



Regulation of Care Act 2013

Fostering Services

Family Placement Service

Announced Inspection

12/11/2018

13/11/2018

14/11/2018



***Registration and Inspection Unit,
Ground Floor, St George's Court,
Hill Street, Douglas, Isle of Man, IM1 1EF.***

Contents

Completing and returning your report

To complete your report form, enter text by clicking on the box, use the tab key to move to the next box.

1. Provider's action plan and response
 - a. Add details of your actions to complete the requirements/recommendations (if applicable)
 - b. Confirm you have read and agree/disagree the contents of the report by clicking on the appropriate box
 - c. Sign (type name when returning electronically) and date
2. Return your report to randi@gov.im within 4 weeks
3. Do not use any other method e.g. links to Cloud or other file sharing services

Part 1: Service information

Part 2: Descriptors of performance against Standards

Part 3: Inspection Information

Part 4 : Inspection Outcomes and Evidence and Requirements

Part 5: Provider's action plan and response

Part 1 - Service Information for non-Registered Service

Name of Service: Family Placement Service **Tel No:** (01624) 610000

Address:

1st Floor
Murray House
Mount Havelock
Douglas
IM1 2SF

Email Address: familyplacementservice@gov.im

Name of Manager: Christopher Kohlhoff

Date of any additional regulatory action in the last inspection year (i.e. improvement measures or additional monitoring): None

Date of previous inspection: First inspection since the transition to DHSC

Number of foster carers supported by the service at the time of the inspection: around 70

Person in charge at the time of the inspection: Christopher Kohlhoff

Name of Inspector(s): Egle Leadley and Catriona Bradley

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Part 3 - Inspection information

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013.

Inspections are generally themed, concentrating on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective, safe and compassionate.

No	Standard	Requirements/recommendations from previous inspection	Met/not met
		First inspection since the transition to DHSC	

Part 4 - Inspection Outcomes, Evidence and Requirements

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 1 – Statement of Purpose**

Our Decision: Substantially compliant

Reasons for our decision:

The service had an up to date Statement of Purpose in place. The document clearly set out aims and objectives, services provided and other required information.

The children’s guide was in place; however the document was in need of review to ensure that information provided is up to date.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

One requirement made

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 4 – Monitoring and Control
4.1, 4.6, 4.7**

Our Decision: partially compliant

Reasons for our decision:

There was a lack of clear, comprehensive policies and procedures underpinning all staff practice and providing a framework from which the service is delivered. The service did have some policies and procedures, however majority of these have to be reviewed and updated to reflect the service provided. It was noted that staff were able to access Department of Health and Social care and Children and Families division policies and procedures; however they were unclear on the policies specific to the family placement service.

The statement of purpose included information in regards to quality assurance tools to monitor and evaluate the effectiveness and performance of the service. The inspectors had a discussion with the management of the service in regards to quality assurance systems and the requirement to produce an annual written development plan. The service transitioned to the current provider only 6 weeks ago; therefore the inspectors did not expect to see completed quality assurance audits in place.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

One requirement made

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 9 – Protecting from abuse and neglect
9.1, 9.2, 9.7, 9.8, 9.11**

Our Decision: partially compliant

Reasons for our decision:

The staff team at the service had access to Safeguarding Children’s Board Child protection policy and procedure. The service must ensure that their own safeguarding, whistleblowing and managing allegations against foster carers policies are in place, reviewed and available to all (addressed under standard 4).

Foster carer training records showed that the majority of the foster carers were up to date with safeguarding training, however a small number of foster carers were due refresher training. The system was in place to record safeguarding issues. The records were checked by the inspectors and were found to be appropriately recorded and reported.

A policy in regards to children missing from care must be reviewed (addressed under standard 4).

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

One requirement made

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 20 – Accountability and support of staff**

Our Decision: substantially compliant

Reasons for our decision:

A clear service structure was in place. Staff had written details of their duties and responsibilities. Feedback received from staff confirmed that they were fully aware of their job description and were well supported in their roles.

