



Making Social Care  
Better for People

# inspection report

Fostering Services

## **Credo Care Limited**

12 High Street

Lydd

Romney Marsh

Kent

TN29 9AJ

2nd, 3rd, 4th & 5th November 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.

**FOSTERING SERVICE INFORMATION**

**Local Authority Fostering Service?**

NO

**Name of Authority**

**Address**

**Local Authority Manager**

**Tel No:**

**Address**

**Fax No:**

**Email Address**

**Registered Fostering Agency (IFA)**

YES

**Name of Agency**

Credo Care Limited

**Tel No**

0870 2414285

**Address**

12 High Street, Lydd, Romney Marsh, Kent, TN29 9AJ

**Fax No**

0870 2414286

**Email Address**

enquiries@credocare.co.uk

**Registered Number of IFA**

H050000846

**Name of Registered Provider**

Credo Care Limited

**Name of Registered Manager (if applicable)**

Mr Gregory Nicholls

**Date of first registration**

January 2004

**Date of latest registration certificate**

16th July 2004

**Registration Conditions Apply ?**

NO

**Date of last inspection**

15.04.04

<b>Date of Inspection Visit</b>		2nd November 2004	<b>ID Code</b>
<b>Time of Inspection Visit</b>		09:30 am	
<b>Name of Inspector</b>	<b>1</b>	Helen Lee	081741
<b>Name of Inspector</b>	<b>2</b>	Clair Brown	090136
<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.		No Lay Assessor	
<b>Name of Specialist (e.g. Interpreter/Signer) (if applicable)</b>		No Specialist required	
<b>Name of Establishment Representative at the time of inspection</b>		Greg Nicholls	

**Introduction to Report and Inspection**

**Inspection visits**

**Description of Fostering Service**

**Part A: Summary of Inspection Findings**

**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 Fostering Services)**

- 1. Statement of purpose**
- 2. Fitness to carry on or manage a fostering service**
- 3. Management of the fostering service**
- 4. Securing and promoting welfare**
- 5. Recruiting, checking, managing, supporting and training staff and foster carers**
- 6. Records**
- 7. Fitness of premises**
- 8. Financial requirements**
- 9. Fostering panels**
- 10. Short-term breaks**
- 11. Family and friend carers**

**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

Independent and local authority fostering services which fall within the jurisdiction of the Commission for Social Care Inspection (CSCI) are subject to inspection, to establish if the service is meeting the National Minimum Standards for Fostering Services and the requirements of the Care Standards Act 2000, the Fostering Services Regulations 2002 and the Children Act 1989 as amended.

This document summarises the inspection findings of the CSCI in respect of Credo Care Limited. The inspection findings relate to the National Minimum Standards for Fostering Services published by the Secretary of State under sections 23 and 49 of the Care Standards Act 2000, for independent and local authority fostering services respectively.

The Fostering Services Regulations 2002 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 in relation to independent fostering agencies regarding registration, the imposition and variation of registration conditions and any enforcement action, and in relation to local authority fostering services 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 agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The following inspection methods have been used in the production of this report. The report represents the Inspector's findings from the evidence found at the specified inspection dates.

## BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Credo Care Ltd is an independent fostering agency as defined by the Fostering Service Regulations 2002 and provides, according to its Statement of Purpose, placements for “children with learning difficulties, physical difficulties or medical needs as an alternative to residential or hospital care”.

At the first inspection of 2002/2003 the agency supported placements for twelve children. At the announced inspection for 2003/2004 the agency supported thirteen children in placement. At the time of this inspection the agency supported eleven children in placement.

The agency is based in an office on the High Street of Lydd, Kent. The team based there includes two directors, the Registered Manager, one supervising social worker, one assistant social work assistant, one Autism Specialist and three administration staff. The agency was in the process of recruiting a part-time paediatric liaison nurse to the team. The agency purchases sessional workers from a company to undertake Form F assessments and pre-approval training.

## **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 agency had an unannounced compliance inspection over two days in April 2004 with the defined objective of inspecting the Agency's compliance with the nine requirements made at the last inspection that had an agreed timescale for completion of 1 April 2004. The Inspectors were satisfied five of these requirements had been achieved. Revised timescales for action of the four remaining requirements was agreed with the Agency. Two new requirements were made at this inspection.

This announced Inspection by two Inspectors took place over four days in November 2004. There remain some outstanding requirements from the previous inspection. Action is being taken by the Commission for Social Care Inspection to monitor compliance with these requirements. Further requirements were made at this inspection. Action will be taken by the Commission for Social Care Inspection to monitor compliance with these requirements.

The Inspectors jointly visited three foster carers and young people at their homes as part of this inspection process. Staff interviews were also conducted along with postal surveys to foster carers, young people and placing Social Workers. The registered Manager who is also the panel chair was interviewed. The Inspector thanks those who participated for their time and invaluable input.

Placing Social Workers (of 8 responses) stated positively on "strong attachments to both carers, welcoming feel to the home", "Carers attitude to child", "care provided", "settled well" "dedication, experienced carers" "boundaries plus loving atmosphere". Concerns raised were "house is not specially adapted for child's disabilities" and "not providing the service they charge for, poor record of working in partnership with the placing authority".

The Inspectors received completed surveys from five of the foster carers and thus incorporated the findings and comments relevant within the body of this report.

One child completed a survey and the best things were "new friends and going to mainstream school" with no worst things.

The Inspectors upon completion of the inspection sent correspondence to the agency outlining the areas for concern and any significant areas of practice not meeting the national minimum standards of the Fostering Service Regulations 2002. The agency responded within the 14 day timescale set.

### **Statement of Purpose (Standard 1)**



**0 of 1 standard assessed was met**

The Agency had a written Statement of Purpose (SoP) and a children's guide which had been produced on DVD format by the agency. The Statement of Purpose reflects the aims and objectives of the agency and was updated on 1<sup>st</sup> October 2004. It is a requirement that the children's guide be expanded to include a summary of the procedure for complaints and representations.

**Fitness to provide or manage a fostering service (Standards 2-3)****0 of the 2 standards assessed were met**

Both Inspectors looked at staff files. Whilst work had been done to address the previous requirement the Inspectors found that further work was required on one member of staffs file. The requirement was therefore repeated.

**Management of the fostering service (Standards 4-5)****1 of the 2 standards assessed was met**

The Agency had addressed requirements made at the last inspection to establish systems of monitoring the service. It was agreed these systems were in need of further development.

**Securing and promoting welfare (Standards 6-14)****0 of the 8 standards assessed were met**

Health and Safety assessments should be undertaken by staff competent to do so. Evidence was viewed which demonstrated that there had been inappropriate matching and suring up of a placement with identified training and support. Carers had not received any training or explanation about the implementation of the medication policy/procedure.

