



Making Social Care  
Better for People

# inspection report

Local Authority Adoption Services

## **Oldham MBC Adoption Service**

Civic Centre

West Street

Oldham

OL1 1UW

1st March 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**

Oldham MBC Adoption Service

**Headquarters Address**

Civic Centre, West Street, Oldham, OL1 1UW

**Adoption Service Manager**

**Tel No:**

0161 911 4768

**Address**

Civic Centre, West Street, Oldham, OL1 1UW

**Fax No:**

**Email Address**

**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>		1st March 2004	<b>ID Code</b>
<b>Time of Inspection Visit</b>		10:00 am	
<b>Name of Inspector</b>	<b>1</b>	Maureen Moore	125773
<b>Name of Inspector</b>	<b>2</b>	Lynn Smith	
<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 NCSC. 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>			

## CONTENTS

**Introduction to Report and Inspection**  
**Inspection visits**  
**Description of the Adoption Service**

**Part A:**

**Inspector's Summary and Evaluation**  
**Reports and Notifications to the Local Authority and Secretary of State**  
**Implementation of Statutory Requirements from last Inspection**  
**Statutory Requirements from this Inspection**  
**Good Practice Recommendations from this Inspection**

**Part B:**

**Inspection Methods & Findings**  
**National Minimum Standards For Local Authority Adoption Services**

- 1. Statement of purpose**
- 2. Securing and promoting children's welfare**
- 3. Prospective and approved adopters**
- 4. Birth parents and Birth families**
- 5. Adoption panels and Agency decisions**
- 6. Fitness to provide or manage an adoption agency**
- 7. Provision and management of the adoption agency**
- 8. Employment and management of staff**
- 9. Records**
- 10. Fitness of premises**

**Part C: Lay Assessor's Summary (where applicable)**

**Part D: Provider's Response**  
**D.1. Provider's comments**  
**D.2. Action Plan**  
**D.3. Provider's agreement**

## INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by NCSC, 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 NCSC in respect of Oldham MBC 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 NCSC 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.

Oldham Metropolitan Council's adoption service falls within the remit of the Children's Services of the social services department. Oldham is a diverse community comprising several minority ethnic communities to complement the predominantly white European population. It is located in the Greater Manchester area of the North West of England.

The Family Placement Team divides its time between the provision of fostering and adoption services. The service is part of the Greater Manchester Adoption Consortium.

The adoption service's includes the following in its range of services:

- Recruitment, preparation and assessment of adoptive parents
- Matching adoptive parents to children
- Inter-country adoption assessments
- Approval of non-agency adopters
- Support and supervision for prospective adopters
- Counselling for birth parents
- Support for children for whom adoption is the plan
- Post adoption contact
- Support and counselling for adult who have been 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.)

This was the first inspection of Oldham Metropolitan Borough Council's adoption service against the National Minimum Standards and the Adoption Agencies Regulations (2003).

The inspection had first been scheduled to occur in October 2003 but was renegotiated for March 2004 following the appointment of a new executive director of social services.

At the time of the inspection a consultant was employed in the role of assistant director of children's services. Part of his brief was to appraise the service in light of the recent inspection by the SSI.

Consequently, at the time of the adoption service inspection, the children's service were on the threshold of considerable change; in its structure and in its policies and procedures. It is within this context that the inspection took place. The inspectors found the managers and other staff to be open and informative; committed and sensitive towards the adoption task. There was evidence of constructive working relationships between the child care and family placement team social workers.

Despite the upheaval, there was evidence of some good outcomes for children; with 22 out of 28 children waiting, being placed for adoption within the twelve months prior to the inspection. The service has proved to be good at recruiting white British adopters but recognises it has to work at engaging the minority ethnic communities; as only 3 of those children placed were not white British in origin.

There was evidence of shortfalls in meeting the National Minimum Standards and Adoption Agency Regulations; but broad recognition of what needs to be done to improve the service.

It is intended that the commission will monitor the progress of the adoption service before the next inspection is due to take place.

#### **Statement of Purpose:** (Standard almost met)

The adoption service has a clear statement of purpose which reflects accurately some of the work of the service. It must be amended to comply with the all of the regulations. The service has two children's guides to adoption: one for children under the age of eleven and another for young people over this age. They are plainly written in an apparently age-appropriate style. The guides too, require some amendments.

