

Orkney Adult Placement Service Adult Placement Service

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Type of inspection:
Announced (short notice)

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Service provided by:
Orkney Islands Council

Service provider number:
SP2003001951

Service no:
CS2020380698

About the service

Orkney Adult Placement Service has been registered with the Care Inspectorate since 10 September 2020. Orkney Adult Placement Service provides a continuing care service to young people who are living in foster care. This allows young people to remain with their foster carers until the age of 21. The service is linked to the Orkney Fostering service for which there was a separate inspection and report but should be read in conjunction with this report.

About the inspection

This was a short announced inspection which took place between 26 August 2024 and 16 September 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 staff and management, the Panel Chair and Agency Decision Maker
- observed practice and daily life
- spoke with one visiting professional.

At the time of inspection, there were no young people using the service however we reviewed outcomes for previous young people who had moved on from the service.

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

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

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

Key messages

Young people's rights were strongly promoted in the service and used to promote their voice and care needs.

Caregivers experienced positive and helpful support from Supervising Social Workers who were trauma informed.

A robust improvement plan guided the service to promote positive developments and drive change.

Interim managers provided positive support with regular and high-quality supervision.

Risk assessments were of a good quality which ensured that young people were kept safe.

From this inspection we evaluated this service as:

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

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

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

How well do we support people's wellbeing?

4 - Good

An evaluation of good has been awarded to his key question as a number of strengths were identified which clearly outweighed areas for improvement.

There were no young people using the service at the time of the inspection. However, a review of the outcomes of previous young people had been possible. Young people had transitioned to independent living in a supported way which had resulted in them successfully managing their own home and budget.

Young people experienced nurturing care which continued while they lived independently which supported their family identity and ensured long term success.

The service strongly promoted young people's rights with the use of formal advocacy. This had been well

utilised to support young people to ensure their voices were heard within care planning. This was an area for improvement at the last inspection which we have found to be met at this inspection.

How good is our leadership?

3 - Adequate

This key question has been awarded a grade of adequate as some strengths were identified which just outweighed the weaknesses identified. Whilst clear progress was made, not all requirements from the last inspection had been met.

Leaders within the service, whilst fairly new to their posts, had a good level of oversight of case work. Quality assurance systems such as the tracking key areas of operation were in development but needed further time to embed them in practice.

There was a clear line management structure which was supportive and positive for staff, however team manager and service manager roles continued to be interim appointments. We were reassured by the focus of current temporary leaders, and the permanently appointed Head of Service, on developing and embedding solid processes and practices that will support standards to be continued in the longer term. Stability in leadership was a requirement made at the last inspection, and while some steps have been taken in the permanent appointment of a Head of Service, there remains a high level of uncertainty for staff and caregivers, and in the service's capacity to continue to improve.

There was a comprehensive and dynamic improvement plan which reflected an open and honest approach to improvement. Current leaders were responsive to reflective feedback and swift to respond which evidenced a capacity for improvement.

The Fostering and Adoption panel was well functioning and provided a robust quality assurance role in the approval and review of caregivers. The panel was led by an experienced chair and complemented by panel members with a range of skills and experience. During the inspection, a Panel Administrator was appointed to address delays in administration tasks. Panel member recruitment was ongoing and a new Agency Decision Maker had been appointed. However annual appraisals had not been routinely completed and some panel members felt they did not have access to high quality learning and development opportunities. This was an area for improvement at the last inspection, which will remain in place following this inspection.

The historic gaps in service provision, combined with significant delays in planning for children, had a lasting and profound impact for many caregivers. Changes in management also led to a mistrust from some caregivers and a reluctance to invest in developing relationships with temporary leaders. One caregiver told us "workers try their best, but it's a different manager everytime". This suggested there was further work required to restore trust and faith in the service.

The Team Manager, whilst interim, provided effective support and guidance to the team which resulted in the staff being guided and focused on improving outcomes for families. However the staff team had experienced a number of manager changes which had impacted their confidence in the wider management team. There should be continued mindful consideration of ensuring positive and open communication with staff within the context of their employment history.

How good is our staff team?

4 - Good

An evaluation of good was awarded to this key question. Important strengths were identified which outweighed any areas of improvement.

The service benefitted from a stable and experienced staff team, who knew caregiver families incredibly well. One carer told us that their worker "was the consistent person that I used to offload - she was there during the whole time".

Supervising Social Workers had a strong value base with an emphasis on relationship-based practice. Timely interventions were available to support children, young people and their families which were effective and very much appreciated. One family told us that they had a very good relationship with their worker, who was "very knowledgeable in terms of trauma and child development". Some caregiving families shared with us that individual workers were responsive and helpful but that it could be difficult to get answers to questions and processes, which was frustrating for families.

Workers had previously experienced gaps in their support and supervision. However, during this inspection, we found practice was supported by a manager who offered regular and high-quality supervision which resulted in the Supervising Social Workers feeling valued.

Supervising Social Workers were reflective which supported their learning and development. The team engaged in training and implemented this in their practice. There had been a strong focus on lifestory training which staff were enthusiastic to offer to children and young people. The workers were trauma informed and were being supported to embed this further into their practice.

How well is our care and support planned?

4 - Good

Key strengths were identified within this key question which outweighed any improvement needed, therefore an evaluation of good was awarded.