**Recruiting, checking, managing, supporting and training staff and foster carers (Standards 15-23)****0 of the 9 standards assessed were met**

Staff administrative files were found to be greatly improved, however, one sampled file was still deficient against Schedule 1. The Inspectors were unable to evidence appropriate qualifications of the Autism Specialist, assistant social worker and preferred candidate for the Nurse position for them to undertake their roles and responsibilities. Sampled prospective foster carer assessment reports were found to breach Regulation in that they did not contain all relevant information.

**Records (Standards 24-25)****0 of the 2 standards assessed were met**

The quality of files had improved since the last inspection. The Foster Carer Register produced prior to the inspection and during differed for example, carers date of approval changed.

**Fitness of premises for use a fostering service (Standard 26)****0 of the 1 standard assessed was met.**

The agency is still to implement health and safety guidelines.

**Financial Requirements (Standards 27-29)****1 of the 3 standards assessed was met**

Whilst the Agency provided evidence of its attempts to provide the Commission with copies of the latest audited accounts these were still outstanding.

**Fostering panels (Standard 30)**

**This standard was not met.**

The Inspectors found a number of instances whereby the procedures, assessment and approval of carers did not meet the Regulations.

**Short-term breaks (Standards 31)**

Not assessed.

**Family and Friends as Carers (Standards 32)**

Not assessed, as this standard did not apply to the Agency.

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

**(Local Authority Fostering Services Only)**

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 fostering service satisfies the regulatory requirements:

NO

Notice to the Local Authority under section 47(5) of the Care Standards Act 2000 of failure(s) to satisfy regulatory requirements in their fostering 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:

NO

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

NO

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 fostering service:

NO

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

## Implementation of Statutory Requirements from Last Inspection

Requirements from last Inspection visit fully actioned?

NO

**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 and Fostering Services Regulations 2002.				
No.	Regulation	Standard	Required actions	
1	3 (5)	FS1	The agency to evidence and monitor that all Policies, Procedures and Guidance to be coherent and consistent with the SoP.	01.07.04
2	19	FS5	To ensure there is a sufficient number of suitably qualified, competent and experienced persons working for the purposes of the fostering service.	01.06.04
3	11 (a)	FS6FS6	To ensure the welfare of children placed with foster parents is safeguarded and promoted at all times.	01.05.04
4	34 (3)	FS10	To ensure responsible authorities enter into written agreements (that are sufficient to meet Sch. 6) with the foster parent relating to the child before making placements.	01.11.04
5	44 (2)(b)	FS27	To supply the Commission with a copy of the Agency's audited accounts for the last financial year. To supply the Commission with sufficient documentation to satisfy the regulation	01.08.04



**COMPLIANCE WITH CONDITIONS OF REGISTRATION (IF APPLICABLE)**

**(Registered Independent Fostering Agencies only)**

**Providers and Managers of registered independent fostering agencies must comply with statutory conditions of their registration. The conditions applying to this registration are listed below, with the Inspector's assessment of compliance from the evidence at the time of this inspection.**

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Condition</b>	<b>Compliance</b>	
<b>Comments</b>		

<b>Lead Inspector</b>	<b>Helen Lee</b>	<b>Signature</b>	_____
<b>Second Inspector</b>	<b>Clair Brown</b>	<b>Signature</b>	_____
<b>Regulation Manager</b>	<b>Suzannah Burden</b>	<b>Signature</b>	_____
<b>Date</b>	_____		_____

## STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The appropriate Officer of the Local Authority or the Registered Person (as applicable) is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed. This action plan will be made available on request to the Area Office.

### 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 Children Act 1989, the Fostering Services Regulations 2002, or the National Minimum Standards for Fostering Services. The Authority or Registered Person(s) is/are required to comply within the given time scales in order to comply with the Regulatory Requirements for fostering services.

No.	Regulation	Standard *	Requirement	
1	3 (3) 3 (5)	FS1	The children's guide to include a summary of the procedure for complaints and representations and the agency to evidence and monitor that all Policies, Procedures and Guidance to be coherent and consistent with the SoP	01.03.05
2	4 (c)	FS1	The agency to supply a copy of the children's guide to each child placed by it.	01.02.05
3	8 (2)	FS2	The Responsible Individual to evidence having undertaken training as is appropriate to ensure that he has the experience and skills necessary for carrying on the fostering agency, specifically to include assessment and approval of foster carers, as well as panel membership and functions.	01.03.05
4	20 (3)	FS3	To ensure all carers and staff files comply with Schedule 1.	01.02.05
5	42(1)	FS4	42. - (1) The registered person shall establish and maintain a system for - (a) monitoring the matters set out in Schedule 7 at appropriate intervals; and (b) improving the quality of foster care provided by the fostering agency. The Registered Person shall make a copy of the report available upon request to the persons mentioned in Regulation 3 (2).	01.04.05

6	15 (2) (c)	FS6	The agency to evidence within its matching form and assessment of carers as well as through carers reviews and appropriate training that each child can be provided with and /or use within the carers accommodation such individual support, aids and equipment which he may require as a result of any particular health needs or disability he may have.	01.03.05
7	17	FS6	All carers to have been provided with training in Health and safety and Health and hygiene, first aid, health promotion and communicable diseases.	01.04.05
8	11 (a)	FS6	To ensure the welfare of children placed with foster parents is promoted at all times within the carers accommodation.	01.05.05
9	17	FS6	Staff who undertaken health and safety assessments have training which designates them as competent to do so.	01.02.05
10	34	FS8	Referral procedure and matching documentation to fully evidence social work decision-making as well as highlighting well matched considerations and shortfalls. Any identified shortfall or risks to be actioned and monitored (i.e. training). Previous Recommendation. The agency must provide greater evidence (written) that each child is carefully matched with a carer capable of meeting his/her assessed needs.	01.02.05
11	34 (3)	FS8	To ensure responsible authorities enter into written agreements (that are sufficient to meet Sch. 6) with the foster parent relating to the child before making placements.	01.03.05
12	17	FS9FS9	The agency to evidence a range of measures to ensure that all carers to have been provided with training in caring for children who have been abused, recognising signs of child abuse, bullying, and managing behaviour within an appropriately limited timescale.	01.03.05
13	14	FS10	The agency to send to the CSCI a written report investigating the fostering service provider's duty to promote contact given the information in the complaint of quoted in the text of standard FS10.	29.01.05



