regularly and in line with timescales. This contributed to comprehensive assessments which promoted positive outcomes for children.

The previous inspection outlined a requirement for a strategic approach to the provision of post adoption support, with specific reference to post adoption support plans. We identified this requirement as partly met. There was a lack of reference to post adoption support plans and adopters we spoke to were unfamiliar with the term.

Staff supported adopters at various stages in their lives. They were responsive to requests when difficulties or questions arose and provided a wide range of post adoption interventions.

Strategically the service promoted post adoption support. We were provided with evidence of a collaborative approach with CAMHS. 'Drop in' psychologist consultations across various Highland locations were scheduled throughout the year. Additionally, specific consultations were arranged when children were placed with their dual approved foster/adoptive caregivers. Further individualised sessions could be organised if required. These consultations focused on the development of positive relationships and understanding children's presenting behaviour within a trauma informed lens. Providing children and caregivers with a solid foundation to build their relationship will improve outcomes for adoptive families.

Ensuring adopters are aware of and involved in post adoption support planning, which conforms to regulatory frameworks, will form an area for improvement (**see area for improvement 1**).

Areas for improvement

1. The service should ensure post adoption support plans are in place for all young people including but not limited to:

- Ensuring all adoptive families are aware of their right to ongoing support
- Ensuring that all adoptive families have a post adoption support plan that anticipates potential future need.

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 December 2022, the provider should ensure children and fostering families are included in discussions related to safer caring. To do this the provider must, at a minimum, ensure:

- The service should review its implementation of safer caring plans.
- The service should review formats of documentation and improving guidance to staff on how to engage children and fostering families in safer caring plans.

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

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

'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice' (HSCS 2.6).

This requirement was made on 9 December 2022.

Action taken on previous requirement

The service have implemented new individualised safer caring documentation for all children and young people. Carer training has been updated and provided to carers.

Met - within timescales

Requirement 2

By 31 December 2022, the provider must improve the quality of permanence planning for children to promote stability in children's lives. To do this the provider must as a minimum:

- Ensure robust tracking arrangements are in place for children at all stages of their care journey and that drift and delay is addressed at each stage of the process.

- Ensure a robust approach is taken to family finding when children are identified as needing permanent care to ensure that their care needs can be met by the right fostering/adoptive family.
- Ensure that clear systems are in place to monitor outcomes for children in need of permanent substitute care.

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

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

'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1.16).

This requirement was made on 9 December 2022.

Action taken on previous requirement

Permanence outcomes had improved but drift and delay was still occurring for some children. The service needs to evidence how improvements in tracking can identify themes to drive further service development and this will form an area for improvement in this inspection.

Met - within timescales

Requirement 3

By 31 December 2022, the provider must ensure that robust quality assurance processes are in place to monitor key areas of performance within fostering regulations with monitoring and review to identify areas of continuous improvement for dual approved carer families: To do this, the provider must as a minimum ensure:

- Undertake foster care agreements in line with best practice guidance and statutory requirements.
- Systems are in place for identification and panel review of foster carers and dual registered prospective adopters.
- The safety of children and young people is improved through unannounced visits.
- Individual safer caring plans are developed and reviewed regularly in response to changing need.
- Unannounced visits take place within required timescales.
- Full carers checks are monitored and kept up to date.

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

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

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

This requirement was made on 9 December 2022.

Action taken on previous requirement

We could see that quality assurance processes had improved and there were now trackers in place to monitor key processes.

Met - within timescales

Requirement 4

By 31 December 2022, the provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us of all incidents, accidents and allegations of abuse against foster carers in accordance with this guidance.

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

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

'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

This requirement was made on 9 December 2022.

Action taken on previous requirement

We were not assured that this requirement had been met. It will be repeated with a new timescale of 31 May 2024 for the Fostering and Adult Placement Services.

Given the dual approval of foster carer/adoptive carers, and scrutiny activities for approved foster carers, we did not consider it necessary to repeat this requirement for the Adoption Service.

Not met

Requirement 5

By 31 December 2022, the provider must adopt a strategic approach to providing post adoption support services. To do this, the provider must as a minimum ensure:

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

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

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This requirement was made on 9 December 2022.

Action taken on previous requirement

At a strategic level a collaborative approach to post adoption support has been implemented, however, there was a lack of reference to post adoption support plans. Ensuring adopters are aware of and involved in post adoption support planning, which conforms to regulatory frameworks, will form an Area For Improvement in this inspection.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure all children have a clear understanding of their past the provider should improve its approach to life story work. This should include but is not limited to, implementing a consistent approach to gathering and storing important life story information and providing specific training to staff and carers about how life story work should be approached.