#### **Securing and Promoting Children's Welfare:** (Standard almost met)

The inspectors found evidence that the adoption process is essentially child-centred. The social workers within the adoption team were aware of the need to match children with families who best reflect their needs. Staff at all levels of the service acknowledged the need



to engage with the local minority ethnic communities in Oldham. The service has developed proposals for raising awareness of adoption matters with the minority ethnic communities the area.

**Prospective and Approved Adopters:** (4 standards almost met)

There was evidence that prospective adopters were welcomed without prejudice. The service has an information pack that is sent out speedily to applicants and adopters reported that they felt well informed throughout the process. The service uses the British Agencies for Adoption and Fostering (BAAF) programme for preparation, and has recently linked up with one of its neighbouring authorities to deliver joint preparation groups.

It is recommended that the agency reviews its policy on inter-country adoption services.

Although adopters were generally given appropriate information on children; there was evidence to suggest that the service should review the guidance and support offered to them when reading children's assessment reports (Forms E). The service should also ensure that children and young people are given clear and accurate information about prospective adopters.

**Birth Parents and Birth Families:** (2 standards met; 1 standard almost met)

The two birth parents who returned their questionnaires indicated that they were satisfied with the levels of information and support they received from the service. There is available, clearly written information for birth parents and families regarding the adoption process. Social workers were very sensitive to the needs of birth families and understood very well the life-long implications of adoption. The service should develop a system for monitoring the effectiveness of any work it commissions to other agencies. It is strongly recommended that the agency develops a clear strategy to ensure the completion and quality of all life story work. The service should monitor closely the efficacy of post-box contact system.

**Adoption Panels and Agency Decisions:** (2 standards almost met; 2 standards not met)

The policies and procedures governing the functioning of the panel need to be amended to comply with the National Minimum Standards. The panel is properly constituted and comprises relevantly qualified and experienced people. However the make-up of the panel is almost exclusively white European; consideration should be given to addressing how this imbalance might be addressed. The personnel files of the panel members must be reviewed to ensure that they comply with the regulations. The standards of Forms F (assessments) on prospective adopters showed there was room for some improvement and highlighted what turned out to be a general lack of management oversight and quality assurance throughout the service.

**Fitness to Provide or Manage an Adoption Agency:** (1 standard almost met; 1 standard not met)

The manager of the adoption service has a professional social work qualification and was undergoing NVQ Level 4 (management) at the time of the inspection. Also the configuration of the service, particularly in relation to the management structure was under review. Because of this, and the changing roles of different managers, it was difficult for the inspectors to pinpoint clear, effective leadership of the staff and operation of the service.

**Provision and Management of the Adoption Agency:** (2 standards almost met; 1 standard not met)

Staff within the agency stated that the managers of the service were readily available for informal advice and consultation. There was general acknowledgement by the managers of the service that more robust systems are needed for monitoring and controlling the activities

of the adoption service and ensuring quality performance. At the time of the inspection new protocols and procedures were about to be introduced regarding management information, including the commissioning of a new IT system.

**Employment and Management of Staff:** (1 standard met; 3 standards almost met; 1 standard not met)

There was evidence on personnel files of social work staff having received CRB clearance but not those of administrative staff. This must be rectified. The personnel files examined were generally well ordered with a good tracking sheet at the front of the file. All social workers hold professional qualifications. The family placement support worker was undertaking NVQ 4 in care. One social worker was undergoing PQ1 at the time of the inspection, with another due to start shortly afterwards.

Although enquiries from prospective adopters are followed up with the prompt sending out of the information pack, there was evidence of poor initial response in terms of knowledge and understanding on behalf of administrative staff.

Staff have access to internal and external training. It is recommended that the service undertakes a training needs analysis in respect of its staff, and sets up an effective evaluation system so that quality can be properly monitored.

The agency needs to give serious consideration to the adequacy of staffing levels during its review of the service. Managers and elected members recognised the need to encourage the recruitment and retention of suitably qualified and experienced staff.

**Records:** (1 standard met; 2 standards almost met; 1 standard not met)

The children's adoption files seen during the inspection were well ordered and contained relevant, and apparently accurate information on the child. There is a policy on confidentiality and file keeping, but in some of the adopters' files seen during the inspection there was evidence of staff apparently not being aware of what information was to go in which section of the file. The service has in place apparently robust systems to minimise the risk of damage to adoption records. Not all written records on files examined during the inspection were legible; consideration should be given to computerised record keeping.

**Fitness of Premises:** (Standard met)

The premises are fit for purpose, adequately protected and insured.