14	15 (1)	FS12	The agency to ensure that the health of children placed with foster parents is promoted and that each child has access to such medical treatment as he may require by ensuring that medication is correctly administered by competent carers within the company's procedures and that all carers have had accredited training provided prior to the placement commencing.	01.02.05
15	19	FS15FS15	To ensure there is a sufficient number of suitably qualified, competent and experienced persons working for the purposes of the fostering service.	01.03.05
16	27 (2)	FS17FS17	The agency to obtain the information specified in Schedule 3 and refer such a report to the panel. Systems to be in place to rectify and ensure that incomplete assessment reports are not referred to panel.	01.02.05
17	21 (4)	FS20FS20	To ensure that all persons employed receive appropriate supervision.	01.02.05
18	17 (1)	FS21FS21	The agency to provide foster parents with sufficient information and support as appears necessary in the interests of children placed with them. This to be through a range of measures such as support groups, robust on-call systems etc.	01.04.05
19	22	FS25FS25	The agency to comply with Schedule 2. (Staff record)	30.01.05
20	28 (5) (b)	FS25	The Foster Care Agreement to adequately cover point 6 of Schedule 5 'procedure available to foster parents for making representations'.	30.04.05
21	31	FS25	The agency to enter particulars into the Foster Care Register and ensure that it is a true record.	30.02.05
22	44 (2)(b)	FS27FS27	To supply the Commission with a copy of the Agency's audited accounts for the last financial year.	01.03.05
23	44 (3)	FS27FS27	To supply the Commission with sufficient documentation to satisfy the regulation.	01.02.05
24	24	FS30FS30	The panel chair and other members to have the necessary training and opportunities for learning.	01.04.05

25	24 (3(a))	FS30FS30	The panel membership to have two social workers employed by the agency.	01.04.05
26	26 (1(b))	FS30FS30	Only the panel to recommend approval of a prospective foster carer's application and to recommend the terms on which the approval is to be given.	01.02.05
27	26 (2(b))	FS30FS30	The panel to evidence that it oversees the conduct of the assessments, highlights any gaps and makes any necessary recommendations.	01.03.05
28	28 (1)	FS30FS30	The agency to ensure and rectify that it has not and shall not approve a person who has been approved as a foster parent by another fostering service provider and whose approval has not been terminated.	01.02.05

### 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	FS16	Disciplinary procedures to be revised in line with Employment Act 2002 Regulations.
2	FS17	The agency to implement a robust system which ensures that all Form F assessments demonstrate FS17.07. Assessments to be brought under the direct line management of the Registered Manager.
3	FS19	Grievance procedures to be revised in line with Employment Act 2002 Regulations.

\* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g FS10 refers to Standard 10.

## PART B                      INSPECTION METHODS & FINDINGS

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

Number of Inspector days spent	10
Survey of placing authorities	YES
Foster carer survey	YES
Foster children survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	NO
• Child protection officer	YES
• Specialist advisor (s)	NA
• Local Foster Care Association	NA
Tracking Individual welfare arrangements	YES
• Interview with children	YES
• Interview with foster carers	YES
• Interview with agency staff	YES
• Contact with parents	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 foster carer training	NO
Observation of foster panel	NO
Inspection of policy/practice documents	YES
Inspection of records	YES
Interview with individual child	YES
Date of Inspection	02/11/04
Time of Inspection	9.30
Duration Of Inspection (hrs)	48

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.

"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 statement of the aims and objectives of the fostering service and the fostering service ensures that they meet those aims and objectives.

### Standard 1 (1.1 - 1.6)

There is a clear statement of the aims and objectives of the fostering service and of what facilities and services they provide.

### Key Findings and Evidence

Standard met?

2

Met Recommendation: The children's guide should be available in other formats given the agency's SoP.

The agency have produced a booklet with a DVD children's guide. The DVD has five minutes of general information for children communicated verbally and accompanied by makaton signing. The DVD is suitable for young to middle aged children and the agency will need to consider publishing a guide for the older age range of children placed as well as other paper formats (i.e. pictorial guides). One of the two children asked at visits had received a copy of the children's guide. The young person who completed the survey stated that they had not received a children's guide.

The Statement of Purpose covers the criteria of the National Minimum standards. There was practice described in the SoP which was not consistent with that found at the inspection "Our comprehensive monthly training programme / carer support groups include..." which had not occurred. "Our nurse will also oversee administration of drugs; medical procedures that foster carers undertake and provide training as necessary". The description of staff should include the status (i.e. agency/ full time) of the workers as well as list their relevant qualifications.

The Manager stated in the pre-inspection questionnaire that the policies and procedures are being reviewed to ensure that they reflect the SoP.

## Fitness to Carry On or Manage a Fostering Service

The intended outcomes for the following set of standards are:

- The fostering service 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 2 (2.1 - 2.4)

The people involved in carrying on and managing the fostering service possess the necessary business and management skills and financial expertise to manage the work efficiently and effectively and have the necessary knowledge and experience of childcare and fostering to do so in a professional manner.

#### Key Findings and Evidence

Standard met?

2

The agency has had a change of Registered Fostering Manager. The new Manager has the DIPSW qualification and is undertaking the executive diploma in Management, which he stated, is equivalent to NVQ level 5. The Responsible Individual and Registered Manager have both been through the fit person process as dictated by the Fostering Regulations 2002. The Co Inspector found evidence of the Responsible Individual inappropriately advising the Manager regarding the process of approving carers without panel consideration.

### Standard 3 (3.1 - 3.4)

Any persons carrying on or managing the fostering service are suitable people to run a business concerned with safeguarding and promoting the welfare of children.

#### Key Findings and Evidence

Standard met?

2

The new Manager has the DIPSW qualification and is undertaking the executive diploma in Management, which he stated, is equivalent to NVQ level 5. The required references and checks have been obtained as part of the registration process with the NCSC and CSCI. The Lead and Second Inspector examined a sample of both staff and carers files. The Manager explained work had been devoted to revising and updating staff files. However, one staff file did not contain one of the pieces of information required by Schedule 1. This shortfall was shared with the Manager. A previous extension of one month to comply with the requirement had been given at the compliance visit in April 2004. The Manager stated that the company adheres to Schedule 1 and ensures that CRBs, NSPCC and Local Authority checks are renewed every three years and appropriate records are checked.

## Management of the Fostering Service

The intended outcomes for the following set of standards are:

- The fostering service is managed ethically and efficiently, delivering a good quality foster care service and avoiding confusion and conflicts of role.

Standard 4 (4.1 – 4.5)

There are clear procedures for monitoring and controlling the activities of the fostering service and ensuring quality performance.

**Key Findings and Evidence**

**Standard met?**

2

The Inspector has received from the agency Regulation 42 reports. However the format would need to be further developed to demonstrate an improvement of quality of foster care and to evidence the provision of consultation with foster parents, children placed with foster parents, and their responsible authority.

The Inspectors found several shortfalls regarding the monitoring of the agencies activities including monitoring quality of care, approvals and reviews of foster carers, recruitment records, medication administered to any child placed, records of assessments, fostering panel meetings, as well as monitoring of complaints and their outcomes.

