



*Making Social Care  
Better for People*

# inspection report

Local Authority Adoption Services

## **City of Plymouth Adoption Service**

Ginkgo House

156 Mannamead Road

Plymouth

PL3 5QL

15th September 2004

## **Commission for Social Care Inspection**

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

### **The role of CSCI is to:**

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

## **Inspection Methods & Findings**

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

### **The 4-point scale ranges from:**

- 4 - Standard Exceeded (Commendable)
- 3 - Standard Met (No Shortfalls)
- 2 - Standard Almost Met (Minor Shortfalls)
- 1 - Standard Not Met (Major Shortfalls)

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

**ADOPTION SERVICE INFORMATION**

**Name of Local Authority**

City of Plymouth Adoption Service

**Headquarters Address**

Midland House, , Plymouth, PL3 5QL

**Adoption Service Manager**

Wendy Van den Heuvel

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**Certificate number of this adoption service**

**Date of last inspection**

**Date, if any, of last SSI themed inspection of adoption service**

<b>Date of Inspection Visit</b>		15th September 2004	<b>ID Code</b>
<b>Time of Inspection Visit</b>		09:30 am	
<b>Name of Inspector</b>	<b>1</b>	Lynn Smith	094143
<b>Name of Inspector</b>	<b>2</b>	Delia Amos	128500
<b>Name of Inspector</b>	<b>3</b>		
<b>Name of Inspector</b>	<b>4</b>		
<b>Name of Lay Assessor (if applicable)</b> Lay assessors are members of the public independent of the CSCI. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
<b>Name of Specialist (e.g. Interpreter/Signer) (if applicable)</b>			
<b>Name of Establishment Representative at the time of inspection</b>		Wendy Van Den Heuvel	

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## INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by CSCI, to establish if the service is meeting the National Minimum Standards for Local Authority Adoption Services and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended and the Local Authority Adoption Service (England) Regulations 2003.

This document summarises the inspection findings of the CSCI in respect of City of Plymouth Adoption Service. The inspection findings relate to the National Minimum Standards for Local Authority Adoption Services published by the Secretary of State under sections 49 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003 are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum standards will form the basis for judgements by the CSCI regarding notices to the local authority and reports to the Secretary of State under section 47 of the Care Standards Act 2000.

The report follows the format of the National Minimum Standards and the numbering shown in the report corresponds to that of the standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Notifications to the Local Authority and Reports to the Secretary of State
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Providers response and proposed action plan to address findings

This report is a public document.

## INSPECTION VISITS

Inspections will be undertaken in line with the regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The inspection methods used in the production of this report are set out in Part B. Pre-inspection information, and the manager's written self-evaluation of the service, have also been taken into account. The report represents the inspector's findings from the evidence found at the specified inspection dates.

**BRIEF DESCRIPTION OF THE SERVICES PROVIDED.**

Plymouth City Council Adoption Service was re-structured on 1<sup>ST</sup> September 2004. At the time of the inspection the agency was in the process of relocating to new premises. The team consists of a recently appointed manager, a team leader, three full-time social workers, five part-time social workers and three clerical staff, one being a manager. The aim of the service is to provide a full and comprehensive range of adoption services.

## PART A SUMMARY OF INSPECTION FINDINGS

### INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

The inspectors inspected the agency over four days in September 2004. The service was reorganised some two weeks earlier.

It was evident throughout the inspection that management had a clear view of how they envisaged the agency maturing. Many policies and procedures were in draft format. The agency was in a state of change. Unfortunately the inspection centred around what the current practices were and not what is proposed.

During feedback it was agreed that the inspector's would return to the agency in approximately eighteen months.

The inspectors received questionnaires back from:-

Four birth parents

Three adoption advisors

Seven placing social workers

Twenty adopters/prospective adopters

Overall the questionnaires indicated the agency is acceptable however, birth parents felt uniformed and not supported. Adopter's raised issues around length of time and lack of support after panel. Many felt the preparation and information was very good. The majority felt they needed more information regarding complaints.

Placing social workers stated they had not seen the Statement of purpose or the Children's Guide.

#### **Statement of purpose (standard 1)**

##### **Not met**

At the time of the inspection, a 'draft' statement of purpose was seen. It was approved by Plymouth Social Services Committee but not by the executive side of the council.

The statement of purpose gave a good overview of the future of the adoption service mainly identifying what needs to be done. Not all issues in Schedule 1 of the Local Authority Adoption Service (England) Regulation 2003 were addressed.

The Agency does have a booklet for children and young people explaining the adoption process. It's colourful and addresses the process well. This booklet does not reflect Plymouth Adoption Service's statement of purpose, how to make a complaint or how to contact an independent advocate.

## **Securing and promoting children's welfare (standard 2)**

### **Met**

The inspectors found evidence that the adoption process is essentially child-centred. Evidence viewed indicated that a high proportion of matches that reflect the child's ethnicity, culture, language and religion were made, 97%. 100% of sibling groups needing to be placed together were made.

## **Prospective and approved adopters (standards 3-6)**

### **3 part met, 1 not met**

Positive feedback was given about the first response from the agency and the informative information sent out. The inspectors viewed the information and found it in need of up dating to reflect the recent changes in the agency.

Adopters raised, as a constantly theme, the length of time before the initial assessments started and the lack of communication throughout this time.

The inspectors found the assessment and preparation process not consistent rigorous. Overall the forms F viewed had very little emphasis on competencies.

At the time of the inspection, preparation groups were being reviewed. There was no evidence to suggest that the effectiveness of the preparation groups is evaluated. It is recommended that such a system in introduced.