## 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 NCSC 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 National Care Standards Commission 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 and recommendations 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 (2003) Schedule 1	LA1	The service must amend its statement of purpose to comply with the Regulation and Schedule and ensure that copies are made available to all relevant parties.  The statement of purpose must be approved by the executive side of the council.	December 2004
2	7 (2003)	LA2	The service must introduce appropriate monitoring and reporting systems for its procedures on matching and its draft recruitment strategy.	December 2004
3	7 (2003)	LA4	The agency must consider the training and development needs of all staff within the service in relation to the different minority ethnic communities within Oldham.	December 2004
4	15 (2003) Schedules 3 & 4	LA11 LA28	Personnel files on all panel members must contain all information as listed in the Schedules.	December 2004

5	7 (2003)	LA6 LA12 LA14 LA16 LA17 LA20 LA25 LA27	The service must ensure that robust quality assurance systems are put in place to monitor and report on all business pertaining to the adoption service.	December 2004
6	15 (2003) Schedule 3	LA19 LA28	The service must ensure that all staff, including administrative personnel, have received CRB clearance.	<b>Immediately</b>
7	10 (2003)	LA19 LA21	The review of the configuration of the service needs to take into account all of the points listed under 19.9; 19.10 and 19.11 of the National Minimum Standards when identifying posts against workers.	December 2004

## 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	LA1	<p>The children's guides should be re-produced in full for those children and young people for whom the standard guide is unsuitable.</p> <p>The children's guides should indicate the likely timescale of each stage of the adoption process.</p>
2	LA3 LA4	The service should review its policy on inter-country adoption assessments.
3	LA4	No case should reach the final panel stage without the results of all statutory checks.
4	LA5	<p>The service should review the way in which prospective adopters are guided and supported through the consideration of children awaiting adoption.</p> <p>The service should ensure that children and young people are always given clear and accurate information from prospective adopters.</p>
5	LA5 LA8	The service should develop a system of monitoring the existence and quality of life-story work for children who have adoption as their plan.
6	LA7	<p>The service should put in place a system whereby birth parents have the opportunity to comment on what is written about them or their circumstances before information is passed to the adoption panel or to the adopters.</p> <p>The service should set up monitoring systems to gauge the effectiveness of any service commissioned by them.</p>

7	LA8	The service should monitor closely the efficacy of its newly developed written policy and attendant procedures in relation to the post-box system of contact.
8	LA10	The written policies in relation to the functions of the panel should be amended to cover the points listed under 10.2 of the National Minimum Standards.  The service should produce written protocol in relation to its policy on prospective adopters attending panels.
9	LA11	The service should consider the make-up of its panel in relation to ethnicity and child care social workers.  The service should undertake a full training needs analysis in respect of its panel members.  The outcomes of panel members' CRB checks should be recorded on their personnel files.
10	LA12	It is recommended that consideration be given to how individual items are presented in case files.
11	LA13	The service should reword the letter of confirmation sent out to approved adopters and ensure the letters are signed by the agency decision maker.
12	LA14	The service should inform the commission when the manager has successfully completed her management training.
13	LA15	Recruitment and selection procedures should be updated to reflect this standard.
14	LA16	The service should develop written procedures that cover the use of the National Adoption Register.
15	LA18	When new advisers join the service, meetings should be arranged with relevant staff as part of the induction process.  A written protocol governing the role of specialist advisers should be developed.
16	LA19 LA28	The tracking sheet within the personnel files should be amended to include the recording of telephone enquiries of references.
17	LA20	The service should review its system of initial responses to prospective adopters by administrative staff.
18	LA20 LA23	The service should liaise with the in-house training board in order to formulate a training needs analysis in relation to adoption work, and to develop a system of evaluation of training that links directly to performance requirements.  The service should consider introducing professional development portfolios for each of its staff.



19	LA25	It is recommended that guidance is given to adoption team staff in respect of file-keeping policy.
20	LA26	The service should ensure that all staff are trained in relation to the policy and procedures governing access to files.
21	LA27	Consideration should be given to computerised record keeping. All entries on records should be clearly dated.

- 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	NO
• 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	01/03/04
Time of Inspection	0930
Duration Of Inspection (hrs)	82
Number of Inspector days	8
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)	8

The following pages summarise the key findings and evidence from this inspection, together with the NCSC 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?	2
---------------------------	---------------	---

The adoption service has a clear statement of purpose of which staff were aware, and who confirmed that they had been involved in its development. This is the first statement of purpose that the service has produced and the document reflects accurately some of the work of the service; but it needs to be amended in the following ways in order to comply with the National Minimum Standards and the attendant regulations:

- the address of the service must be included
- information on the staffing of the service needs to be clarified
- an explanation of the systems in place to monitor and evaluate the provision of services must be included
- the document must be dated so that it is evident when any review has been undertaken
- the statement should be produced in different formats in order that it is more readily understood by adults who have communication and or learning difficulties.