Requirement made: Review of quality of care 42. - (1) The registered person shall establish and maintain a system for -

(a) Monitoring the matters set out in Schedule 7 at appropriate intervals; and

(b) Improving the quality of foster care provided by the fostering agency.

Requirement made: The Registered Person shall make a copy of the report available upon request to the persons mentioned in Regulation 3 (2).

**Number of statutory notifications made to CSCI in last 12 months:**

6

**Death of a child placed with foster parents.**

X

**Referral to Secretary of State of a person working for the service as unsuitable to work with children.**

X

**Serious illness or accident of a child.**

4

**Outbreak of serious infectious disease at a foster home.**

X

**Actual or suspected involvement of a child in prostitution.**

X

**Serious incident relating to a foster child involving calling the police to a foster home.**

X

**Serious complaint about a foster parent.**

X

**Initiation of child protection enquiry involving a child.**

2

**Number of complaints made to CSCI about the agency in the past 12 months:**

0

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

X

**Standard 5 (5.1 - 5.4)****The fostering service is managed effectively and efficiently.****Key Findings and Evidence****Standard met?****3**

The Inspector had previously noted that levels of delegation and responsibility along with accountability had not been clearly defined. The Inspector talked with staff who confirmed that there were clearer lines of communication between staff and the registered Manager. The Registered Manager stated that the social work director was the person in charge when the Manager is absent. The registered Manager has a clear job description and does not hold a similar position in any other organisation.



## Securing and Promoting Welfare

The intended outcome for the following set of standards is:

- The fostering service promotes and safeguards the child/young person's physical, mental and emotional welfare.

### Standard 6 (6.1 - 6.9)

The fostering service makes available foster carers who provide a safe, healthy and nurturing environment.

Key Findings and Evidence	Standard met?
---------------------------	---------------

The Inspector had previously informed the Manager of a failure to provide an environment free of avoidable hazards appropriate to the child's age, development and level of ability. (Evidence of an incident whereby a child aged 7 with a history of self-harming) had had access to a wine bottle and kitchen knives. The previous Manager had undertaken visits to all of the carer's homes to audit health and safety matters which he had recorded. He stated that carers had been given a copy for their records. However the Inspectors were unable to evidence that health and safety assessments had been undertaken for all carers by a trained member of staff competent to do so.

From inspection of the agency's panel minutes the Inspector was however unable to track that these checks were viewed and considered by the panel. Health and Safety annual inspections were not consistently recorded on files.

One of the homes visited did not demonstrate that each child had the appropriate space to meet the child's needs. The downstairs bedroom was not sufficient for the specific needs of the child's disability in that the moving and handling equipment was not able to be used, the window appeared to open into a glass extension rather than outside ventilation and the carer stated to the Inspectors that she was unable to use the hoist in any area of the home.

One of the homes visited did not demonstrate that it was maintained to a good standard of cleanliness and hygiene given that the house had odours of damp and animals and specifically the bathroom was impregnated with odours of urine. The child's bedroom wall along the passageway (dining room downstairs) was indeed visibly damp and wet to touch.

The Inspectors query the evidence of matching given that the Form F assessment stated about the narrow passageway "The main drawback to supporting a child with physical impairment is the home".

The Inspectors were informed by the Manager that the carers understood they may be interviewed as part of the inspection process and this was confirmed by the Foster care Agreement and by those carers spoken with.

**Standard 7 (7.1 - 7.7)**

**The fostering service ensures that children and young people, and their families, are provided with foster care services which value diversity and promote equality.**

**Key Findings and Evidence**

**Standard met?**

**2**

The agency has a policy, which stipulates the standards expected of carers with regard to ethnic and cultural needs. Children spoken with were able to verify that they were encouraged to develop and pursue their talents, own interests and hobbies. These included for one individual help with swimming, days out and holidays and after school clubs. This information should be evidenced as being fully gathered by the agency at referral stage. The agencies policies demonstrate a commitment to value diversity and support and promote equal opportunities. The agency must evidence that training for enhancing children's confidence and self-worth has been provided to carers.

Most carers spoken with had independently researched specific services and support to help the children with disabilities maximise her/his potential. Carers, placing social workers and staff confirmed the previous work undertaken by the Paediatric Nurse as having been the link regarding training and knowledge of the children's needs. At the time of the inspection this position had been vacant for a month. The Inspectors were informed by foster carers that the role of the paediatric nurse had included that of teaching and supporting the foster carers to meet the complex physical and medical needs of the children. The evidence gathered during the course of this inspection demonstrates that the foster carers have received little or no support since this position has become vacant. The agency specializes in placing children with special needs; physically, mentally and medical. The Inspectors found through case tracking that; for a number of different reasons the children have complex needs, these would require a knowledge and understanding of the conditions and probable complications prior to placement with on going support following the placement. This in turn should enable the foster carers to enable child to meet its full potential.

Through case tracking the Inspectors found that a child was able to maintain some control over their continence and is anticipated to be able to gain full control. The child had been successfully using the toilet throughout the day with the aid of a specialist chair. In the current foster home the child is only able to access the toilet once a day, therefore is required to wear and use continence aids (nappies) throughout the day. Accessing the bathroom possesses many health & safety risks, which include manual handling issues, risk of burns from radiator and the cooker. The Agency has since informed the Inspector that the carers would be moving house, to a more suitable property.

<b>Standard 8 (8.1 - 8.7)</b>		
Local authority fostering services, and voluntary agencies placing children in their own right, ensure that each child or young person placed in foster care is carefully matched with a carer capable of meeting her/his assessed needs. For agencies providing foster carers to local authorities, those agencies ensure that they offer carers only if they represent appropriate matches for a child for whom a local authority is seeking a carer.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	1
<p>The registered Manager stated that he is responsible for obtaining as much information and supporting documentation about the children/young people referred to the agency. The Inspectors were told that the Manager would liaise with the carers to ensure that the best possible match is made. However there was no comprehensive documentation to support this process or demonstrate good social work assessment and matching considerations. The Inspectors restated that the current referral form was not adequate to demonstrate matching as per the expectations of the national minimum standards. Sampled Foster Carers files did not evidence that matches involve all relevant professionals, the child and his/her family and potential carers, their families and other children in placement as per FS8.03. Foster placement agreements do not contain specific reference to elements of matching, what skills and experience the carers could offer that were specific to the needs of the child. There was no evidence of any consideration given to any gaps that might be identified and measures to compensate for any gaps. This is therefore rated as a major shortfall. The Registered Manager confirmed that the matching form needed further developing and expanding.</p>		

<b>Standard 9 (9.1 - 9.8)</b>		
The fostering service protects each child or young person from all forms of abuse, neglect, exploitation and deprivation.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	2
<p>The Registered Manager informed the Inspectors that he had amended the Child Protection policy and procedure. He also stated that all carers had completed a safe caring policy. Those carer's files, which were sampled, contained a safe caring policy. One carer spoken with could not locate or remember clearly what was contained in their safe caring plan. The Inspector re-recommends that the agency monitors this area and accommodates safe care practice within the practice of caring for children with learning, physical or sensory disabilities where physical contact maybe the primary means of communication. It is stated in the foster care agreement that corporal punishment is not acceptable. The Registered Manager had stated that training was being provided in May 2004 for carers and staff. However the agency were unable to evidence at the time of the inspection that all carers had been provided for training as per CH9.02. The registered Manager also told the Inspectors of a fun day to facilitate training for all Looked after Children including birth children. There are currently two outstanding child protection enquiries which the agency have sought closure via correspondence from the local authorities.</p>		
<b>Percentage of foster children placed who report never or hardly ever being bullied:</b>	100	%

**Standard 10 (10.1 - 10.9)**

The fostering service makes sure that each child or young person in foster care is encouraged to maintain and develop family contacts and friendships as set out in her/his care plan and/or foster placement agreement.