In the questionnaires adopters gave mixed views on whether they felt adequate information was given to them regarding the matching of children. Some felt social workers were very good at informing them of the procedures and helping them to understand forms E, others felt very much alone after being approved.

## **Birth parents and birth families (standards 7-9)**

### **Not met**

Four birth parents contributed to the evidence gathering during this inspection. All stated they were not kept informed throughout the process. Three of the replies stated that they were unhappy with the service they received, "I was not offered any counselling, if I was then things would have turned out better for me". " After my children were taken I was left to it. I felt betrayed by everyone who was involved. Counselling would have helped but none offered."

The inspector sampled ten forms E that had gone to panel in the last four months. Two indicated that the birth parents had refused to sign the form; eight were left blank with no indication if the birth parents had seen it.

The adoption service provides a post- adoption post-box system for birth families to maintain contact with children placed for adoption. Social workers spoken to were unclear regarding face-to-face contact. The system in place to facilitate this service needs to be clear to all social workers.

The manager informed the inspector that a contract has been secured with Plymouth Family support Services to offer birth parents on going support throughout and after the adoption process.

## **Adoption panels and agency decisions (standards 10 –13)**

### **2 met, 2 part met**

At the time of the inspection, a draft copy of adoption panel's policies and procedures was in place. The manager was aware that more work was needed on this document to bring it in line with standard 10 of the Adoption Minimum Standards.

The inspector observed a quorate panel that brought diverse experience and qualities.

Evidence was viewed of thoughtful consideration in the cases presented, issues identified in forms F & E were commented on tactfully and compliments given to good pieces of work.

**Fitness to provide or manage an adoption agency (standards 14 &15)****1 met, 1 part met**

The inspectors spoke with the adoption manager and found her to have a sound knowledge of adoption law and practices.

This adoption service has recently been reorganised. The department were in the process of setting up budget and monitoring systems. The adoption manager is aware of her responsibility regarding financial issues.

**Provision and management of the adoption agency (standards 16-18)****2 met 1 part met**

The service is in its infancy. The manager and Assistant Director explained the vision they have for the future of the agency. Both were aware of the changes that need to take place and at the time of the inspection were laying down core tasks. The development progress is reported on a monthly basis to the Social Services Improvements Board.

Several adopters felt that communication between the adoption workers and the childcare workers was poor. One questionnaire stated-; "lack of communication between individuals in social services caused much unnecessary anxiety". "Lack of communication and organisation by individuals let us and the process down and continue to do so".

The adoption service monitors its performance in several different ways including supervision of staff, six monthly reports to the management team and the 'Portfolio Holder' is updated monthly on the number of adoptions. The Portfolio Holder is also updated six monthly on all other aspects of adoption.

**Employment and management of staff (standards 19-24)****2 met, 1 part met and 2 not met**

The personnel files viewed did not clearly state that Criminal Record Bureau (CRB) checks at enhanced level had been carried out.

The manager informed the inspectors that all social work staff hold a professional qualification in social work and are experienced social workers.

During interviews with the social workers Inspectors found the group to have a good understanding of the legal implications of adoption for children.

The recent re-structuring has impacted on the management and organisation of the staff group. Performance management has recently been introduced which staff feel creates more changes to adjust to.

Adoption social workers informed the inspectors that they do receive regular supervision and appraisals from their line manager, however no evidence was viewed of case supervision within adopter's files.

Staff informed inspectors that Plymouth Local Authority is a fair and competent employer.

The adoption team became operational on 1<sup>st</sup> September 2004. Prior to his date the team held large fostering caseloads. This situation has impacted on adoption training in the past.

Time restraints and workloads have made training a low priority. The social workers also felt the geographical area has made accessing relevant training difficult.

**Records (standards 25-28)****1 part met, 3 not met**

The children's files viewed by the inspector's were in some area's quite chaotic. The manager acknowledges that the department as a whole has had concerns regarding the childcare files.

Adopter's files were of variable standards. No file monitoring was evident however the manager states a new file audit mechanism was being introduced.

Decisions by supervisors were not evident on adopter's records.

A policy on case recording needs to be put in place.

Inspectors viewed a very good file system for all panel members. Sections regarding the appointment, induction including observation, training, attendance, checks and appraisals were evident. Unfortunately not all files contained the relevant CRB checks. Adoption staff files had a very good 'recruitment process administrative checklist'. This indicated at a glance any missing documentation. The application form requested information on any gaps in employment history with reasons why.

**Fitness of premises (standard 29)**

**Part met**

At the time of the inspection the adoption agency was in the process of moving premises. The new premises were light, airy and suitably situated.

The manager informed the inspectors that new IT equipment would be installed within the week, and all adoption staff would have laptops or work stations. The Assistant Director confirmed this. Staff informed the inspectors that there are heavy-duty lockable facilities at their old premises that will be moving to the new premises.

## Reports and Notifications to the Local Authority and Secretary of State

The following statutory Reports or Notifications are to be made under the Care Standards Act as a result of the findings of this inspection:

Report to the Secretary of State under section 47(3) of the Care Standards Act 2000 that the Commission considers the Local Authority's adoption service satisfies the regulatory requirements:

NA

Notice to the Local Authority under section 47(5) of the Care Standards Act 2000 of failure(s) to satisfy regulatory requirements in their adoption service which are not substantial, and specifying the action the Commission considers the Authority should take to remedy the failure(s), informing the Secretary of State of that Notice:

NA

Report to the Secretary of State under section 47(4)(a) of the Care Standards Act 2000 of a failure by a Local Authority adoption service to satisfy regulatory requirements which is not considered substantial:

NA

Report to the Secretary of State under section 47(1) of the Care Standards Act 2000 of substantial failure to satisfy regulatory requirements by a Local Authority adoption service:

NA

**The grounds for the above Report or Notice are:**

**Implementation of Statutory Requirements from Last Inspection  
(Not relevant at first CSCI inspection)**

Requirements from last Inspection visit fully actioned?