The service needs to ensure that all prospective adopters and other stakeholders receive copies of the statement; and that the statement is formally approved by the executive side of the council.

The service has two children's guides to adoption: one for children under the age of eleven and another for young people over this age. They are plainly written in an apparently age-appropriate style. It is worthy of note that the service produces a limited number of more general guides written in the predominant non-English languages of the community – as well as in Braille, in large print and on audio equipment. However, it is suggested that the service produces the full children's guides in this way, in the interests of equality.

The children's guides should also indicate the likely timescale of each stage of the adoption process.

**See Requirement 1**

**See Recommendation 1**

<b>Has the Statement of Purpose been reviewed annually? (Record N/A if the information is not available)</b>	NA
<b>Has the Statement been formally approved by the executive side of the council?</b>	NO
<b>Is there a children's guide to adoption?</b>	YES
<b>Does the children's guide contain all of the information required by Standard 1.4?</b>	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?

2

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 strategy (which was yet to be implemented at the time of the inspection), that included working with other members of the Greater Manchester consortium to develop improved recruitment schemes for suitable adopters.

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. This is reflected in the service's written matching policy and procedures. This policy includes appropriate timescales for the matching process; however, the service needs to ensure that the proposed monitoring and reporting of this area of practice is included in the in the policy document.

Staff at all levels of the service acknowledged the need to engage with the local minority ethnic communities in the Oldham area. In response to the outcome of an Equality Impact Assessment on the processes employed by the family placement team to recruit sufficient adopters, the service has produced a draft recruitment strategy which sets out its aims for meeting the national government's targets for the period 2004 / 2005. It includes proposals for raising awareness of adoption matters with the minority ethnic communities of Oldham such as advertising in diverse venues throughout the area.

Although the draft recruitment policy states that the service has developed monitoring systems "to attempt to establish its effectiveness" it does not assert how this is to be achieved. This document needs to be amended to highlight how the service will monitor this

piece of work and how, and to whom, the findings are to be reported.

Although the service has made referrals to the National Adoption Register, it is understood that no matches for children awaiting adoption have been made as a result.

Each child for whom adoption is the plan has a discrete adoption file; those seen during the inspection were well ordered, contained relevant information and confirmed good practice during the matching process.

**See Requirement 2**

**In the last 12 months:**

**How many children were identified as needing adoptive families?**

28

**How many children were matched with adopters?**

22

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

5

**How many children were placed with other services' adopters?**

17

**How many children were referred to the Adoption Register?**

22

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

22

**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?**

17

## 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>Discussion with approved adopters and social workers revealed that applicants are welcomed without prejudice. The service has an information pack that is sent out to potential adopters. There was evidence that applicants were given this pack speedily; that the eligibility criteria were explained and that the service aimed to prioritise applicants to suit the needs of children who were awaiting adoption.</p> <p>Approved adopters reported that they felt well-informed about the process and that during preparation they had been given access to other adopters, which was found to be very helpful and informative.</p> <p>Social workers reported and the agency's information pack confirmed that Oldham receives very few applications from people wishing to adopt from overseas. This means that workers in the team are relatively inexperienced in this field. The pack invites people to request a leaflet explaining this specific area of work and states that they would undertake a home study for a non-profit making fee. It is recommended that the service reviews its policy on inter-country adoption assessments; in particular, the training of staff and panel members – or considers the commissioning of such work to agencies with more expertise.</p> <p><b>See Recommendation 2</b></p>	2	

### 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>2</b>
<p>There was evidence that all adopters experienced a thorough and comprehensive assessment. Adopters reported that they had been made aware fully of the different stages and their necessity. The service uses the BAAF programme for preparation, and has recently linked up with one of its neighbouring authorities to deliver joint preparation groups that ensure a programme runs every three months.</p> <p>Please see standard 3 regarding inter-country adoption.</p> <p>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. Oldham has a diverse population which is not reflected within the adoption service</p>	2	

staff or panel. This is somewhat acknowledged in the report from the equality impact assessment. It is further acknowledged within the service plan for 2003 / 2004 that the agency needs to “increase the choice of adoptive placements for [children from the black and minority ethnic communities]”. Although the service has begun to develop strategies for this area of work, it must consider the training needs of all staff within the service in order that they gain a deeper, more rounded understanding of the multi-faceted issues within each of the different communities within Oldham.