The inspectors had an opportunity to examine records of supervising social workers supervision sessions. The records were detailed, however not all supervision records were signed by supervisor and supervisee. The team leader explained that the supervisions take place every 4 weeks. Records of supervision for support workers and administrators were not available for inspection.

The service held regular team meetings.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

One requirement made

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 22 – Supervision of carers
22.1,22.3, 22.5, 22.6, 22.7, 22.8

Our Decision: Partially compliant

Reasons for our decision:

The Statement of Purpose stated that foster carer supervision visits should be completed at least every 6 weeks. Each foster carer had an allocated supervising social worker. The inspectors had an opportunity to examine a number of randomly selected foster carer records, which were held on the electronic system. The inspectors looked at the supervisions records that took place since the change of the service provider 6 weeks ago. A number of the supervision sessions were recorded. However some records were not complete and/or not signed by the foster carers.

A foster carer handbook was available for inspection; however the document was undergoing review, to ensure that all information provided is accurate and up to date.

The Department of Health and Social Care’s complaints policy was used. The policy was available at the service and the references to the policy were included in the Statement of Purpose. No complaints were recorded, since the change of the provider.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements and Recommendations

Two requirements made

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 24 – Case records for children
24.1, 24.2, 24.3

Our Decision: Substantially compliant

Reasons for our decision:

An electronic system is used by the service for the case recording. The inspectors had an introduction on how the system was used for the case recording and examined some of the records. As the system was recently introduced, there were some elements of the case recording that inspectors were unable to assess.

A Children and Families division case recording policy was used by the service; however the policy did not cover foster carers files and needed more clarity in regards to foster children case records. The service must ensure that written policy on case recording which establishes the purpose, format and content of files and clarifies what information is kept on the foster carer’s file and what information is kept on the child’s file.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

One requirement made

**Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 26 – Premises**

Our Decision: substantially compliant

Reasons for our decision:

The premises used were well maintained and suitable for the purpose. The office provided a fully equipped base for staff to work from. The inspectors noted that the sound isolation of the meeting rooms could be improved.
Facilities for the secure retention of records and appropriate security systems were in place. Staff were aware of fire evacuation procedure, which was displayed at the office. Written fire risk assessment was not in place.
Current employer liability insurance certificate was appropriately displayed.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements and Recommendations

One requirement made

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report or identify any inaccuracies, please do not hesitate to contact the Registration and Inspection Unit.

Inspector: Egle Leadley **Date:** 21/11/18

Part 5 - Provider's action plan and response.

The provider must complete this page in respect of all the requirements made within the report.

Requirements and Recommendations

1. Standard 1.6

The children's guide to the fostering service must be reviewed to accurately reflect the service.

Timescale: Immediately

2. Standard 4.1 & 1.5

The service must have clear policies and procedures underpinning all staff practice and providing a framework from which the service is delivered.

Timescale: Immediately

3. Standard 9.2

The manager must ensure that all foster carers complete all mandatory training and refresher training within the timescales set.

Timescale: March 2019

4. Standard 20.3

All staff receive regular supervision, at the frequency stated within supervision policy. Supervision records must be signed and dated by supervisor and supervisee.

Timescale: Immediately

5. Standard 22.6

Foster carer supervision records must be kept and these records must be signed by everyone who participated in the supervisory meeting.

Timescale: Immediately

6. Standard 22.5

The service must ensure that foster carer handbooks is reviewed and updated to accurately reflect the service provided.

Timescale: January 2019

7. Standard 24.2

The manager must ensure that a written policy on case recording clarifies what information is kept on the foster carer's files and what information is kept on the child's files.

Timescale: Immediately

8. Standard 26.1

The manager must ensure that an office fire risk assessment is in place.