NA

**If No please list below**

<b>STATUTORY REQUIREMENTS</b>				
Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000, the Adoption Agencies Regulations 1983 and the Local Authority Adoption Service (England) Regulations 2003.				
No.	Regulation	Standard	Required actions	

**Action is being taken by the Commission for Social Care Inspection to monitor compliance with the above requirements.**

## STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The appropriate officer of the Local Authority is requested to provide the Commission with an action plan, which indicates how requirements are to be addressed. This action plan is shown in Part D of this report.

### STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report which indicate non-compliance with the Care Standards Act 2000, the Adoption Act 1976, the Adoption Agencies Regulations 1983, the Local Authority Adoption Service (England) Regulations 2003 or the National Minimum Standards for Local Authority Adoption Services. The Authority is required to comply within the given time scales in order to comply with the Regulatory Requirements for adoption services.

No.	Regulation	Standard *	Requirement	
1	2	LA1	The Statement of Purpose must to be reviewed to include what the agency does and all aspects of schedule 1	1 <sup>st</sup> April 2005
2	3	LA1	The children's guide must to reflect Plymouth City adoption services Statement of Purpose, how to make a complaint and how to contact an advocate.	1 <sup>st</sup> April 2005
3	2	LA1	The Statement of Purpose must to be available to person's working for the purpose of the adoption service.	1 <sup>st</sup> April 2005
4	AAR 1983 Reg 8	LA4	The agency must operate a consistent approach to assessments and preparation of prospective adopters.	1 <sup>st</sup> April 2005
5	2	LA6	The agency must support adopters in line with the Statement of Purpose	1 <sup>st</sup> April 2005
6	AAR 1983 Reg 7	LA7	Birth parents must to be involved where possible and consulted, kept informed and supported.	1 <sup>st</sup> April 2005
7	6 & 11	LA28LA19 LA15	Full and satisfactory information must to be in place in accordance with schedule 3	1 <sup>st</sup> April 2005
8	12	LA23	Staff training must be addressed as a priority	1 <sup>st</sup> April 2005

9	AAR 1983 Reg 7	LA27LA25	Children's adoption files must to contain information as directed in schedule 1, parts 1-4 AAR 1983	1 <sup>st</sup> April 2005
10	AAR 1983 Reg 8	LA27LA25	The adopters files must to contain information as directed in schedule 1 parts 6 & 7 This information needs to be monitored	1 <sup>st</sup> April 2005
11	AAR 1983 Reg 14	LA27LA25	Policies and procedures must to be set up in line with Regulation 14 Adoption Agencies Regulation 1983	1 <sup>st</sup> April 2005
12	AAR 1983 Reg 15	LA26	The service must to have in place written guidance on, access to records and disclosure of information.	

### GOOD PRACTICE RECOMMENDATIONS FROM THIS INSPECTION

Identified below are areas addressed in the main body of the report which relate to the National Minimum Standards and are seen as good practice issues which should be considered for implementation by the Authority or Registered Person(s).

No.	Refer to Standard *	Recommendation Action
1	LA3	The agency should, without delay update information sent to prospective adopters.
2	LA5	All adopters should be given full information regarding young people and the matching process.
3	LA8	A system should be put in place to enable face-to-face contact between children and their birth relatives to continue
4	LA10	The adoption panels' policy and procedure needs to reflect issues in standard 10 of the Adoption Minimum Standards.
5	LA12	The panel minutes should be accurate and informative, and reflect the discussion, reasons and conclusion reached.
6	LA13	The decision made by the decision maker should be given without delay.
7	LA17	The policies and procedures for adoption allowances should be reviewed.
8	LA18	A written protocol governing the legal and the medical advisor should be in place.
9	LA22	All adoption staff should be aware of the Whistle blowing policy of the agency and any counselling available.

10	LA29	The agency should minimise loss of files by ensuring suitable lockable facilities and by having a disaster, recovery plan
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- Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. LA10 refers to Standard 10.

**PART B****INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

Placing authority survey	NO
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	YES
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	NO
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	NO
• Interview with birth family members	NO
• Contact with supervising social workers	YES
• Examination of files	YES
Individual interview with manager	YES
Information from provider	YES
Individual interviews with key staff	YES
Group discussion with staff	YES
Interview with panel chair	YES
Observation of adoption panel	YES
Inspection of policy/practice documents	YES
Inspection of records (personnel, adopter, child, complaints, allegations)	YES
Date of Inspection	15/09/04
Time of Inspection	9.00
Duration Of Inspection (hrs)	70
Number of Inspector days	7
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	14

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

- |                         |                    |
|-------------------------|--------------------|
| 4 - Standard Exceeded   | (Commendable)      |
| 3 - Standard Met        | (No Shortfalls)    |
| 2 - Standard Almost Met | (Minor Shortfalls) |
| 1 - Standard Not Met    | (Major Shortfalls) |

"0" in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable on this occasion.

"X" is used where a percentage value or numerical value is not applicable.

## Statement of Purpose

The intended outcome for the following standard is:

- There is clear written statement of the aims and objectives of the adoption agency and the adoption agency ensures that it meets those aims and objectives.

Standard 1 (1.1 - 1.2, 1.3 (partial) and 1.4 – 1.7)

There is a clear written statement of the aims and objectives of the adoption agency which describes accurately what facilities and services they provide.

### Key Findings and Evidence

Standard met?

