



*Making Social Care  
Better for People*

# inspection report

Local Authority Adoption Services

**Barnsley Metropolitan Borough Council  
Adoption Service**

Wellington House  
36 Wellington Street  
Barnsley  
South Yorks  
S70 1WA

22nd February 2005

## **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**

Barnsley Metropolitan Borough Council Adoption Service

**Headquarters Address**

Wellington House, 36 Wellington Street, Barnsley, South  
Yorks, S70 1WA

**Adoption Service Manager**

Viv Stewart

**Tel No:**

01226 7723551

**Address**

Wellington House, 36 Wellington Street, Barnsley, South  
Yorks, S70 1WA

**Fax No:**

**Email Address**

**Certificate number of this adoption service**

**Date of last inspection**

NA

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

<b>Date of Inspection Visit</b>		22nd February 2005	<b>ID Code</b>
<b>Time of Inspection Visit</b>		09:00 am	
<b>Name of Inspector</b>	<b>1</b>	Sean White	127556
<b>Name of Inspector</b>	<b>2</b>	Marian Denny	
<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>		Martin Sadler: Service Manager	

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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 Barnsley Metropolitan Borough Council 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.

Barnsley's adoption service operates as an agency as required by current legislation. It undertakes all of the required functions as laid down and these include assessment and approval of adopters, support in the placement of children, support for birth parents and after adoption support. Some of the above functions are contracted out to voluntary agencies, as is the assessment and approval of people wishing to adopt a child from overseas. The agency is part of the social services department and is managed within this structure; elected members take responsibility for the functions of the service and act as corporate parents for children who are to be adopted.

## 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 inspection was carried out following the provision of helpful pre-inspection material and with the full cooperation of everyone involved in the service, including managers, staff and service users. The inspection team valued this and were grateful for the assistance and hospitality provided.

The following summary is presented under the main headings of the national minimum standards.

#### **Statement of Purpose.**

The one standard in this section was met.

The agency's statement of purpose is a comprehensive document that outlines clearly its values, aims and objectives. It is a well-written document that can be understood by a wide readership and it presents as a crucial underpinning of the agency's work and responsibilities.

#### **Securing & promoting children's welfare.**

The one standard in this section was met.

The agency's plans for recruiting adopters were sound and clearly aimed at ensuring that the needs of children requiring placement were at the forefront of the strategy. There was a particular target for recruiting adopters who could offer placements to siblings and older children and information provided for prospective adopters was explicit in emphasising this.

#### **Prospective & approved adopters.**

Of the four standards in this section three were met and one was almost met.

The agency's information pack provides a comprehensive range of information that clearly outlines the process of adoption, the kind of people/families that it is seeking to recruit and the needs of children requiring placements.

The agency was able to demonstrate a thorough and considered approach to the assessment of prospective adopters in several ways. The recording of the initial visit, the assessment reports - which were of a very high standard and demonstrated thoroughness and detailed analysis - and comprehensive case recording (typed and signed) were all of a good standard.



Adopters gave very positive accounts of their experiences of the matching process and how it had enabled them to feel confident that placements had been made with careful consideration and in full knowledge of the information available. Such information is given initially at the preparation groups and raised continually thereafter.

Adoption support is not well established in this agency and is an area that requires development. Although it was evident that agency workers work closely with adopters after the placement is made – up until the adoption is finalised – there were no clear policies and procedures in place to provide a formal framework.

### **Birth parents & birth families.**

The three standards in this section were almost met.

The agency has a service level agreement with a voluntary agency to provide support to birth parents independently of their child's social worker. However, although there were some systems in place to monitor the agreement, this was found to be not as robust as it could be.

Although the agency recognises the importance of life-story work, and has made resources available to develop this, it was clear that this is an area that is not as well developed as it should be. The agency provides information for birth parents in respect of available support services provided by voluntary agencies with which it has an agreement.