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

'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS, 1.29).

This area for improvement was made on 9 December 2022.

Action taken since then

We saw that progress has been made in relation to the approach to life story work and are assured that improvements will continue.

Previous area for improvement 2

To ensure children and young people have opportunities and benefit from participation in decision that affect them, the provider must evidence support provided to children and young people to express their views, attend meetings and understand how their needs will be met through care planning processes.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17); and

'My human rights are central to the organisations that support and care for me' (HSCS 4.1).

This area for improvement was made on 9 December 2022.

Action taken since then

We saw improved evidence of participation of children and young people in decisions that affect them. Children and young people's views are now better evidenced in care planning documentation.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	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	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very 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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Highland Council Adult Placement Continuing Care Adult Placement Service

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Telephone: 01463 702 741

Type of inspection:
Announced (short notice)

Completed on:
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SP2003001693

Service no:
CS2020380728

About the service

Highland Council Adult Placement Service is linked to the Highland Council Fostering service and supports young people remaining with their caregiver families past the age of 18 years old in continuing care.

Inspections of the Fostering and Adoption services have been undertaken and separate reports have been completed.

About the inspection

This was a short notice inspection which took place between 19 February and 15 March 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 young people using the service.
- Two adult placement carers.
- Eight staff and management.
- Three external professionals.
- Panel chair and the Agency Decision Maker.

We also reviewed survey responses from:

- 44 caregivers.
- 14 staff.
- 17 external professionals.

Key messages

Young people experienced supportive, enduring relationships with caregiver families that provided them with a sense of belonging.

Caregivers valued genuine trusting relationships and we assessed that staff were skilled at supporting them.

Caregivers were provided with consultations and therapeutic support from mental health specialists.

Continuing care policies and procedures had not been progressed sufficiently since the last inspection.

Caregivers were not being approved as adult placement carers.

Young people were not being provided with information or the opportunity to participate in decisions about their futures.

Welfare assessments were not evidenced for those young people we case tracked.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	5 - Very Good
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing?

2 - Weak

We made an overall evaluation of weak for this key question. Whilst some strengths could be identified, overall, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made requirements for improvement.

We saw that a number of young people were supported to remain within their caregiver families past the age of 18. Young people enjoyed, warm, affectionate, and trusting relationships with their caregivers promoting a sense of belonging and security. Young people experienced individualised care that adapted to their changing needs supporting transition to adulthood with a greater emphasis on independence and choice.

Caregivers we spoke to valued staff knowledge, skills, commitment, and responsiveness. We saw evidence of regular monthly visits taking place and caregivers confirmed they were getting high levels of support.

Young people were achieving positive outcomes in education and employment and had access to a range of leisure and social activities. Caregiving families supported young people to have fulfilling lives with high aspirations for success. This supportive and positive culture contributed to positive outcomes for young people.

Caregivers were being provided with and attending a range of training opportunities, however, the area for improvement made at the last inspection in relation to the provision and completion of Adult Protection training had not been met and will therefore be repeated (see area for improvement 1).

Safeguarding has been improved through the provision of caregiver training, new individualised safer caring documentation and the completion of unannounced visits in line with guidance.

We were concerned to see that for those young people we case tracked there was an absence of consistent support from the care and protection social work team.

At the last inspection concerns were raised regarding the fact that young people moving to continuing care and adult services did not have clear information about their rights and discussions around transition were not begun at an appropriate stage. We were not confident that Welfare Assessments were being comprehensively undertaken in line with continuing care legislation. Further work was required to ensure that changes to policy and practice were relevant and becoming embedded. The service does not have policies or procedures in place to ensure that all continuing care caregivers are assessed, approved and supported to provide this care. This requirement has not been met and therefore will be repeated with a new timescale of 31 May 2024 (see requirement 1).

Reviewing caregiver's competencies and ability to meet the needs of children at a Panel is a statutory requirement. We identified that a significant number of caregiver reviews had not taken place, in line with the services' policy of every two years. Best practice of annual caregiver reviews, with the legislative requirement of presentation at Panel every three years was discussed. Best practice also identifies caregivers' attendance at Panel, at these regulatory timescales. This would improve scrutiny processes and ensure the needs of children are met by their caregivers. This will form an area for improvement (see area for improvement 2).

Requirements

1. By 31 May 2024, the provider must take steps to support young people to remain with their foster carers post 18 years. To do this the provider must, at a minimum, ensure:

- They decide how best to assess, train and approve foster carers as adult placement carers and;
- How best to assess young people to ensure that continuing care is in their best interests.
- Any action is in line with regulations on continuing care.