Timescale: Immediately

Provider's Action Plan			
Inspection recommendation	Action	Who/When	Outcome
<p>Standard 1.6 The children's guide to the fostering service must be reviewed to accurately reflect the service. Timescale: Immediately</p>	<p>To design and approve a children's and YP guide. This will be done to reflect changes in the service by March 2019.</p>	<p>FPS manager to draft and Senior management team [SMT] to approve- March 2019</p>	<p>Children placed with foster carers will have an understanding of the service to expect its standards and how to challenge and complain.</p>
<p>Standard 4.1 & 1.5 The service must have clear policies and procedures underpinning all staff practice and providing a framework from which the service is delivered. Timescale: Immediately</p>	<p>All policies and procedures will be reviewed and brought up to date, approved by SMT and made operational</p>	<p>A procedural framework will be operational by April 2019. The FPS staff will draft and consult with carers and colleagues on all areas.</p>	<p>A clear policy and procedural framework will achieve standardisation of best practice by all involved in the service leading to better outcomes for children</p>
<p>Standard 9.2 The manager must ensure that all foster carers complete all mandatory training and refresher training within the timescales set. Timescale: March 2019</p>	<p>A review of the training arrangements will be undertaken and in March 2019 a new training framework will be established. Alerts will be set in the electronic system and non-compliance linked to appropriate sanctions.</p>	<p>A training and development framework will be operational by April 2019. The FPS staff will draft and consult with carers and colleagues on all areas, and approved by SMT</p>	<p>Carers will have an agreed training and development plan and understand the consequences of non-compliance with mandatory requirements.</p>
<p>Standard 20.3 All staff receive regular supervision, at the frequency stated within supervision policy. Supervision records must be signed and dated by supervisor and supervisee. Timescale: Immediately</p>	<p>All staff will have a central supervision record and records kept in accordance with the service's supervision policy. This should include training log etc. This is current C&F policy.</p>	<p>Manager to ensure compliance immediately</p>	<p>Compliance with standard C&F policy and procedure and supervision.</p>

	<p>Arrangements for audit of all supervision files to be made within 6 months.</p> <p>DB [Director] will complete induction checklist in 1:1's with all staff arranged in December.</p>	Complete December 2018	
<p>Standard 22.6 Foster carer supervision records must be kept and these records must be signed by everyone who participated in the supervisory meeting. Timescale: Immediately</p>	<p>A procedure for recording carer supervision to be agreed and established. <i>[the inspectors commended one worker- this will be an exemplar for others.]</i></p>	To prioritise in policy and procedure work for completion by January 2019	Clear record of support and reflection with carers agreed and recorded.
<p>Standard 22.5 The service must ensure that foster carer handbooks is reviewed and updated to accurately reflect the service provided. Timescale: January 2019</p>	<p>A re-design of handbook to be undertaken and presented to SMT for approval.</p>	To be drafted by staff and consulted upon. Completion by March 2019	Carers have access to good quality and informative guidance relating to their role, standards and outcomes.
<p>1. Standard 24.2 The manager must ensure that a written policy on case recording clarifies what information is kept on the foster carer's files and what information is kept on the child's files. Timescale: Immediately</p>	<p>A recording policy addressing interface between carer and child's file to be written urgently that is compliant with data protection legislation and guidance.</p>	Manager and Team leader to draft this and approval by SMT by January 2019.	Recording arrangements have integrity and are accountable to professional roles in the organisation.
<p>1. Standard 26.1 The manager must ensure office fire risk assessment is i Timescale: Immediately</p>	<p>The manager will undertake immediate assessment of the office to comply with requirements</p>	Assessment to be signed off by SMT in January 2019	Regulatory compliance.

To: The Registration and Inspection Unit, Ground Floor, St George's Court, Hill Street, Douglas, Isle of Man, IM1 1EF

From: Family Placement Service

I / we have read the inspection report for the unannounced inspection carried out on **12th, 13th and 14th of November 2018** at the establishment known as **Family Placement Service**, and confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s).

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

Please return the whole report which includes the completed action sections to the Registration and Inspection Unit within 4 weeks from receiving the report. Failure to do so will result in your report going on line without your comments.

Signed Responsible Person D Brayshaw
Date 30/11/2018

Signed Registered Manager Click here to enter text.
Date Click here to enter text.

Action plan/provider's response noted and approved by Inspector: C Bradley Date: 2/1/2019 Signature/initials: CB