1

At the time of the inspection, a 'draft' statement of purpose was seen. It was approved by Plymouth Social Services Committee but not by the executive side of the council. The statement of purpose gave a good overview of the future of the adoption service mainly identifying what needs to be done. Not all issues in Schedule 1 of the Local Authority Adoption Service (England) Regulation 2003 were addressed. The Agency does have a booklet for children and young people explaining the adoption process. It's colourful and addresses the process well. This booklet does not reflect Plymouth Adoption Service's statement of purpose, how to make a complaint or how to contact an independent advocate. The statement of purpose and the children's booklet is only available in written form at present but the Manager said that every effort would be made to translate this in other formats as required and felt confident this could be done quickly using local resources. Staff informed the inspector's they were not familiar with the statement of purpose.  
**See requirement numbers 1, 2 & 3**

Has the Statement of Purpose been reviewed annually?  
 (Record N/A if the information is not available)

NA

Has the Statement been formally approved by the executive side of the council?

NO

Is there a children's guide to adoption?

YES

Does the children's guide contain all of the information required by Standard 1.4?

NO

## Securing and promoting children's welfare

The intended outcome for the following set of standards is:

- The needs and wishes, welfare and safety of the child are at the centre of the adoption process.

### Standard 2 (2.1 - 2.3)

The adoption agency has written plans for the implementation and evaluation of effective strategies to recruit sufficient adopters to meet the needs of the range of children waiting for adoption locally.

#### Key Findings and Evidence

#### Standard met?

3

The inspectors found evidence that the adoption process is essentially child-centred. Observation of the adoption panel and discussion with the panel chair as well as discussion with, and questionnaires from, adoptive parents and placing social workers would support this view. The service had recently produced a development strategy for the new adoption team. Annual targets have been set. The aim is to increase approved adopters therefore expanding placement choice for children.

The social workers within the adoption team were aware of the need to match children with families who best reflect the ethnic origin, cultural background, religion and language of the children. Inspectors were informed in cases where the agency does not have a suitable match, the local authority would refer cases to the National Adoption Register (NAR), South West Adoption Consortium (SWAC) or other consortiums or agencies.

The inspector observed the panel where members requested the views of children regarding adoption and placements via their social workers.

#### In the last 12 months:

How many children were identified as needing adoptive families?

36
----

How many children were matched with adopters?

3
---

How many children were placed with the service's own adopters?

31
----

How many children were placed with other services' adopters?

13
----

How many children were referred to the Adoption Register?

X
---

In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?

43
----

What percentage of children matched with the adoption service's adopters does this represent?

97
----

%

How many sibling groups were matched in the last 12 months?

X
---

How many allegations of abuse or neglect were made about adopters approved by this adoption service?

1
---

On the date this form was completed, how many children were waiting for a match to be identified?

18
----

## Prospective and approved adopters

The intended outcome for the following set of standards is:

- **The adoption agency recruits and supports sufficient adopters from diverse backgrounds, who can offer children a stable and permanent home to achieve a successful and lasting placement.**

**Standard 3. (3.1 – 3.3 and 3.5 - 3.6)**

Plans for recruitment will specify that people who are interested in becoming adoptive parents will be welcomed without prejudice, will be given clear written information about the preparation, assessment and approval procedure and that they will be treated fairly, openly and with respect throughout the adoption process.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>Adopters informed the inspectors that they felt Plymouth Adoption Service is not prejudice. Positive feedback was given about the first response from the agency and the informative information sent out. The inspectors viewed the information and found it in need of up dating to reflect the recent changes in the agency.</p> <p>Adopters raised, as a constant theme, the length of time before the initial assessments started and the lack of communication throughout this time.</p> <p>The manager stated that Plymouth do prioritise prospective adopters however, the system needs to be clear.</p> <p>Adopters informed the inspectors that they felt the preparation groups were informative and very good. They felt meeting people who have previously adopted was useful and enlightening.</p> <p>Adopters stated that they do view publications like 'be my parent' and 'adoption Uk ' after approval to get a greater insight of children who are awaiting adoption placements.</p> <p><b>See recommendation number 1</b></p>		

**Standard 4. (4.1 – 4.9)**

**Prospective adopters are involved in a formal, thorough and comprehensive assessment, preparation and approval process.**

**Key Findings and Evidence**

**Standard met?**

**1**

The inspectors found the assessment and preparation process was not consistently rigorous for all prospective adopters. For example, on some files no evidence was viewed of checks taking place on older children' in the household – over 18yrs, no previous name checks done, not a consistent approach to checking previous partners and health and safety checks were not done in a clear risk assessment approach.

Overall the inspectors found that the forms F viewed had very little emphasis on competencies.

The agency does have an appropriate policy for foster carers wanting to become adopters. On following up a complaint, inspectors found evidence that a reference had been presented to panel when the referee had withdrawn previously. A thorough investigation into why the referee had withdrawn was not evident.

At the time of the inspection, preparation groups were being reviewed. There was no evidence to suggest that the effectiveness of the preparation groups is evaluated. It is recommended that such a system is introduced.

Forms F varied in detail of information from the preparation groups.

The agency has a corporate Equalities and Diversity policy, which provides the backdrop for the anti-discriminatory framework within which all services of the department are, expected to operate.

**See requirement number 4**

**Standard 5 (5.1 – 5.4)**

Approved adopters are given clear written information about the matching, introduction and placement process, as well as any support to facilitate this they may need. This will include the role of the Adoption Register for England and Wales.

**Key Findings and Evidence**

**Standard met?**

2

In the questionnaires adopters gave mixed views on whether they felt adequate information was given to them regarding the matching of children. Some felt social workers were very good at informing them of the procedures and helping them to understand forms E, others felt very much alone after being approved.

The inspectors were informed that 'snapshot sightings' had taken place. The Commission for Social Care Inspection does not recommend this practice.