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 which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

Areas for improvement

1. To ensure that carer families are skilled and supported to care for young adults the service should develop and deliver Adult Protection training to all carer households.

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) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20).

2. For children, young people and their foster carers to be best supported, the service should ensure to undertake regular reviews with clear assessment of recommendations for caregiver registration. To do this the provider should, at a minimum, ensure:

- Undertake annual reviews of all caregiver families.
- Ensure that all applicants and caregivers attend panel's and that this adheres to fostering regulation timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

How good is our leadership?

3 - Adequate

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

Since the last inspection the service has evidence the capacity to improve.

Improved quality assurance processes were in place. These enabled some key performance indicators to be monitored and analysed and provide oversight of practice within the team. This contributed to consistency in key elements of practice which promoted children's safety and wellbeing.

We assess there was now a more consistent overview of key processes, such as caregiver checks, caregiver reviews, unannounced visits and safer caring plans. We noted some of quality assurance processes were not up to date and urged attention to this detail to safeguard children and caregivers', and the continued progress of improvement planning.

The requirement from the last inspection relating to the monitoring, reporting and analysis of serious incidents had not been met. Several significant incidents and allegations had not been submitted as notifications to the Care Inspectorate. We were however satisfied that child protection procedures had been

followed when allegations of abuse were made. The requirement relating to notifications to the Care Inspectorate will be repeated (see requirement 1).

The service has an experienced panel chair and panel membership was diverse. Caregivers do not at present attend their panel reviews and therefore we were unclear on the independence and scrutiny oversight of carer reviews. Key Question 1 addresses this issue which includes an identified area for improvement.

Panel members have access to a range of learning and development opportunities, however, they were not being supported through annual appraisal. This will form an area for improvement (see area for improvement 1).

Requirements

1. By 31 May 2024, the provider must ensure that they access the up-to-date Care Inspectorate guidance on notifications and notify us of all incidents, accidents and allegations of abuse against foster carers in accordance with this guidance.

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

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. The service should ensure that panel members are provided with regular opportunities for support and that annual appraisals are undertaken.

This is to ensure that practice is consistent with the Health and Social Care Standards which state: '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 staff team?

5 - Very Good

We evaluated this key question as very good. There were major strengths in supporting positive outcomes for people.

Staff viewed improvements implemented since the last inspection positively. Their practice, observed through tracked cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards. All staff were appropriately registered with the Scottish Social Service Council.

Staff displayed passion for their area of practice and had worked hard to build genuine and trusting relationships with caregivers. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Staff appreciated the level of support they received from their visible management team. They received monthly formal supervision in addition to a high level of informal supervision. Monthly team meetings provided staff with an additional reflective space for case discussion and consideration and prioritisation of key tasks.

Staff had access to a new staff appraisal system, introduced after the last inspection. This supported a joint review of progress, and for staff to identify their professional learning and developmental needs. Staff were involved in developing and delivering training sessions to caregivers. An improved range and schedule of internal and external learning and development opportunities had been implemented.

We identified that many policies and procedures had not been reviewed for several years and heard this need had been identified by the management team. Greater clarity from updated policies and procedures will increase staff knowledge, skills and confidence in their role and provide consistency in approach to practice.

How well is our care and support planned?

2 - Weak

We made an overall evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of children and young people, we made several requirements for improvement.

Young people are leading positive, healthy, enjoyable and meaningful lives, however, good quality planning was not evidenced. Care plan meetings were not taking place regularly for young people who were or had reached the age of continuing care. This meant that assessments were not comprehensive and positive outcomes were not promoted.

Supervising social workers provided progress reports to Care Plan meetings, where they do take place, which is supporting collaborative multi-disciplinary working and promoting positive outcomes for children and young people.

Safer caring plans were in place for all young people. These were detailed and individualised to reduce potential risks for everyone in the caregiver household.

Young people did not have opportunities or benefit from participation in decisions that affect them. Care Plan meetings were not taking place regularly and there was limited evidence in those records we did see of young people's views being sought and detailed. The voice of young people was not evidenced. We were informed that formal advocacy was used where required, however, we were not provided with any evidence to support this. At the time of the last inspection an area for improvement was made asking the provider to evidence the support provided young people to express their views, attend meetings and understand how their needs will be met through care planning processes. This area for improvement has not been met and will therefore be repeated (see area for improvement 1).

Safer caring plans were in place for all children and young people. These were detailed, which were detailed and individualised to reduce risk for families and the service had implemented a specific plan for those young people over the age of 16.