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

2

Supervision notes demonstrated a clear commitment by carers to consistently encourage and enable a young person to maintain contact which was confirmed by carer interviews. Contact prompts are included in Foster Placement Agreement's as per FS10.03 although those sampled were not well completed. Following feedback to the agency the registered Manager acknowledged that the Policy for promoting contact needed further development to cover support, views of the child, recording and feedback and the Social Workers risk assessment. The complaints log held a complaint that carers had been unable to contact the OOH system for eight hours which resulted in 'a child and birth parents (being) deprived of the opportunity of a day visit with each other'. The agency needs to evidence risk assessments are in place at the referral stage to ensure that they have a record prior to contact commencing. Carers and young people spoken to confirmed the agency actively supports contact with birth family members.

**Standard 11 (11.1 - 11.5)**

The fostering service ensures that children's opinions, and those of their families and others significant to the child, are sought over all issues that are likely to affect their daily life and their future.

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

2

The Manager stated that the agency works closely to gain opinions etc, however this is difficult with the type of children we care for given the needs of the children we actively promote their health, development and educational progress. Some carers visited were well able to provide examples of listening to children and gave good verbal examples to demonstrate this. Therefore the Inspectors recommend that the agency has some scope to further evidence consultation with children. Following discussions with the Manager it was acknowledged that the complaints procedure needed to be more accessible and understandable to the young people the registered Manager confirmed that this would be in place by February 2005 as they were recruiting a specialist to undertake this work. The children's guide does not include a summary of the procedure for complaints and representations. The agency did not provide evidence of training for carers as required by FS11.02.

**Standard 12 (12.1 - 12.8)**

The fostering service ensures that it provides foster care services which help each child or young person in foster care to receive health care which meets her/his needs for physical, emotional and social development, together with information and training appropriate to her/his age and understanding to enable informed participation in decisions about her/his health needs.

**Key Findings and Evidence**

**Standard met?**

1

Through case tracking and document reading the Inspectors found that important medical information was not being provided to the foster carer. One set of records raised conflicting information about a child's allergies. The foster carer was not aware of the other allergies detailed by the previous caring establishment. These allergies included specific medicines that are in common use by General Practitioners. Through discussions with the foster carers many had not received additional training since the pre approval course. Records were seen that record the fact that a number of carers were experiencing problems accessing the training that had been arranged due to a lack of childcare provision and the timing of the training, mainly evenings. One foster carer had no previous experience of working with children with special needs. The assessment (plan F) recorded that she would prefer not to have a child in a wheelchair, terminally ill or with high medical needs. The child placed is a wheelchair user, has complex medical needs (including epilepsy), registered blind, hearing impairment and specialist feeding. The foster carer did not receive any training regarding epilepsy until after the child had been placed in their care for approximately 3 months. The Inspectors were informed that the child is due to have surgery soon and will be placed in full leg casts.

The Lead Inspector had previously interviewed the 'Paediatric Liaison Sister' who stated that her role as it developed would meet some of the expectations of this standard however this position was vacant at the time of this inspection. The Inspectors previous finding of the administration of Phenergen (sedative) (50mgs each day) (11.11.03) for which medical consent could not be evidenced had been further investigated by the agency and passed to the Area Child Protection team and child's Social Worker. This remains ongoing.

The agency has much improved its medication policy in line with RPS guidance, however, the Inspectors found that the foster carers had not received any training or explanation about the implementation of the medication policy/procedure. When Inspectors spoke to the Foster carers they had copies of the document but were unclear about its contents and unaware of the practices they were required to adhere to. Again no formal training has been introduced and until recently, individuals' medicines were explained by the paediatric nurse. Some foster carers are resourceful and access information for themselves via the internet, however the Inspectors found that they were not adhering to the agency policy when handling medication. However, the foster carers have not been taught the skills or have a sound knowledge base for taking responsibility for another person medication. There is the need for a clear procedure regarding authorisation for verbal changes to medication.

The Manager acknowledged that the outstanding requirement remained regarding training on health and hygiene and first aid but stated that the agency were researching opportunities for carers to undertake this training locally given the geographical area covered by the agency as a whole and that it would appropriately be specifically paediatric.

The agency to monitor and evidence that all responsible authorities have provided medical consents where these had not been provided (i.e. lack of LAC paperwork for sampled emergency placement) to ensure that each child has access to such medical treatment as they may require.

**Standard 13 (13.1 - 13.8)**

The fostering service gives a high priority to meeting the educational needs of each child or young person in foster care and ensures that she/he is encouraged to attain her/his full potential.

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

2

Foster carers described, and children confirmed, the ways in which they involved themselves in the education of their foster children. It is an appropriate expectation that foster carers will attend parents evening and such events. The Inspectors inspected children's files which demonstrated a clear commitment and advocacy by carers regarding schooling and contributing to assessments of educational needs. The Inspector recommends that the agency's policy and procedure could be further expanded to cover financial responsibilities, arrangements when not in school, keeping a record of attainment and exclusions. Sampled Foster Placement Agreements did not evidence FS13.08 (school costs, school uniform, school trips and school equipment). The Manager was unable to evidence a system which collates educational attainment.

**Standard 14 (14.1 - 14.5)**

The fostering service ensures that their foster care services help to develop skills, competence and knowledge necessary for adult living.

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

0

This standard was not assessed at this inspection

## Recruiting, Checking, Managing, Supporting and Training Staff and Foster Carers

The intended outcome for the following set of standards is:

- The people who work in or for the fostering service 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 in foster care. The number of staff and carers and their range of qualifications and experience are sufficient to achieve the purposes and functions of the organisation.

### Standard 15 (15.1 - 15.8)

Any people working in or for the fostering service are suitable people to work with children and young people and to safeguard and promote their welfare.