Information given by the manager stated that three placements have disrupted in the last twelve months, one being a sibling group.

One adopter stated, "the introductions were poor, we felt slightly in the dark and alone".

However others felt the introductions when very well and were child centred.

Evidence was viewed of a matching report submitted to panel.

It is understood that the service had recently produced an addendum to the BAAF form F which covers the issues referred to under 5.3 of the National Minimum Standards.

No evidence was viewed of information given to children about their prospective adopters, however the manager states this is encouraged.

**See recommendation number 2**

**Does the local authority have written procedures for the use of the Adoption Register?**

YES

**Standard 6 (6.1 – 6.7)**  
**Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.**

<b>Key findings and evidence</b>	<b>Standard met?</b>	<b>2</b>
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At the time of the inspection, the agency did not have a clear strategy for supporting adopters. Social worker have supported adopters however inspectors were informed that some adopters have received a very poor service. Many said that they feel they have to be pro-active in contacting the social worker prior to adoption orders being made. The manager informed the inspectors that the agency social workers have not approved any inter-country adoption since 2001. She stated the agency would purchase the service from an inter-country adoption specialist used by the consortium. Learning outcomes from a complaint has led to the service having strict confidentiality monitoring on letter-box contact. A recently introduced form developed requests adopters to sign to agree the safekeeping of information re, birth parents. The disruptions over the last twelve months have had meetings however, the minutes were not available for inspection and were in draft form at the time of the inspection.  
**See requirement number 5**

<b>Number of adopter applications started in the last 12 months</b>	38	
<b>Number of adopters approved in the last 12 months</b>	28	
<b>Number of children matched with the local authority's adopters in the last 12 months</b>	31	
<b>Number of adopters approved but not matched</b>	23	
<b>Number of adopters referred to the Adoption Register</b>	28	
<b>How many placements disrupted, between placement and adoption, in the last 12 months?</b>	3	

## Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

- **Birth parents are entitled to services that recognise the lifelong implications of adoption. They will be treated fairly, openly and with respect throughout the adoption process.**

### Standard 7 (7.1 – 7.5)

The service to birth parents recognises the lifelong implications of adoption.

Key Findings and Evidence	Standard met?	1
<p>Four birth parents contributed to the evidence gathering during this inspection. All stated they were not kept informed throughout the process. Three of the replies stated that they were unhappy with the service they received, “I was not offered any counselling, if I was then things would have turned out better for me”. “ After my children were taken I was left to it. I felt betrayed by everyone who was involved. Counselling would have helped but none offered.”</p> <p>The inspector sampled ten form E’s that had gone to panel in the last four months. Two indicated that the birth parents had refused to sign the form; eight were left blank with no indication if the birth parents had seen it.</p> <p><b>See Requirement number 6</b></p>		

### Standard 8 (8,1 – 8.2)

Birth parents and birth families are enabled to contribute to the maintenance of their child’s heritage.

Key Findings and Evidence	Standard met?	1
<p>The adoption service provides a post- adoption post-box system for birth families to maintain contact with children placed for adoption. Social workers spoken to were unclear regarding face-to-face contact. The system in place to facilitate this service requires social workers to inform the letterbox administrator, who will then in turn send a reminder to the team the month prior to contact taking place. Guidance around this system needs to be in place to enable social workers to follow the procedure.</p> <p>Social workers informed the inspector’s that birth families are encouraged to contribute to information provided in forms E, and in providing information for life- story work. Unfortunately this was not evidence.</p> <p>Some adopter’s informed the inspectors that children do not have up to date life story work. Proposed Adoption Support Plans viewed were of a varying standard regarding support to birth parents.</p> <p><b>See Requirement Number 6</b> <b>See recommendation number 3</b></p>		

**Standard 9 (9.1)**

The adoption agency has a clear strategy for working with and supporting birth parents and birth families (including siblings) both before and after adoption. This includes providing information about local and national support groups and services and helping birth parents to fulfil agreed plans for contact.

**Key Findings and Evidence**

**Standard met?**

1

At the time of the inspection no written strategy had been developed regarding the adoption agency working with birth parents.

**See Requirement Number 6**

## Adoption Panels and Agency decisions

The intended outcomes for the following set of standards are:

- Each adoption agency has an adoption panel which is organised efficiently and is effective in making quality and appropriate recommendations about children suitable for adoption, the suitability of prospective adopters and the matching of children and approved adopters.
- The adoption agency's decisions are made to promote and safeguard the welfare of children.

### Standard 10 (10.1 – 10.3)

Adoption panels have clear written policies and procedures about the handling of their functions and ensure that they are implemented.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>At the time of the inspection, a draft copy of adoption panel's policies and procedures was in place. The manager was aware that more work was needed on this document to bring it in line with standard 10 of the Adoption Minimum Standards.                      Adopter's spoken to confirm that they were able to attend panel if they wished.  <b>See recommendation number 4</b></p>		

**Standard 11 (11.1 – 11.4)**  
 The adoption agency shall ensure that each adoption panel is properly constituted, that panel members have suitable qualities and experience to be a panel member and have regular training to allow them to keep up to date with changes in legislation, guidance and practice. Where the adoption agency is involved in inter-country adoption, each member of the panel understands the implications of being adopted from overseas and seeks advice, when necessary, on the laws and eligibility criteria for the overseas country.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	3
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The inspector observed a quorate panel that brought diverse experience and qualities. Evidence was viewed of thoughtful consideration in the cases presented, issues identified in forms F & E were commented on tactfully and compliments given to good pieces of work. The panel could address time scales i.e., how long assessments took. This would evidence the monitoring role the panel.

The agency has addressed suitable training for panel members; this includes joint training sessions with social workers and other local consortium members.