A requirement was made at the time of the last inspection which related to the assessments of young people and the completion of welfare assessments. We were provided with no evidence of welfare assessments being completed for the young people we case tracked. We were not confident that Welfare

Assessments were being comprehensively undertaken in line with continuing care legislation. Further work was required to ensure that the Continuing Care policy is finalised and that changes to practice are embedded. This requirement has not been met and therefore will be repeated (see requirement 1).

Requirements

1. By 31 May 2024, the provider must take steps to support enable young people to experience stable and consistent care beyond the age of 18. To do this the provider must, at a minimum, ensure:

- How best to assess young people to ensure that continuing care is in their best interests.
- That a continuing care welfare assessment is undertaken timeously for all young people using the service. Any action is in line with regulations on continuing care.

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 which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

Areas for improvement

1. To ensure children and young people have opportunities and benefit from participation in decision that affect them, the provider must evidence of support provided to children and young people to express their views, attend meetings and understand how their needs will be met through care planning processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and 'my human rights are central to the organisations that support and care for me' (HSCS 4.1).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 December 2022, the provider should ensure children and fostering families are included in discussions related to safer caring. To do this the provider must, at a minimum, ensure:

- The service should review its implementation of safer caring plans.
- The service should review formats of documentation and improving guidance to staff on how to engage children and fostering families in safer caring plans.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6)

This requirement was made on 9 December 2022.

Action taken on previous requirement

The service have implemented new individualised safer caring documentation for all children and young people. Carer training has been updated and provided to carers.

Met - within timescales

Requirement 2

By 31 December 2022, the provider must take steps to support young people to remain with their foster carers post 18 years. To do this the provider must, at a minimum, ensure:

- They decide how best to assess, train and approve foster carers as adult placement carers and;
- How best to assess young people to ensure that continuing care is in their best interests.
- Any action is in line with regulations on continuing care.

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 which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This requirement was made on 9 December 2022.

Action taken on previous requirement

We saw only minimal progress in relation to this requirement. Policies and procedures have not yet been finalised and care givers are still not being approved as adult placement carers. Assessments for continuing care have also not progressed. This requirement will be repeated with a new timescale of 31 May 2024.

Not met

Requirement 3

By 31 December 2022, the provider must ensure that robust quality assurance processes are in place to monitor key areas of performance within fostering regulations with monitoring and review to identify areas of continuous improvement: To do this, the provider must as a minimum ensure:

- Undertake foster care agreements in line with best practice guidance and statutory requirements.

- Ensure systems are in place for identification and panel review of foster carers and dual registered prospective adopters.
- Ensure that the safety of children and young people is improved through unannounced visits.
- Individual safer caring plans are developed and reviewed regularly in response to changing need.
- Unannounced visits take place within required timescales.
- Full carers checks are monitored and kept up to date.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

This requirement was made on 9 December 2022.

Action taken on previous requirement

We could see that quality assurance processes had improved and there were now trackers in place to monitor key processes.

Met - within timescales

Requirement 4

By 31 December 2022, the provider must take steps to support enable young people to experience stable and consistent care beyond the age of 18. To do this the provider must, at a minimum, ensure:

- How best to assess young people to ensure that continuing care is in their best interests.
- That a continuing care welfare assessment is undertaken timeously for all young people using the service. Any action is in line with regulations on continuing care.

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 which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

This requirement was made on 9 December 2022.

Action taken on previous requirement

We found evidence of insufficient progress in relation to this requirement and therefore it will be repeated with a new timescale of 31 May 2024.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that carer families are skilled and supported to care for young adults the service should develop and deliver Adult Protection training to all carer households.

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) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities'.

This area for improvement was made on 9 December 2022.

Action taken since then

We saw insufficient provision and attendance of Adult Protection training. This area for improvement will be repeated.

Previous area for improvement 2

To ensure children and young people have opportunities and benefit from participation in decision that affect them, the provider must evidence of support provided to children and young people to express their views, attend meetings and understand how their needs will be met through care planning processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and 'my human rights are central to the organisations that support and care for me' (HSCS 4.1).

This area for improvement was made on 9 December 2022.

Action taken since then

We saw limited evidence of improvements in opportunities for young people to benefit from participation in decisions that affect them. Care plan meetings were not seen as a priority for young people requiring continuing care and therefore there were insufficient efforts to support them to understand how their needs will be met. This area for improvement will be repeated.

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?	2 - Weak
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	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	2 - Weak
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very Good
How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	2 - Weak

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