Key Findings and Evidence	Standard met?
---------------------------	---------------

	1
--	---

The recruitment policy needs to match the definition within the regulations regarding CRB checks and needs to be further expanded which was noted by the registered Manager. Four staff files were inspected against Schedule one and these were found to be greatly improved with a checklist at the front to aid collection of data and monitoring. Three files were found to satisfy the requirements of the regulation. One member of staff's file did not have their last employer as a referee. No personal specifications were found on file. The position of paediatric nurse has been restructured to paediatric liaison nurse. This Nurses CV state that all of the practice experience since qualifying has been in the adult sector and there is no mention of any additional training and experience of nursing children, and those with special needs. The Interview notes read by the Inspectors recorded that the interviewer failed to discuss and verify the gaps in the persons employment history. This standard states that all professional staff are professionally qualified and appropriately trained to work with children. The Agency had failed to confirm that the persons nursing registration was current and active. Staff files did not evidence effective recruitment i.e. sparse information from interviews which the Inspector was unable to link to Job descriptions and person specifications.

The SoP states "our nurse will also oversee administration of drugs; medical procedures that foster carers undertake and provide training as necessary"

The new Supervising Social worker has a DipSW. The SoP states that the Social Work assistant is assisting the team including the organisation of sessional work support, completing initial visits to potential foster carer applicants, carer training/groups and supervising contact whilst working part-time. This member of staff is also on the on-call rota. The Statement of Purpose states that the Autism Specialist is responsible for the delivery of autism training to carers and staff, and undertaking direct work with children and their carers. The SoP does not include her relevant qualifications to do so.

The Inspectors were unable to view form F, assessors staff files.

The sessional workers job description included supervising contact however no training could be evidenced as having been identified or put in place. From the staff files it appeared that unqualified staff had not had supervision since 2002. The registered Manager stated that he would now undertake this work.

<b>Total number of staff of the agency:</b>	9	<b>Number of staff who have left the agency in the past 12 months:</b>	3

<b>Standard 16 (16.1 - 16.16)</b>		
Staff are organised and managed in a way that delivers an efficient and effective foster care service.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	2
<p>Concerns were raised by the Inspectors about the agencies' assessment and approval processes (see FS17 below) therefore Inspectors questioned the structures and systems in place for the management of this. Staff are provided with an employee handbook. The disciplinary procedures need to be updated in line with Employment Act 2002 Regulations. The structure and personnel of the administrative team has undergone some change with an internal promotion. Staff files did not evidence effective recruitment i.e. sparse information from interviews which the Inspector was unable to link to Job descriptions and person specifications. Supervision notes recently undertaken with the supervising social worker provided some good evidence of social work supervision and of setting a clear agenda however there was some drift in agreed actions being carried out by the staff or monitored.</p>		

<b>Standard 17 (17.1 - 17.7)</b>		
The fostering service has an adequate number of sufficiently experienced and qualified staff and recruits a range of carers to meet the needs of children and young people for whom it aims to provide a service.		
<b>Key Findings and Evidence</b>	<b>Standard met?</b>	1
<p>The Inspectors found a number of instances whereby the procedures and assessment of carers breached the regulations. The agency breached Regulation 27 on four accounts by not obtaining the information required by Schedule 3 and preparing a written report, which includes the information required by Schedule 3, and referring the complete report to the fostering panel. For example: [1] Schedule 3 point 13 –an enhanced CRB (dated 01.09.04 yet the carers were registered on 07.06.03 and photo identification dated 13.05.04), [2] Schedule 3 point 11 – the outcome of any application to foster including the particulars of any previous approval or refusal of approval (One carers application form stated they made a previous application in July 2004, whereas the Form F has June 2004 as its start date and the Form F states that the “applicants were assessed and approved by another agency” however there is no further mention in the Form F nor any reference from the said agency) [3] Schedule 3 point 10 – his skills competence and potential relevant to his capacity to care effectively for a child placed with him (There was unclear information regarding previous involvement of Social Services) [4] Schedule 3 point 2 – details of his health supported by a medical report (Medical paperwork not being at panel).</p>		



**Standard 18 (18.1 - 18.7)**

The fostering service is a fair and competent employer, with sound employment practices and good support for its staff and carers.

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

2

The Inspectors recommend that the whistle-blowing policy is updated and provides reference and information relating to current law and legislation (Nolan Committee / Public Interest Disclosure Act 1998). The Inspectors recommend that the Grievance procedure be updated in line with Employment Act 2002 Regulations. The registered Manager informed the Lead Inspector that the health and safety policy is yet to be implemented. The Inspector recommended that any such policy should cover lone-working and stress. From the staff files it appeared that some unqualified staff had not had supervision since 2002. Copies of insurance certificates were sent pre-inspection to CSCI.

**Standard 19 (19.1 - 19.7)**

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

Whilst some evidence was seen on some staff files of training days attended there were no training and development plans (TOPSS). It was the view of the Inspectors that a clear plan for the training and development of all staff was an area for further development. Given the turnover of staff no member of the social work staff team had been employed by the agency for the time required to have an appraisal, the Inspectors were unable to track personal development through to achieved targets or any resolution. A new staff induction checklist was viewed as an improvement. The Manager described a system whereby he removes relevant articles from care literature to distribute amongst staff and carers. Given the employment by the agency of the social work assistant in line with the NMS this member of staff should have been undertaking or have in place an appropriate training programme.

**Standard 20 (20.1 - 20.5)**

All staff are properly accountable and supported.

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

2

Given the turnover of staff no member of the social work staff team had been employed by the agency for the time required to have an appraisal the Inspectors were unable to track personal development through to any resolution or targets. From the staff files it appeared that some unqualified staff had not had supervision since 2002. The Manager stated that he would now appropriately undertake this responsibility.

**Standard 21 (21.1 - 21.6)****The fostering service has a clear strategy for working with and supporting carers.****Key Findings and Evidence****Standard met?****2**

The Manager stated that home visits are carried out once in every four weeks, which was confirmed by staff. The Inspector saw some evidence of recorded contact between social work support staff and placing Social Workers. Some records of visits to foster carers sampled had gaps of three months. Carers spoken with confirmed they now receive regular visits from the supervising social worker. The agency has facilitated some support groups but this has not been consistent. Carers confirmed that they would benefit from local support groups although some had informally made links between themselves. The registered Manager confirmed that the agency would do so although it had not been highlighted as an area of improvement in the Manager's self-assessment paperwork. The Inspectors viewed paperwork which highlighted a carer stating that they 'had received no feedback from the social work department at Credo', 'continues to express frustration at what they feel is a lack of support from Credo' and that a 'support group is required'. Foster Carer reviews sampled did not set any goals for the carers, which carers felt they would welcome. Carers in their review stated that they would have welcomed training for the future on 'now you have been approved this is what happens'. The Inspectors recommended that training or gaps which had been highlighted as a need within the review report or Form F assessment should have been made as a specific action for the carers and that the agency's panel should further develop there recommendations regarding training needs (and as against the National Minimum Standards requirements).