### **Adoption panels and agency decisions.**

The four standards in this section were almost met.

The managers of the agency were candid about the general overall shortfall in respect of up to date policies and procedures relating to adoption matters; procedures in respect of the adoption panel were no exception. Although there was a procedure in place, it was out of date and did not cover the matters detailed in the expectations of this standard.

The membership of the panel is properly constituted and it has been able to form a quorum on each occasion it has met. However, there were some issues raised in respect of the panel being a quorum when members, including the chair or vice-chair declared an interest in a case.

The panel that was observed demonstrated a thorough, well-managed approach to its responsibilities. The panel was well chaired ensuring those presenting information were able to do so in a full manner and panel members were able to ask questions and voice their views and opinions. There were some problems noted, however, in respect of the availability of the medical adviser who seemed to have less time than required to undertake adoption business.

In the main, the decision-maker avoids delays in reaching her judgement and is prompt in furnishing the agency with her considered appraisal of the cases she has considered. The decisions are made in full knowledge of the information available. There were, however, some instances of delays.

### **Fitness to provide or manage an agency.**

Of the two standards in this section, one was met and one was almost met.

The service manager and team manager had only been in post for a short period when the inspection took place and were clearly in the process of developing the service. It was evident that the managers were very experienced in children and family placement work and that their experience, understanding and knowledge was enabling the service to develop and improve.

The team manager, although having been appointed since the standards and regulations

came into force in 2003, had not had her written references verified by telephone.

### **Provision & management of the adoption agency.**

The three standards in this section were almost met.

The service and team managers of the agency, as already reported, were fairly recent appointments. Nevertheless, the overall impression that was gained from the evidence available was that the agency is moving forward and improving, but until a comprehensive range of policies and procedures are firmly in place to underpin and inform the agency's practices the service will continue to be somewhat hampered in its developmental journey.

As already reported above – and acknowledged by the agency management – policies and procedures are a weak aspect of the service. The systems, therefore, for monitoring the agency's performance are somewhat compromised by outdated procedures. There was some indication of general oversight of the service's activities, quarterly reports to the executive, for instance but, overall, the role of the elected members as corporate parents was rather lacking.

The agency has a medical adviser as a member of the adoption panel and a legal adviser who attends regularly. Both were appropriately qualified, the legal adviser has appropriate experience in children's matters and the medical adviser is a paediatrician.

There were no policies or protocols in place to govern the roles of advisers; this and the limited availability of the medical adviser could compromise the service's performance.

### **Employment & management of staff.**

Of the five standards in this section, two were met and three were almost met.

A well-qualified and experienced team of social workers, who were able to demonstrate a thorough understanding of adoption practice and the legislation and guidance that underpins it, staffs the agency. There were issues, however, in respect of the recruitment procedure – in relation to the sourcing of references and clerical workers not being subject to CRB disclosures – that require attention.

Overall, the day-to-day management of the service was found to be well organised, supportive and enabling. Social workers held their managers in high regard and felt that the manner in which they were supported to undertake their duties and responsibilities was of a high standard.

Until recently the agency had been seriously understaffed to undertake its range of responsibilities effectively and delays had been a feature of its operation. Recent appointments, and an increase in staffing levels, however, had improved matters considerably.

It was evident from information received from managers and staff that there was a general satisfaction with working for Barnsley, both in terms of the overall employment practices and the open attitude within the structure.

The staff shortages that the agency was experiencing until recently had had a detrimental effect on the services ability to provide a coherent training programme. This resulted in only a limited take-up of available courses and the post-qualifying awards not being pursued.

### **Records.**

Of the four standards in this section, one was met, one was almost met and two were not met.

The case files in respect of adopters were set up in a new format that was coherent, easy to

access information and well maintained. This system, however, was not fully 'bedded-in' and some inconsistencies were still evident in terms of the overall quality of the file management. There was limited evidence of 'adoption' files for children being set up, as required by the 1983 regulations, following a best interest decision in respect of adoption being made. Procedures and practices were found to be appropriately robust in respect of providing information to other agencies; these have been written to take into account the requirements of data protection and freedom of information.