The agency has set up a system to review its preparation training annually, in conjunction with its neighbouring local authority, in order to assess its effectiveness.

The agency does have an appropriate policy for foster carers wanting to become adopters.

The adopters' files examined during the inspection revealed that appropriate checks were undertaken; however there was evidence that some cases reached the panel stage whilst the results of some checks were still awaited. This is not good practice and should cease.

**See Requirement 3**

**See Recommendations 2, 3**



**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**

There was evidence that adopters generally are given accurate information on the children being considered for matching; however there was also evidence of some adopters being given forms E on children without being guided on the reading of them. Some people reported that they experienced difficulties in seeking clarification on medical issues. It was also reported that whilst enquiries were welcomed by social workers, there was a feeling of the onus being placed on adopters in having to approach staff.

It is understood that the service had recently produced a form that covers the issues referred to under 5.3 of the National Minimum Standards, which is to be incorporated into the matching process.

Although the agency has written procedures covering the sharing of information on prospective adopters with children; there was evidence during the inspection that this does not occur routinely. The service should ensure that children and young people are always given clear and accurate information from prospective adopters about themselves and their home, and when applicable, their children, family and pets.

**See Recommendations 4,5**

<b>Does the local authority have written procedures for the use of the Adoption Register?</b>	NO	
---	----	--

**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
----------------------------------	----------------------	---

The service has in place appropriate written policies and procedures for working with adopters through to an adoption order being granted. Although the inspection found evidence of some good work being undertaken with adopters prior to children and young people being placed; there was also evidence that the procedure was not always adhered to regarding the frequency of post placement visits. Once the frequency is agreed, all visits need to be recorded on case files and monitored through the supervision process.

Discussion with placing and adoption social workers revealed that the agency takes seriously the importance of keeping safe information on the child provided by birth families and of the development of life-story work; however, it was found that in reality this work was not given a high priority in Oldham. The adoption service should develop a system of monitoring the existence and quality of life-story work for children who have adoption as their plan.

**See Requirement 5**

**See Recommendation 5**

<b>Number of adopter applications started in the last 12 months</b>	9	
<b>Number of adopters approved in the last 12 months</b>	9	
<b>Number of children matched with the local authority's adopters in the last 12 months</b>	5	
<b>Number of adopters approved but not matched</b>	6	
<b>Number of adopters referred to the Adoption Register</b>	9	
<b>How many placements disrupted, between placement and adoption, in the last 12 months?</b>	1	

## 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?**

**3**

No birth parents or families were interviewed as part of this assessment and two questionnaires were returned. Both indicated that they were generally satisfied with the support and information they received from the department. The agency has clearly written information for birth parents and families regarding the adoption process. Discussion with placing social workers revealed a staff group who were very sensitive to the needs of birth families; and who understood very well the life-long implications of adoption. There was evidence that the agency appears to work well with birth parents and that care is taken to ensure their views are recorded. Oldham has a service level agreement with After Adoption, a service which birth parents can access as independent support. However there was no monitoring of the take-up rate or outcomes of this service; a system should be put in place to gauge the effectiveness it.

The agency should put in place a system whereby birth parents have the opportunity to comment on what is written about them or their circumstances before information is passed to the adoption panel or to the adopters.

**See Recommendation 6**

**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 birth families are encouraged to contribute to the maintenance of their child's heritage, and the service clearly states its commitment to life-story work and gathering evidence for it; there was evidence during the inspection of this work not being a high priority. Although the family placement support worker was endeavouring to fill some the gaps in this work; it is strongly recommended that the agency develops a clear strategy to ensure the completion and quality of all such work.

The support worker also has responsibility for co-ordinating the post-box contact service, for which a recently developed policy and attendant procedures had been put in place. It is strongly recommended that this service is closely monitored to ensure the efficacy of the service. There was some evidence during the inspection that this service does not always function as it should.

**See Recommendations 5, 7**

---

**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?**

3

The service has a clearly written strategy for working with and supporting birth parents and families. It is recommended that monitoring systems are put in place to measure its effectiveness.

## 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>	2
----------------------------------	----------------------	---

The adoption panel was observed and the chair was interviewed as part of the inspection process. There were some clearly written policies and procedures available relating to the functions of the panel; but these need to be amended to cover all points under 10.2 of the National Minimum Standards. All prospective adopters were given the opportunity to attend the panel, but it is recommended that the service produces written information and protocols for applicants to consider beforehand.