Four foster carers who completed surveys stated that support was very good. One foster carer who completed surveys stated that support was not enough. Concerns were raised by one carer that the support was 'slow in coming forward' and that 'more support should be given when needed'.

**Standard 22 (22.1 - 22.10)****The fostering service is a managed one that provides supervision for foster carers and helps them to develop their skills.****Key Findings and Evidence****Standard met?****3**

The agency has had a turnover of staff in that the carers have experienced a high level of change of Supervising Social Worker over the past two years. Carers confirmed this experience and at a review one commented that the professional relationship with their supervising social worker was 'a bit up and down due to different staff coming and going'. The complaints log held a complaint that carers had been unable to contact the OOH system for eight hours which resulted in 'a child and birth parents (being) deprived of the opportunity of a day visit with each other'. The complainants stated that this was the second time they had complained about a late response from OOH, the previous occasion having been November 2003. They stated that the supervising social worker was 'busy and tired'. Although this section for 'what could the agency improve upon in this area' was blank on the Managers self assessment the Registered Manager informed the Inspectors that carers had now been provided with all members of staffs contact phone numbers. The inspection of some foster carers files of training days attended did provide some copies of certificates, but there was no evidence of training and development plans. It was the view of the Inspectors that a clear plan for the training and development of all carers was an area for further development.

The complaints log at the agency contained one complaint which was not included in the

corresponding Regulation 42 report for that period (01.09.04 – 01.10.04).

**Standard 23 (23.1 - 23.9)**

**The fostering service ensures that foster carers are trained in the skills required to provide high quality care and meet the needs of each child/young person placed in their care.**

**Key Findings and Evidence**

**Standard met?**

**2**

The Inspector viewed a sample of record of training (carers) as well as the registered Managers pre-inspection questionnaire training provision and found them to fall short of the requirements of the NMS. The Inspector therefore recommends that the agency implement a robust system that provides and evidences that training for every Foster Carer meet the National Minimum Standards. The Inspector recommended that the agency implements a robust system, which provides and evidences that training for every Foster Carer meets the needs of each child/young person placed. The Inspector also recommended that discussion at panel and panel minutes reflected the training required by the NMS and that recommendations are made for such training along with any identified by the Supervising Social Workers and tracked. The Inspectors recommend that pre-approval training should benefit from existing carers participation as per FS23.2. The agency is clear in its expectation that all carers receive pre-approval training however the assessment of this training was not found to fully inform one of the sampled Form F assessments. The Inspectors were not able to clearly evidence from the files or other management system that all new foster carers have completed the 'choosing to foster' training. A sample month of panel minutes, which contained reviews, did not provide any evidence of any discussion regarding an appraisal of training and development needs (Quality Assurance and FS23.8). A number of carers had requested appropriate training. There was however no evidence that this training had been provided or whether carers had completed this training. Carers in their review stated that they would have welcomed training on 'now you have been approved this is what happens'.

## Records

The intended outcome for the following set of standards is:

- All appropriate records are kept and are accessible in relation to the fostering services and the individual foster carers and foster children.

### Standard 24 (24.1 - 24.8)

The fostering service ensures that an up-to-date, comprehensive case record is maintained for each child or young person in foster care which details the nature and quality of care provided and contributes to an understanding of her/his life events. Relevant information from the case records is made available to the child and to anyone involved in her/his care.

#### Key Findings and Evidence

Standard met?

2

Foster Placement Agreements inspected did not fully meet SCH 6. The Inspector acknowledged the difficulties in securing information at times from placing Social Workers, and the agency's progression in this area with their in-house Foster Placement Agreement. However, the agency needs to comply with the regulation and ensure that they have a foster placement agreement prior to the young person moving into the carers and must therefore implement, review and monitor a robust system. The agency also implements an 'about me' book.

A written policy on case recording has been produced which the Inspectors recommend includes provision for FS24.03. Foster carers comments on the safekeeping and importance of personal effects, memorabilia, photographs, 'life-story' books belonging to the children indicated that FS24.5 and FS24.7 of the standard were met. Carers records kept at their homes were found not to be consistently recorded or stored.

### Standard 25 (25.1 - 25.13)

The fostering service's administrative records contain all significant information relevant to the running of the foster care service and as required by regulations.

#### Key Findings and Evidence

Standard met?

2

All confidential records were seen stored securely and systems in place to ensure access to them were restricted to the appropriate members of staff. The records viewed were much clearer and easier to use.

Although the agency stated that they were clear on the process of approval and registration the Inspectors were unable to audit the Foster Carer Register or the carers files to clearly demonstrate this. The copy of the Foster Carer Register sent to the CSCI and used pre-inspection differed to the register held at the agency's premises.

Both copies of the Register no longer contained carer's details that had left the agency. The Registered Manager confirmed that he would rectify this omission. The Inspectors recommended that the register should have the approval status as per the panels recommendations.

Reports being referred to in panel minutes but not being held on the carers file (Regulation 30). A sample of the Foster Care Agreement provided by the Manager and inspected on carers files were in line with most of Schedule 5 of the Regulations but did not adequately

cover the procedure for representations.

<b>Number of current foster placements supported by the agency:</b>	11		
<b>Number of placements made by the agency in the last 12 months:</b>	X		
<b>Number of placements made by the agency which ended in the past 12 months:</b>	X		
<b>Number of new foster carers approved during the last 12 months:</b>	X		
<b>Number of foster carers who left the agency during the last 12 months:</b>	X		
<b>Current weekly payments to foster parents: Minimum £</b>	320	<b>Maximum £</b>	460

## Fitness of Premises for use as Fostering Service

The intended outcome for the following standard is:

- The premises used as offices by the fostering service are suitable for the purpose.

Standard 26 (26.1 - 26.5)

Premises used as offices by the fostering service are appropriate for the purpose.

**Key Findings and Evidence**

**Standard met?**

2

The office premise used has a shop front in the high street at Lydd which is accessible during normal working hours, the registered office for the company is the home of the Responsible Individual. The agency operates out of the office in Lydd, with the supervising Social Worker, social work assistant and other staff working from this base. The agency uses other venues in which to hold training etc. Therefore a large amount of fostering functions are not carried out at the Lydd office (Panel meetings, contact, training). The building is fitted with an alarm system. The Inspectors asked staff if they had been involved in a fire drill which they stated they had not. The registered Manager stated within the pre-inspection questionnaire that health and safety guidelines and the proposals are being implemented.

## Financial Requirements

The intended outcome for the following set of standards is:

- The agency fostering services are financially viable and appropriate and timely payments are made to foster carers.