There is a corporate procedure on case recording that details content of files and how they should be set up and maintained. This does not, however, cover all aspects of recording, particularly in respect of adoption records; although these were arranged in a satisfactory (new) system, it was an agency initiative, which is not covered by the corporate procedure.

In the main the files in respect of staff were well maintained in the human resources section; the exceptions to this were that in some cases there were no photographs, no reference numbers on CRB disclosures and no evidence that references had been checked by 'phone. The records of adoption panel members did not meet the standards.

**Fitness of premises.**

The one standard in this section was almost met.

The adoption service operates from the main social services premises, which are situated in a convenient location close to the town centre of Barnsley. They are accessible to the public during normal office hours and are convenient for public transport and car parks. Although the offices provide for a reasonable working environment, the room in from which the service operates is cramped with little space for storage etc.

There was no disaster recovery plan/business continuity plan for the agency that provided for how the service would ensure the security of all information held and how it would continue to undertake its responsibilities in the event of a major catastrophe.

## 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	Reg 7 1983 regs	LA25	The agency must arrange for a file, separate from the child's case file be set up when a decision that adoption is the plan has been made.	01/07/05
2	Reg 11 2003 regs	LA28	All information required by regulations must be kept on record in respect of all staff and adoption panel members.	01/07/05

### 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	LA6	The service should develop its adoption support programme and facilities.
2	LA7	A more robust system of monitoring the adoption support services provided by a voluntary agency should be introduced.
3	LA8	The agency should develop its approach to building life-story books for adopted children.
4	LA10	The agency should develop a policy and procedure in respect of the activities and functions of the adoption panel.

5	LA11	The agency should consider the appropriateness of an independent chair and take steps to ensure that the panel quorum is not compromised by declarations of interest.
6	LA12	The agency should ensure that the arrangements with the medical adviser are sufficient to meet the needs of the service.
7	LA13	The decision maker should ensure that all decisions are made in a timely way. Records of all decisions should be kept on file.
8	LA15	The agency should ensure that references in respect of appointed managers are verified by telephone.
9	LA16	The agency should develop, as soon as possible, a full range of policies and procedures to inform the work of the service.
10	LA17	The council should develop its corporate parenting role and ensure its oversight of the work of the agency is robust and rigorous.
11	LA18	The agency should develop policies and procedures for the use of specialist advisers.
12	LA19	The recruitment and selection procedure should include the procedure for verification of written references by telephone and the reference pro-forma should have facility for the referee to provide official indication of the reference's provenance.
13	LA19	Efforts should be made to meet the PQ targets by 2006.
14	LA20	The agency should review its administrative resources and make any necessary adjustments to the establishment.
15	LA23	The agency should develop a coherent training programme for the staff.
16	LA25	Full details of CRB disclosures should be recorded.
17	LA27	Procedures in relation to adoption files and adopters' files should be introduced.
18	LA29	A disaster recovery plan for the service should be compiled.

- 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	YES
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	YES
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	YES
• Interview with birth family members	YES
• 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	22/02/05
Time of Inspection	09.00
Duration Of Inspection (hrs)	62
Number of Inspector days	6.5
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	YES
The certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total Number of staff employed (excluding managers)	11



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?

3

The agency's statement of purpose is a comprehensive document that outlines clearly its values, aims and objectives. It is a well-written document that can be understood by a wide readership and it presents as a crucial underpinning of the agency's work and responsibilities.

The statement includes all the required information and provides clarity about the services it provides and how it hopes to carry them out; this includes details about the preparation, assessment and matching processes and the range of support available that it provides to children, birth parents and adopters.