**See Recommendation 8**

### 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>	1
----------------------------------	----------------------	---

Oldham's adoption panel is properly constituted and comprises relevantly qualified and experienced people. However the make-up of the panel is almost exclusively white European; consideration should be given to addressing how this imbalance might be addressed. The panel that was observed as part of the inspection was quorate. It is recommended that consideration be given to appointing members of the child care team, others than those in senior positions, to the panel.

The membership of the panel had changed with a number of new members joining in months leading to the inspection. It is recommended that a full training need analysis of panel members is undertaken and a suitable training programme developed and evaluated. Particular attention should be given to issues such as proper induction; panel procedures; updates on legislation and the reading and analysing of Forms F and E.

The personnel files on the panel members must be reviewed to take account of the issues

highlighted under 28.2 of the National Minimum Standards and Schedules 3 & 4 of the Adoption Agencies Regulations 2003.

Outcomes of statutory checks, such as CRB, on panel members should be clearly recorded on members' files.

**See Requirement 4**

**See Recommendation 9**

<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.**

**Key Findings and Evidence**

**Standard met?**

1

Adoption panels are scheduled to occur every three weeks, with provision for more if necessary. There was evidence that some panels had to be cancelled in the twelve months prior to the inspection due to lack of quoracy. Adopters affected by this expressed frustration and disappointment. Panel members appeared to receive the relevant paperwork in plenty of time.

The standards of Forms F on prospective adopters showed there was room for some improvement, with little insight or analysis drawn from the profiles. The panel chair confirmed that comments on the quality were passed to relevant managers. However, the inspection found the quality assurance processes were not picking up basic omissions and errors in reports, and highlighted what turned out to be a general lack of management oversight and quality assurance throughout the service. It is recommended that the monitoring of all assessments and other reports for panel's consideration, be built into the case supervision structure before further scrutiny by the panel and agency decision maker. Consideration might also be given to reviewing the adoption administration system, as at present all reports go into a typing pool to be processed - which also might have an impact on quality.

The panel minutes seen as part of the inspection did not appear to reflect the essence of debate or reasons for reaching certain conclusions. It is understood that the minute taker is to undergo BAAF training later in the year.

It is recommended that consideration be given to how individual items are presented in case files. There was evidence of papers being cut and glued together rather than being "cut and pasted" on the computer beforehand.

**See Requirement 5**

**See Recommendation 10**

**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?**

2

Once a recommendation has been made at panel, there was evidence of the decision being taken quickly; although there was no evidence of all of the papers being read by the decision maker. The managers of the service were advised during the inspection to reword their letter of confirmation to adopters so that it better reflects the process; and to make sure that the letters are signed by the decision maker.

**See Recommendation 11**

## 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?**

1

The manager of the adoption service has a professional social work qualification and was undergoing NVQ Level 4 (management) at the time of the inspection. It is envisaged that the qualification will be gained in time for the April 2005 deadline. The commission should be informed when this occurs.

The manager does have a clear job description, and it is stated what are the lines of accountability; however in reality it appears the boundaries are blurred. At the time of the inspection the configuration of the service, particularly in relation to the management structure was under review. It had been recognised that the central resources manager had a very wide brief and that the team manager's role had become more strategic, leaving the senior practitioners with the day to day responsibility for the service. This is reflected in the poor quality monitoring of assessments; reports, case records and general file up-keep. The inspectors found no evidence of any meaningful quality assurance.

Because of the existing structure, and the changing roles of different managers, it was difficult for the inspectors to pinpoint clear, effective leadership of the staff and operation of

the service. It is acknowledged, however, that these issues will be addressed in the reconfiguration of services.

**See Requirement 5**  
**See Recommendation 12**

**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 social services department had recruitment and selection procedures which should be updated to comply with this standard in regard to following up references with telephone enquiries and ensuring CRB checks are renewed every three years.

**See Recommendation 13**



## 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 reader is referred to the points made under standard 14 of this report with regard to the effective management of the service. Staff within the agency stated that the managers of the service were readily available for informal advice and consultation. Any issues regarding conflict of interests for staff are covered in the council's corporate policies; codes and protocols. Although the agency uses the National Adoption Register, it should develop written procedures that cover the points made under 16.7 of the National Minimum Standards.

**See Requirement 5**

**See Recommendation 14**

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

0

**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?**

1

There is general acknowledgement by the managers of the service that more robust systems are needed for monitoring and controlling the activities of the adoption service and ensuring quality performance (as referred to elsewhere in this report).