### Standard 27 (27.1 - 27.3)

The agency ensures it is financially viable at all times and has sufficient financial resources to fulfil its obligations.

#### Key Findings and Evidence

#### Standard met?

1

The Inspector previously required the agency to submit their accounts to the CSCI for consideration and still awaits these. The registered Manager stated that 'we have a financial advisor that ensures we are financially viable and are able to fulfil our obligations. We also comply with all financial regulations and guidelines'.

### Standard 28 (28.1 - 28.7)

The financial processes/systems of the agency are properly operated and maintained in accordance with sound and appropriate accounting standards and practice.

#### Key Findings and Evidence

#### Standard met?

2

There has been delay by the agency in submitting records that illustrated arrangements for control and supervision of the financial affairs. The agency stated that this was due to a change of accountant. Budget statements (spending plans for current and next financial year) were not supplied pre-inspection, or at the time of the inspection although requested.

**Standard 29 (29.1 - 29.2)**

Each foster carer receives an allowance and agreed expenses, which cover the full cost of caring for each child or young person placed with him or her. Payments are made promptly and at the agreed time. Allowances and fees are reviewed annually.

**Key Findings and Evidence**

**Standard met?**

3

Foster carers visited confirmed that payments are made promptly and at the agreed time.



## Fostering Panels

The intended outcome for the following set of standards is:

- **Fostering panels are organised efficiently and effectively so as to ensure that good quality decisions are made about the approval of foster carers, in line with the overriding objective to promote and safeguard the welfare of children in foster care.**

### Standard 30 (30.1 - 30.9)

Fostering panels have clear written policies and procedures, which are implemented in practice, about the handling of their functions.

#### Key Findings and Evidence

#### Standard met?

1

The agency has one panel. The Inspectors found a number of instances whereby the procedures and assessment of carers did not meet the regulations. Reports being referred to in panel minutes but not being held on the carers file (Regulation 30), One carer placed on the agency's register dated 07.06.03 had a CRB dated 01.09.04 and photo identification dated 13.05.04. One carers application form stated they made a previous application in July 2004, whereas the Form F has June 2004 as its start date and the Form F states that the "applicants were assessed and approved by another agency" however there is no further mention in the Form F nor any reference from the said agency. There is unclear information regarding previous involvement of Social Services, Medical paperwork not being presented at panel or gathered as part of the assessment (regulation 27 Schedule 3 ). This is therefore unsatisfactory that these went through panel and is viewed as a major shortfall. "[A Director] said he realised the problems with the checks and that the carers will need to be asked various questions but he asked panel to decide whether or not they may be suitable, pending checks" (Panel Minutes).

Practice which breaches regulations also included a carer who was registered by the agency on 17.07.04 for which the panel minutes state "[Registered Manager] pointed out the [the carer] was still registered with [an independent fostering agency]". A further example of poor practice included the registration of carers on the 4.09.04 (for which the register appeared to have been changed) who had previously been approved by the agency. Panel Minutes state: "[A Director] asked if the panel could approve them on the understanding that their form f will be re-written. A social worker has been lined up to do the update, CRB checks and statutory checks have been re-issued". Therefore indicating practice operating outside of the regulations for assessment and panel functions.

Another example involves carers who on the Register were approved 17.07.04. However the panel stated in breach of Regulation 27 (4) Schedule 3 point 13 'subject to the remainder of the checks being received back satisfactorily [the carers] were recommended for approval'. Then in the panel minutes two months later (04.09.04) "clarification is needed about [the carers] CRB. This was carried out under this name but he is also know as [another name]".

The agency are required to ensure and evidence via written communication to the CSCI prior to any future meetings of the panel that the establishment (Regulation 24), functions of the fostering panel (Regulation 26), and assessment of prospective foster parents (Regulation 27) meet the expectations of the Fostering Services Regulations 2002.

## Short-Term Breaks

The intended outcome for the following set of standards is:

- When foster care is provided as a short-term break for a child, the arrangement recognises that the parents remain the main carers for the child.

### Standard 31 (31.1 - 31.2)

Where a fostering service provides short-term breaks for children in foster care, they have policies and procedures, implemented in practice, to meet the particular needs of children receiving short-term breaks.

Key Findings and Evidence	Standard met?	0
---------------------------	---------------	---

This standard was not assessed at this inspection

## Family and Friends as Carers

The intended outcome for the following set of standards is:

- Local authority fostering services' policies and procedures for assessing, approving, supporting and training foster carers recognise the particular contribution that can be made by and the particular needs of family and friends as carers.

### Standard 32 (32.1 - 32.4)

These standards are all relevant to carers who are family and friends of the child, but there is recognition of the particular relationship and position of family and friend carers.

Key Findings and Evidence	Standard met?	9
---------------------------	---------------	---

This standard is not applicable to this agency.

**PART C**

**LAY ASSESSOR'S SUMMARY**

**(where applicable)**

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

**D.1 Registered Person's or Responsible 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 2<sup>nd</sup> November 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

Provider comments on content of Report

Standard 1

Children's Guide – We consider this both written and DVD format guide already include a summary of procedures for complaints and representation. We therefore believe this standard has been met.

Standard 2-3

At no point during inspection or feedback have we been advised as to which staff file did not meet the requirements.

Standard 4-5 We consider these standards already met.

Standard 8

This is factually incorrect and bears no resemblance to the conversation held with the inspector.

Standard 24-25 – Credo Care have always operated the same registered procedures which has never previously been questioned by the Inspectors.

Standard 26-30 – We believe these standards have been met

The directors of Credo Care reject wholly the substance of this report, both as factually inaccurate and as a result of biased and personal interpretation of the Inspector.

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

Amendments to the report were necessary

YES

Comments were received from the provider

YES

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

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

YES

**Note:**

In instances where there is a major difference of view between the Inspector and the Registered Provider responsible Local Authority fostering service 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 return of Draft, 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

Provider has declined to provide an action plan

Other: Detailed Providers comments are available from CSCI Ashford Local Office

YES

**Public reports**

It should be noted that all CSCI inspection reports are public documents. Reports on children's homes are only obtainable on personal application to CSCI offices.

**D.3 PROVIDER'S AGREEMENT**

**Registered Person's or responsible Local Authority Manager's statement of agreement/comments: Please complete the relevant section that applies.**

**D.3.1 I \_\_\_\_\_ of \_\_\_\_\_ 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.

**Commission for Social Care Inspection**  
33 Greycoat Street  
London  
SW1P 2QF

Telephone: 020 7979 2000  
Fax: 020 7979 2111

National Enquiry Line: 0845 015 0120  
[www.csci.org.uk](http://www.csci.org.uk)

S0000035250.V186103.R01

© This report may only be used in its entirety. Extracts may not be used or reproduced without the express permission of the Commission for Social Care Inspection



The paper used in this document is supplied from a sustainable source