The agency has not produced its own children's guide to adoption - it relies on the BAAF, generic guide – but this has been adapted to include agency-specific information, including a summary of the SOP and information about how to complain. The guide is not available in other formats or languages although there is the facility for interpretations or translations should this be required.

**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?**

YES

**Is there a children's guide to adoption?**

YES

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

YES

## 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 agency's plans for recruiting adopters were sound and clearly aimed at ensuring that the needs of children requiring placement were at the forefront of the strategy. There was a particular target for recruiting adopters who could offer placements to siblings and older children and information provided for prospective adopters was explicit in emphasising this. There were effective systems in place to monitor children waiting for adoptive placements both through the panel and adoption reviews and it was evident that, although this is a small department, satisfactory efforts are made to secure matches either domestically or through inter-agency arrangements via the consortium.

Although not recognised as a major issue, it was noted that the successes in relation to the placement children with disabilities were not as well developed; the agency should give this some consideration.

#### In the last 12 months:

How many children were identified as needing adoptive families?

28

How many children were matched with adopters?

20

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

10

How many children were placed with other services' adopters?

10

How many children were referred to the Adoption Register?

13

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

20

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

100

%

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

4

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

0

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

15

## 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>3</b>
<p>The agency's information pack provides a comprehensive range of information that clearly outlines the process of adoption, the kind of people/families that it is seeking to recruit and the needs of children requiring placements. It also includes details about preparation, the assessment, adoption support and how to complain; there is also a copy of the Statement of Purpose included. It is welcoming and anti-discriminatory, and makes explicit that all members of the community are welcome to apply. The eligibility of people who can adopt is clearly stated.</p> <p>In the main, the responses received from adopters – both in person and through questionnaires – was positive in describing the utility of the pack; it was also made clear that initial enquiries were dealt with courteously and speedily.</p>		

### Standard 4. (4.1 – 4.9)

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

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>The agency was able to demonstrate a thorough and considered approach to the assessment of prospective adopters in several ways. The recording of the initial visit, the assessment reports - which were of a very high standard and demonstrated thoroughness and detailed analysis - and comprehensive case recording (typed and signed) were all of a good standard.</p> <p>All required checks were undertaken and CRB disclosures sought in every case; the recording of CRB information, however, was not as full as it should be – there were no disclosure reference numbers kept on record.</p> <p>Adopters were generally satisfied with the agency's preparation and assessment practices and many were very complementary about the sensitive yet thorough approach that was brought to their assessment visits. It was evident in responses from adopters that they were clear about the needs of children requiring adoption and how specific cases would be prioritised.</p>		

Key Findings and Evidence	Standard met?	3
<p>Adopters gave very positive accounts of their experiences of the matching process and how it had enabled them to feel confident that placements had been made with careful consideration and in full knowledge of the information available. Such information is given initially at the preparation groups and raised continually thereafter; leaflets are provided on the matching process and the use of the consortium and national register. When a match is made adopters are supported throughout the process until the placement is finalised.</p> <p>Placements are considered at a Matching Meeting. The matching reports presented to panel were thorough and well written, and it was clear that the agency takes seriously its responsibilities in ensuring that the best interests of children are paramount in the decision making process.</p> <p>The systems in place for collecting information about adoptive families was well organised and children who had the requisite level of understanding were provided with details about the family and their home. The information is in a book/album format and is always available at the matching stage; some adopters have these completed by the approval stage.</p> <p>The systems for asking adopters to inform the agency in the event of the death of a child were fairly new at the time of the inspection. Some of the files that were read did not have any record of this, but the new format was established and we were confident that this was now routine practice.</p>		
<p><b>Does the local authority have written procedures for the use of the Adoption Register?</b></p>	<p>YES</p>	

**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>	2
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Adoption support is not well established in this agency and is an area that requires development. Although it was evident that agency workers work closely with adopters after the placement is made – up until the adoption is finalised – there were no clear policies and procedures in place to provide a formal framework. The agency managers were aware of this and acknowledged that development work was necessary. Nevertheless, there were facilities whereby adopters could access the support services of a voluntary organisation and children could be supported through therapeutic services provided by another agency. The agency is encouraged to give serious attention to the support services it provides and develop a more coherent procedure and strategy.