At the time of the inspection new protocols and procedures were about to be introduced regarding management information. The leader of the council, who was interviewed as part of the inspection, confirmed that since the appointment of the new executive director there had been vast improvements in the sharing of information with elected members who now have weekly meetings and receive regular reports. It was also acknowledged that there is still work to be done regarding quality management information – a new IT system had recently been commissioned by the council.

**See Requirement 5**

**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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>The service had experienced some difficulties in retaining a medical adviser prior to the inspection, and the current adviser was relatively new. Although the adoption staff had not formally met her; they were due to undergo some joint training just after the inspection. It is suggested that when new advisers join the service, meetings are arranged with relevant staff as part of the induction process.</p> <p>The legal adviser was also social work qualified. Contribution witnessed at panel found him to be very well appraised of all issues raised and discussion with staff confirmed him to be extremely interested, knowledgeable and very open to consultation.</p> <p>It is recommended that a written protocol governing the role of specialist advisers be drawn up to comply with 18.5 of the National Minimum Standards.</p> <p><b>See Recommendation 15</b></p>		

**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.

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>1</b>
<p>Oldham council has clear recruitment and selection procedures which are underpinned by the corporate policy on equality and diversity. All managers are trained in the execution of these procedures before they interview staff.</p> <p>There was evidence on personnel files of social work staff having received CRB clearance but not those of administrative staff. This must be rectified.</p> <p>Although the manager stated that all written references are followed up with telephone enquiries, there was no evidence on file to corroborate this. The personnel files examined were generally well ordered with a good tracking sheet at the front of the file; it is</p>		

recommended that this sheet be amended to include the date of the telephone enquiry and its outcome.

All social workers hold professional qualifications. The family placement support worker was undertaking NVQ 4 in care, and confirmed that she does not hold any case responsibility and is supervised regularly. One social worker was undergoing PQ1 at the time of the inspection, with another due to start shortly afterwards.

The review of the configuration of the service needs to take into account all of the points listed under 19.9; 19.10 and 19.11 of the National Minimum Standards when identifying posts against workers.

There is a team of clinical psychologists within Oldham's child care service who are generally managed by the Head of Services, but who have access to clinical supervision externally.

**See Requirements 6, 7**  
**See Recommendations 16**

<b>Do all of the adoption service's social workers have DipSW or equivalent?</b>	YES	
<b>What % of the adoption service's social workers have a PQ award?</b>	25	%

**Standard 20 (20.1 – 20.12)**  
**Staff are organised and managed in a way which delivers an efficient and effective service.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>References to the organisation (and re-organisation) and management of staff can be found elsewhere in this report. As can mention of the gauging of workload allocation; the monitoring and quality of assessments and the appropriateness of administrative support. Although enquiries from prospective adopters are followed up with the prompt sending out of the information pack, there was evidence of poor initial response in terms of knowledge and understanding on behalf of administrative staff. This aspect of the process should be reviewed.</p> <p>The service should ensure that its supervision policy is adhered to and that there is evidence placed on adopters' files of case discussion and management decisions. Managers must audit files routinely and show evidence of observations; any remedial action to be taken and its outcome.</p> <p>Staff have access to internal and external training. It is recommended that the service undertakes a training needs analysis in respect of its staff, and sets up an effective evaluation system so that quality can be properly monitored.</p> <p>All employees are provided with appropriate written contracts, job descriptions and conditions of employment.</p> <p>The statement of purpose was yet to be distributed to all staff in the service. The manager stated that all of the other documents listed under 20.12 of the National Minimum Standards are given to staff on their commencement of employment.</p>		

**See Requirement 5**  
**See Recommendations 17, 18**

**Standard 21 (21.1 – 21.4)**

**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>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>2</b>
<p>The full staffing complement at the time of the inspection was supported by two agency staff who were seen to be supernumerary to the official figure; the agency needs to give serious consideration to the adequacy of staffing levels during its review of the service.</p> <p>Managers and elected members recognise the need to encourage the recruitment and retention of suitably qualified and experienced staff. The service had already adopted a flexible working policy and other initiatives are to be considered as part of the review of the service.</p> <p><b>See Requirement 7</b></p>		

<b>Total number of social work staff of the adoption service</b>	4	<b>Number of staff who have left the adoption service in the past 12 months</b>	0
<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.**

<b>Key Findings and Evidence</b>	<b>Standard met?</b>	<b>3</b>
<p>Oldham council has apparently sound employment practices. Staff can access a free and confidential support service and the occupational health service is available to employees. The service has a whistleblowing policy which is contained in the council's code of conduct.</p>		

**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 social service department produces an annual training plan and a bi-annual training calendar within which, intended training specific to the adoption service is incorporated. It is recommended that the adoption service liaises with the in-house training board in order to formulate a training needs analysis in relation to adoption work and develop a system of evaluation of training that links directly to performance requirements.