At the time of the inspection the manager informed the inspector that a library for panel members would be set up.

The chair informed the inspector that new panel members observe the panel before they take up a role as a member. A 'buddy' system is put in place to support new members for six months. Regular appraisals are done to address roles and any training needs.

<b>Is the panel a joint panel with other local authorities?</b>	NO	
<b>Does the adoption panel membership meet all of the statutory requirements?</b>	YES	

**Standard 12 (12.1 – 12.3)**  
 Adoption panels are efficiently organised and conducted and are convened regularly to avoid delays in the consideration of prospective adopters and matching children and adopters.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	2
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The adoption panel meet every two weeks to avoid unnecessary delays. Two administration clerks have time allotted to facilitate this. Panel members receive the papers 10 days prior to the panel date. This was borne out during the inspection. From the observation of the panel it was clear that each panel member carefully considered all papers. Discussion was seen to be extremely child-focused and very sensitive to all involved. Questions were insightful and carefully put.

Social workers and adopters informed the inspectors that at 'panel' they have experienced delays. This is linked to the time keeping of each case. One social worker indicated that the time given for each case is not realistic.

The minutes viewed need to record the whole meeting. For example, the inspector viewed one form F were areas clearly needed exploring. The panel minutes on file did not evidence that the issues had been raised however; the panel advisor stated the discussion took place before the social worker or adopter entered the meeting but was not recorded.

The panel chair informed the inspector that individual members question sheets are sent to the panel decision maker along with the panel minutes.

**See Recommendation Number 5**

**Standard 13 (13.1 – 13.3)**

**The adoption agency's decision is made without delay after taking into account the recommendation of the adoption panel and promotes and safeguards the welfare of the child.**

**Key Findings and Evidence**

**Standard met?**

**3**

The agency decision is taken by the Assistant Director Child Care Services. It is usually made within three to four days. The agency decision maker receives paperwork (reports and agenda) and draft minutes prior to meeting with the adoption advisor. During the inspection the agency decision maker stated that discussions regarding recommendations made at panel would be discussed with the panel chair and not the adoption advisor in future.

At the time of the inspection the panel chair did not ratify the panel minutes however the adoption manager and the decision maker stated that in future that would take place prior to any decision being made.

Social workers inform relevant parties of the recommendation made at the panel followed by the decision made by the Assistant Director. Not all adopter's spoken to received written confirmation of the decision within seven days.

**See recommendation number 6**

## Fitness to provide or manage an adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is provided and managed by those with the appropriate skills and experience to do so efficiently and effectively and by those who are suitable to work with children.

Standard 14 (14.1 – 14.3 and 14.5 – 14.6)

The people involved in carrying on and managing the adoption agency:

- possess the necessary knowledge and experience of child care and adoption law and practice and
- have management skills and financial expertise to manage the work efficiently and effectively and
- ensure that it is run on a sound financial basis and in a professional manner.

### Key Findings and Evidence

Standard met?

3

The inspectors spoke with the adoption manager and found her to have a sound knowledge of adoption law and practices.  
 This adoption service has recently been reorganised. The department were in the process of setting up budget and monitoring systems. The adoption manager is aware of her responsibility regarding financial issues.  
 The manager is committed by Plymouth Social Services to undertake management training. The inspectors viewed the manager's job description and found it suitable.  
 The manager informed the inspectors the recent introduction of the 'performance management system' is assisting in adjusting staffing levels to address the projected tasks of the adoption service.  
 At the time of the inspection the manager had been in post for a very short period of time. Staff dynamic's appeared to be unsettled.

Does the manager have Management NVQ4 or equivalent?

NO

Does the manager have at least 2 years experience of working in a childcare setting in last 5 years?

YES

**Standard 15 (15.1 – 15.4)**

**Any person carrying on or managing the adoption agency are suitable people to run a voluntary organisation or business concerned with safeguarding and promoting the welfare of children.**

**Key Findings and Evidence**

**Standard met?**

**2**

The manager had been recently appointed to the post of adoption manager however has worked for Plymouth authority for 27 years. The inspector viewed only one reference on file and no evidence of telephone references. No enhanced CRB check was evidenced however the inspectors were informed that this check had been sent for.

**See requirement number 7**

## Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is organised and managed efficiently, delivering a good quality service and avoiding confusion and conflicts of role.

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

**Key Findings and Evidence**

**Standard met?**

3

The service is in its infancy. The manager and Assistant Director explained the vision they have for the future of the agency. Both were aware of the changes that need to take place and at the time of the inspection were laying down core tasks. The development progress is reported on a monthly basis to the Social Services Improvements Board.

The Statement of Purpose needs to be reviewed to enable the agency to ensure it is run in accordance with it. At present the Statement of Purpose indicates what needs to be done and not what the agency does.

Several adopters felt that communication between the adoption workers and the childcare workers was poor. One questionnaire stated-; “lack of communication between individuals in social services caused much unnecessary anxiety”. “Lack of communication and organisation by individuals let us and the process down and continue to do so”.

Social workers informed the inspector that communication between the adoption service social workers and childcare workers is a stumbling block, however relationships do appear to be improving.

Staff informed the inspectors that the manager of the adoption service is very approachable and supportive.

Within the adoption team, staff appear to be uneasy with the changes that are being put in place, however they do appear supportive of one another.

**Number of complaints received by the adoption service in the last 12 months**

6

**Number of the above complaints which were substantiated**

4

**Standard 17 (17.1 – 17.3)**

There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.

**Key Findings and Evidence****Standard met?**

3

The adoption service monitors its performance in several different ways including supervision of staff, six monthly reports to the management team and the 'Portfolio Holder' is updated monthly on the number of adoptions. The Portfolio Holder is also updated six monthly on all other aspects of adoption.