<b>Number of adopter applications started in the last 12 months</b>	18	
<b>Number of adopters approved in the last 12 months</b>	15	
<b>Number of children matched with the local authority's adopters in the last 12 months</b>	10	
<b>Number of adopters approved but not matched</b>	11	
<b>Number of adopters referred to the Adoption Register</b>	13	
<b>How many placements disrupted, between placement and adoption, in the last 12 months?</b>	0	

## 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?**

**2**

The agency has a service level agreement with a voluntary agency to provide support to birth parents independently of their child's social worker. However, although there were some systems in place to monitor the agreement, this was found to be not as robust as it could be. There is no contract monitoring procedure; the agency receives statistical data and an annual report from which it can determine some quality control but a more formal system would provide for greater insight into the service it was purchasing.

**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?**

**2**

Although the agency recognises the importance of life-story work, and has made resources available to develop this, it was clear that this is an area that is not as well developed as it should be. Discussions with social workers and evidence from the adoption panel demonstrated that, mainly because of the competing priorities of children's social workers, such work was not being undertaken at the appropriate times – or in a timely way. Whilst it is recognised that there are workload issues, it is of great importance that life-story work is undertaken systematically and collecting information from birth families should commence at the earliest possible opportunity. Birth families also commented on the fact that they had not been invited to be involved in the collation of life-story material.

**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?**

2

The agency provides information for birth parents in respect of available support services provided by voluntary agencies with which it has an agreement. (See above, however, in relation to contract monitoring and quality control). Information from birth parents stated that, although there was adequate support provided until the adoption order on their child was made, it ceased immediately thereafter.



## 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>The managers of the agency were candid about the general overall shortfall in respect of up to date policies and procedures relating to adoption matters; procedures in respect of the adoption panel were no exception. Although there was a procedure in place, it was out of date and did not cover the matters detailed in the expectations of this standard. This was most evident in the agency's lack of clarity about the appointment of a chairperson and other members. The agency does not have an independent chair but is considering pursuing this; it was not clear, however, how this was to be managed. Until such time that there is an effective policy and procedure in place, the agency will continue to have a lack of clarity in undertaking its business and responsibilities.</p> <p>Applicants are now routinely invited to attend the adoption panel when their case is being considered; this is a very new practice – since October 2004 – which should have been implemented in May 2003. Information from one adopter said that, because they felt uninformed and unconfident about the operation of the panel, they were considering not attending. It is important that applicants be fully informed about the panel so that they can feel confident about attending and contributing to this significant event in their lives. Adopters are not invited to attend when a match is being considered.</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.

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

2

The membership of the panel is properly constituted and it has been able to form a quorum on each occasion it has met.

The panel chair had been absent through sickness for some considerable time recently necessitating the duties being undertaken by the vice-chair; no formal, temporary arrangements were put in place to cover this and it was only by good fortune that the vice chair was able to cover these duties without compromising the panel's quoracy. It was also noted that there were some issues relating to declarations of interest in respect of the chair and other members that did have the potential to compromise the panel's quoracy; and in respect of the vice-chair, when chairing, any declaration of interest immediately affects the panel's ability to continue. This is an issue that the agency must address as soon as possible to avoid continuing its business in breach of regulations.

The panel members have a satisfactory history of training, in a range of relevant issues, which includes joint training with workers from the agency and the panel adviser keeps members abreast of changes to legislation and guidance.

New members, despite the lack of procedural clarity in respect of their appointment (the panel chair is not involved in recruiting new members), are given the opportunity to observe the panel prior to commencement of their duties and provided with induction by the agency.