The induction training provision were being reviewed at the time of the inspection to ensure compliance with TOPSS standards and the requirements of the department. It is recommended that the service considers developing a professional development portfolio system which would record evidence of training undertaken and its outcomes in relation to the professional development of staff.

The agency's annual appraisal scheme had been revised just prior to the inspection and was due to be re-launched shortly afterwards, with briefings having been held for all supervisory staff.

Staff are kept apprised of changes in legislation, guidance and case law through team meetings and briefings. It is recommended that staff have access to external course providers in order to gain access to, and to share, any best practice.

**See Recommendation 18**

## 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?	2
---------------------------	---------------	---

The agency has an “adoption service records management” file management policy. The children’s adoption files seen during the inspection were well ordered and contained relevant, and apparently accurate information on the child.

There is a policy on confidentiality and file keeping, but in some of the files seen during the inspection there was evidence of staff apparently not being aware of what information was to go in which section of the file. It is recommended that guidance is given to adoption team staff on such matters.

The service has in place apparently robust systems to minimise the risk of damage to adoption records. All current files are kept in a filing cabinet within a locked, fire-proof safe. Two copies of the contents of all archived files are transferred onto microfiche four years after an adoption order is granted. One set is kept in deed boxes which are kept with the current files in a safe within the adoption service. The other copy is kept at the central records department. Archived records are kept in locked cabinets within a separate archive building. This building has an automated alarm system and is linked to a central station that is staffed 24 hours a day. It is fitted with smoke detectors and a no smoking policy is in place. The adoption archive room has been built with the extra protection of one hour’s fire resistance.

Security checks on prospective adopters are referred to earlier in this report; as is evidence of management involvement with case records. The method for keeping records is congruent with the looked after children system.

**See Requirement 5**

**See Recommendation 19**

<b>Standard 26 (26.1 – 26.2)</b> 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.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	3
The adoption service has an appropriate policy and attendant procedures governing the access to records which take into account the requirements of the Data Protection and Human Rights legislation. The service should ensure that all staff are trained in the procedures.		
<b>See Recommendation 20</b>		

<b>Standard 27 (27.1 – 27.6)</b> 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>	2
At the time of the inspection the service's policy on children's case recording was being revised and updated in line with the DOH Recording with Care document.		
There are separate files kept in respect of staff (stored by personnel department), complaints and allegations (kept by the adoption team). The service has an appropriate statutory complaints procedure. Reference has been made elsewhere in this report regarding the need to audit all files, and record any remedial action that might be necessary. Not all written records on files examined during the inspection were legible; consideration should be given to computerised record keeping. Not all entries were date marked; this should be addressed.		
<b>See Requirement 5</b>		
<b>See Recommendation 21</b>		

<b>Standard 28 (28.1 – 28.2)</b> 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>	1
Appropriate records are kept on social work employees of the agency with evidence of all checks carried out – except for those of telephone follow-up enquiries to written references; as alluded to earlier in this report. The agency must ensure that all administrative staff receive CRB clearance.		
The agency does keep separate personnel files on panel members but these must be amended to take account of all of the points listed under 28.2 of the National Minimum Standards Schedules 3 and 4 of the Adoption Standards Regulations 2003. (This includes copies of checks already held on members employed by the agency.)		
<b>See Requirements 4, 6</b>		
<b>See Recommendation 16</b>		

## 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?**

3

The premises of the adoption service are appropriate and fit for purpose; although they are not identifiable as an adoption agency. The administrative systems had been under review and a new IT system had recently been commissioned. The storage of records has been referred to elsewhere in this report. The computer systems are protected by passwords and anti-virus arrangements. The building is adequately protected and insured. The adoption service falls within the remit of Oldham's wider disaster recovery plan.



**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 1<sup>st</sup> March 2004 and any factual inaccuracies: 26<sup>th</sup> August 2004

Please limit your comments to one side of A4 if possible

**Action taken by the NCSC 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 9<sup>th</sup> September 2004, 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 NCSC 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 Oldham Metropolitan Borough Council 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.