The agency has recently set up an adoption development group with a role to address quality assurance of the adoption service, i.e.-: the monitoring of children and the quality of adoption placements.

At the panel meeting the inspector attended, evidence was viewed of a checklist for adoption papers for panel. It ensured team managers monitor all paperwork presented.

Progress against the Improvement Plan, and development of a distinct agency, is reported on a monthly basis to the Social services improvement board (SSIB).

The agency is aware the policy and procedures for adoption allowances needs to be reviewed. At present BAAF form H1 & 2 are used.

**See recommendation 7**

**How frequently does the executive side of the council receive written reports on the work of the adoption service?**

Monthly? Quarterly? Less than Quarterly? 

YES

**Standard 18 (18.1 – 18.5)**

The adoption agency has access to specialist advisers and services appropriate to its needs.

**Key Findings and Evidence****Standard met?**

2

The adoption panel has access to a legal and medical adviser; an educational representative is on the panel.

Both the medical and the legal advisers require written protocols governing their engagement.

Adoption social workers stated that they could approach the medical advisor if required. The manager stated that the legal advisor prior to the panel would notify her if there were any concerns.

Plymouth has access to specialisms including inter country adoptions within the local consortium.

**See recommendation number 8**

## Employment and management of staff

The intended outcome for the following set of standards is:

- The people who work in the adoption agency are suitable to work with children and young people and they are managed, trained and supported in such a way as to ensure the best possible outcomes for children waiting to be adopted or who have been adopted. The number of staff and their range of qualifications and experience are sufficient to achieve the purposes and functions of the adoption agency.

Standard 19 (19.1 – 19.14)

Anyone working in or for the adoption agency are suitable to work with children and young people and to safeguard and promote their welfare.

**Key Findings and Evidence**

**Standard met?**

1

Plymouth Council's Personnel Policies and Procedures Manual was viewed it indicated that only one reference would be required if an internal post is applied. Telephone references are not a requirement in this policy.

The personnel files viewed did not clearly state that Criminal Record Bureau (CRB) checks at enhanced level had been carried out.

The manager informed the inspectors that all social work staff hold a professional qualification in social work and are experienced social workers.

During interviews with the social workers Inspectors found the group to have a good understanding of the legal implications of adoption for children.

Children's needs, behaviours rights and equality were discussed and the group once again gave a clear understanding of these issues. The group expressed a good in-depth knowledge of all aspects of adoption, however they did feel with new legislation being implemented, further training is needed.

No social workers have obtained a PQ award.

**See requirement number 7**

**Do all of the adoption service's social workers have DipSW or equivalent?**

YES

**What % of the adoption service's social workers have a PQ award?**

0

%

<b>Standard 20 (20.1 – 20.12)</b> <b>Staff are organised and managed in a way which delivers an efficient and effective service.</b>		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The recent re-structuring has impacted on the management and organisation of the staff group. Performance management has recently been introduced which staff feel creates more changes to adjust to.</p> <p>Adoption social workers informed the inspectors that they do receive regular supervision and appraisals from their line manager, however no evidence was viewed of case supervision within adopter's files.</p> <p>The manager informed the inspectors that quality assurance checks are being introduced in files and paperwork to panel. The inspector observed a checklist on adoption papers presented to panel. One file viewed did indicate it had been audited.</p> <p>The manager informed the inspectors that the monitoring of administration tasks would be undertaken to ensure that as the adoption team becomes established, administration support will be adequate.</p> <p>Adoption social workers informed the inspectors that they were aware of HR policies and procedures and the need to register with GSCC.</p>		

<b>Standard 21 (21.1 – 21.4)</b> <b>There is an adequate number of sufficiently experienced and qualified staff to meet the needs of the adoption agency and they are appropriately supported and assisted in providing a service.</b>			
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>	
<p>The adoption team has recently been formed. The existing needs for the service were incorporated into the design of the new team. The manager informed the inspectors that as the team becomes fully operational, staffing levels would be reviewed on a regular basis. The social work staff are experienced and were previously part of the placement team addressing fostering and adoption.</p>			
<b>Total number of social work staff of the adoption service</b>	8	<b>Number of staff who have left the adoption service in the past 12 months</b>	X
<b>Number of social work posts vacant In the adoption service.</b>	1		

**Standard 22 (22.1 and 22.3)**

The adoption agency is a fair and competent employer, with sound employment practices and good support for its staff.

**Key Findings and Evidence****Standard met?**

2

Staff informed inspectors that Plymouth Local Authority is a fair and competent employer. They gave examples of the support they were given like term time working, flexible working and close by parking with permits.  
 Staff were not sure about any external counselling available but all felt support was positive within the team  
 One staff member felt the department had a Whistleblowing policy, however the others were not sure.

**See recommendation number 9**

**Standard 23 (23.1 – 23.6)**

There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.

**Key Findings and Evidence****Standard met?**

1

The adoption team became operational on 1<sup>st</sup> September 2004. Prior to his date the team held large fostering caseloads. This situation has impacted on adoption training in the past. Time restraints and workloads have made training a low priority. The social workers also felt the geographical area has made accessing relevant training difficult.  
 The Agency has held annual joint adoption training with the adoption panel members and social workers since 1998. The manager is developing an annual training programme and states an audit of training needs of individual members of staff will be done. This was not in place at the time of the inspection.  
 The agency subscribes to Adoption & Fostering Journal, Adoption UK Post Adoption Service and NORCAP to keep abreast of current changes.  
 The manager states the legal advisor sends relevant case law pertaining to adoption on a regular basis.