**Is the panel a joint panel with other local authorities?**

NO

**Does the adoption panel membership meet all of the statutory requirements?**

YES

<b>Standard 12 (12.1 – 12.3)</b>		
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>	<b>2</b>
<p>The panel that was observed demonstrated a thorough, well-managed approach to its responsibilities. The panel was well chaired ensuring those presenting information were able to do so in a full manner and panel members were able to ask questions and voice their views and opinions. Generally, the chairperson was sensitive, effective and efficient in handling the panel. Panel meeting minutes were generally good.</p> <p>An issue did arise, however, in respect of the range of expectations of the Medical Adviser; there was some confusion regarding who should undertake the responsibilities of ensuring certain health matters were pursued. This was seen as an issue that caused delay. To avoid such confusion, and subsequent delays, a written agreement needs to be obtained regarding the Medical Adviser's role in relation to the panel so both he and the agency have a clear understanding and expectation.</p>		

<b>Standard 13 (13.1 – 13.3)</b>		
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.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>In the main, the decision-maker avoids delays in reaching her judgement and is prompt in furnishing the agency with her considered appraisal of the cases she has considered. The decisions are made in full knowledge of the information available; she receives panel papers at the same time as panel members, is provided with a summary of the cases presented soon after the panel has met and meets with the panel chair, usually within seven days.</p> <p>However, there were some shortfalls noted; one file did not have a record of the decision and on at least one occasion the decision letter was not sent until seventeen days after the decision was reached</p>		

## 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 service manager and team manager had only been in post for a short period when the inspection took place and were clearly in the process of developing the service from what they described as a low baseline. Their honesty and candidness about the development work that was required was an acknowledgement of their enthusiasm for improving matters. It was evident that the managers were very experienced in children and family placement work and that their experience, understanding and knowledge was enabling the service to develop and improve. They were qualified and the team manager had started a Diploma in Management Studies. It was clear from information received throughout the inspection that they were held in high regard and recognised as effective managers and leaders who supported the agency and its staff well.

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 team manager, although having been appointed since the standards and regulations came into force in 2003, had not had her written references verified by telephone. There was a record of her having had a CRB disclosure but the record did not show the status or reference number.

## 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?**

2

The service and team managers of the agency, as already reported, were fairly recent appointments. Nevertheless, the overall impression that was gained from the evidence available was that the agency is moving forward and improving; commitment to evolving the service was evident at all points in the management structure, including the director.

The Statement of Purpose, discussed in standard 1, provides a solid foundation from which the agency can develop its services, but until a comprehensive range of policies and procedures are firmly in place to underpin and inform the agency's practices the service will continue to be somewhat hampered in its developmental journey. The commitment was palpable, nevertheless, and there was clear evidence that work was in hand, or planned, to establish a cogent infrastructure.

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

1

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

0

**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?**

2

As already reported above – and acknowledged by the agency management – policies and procedures are a weak aspect of the service. The systems, therefore, for monitoring the agency’s performance are somewhat compromised by outdated procedures. Nevertheless, there was some indication of general oversight of the service’s activities, quarterly reports to the executive, for instance but, overall, the role of the elected members as corporate parents was rather lacking. The lead member, however, was quite aware of this and it became clear that he is taking personal responsibility for developing a more robust approach to corporate parenting, encouraging member colleagues to accept their responsibilities in a more robust fashion and developing a nascent corporate parenting strategy. He is encouraged to continue with this to ensure that effective monitoring and control are visible aspects of the council’s responsibilities.

**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 agency has a medical adviser as a member of the adoption panel and a legal adviser who attends regularly. Both were appropriately qualified, the legal adviser has appropriate experience in children’s matters and the medical adviser is a paediatrician.

There were no policies or protocols in place to govern the roles of advisers and, as already reported; this created some difficulties in the panel that was observed during this inspection. There was also an issue of time availability, particularly in respect of the medical adviser, that affected the progress of the service’s work; it was evident from both the issues raised at the adoption panel and in the details provided by the medical adviser, that there was insufficient time available for him to give a full service to the agency on adoption issues. This needs serious consideration to avoid compromising health matters in respect of the effective placement of children in the most appropriate family.