All children and young people had plans that were SMART (specific, measurable, achievable, relevant and timebound) in approach and detailed a high level of support that was reflective of their needs. Children and young people were encouraged to play a key role in planning their care. There had been progress since the last inspection with regards to participation and involving children and young people in decision-making. A Promise Board had also been established, which once fully up and running with representation from young people, will help ensure care experienced children and young people play a part in wider decision-making across the authority.

There was evidence of good multi-agency working which supported planning for children and young people, with Supervising Social Workers attending children's reviews; supporting the carers and representing the child's view.

Some foster carers told us that there needed to be more joined up working and clear communication between their Supervising Social Worker and the child's Social Worker. They told us of occasions where they were having to repeat information to each worker separately which added to the already difficult situation they were managing. We concluded that there was further work to do to ensure the services work cooperatively together and complement each other.

All children had an individualised safecaring plan which were underpinned by risk assessments that were clear and well analysed. Although these would benefit from more detailed interventions and identified de-escalation strategies, the documents were effective at identifying and minimise risk for children, young people and their families. This was a requirement made at the last inspection, which has been assessed as met at this inspection.

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

Requirements

Requirement 1

By 30 January 2024, to evidence the effectiveness of the service in meeting the needs of children and young people, the provider should develop a culture of continuous improvement by implementing robust quality assurance of practice.

To do this, the provider must as a minimum:

- a. Ensure a robust audit system is in place and promote a shared responsibility in quality assurance processes.
- b. Ensure a direct line management responsibility within the service.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

This requirement was made on 23 October 2023.

Action taken on previous requirement

We reviewed the quality assurance documentation practices within the service and found these to be effective and robust. Audits were being undertaken within the service with a clear plan and regular overview.

There was a clear line management structure and we heard that this was supportive and positive for staff. However, these roles were held by interim employees with them currently being advertised. We look forward to seeing the impact of the permanent appointments at the next inspection. We have been assured that there will be comprehensive handovers to between managers which was evident at the last transition.

Not met

Requirement 2

By 30 January 2024, to ensure that children and young people receive quality care and support, the provider must ensure effective tracking and planning for outcomes for children and young people.

To do this, the provider must as a minimum:

- a. Ensure that records and practices are in place to evidence the effectiveness of the service in meeting the needs of young people.
- b. The provider should ensure that quality assurance systems are used effectively in order to identify areas for improvement.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement

Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

This requirement was made on 23 October 2023.

Action taken on previous requirement

Tracking for permanency was effective and robust. Documents for tracking was held centrally with regular meetings to ensure progression. This resulted in positive outcomes for children securing permanency since the last inspection.

We also found that further tracking and quality assurance processes had been implemented since the last inspection. This included a comprehensive action and development plan which will be effective at supporting and promoting improvements.

Met - within timescales

Requirement 3

By 30 January 2024, the provider must ensure that all staff receive regular, and good quality formal supervision and that an appropriate record is maintained.

This is necessary in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 - Regulation 3 "A provider shall provide a service in a manner which promotes quality and safety" and 15(b)(i) "ensure that person's employed in the provision of the care service receive training appropriate to the work they perform". 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 and are able to reflect on their practice and follow their professional and organizational codes' (HSCS 3.24).

This requirement was made on 23 October 2023.

Action taken on previous requirement

All staff advised that they had regular supervision which resulted in them being supported within their employment.

Met - within timescales

Requirement 4

By 30 January 2024, to ensure the safety and wellbeing of children and young people and the provision of high-quality care and support, the provider must ensure risks are recognised, identified and analysed.

To do this the provider must as a minimum:

- a. Ensure all risks identified are recorded within risk assessment documentation.
- b. Details interventions and strategies required to reduce the risk for children and young people.

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

This requirement was made on 23 October 2023.

Action taken on previous requirement

On reviewing the risk assessment documentation, we saw an increase in quality in identify and analysing risks. Interventions and strategies were included and although these could be detailed further, we concluded that this requirement had been met.

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 enable children and young people to be aware of their rights, have their voices heard and respected, the provider should embed awareness of children's rights within the service. This should include, but not be limited to, advocacy services being visible to children and young people and training for all staff.

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 use independent advocacy if I want or need this (HSCS 2.4) and 'I am supported to understand and uphold my rights' (HSCS 2.3).

This area for improvement was made on 23 October 2023.

Action taken since then

We found good links between the service and independent advocacy services. We heard that advocacy is now an opt out approach instead of an opt in approach. We saw good evidence of the use of advocacy and the staff had a high understanding of children's rights which they promoted to children and young people.

Previous area for improvement 2

To enable the Fostering and Permanency Panel are able to make informed and balanced decisions in the welfare of children, young people and their families, the provider should ensure suitable training and regular supervision is available to all panel members.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: I use a service and organisation that are well led and managed. (HSCS 4.23)

This area for improvement was made on 23 October 2023.

Action taken since then

Panel members received appraisals in March 2023 but only two of the panel members had received one since this date. Good practice is for annual appraisals. We saw evidence of a panel development day and heard that panel members can attend some of the training offered to staff and caregiving families. Half of the panel members who responded to our survey felt they did not have access to good quality learning and development opportunities. As a result, we have continued this AFI to ensure improvements are made. We would suggest opening up staff/caregiver training to panel members unless there is reason not to, and to track attendance.

Complaints

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

Detailed evaluations

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

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