**See requirement number 8**

## Records

The intended outcome for the following set of standards is:

- All appropriate records are maintained securely, kept and are accessible when required.

### Standard 25 (25.1 – 25.5)

The adoption agency ensures comprehensive and accurate case records are maintained for each child, prospective and approved adopter with whom the agency has worked.

Key Findings and Evidence	Standard met?	1
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The children's files viewed by the inspector's were in some area's quite chaotic. The manager acknowledges that the department as a whole has had concerns regarding the childcare files.

Adopter's files were of variable standards. No file monitoring was evident however the manager states a new file audit mechanism was being introduced.

Decisions by supervisors were not evident on adopter's records.

The new adoption agency manager has designed a file format for both the children's and adopter's files. The adoption manager will sign off new files before storing. If files do not meet the standards they will be returned to the responsible team leader.

The present policies and procedures do not address adequately the robust system of recording that is needed to safeguard adoption records.

At the time of the inspection, IT project managers were working on updating present systems to suitably incorporate adoption recording.

**See requirement numbers 9,10 & 11**

### Standard 26 (26.1 – 26.2)

The adoption agency provides all relevant information from its case files, in a timely way, to other adoption agencies and local authorities with whom it is working to effect the placement of a child.

Key Findings and Evidence	Standard met?	2
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Evidence was viewed of a general social services 'access to records' policy. The manager informed the inspectors' that the Agency are looking to write a specific policy for the adoption service, taking into account Data Protection and the Human rights Act.

The inspectors viewed matching meeting minutes, which indicated that other authorities received relevant information.

Adoption Social Worker's stated where possible they do give other authorities appropriate information. The manager stated this good practice is encouraged.

**See requirement number 12**

**Standard 27 (27.1 – 27.6)**

**There is a written policy on case recording which establishes the purpose, format, confidentiality and contents of files, including secure storage and access to case files in line with regulations.**

**Key Findings and Evidence**

**Standard met?**

**1**

A policy on case recording needs to be put in place.

Evidence was viewed of staffs' individual personnel files.

At the time of the inspection no recording system was in place for complaints and allegations, however the manager does have some records kept electronically.

The adopters files viewed were of a varying standard and would clearly benefit from a consistent approach to monitoring and recording. Very few entries were signed and dated, no evidence was viewed of monitoring or supervision, tip-ex had been used and not all entries were legible.

**See requirement numbers 9,10 & 11**

**Standard 28 (28.1 – 28.2)**

**Up-to-date, comprehensive personnel files are maintained for each member of staff and member of the adoption panel.**

**Key Findings and Evidence**

**Standard met?**

**1**

Inspectors viewed a very good file system for all panel members. Sections regarding the appointment, induction including observation, training, attendance, checks and appraisals were evident. Unfortunately not all files contained the relevant checks. CRB checks consisted of a memo from the personnel section stating a CRB had been received. Evidence of enhanced CRB check including the number should be present. Confidentiality/disclosure of information was signed on all files viewed.

Adoption staff files had a very good 'recruitment process administrative checklist'. This indicated at a glance any missing documentation. The application form requested information on any gaps in employment history with reasons why.

No information on staff qualifications was evident on personnel files however, were present on supervision files.

The inspector did view one file that did not have an up to date CRB check, one with missing references and identification needs to be in place on all files.

**See requirement number 7**

## Fitness of Premises

The intended outcome for the following standard is:

- The premises used by the adoption agency are suitable for the purpose.

Standard 29 (29.1 – 29.5)

Premises used by the adoption agency are appropriate for the purpose.

**Key Findings and Evidence**

**Standard met?**

2

At the time of the inspection the adoption agency was in the process of moving premises. The new premises were light, airy and suitably situated. The manager informed the inspectors that new IT equipment would be installed within the week, and all adoption staff would have laptops or work stations. The Assistant Director confirmed this. Staff informed the inspectors that there are heavy-duty lockable facilities at their old premises that will be moving to the new premises. The agency uses the 'care first' TI package and is currently addressing the security aspects to ensure it meets adoption requirements. The system is password protected. The agency is very pro-active when considering the requirements of archived files, risk assessments are in place and shortfalls have been identified. A Disaster Recovery Plan needs to be put in place and shortfalls eliminated. All archived files are kept at a separate building.  
**See recommendation number 10**

**PART C**

**LAY ASSESSOR'S SUMMARY**

**(where applicable)**

**Lay Assessor** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

**D.1 Local authority manager's comments/confirmation relating to the content and accuracy of the report for the above inspection.**

We would welcome comments on the content of this report relating to the Inspection conducted on 15<sup>th</sup> September 2004 of inspection of City of Plymouth Council adoption services and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

**Action taken by the CSCI in response to the provider's comments:**

Amendments to the report were necessary

YES

Comments were received from the provider

YES

Provider comments/factual amendments were incorporated into the final inspection report

YES

Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate

**Note:**

In instances where there is a major difference of view between the Inspector and the local authority adoption manager, both views will be made available on request to the Area Office.

**D.2 Please provide the Commission with a written Action Plan by 22nd February 2005, which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.**

**Status of the Provider's Action Plan at time of publication of the final inspection report:**

Action plan was required

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

Action plan did not cover all the statutory requirements and required further discussion

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

**Public reports**

It should be noted that all CSCI inspection reports are public documents.

**D.3 PROVIDER’S AGREEMENT**

**Local authority manager’s statement of agreement/comments: Please complete the relevant section that applies.**

**D.3.1 I Wendy Van den Heuvel of City of Plymouth Adoption Agency 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) and that I agree with the statutory requirements made and will seek to comply with these.**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Or**

**D.3.2 I \_\_\_\_\_ of \_\_\_\_\_ am 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) for the following reasons:**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Note: In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.**

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