## 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?**

2

A well-qualified and experienced team of social workers, who were able to demonstrate a thorough understanding of adoption practice and the legislation and guidance that underpins it, staffs the agency.

The recruitment processes are generally robust and staff files (discussed later in this report) demonstrated that procedures had been followed; the procedures, however, do not state that written references be verified by telephone. The means by which the department seeks references is by the completion of a pro-forma; this format, however, is flawed because there is no indication that the referee should provide official evidence of the provenance of the information (official stamp, for instance) and some were returned with no accompanying signed letter on 'headed' paper. Procedures, therefore, require amending to ensure such details are routinely sought.

CRB disclosures were in place for all social workers – although there was no record on files of the status of the disclosure, or its serial number – but administrative staff are not routinely checked. This is an issue that requires immediate attention.

Post qualifying training is not on target to meet the expected 20% by 2006 although the managers were keen to plan a more committed approach to PQ awards in the near future.

**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?**

12.5

%



<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>2</b>
<p>Overall, the day-to-day management of the service was found to be well organised, supportive and enabling. Social workers held their managers in high regard and felt that the manner in which they were supported to undertake their duties and responsibilities was of a high standard. The lines of accountability and communication were clear and understood by everyone.</p> <p>The allocation of cases and general workload monitoring was found to be well coordinated and equitable with supervision and team meetings being the main vehicles for managing this. Workers said that, although there is no formal workload management system in place, the team approach to ensuring that the overall responsibilities of the service were carried out effectively ensured that a balanced and even-handed way of operating was in place.</p> <p>Casework supervision was a regular feature of management and support; new recruits are provided with weekly supervision with the additional facility of a mentoring system to assist in the development of assessment skills.</p> <p>Although the service had a good administrator, her workload was demanding and, it was felt, too cumbersome to be completely efficient. There is a post of development worker in the team but it transpired that much of her day-to-day responsibilities were in supporting the administration of the service.</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>Until recently the agency had been seriously understaffed to undertake its range of responsibilities effectively and delays had been a feature of its operation. Recent appointments, and an increase in staffing levels, however, had improved matters considerably and, at the time of the inspection, the service was appropriately staffed – in respect of social workers, but note the comments in the previous section in respect of administration.</p> <p>The manner in which staff are deployed, including flexible and home working arrangements was realistic and workers felt that it enabled them to manage their time and resources effectively.</p>			
<b>Total number of social work staff of the adoption service</b>	7	<b>Number of staff who have left the adoption service in the past 12 months</b>	1
<b>Number of social work posts vacant In the adoption service.</b>	0		

**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?**

3

It was evident from information received from managers and staff that there was a general satisfaction with working for Barnsley, both in terms of the overall employment practices and the open attitude within the structure. People felt valued and said that they had a voice in that their opinions were taken seriously when they challenged decisions or initiatives taken in the department.

The department had satisfactory disciplinary, grievance and whistle blowing policies in place that workers said they were aware of.

**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?**

2

The staff shortages that the agency was experiencing until recently had had a detrimental effect on the services ability to provide a coherent training programme. This resulted in only a limited take-up of available courses and the post-qualifying awards not being pursued. It is important that the agency, now that it has a full complement of workers, develops a coherent training strategy to equip its workers with the requisite knowledge and understanding required to enable their performance and skills to be continuously updated.

## 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?	
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1

The case files in respect of adopters were set up in a new format that was coherent, easy to access information and well maintained. This system, however, was not fully 'bedded-in' and some inconsistencies were still evident in terms of the overall quality of the file management. There was little evidence of quality control or monitoring of case files although it was said that a system was being developed. The content, nevertheless, was of a generally good standard, particularly case recording, although, again, there were some inconsistencies found in respect of signing and dating such entries. All required information, with the exception of consistent evidence of supervision records/decisions, was in place. The records of CRB disclosures, however, did not include full details of status and reference numbers. All of the above, plus the erratic completion of 'front sheet' information, would be positively affected by a robust and consistent auditing/monitoring system.

There was limited evidence of 'adoption' files for children being set up, as required by the 1983 regulations, following a best interest decision in respect of adoption being made. The information contained in children's files was, generally, very good, but they did not meet the requirements of current legislation in every instance. The service manager was aware of this and apparently steps are being taken to overcome this shortfall.

Case files are kept in reasonably secure conditions and the agency has a satisfactory policy and procedure in respect of confidentiality that all workers and panel members have agreed to.

### 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?	
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3

Procedures and practices were found to be appropriately robust in respect of providing information to other agencies; these have been written to take into account the requirements of data protection and freedom of information. However, the agency does not have a disclosure agreement with a voluntary organisation with which it has a service level agreement to provide support services for adopters and birth parents. The management are aware of this and said they were intending to formulate this in the near future.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
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There is a corporate procedure on case recording that details content of files and how they should be set up and maintained. This does not, however, cover all aspects of recording, particularly in respect of adoption records; although these were arranged in a satisfactory (new) system, it was an agency initiative, which is not covered by the corporate procedure. Also, as outlined above, there is no procedure that outlines how children’s adoption files are set up and managed. It has already been indicated in this report that there are no effective file-monitoring systems in place, particularly in respect of adopters’ files.

Archive files are kept in cardboard boxes, appropriately indexed, in a basement in the department headquarters. It was not clear if all appropriate risk assessments had been carried out to determine their safety in respect of risk from fire or water damage.

**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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>1</b>
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In the main the files in respect of staff were well maintained in the human resources section; the exceptions to this were that in some cases there were no photographs, no reference numbers on CRB disclosures and no evidence that references had been checked by ‘phone. The department should add the explicit requirement to verify references to its recruitment procedure. As also indicated earlier in this report the system for obtaining references by the completion of a pro-forma should be more robust with a clear indication that the referee should demonstrate the provenance of the written reply by adding or attaching some formal indication of who is supplying it.

The records of adoption panel members did not meet the standards. There should be a departmental policy on the setting up of panel members’ files that is structured to ensure that standards and regulations are met.

## 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

The adoption service operates from the main social services premises, which are situated in a convenient location close to the town centre of Barnsley. They are accessible to the public during normal office hours and are convenient for public transport and car parks.

Although the offices provide for a reasonable working environment, the room in from which the service operates is cramped with little space for storage etc.

The storage of files and records was becoming an increasingly problematic issue. There are limited facilities for filing and the cabinets are kept in the team office. As already reported (above), the basement archives were stored in a room where it was not clear if appropriate risk assessments had been undertaken.

There was no disaster recovery plan/business continuity plan for the agency that provided for how the service would ensure the security of all information held and how it would continue to undertake its responsibilities in the event of a major catastrophe.

**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 22<sup>nd</sup> February 2005 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

We are working on the best way to include provider responses in the published report. In the meantime responses received are available on request.

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

Amendments to the report were necessary	<input type="checkbox"/> YES
Comments were received from the provider	<input type="checkbox"/> YES
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/> 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	<input type="checkbox"/>

**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 25<sup>th</sup> May 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	<input type="checkbox"/> YES
Action plan was received at the point of publication	<input type="checkbox"/> YES
Action plan covers all the statutory requirements in a timely fashion	<input type="checkbox"/> YES
Action plan did not cover all the statutory requirements and required further discussion	<input type="checkbox"/>
Provider has declined to provide an action plan	<input type="checkbox"/>
Other: <enter details here>	<input type="checkbox"/>

**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 \_\_\_\_\_ of Barnsley MBC Adoption Service 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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