



*Making Social Care
Better for People*

inspection report

Local Authority Adoption Services

London Borough of Richmond upon Thames Adoption Service

Children and Families

91 Queen`s Road

Twickenham

TW1 4EU

29th July, 21-23rd September 2004

Commission for Social Care Inspection

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

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

The role of CSCI is to:

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

Inspection Methods & Findings

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

The 4-point scale ranges from:

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

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

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

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

ADOPTION SERVICE INFORMATION

Name of Local Authority

London Borough of Richmond upon Thames Adoption Service

Headquarters Address

Children and Families, 42 York Street, Twickenham, TW1 3BW

Adoption Service Manager

Dawn Godfrey

Tel No:

020 8831 6137

Address

Children and Families, 42 York Street, Twickenham, TW1 4EU

Fax No:

020 8891 7682

Email Address

Certificate number of this adoption service

Date of last inspection

N/A

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

May 2004

Date of Inspection Visit		21st September 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Sue Nott	124902
Name of Inspector	2	Maureen Moore	
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) 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.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection			

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

Statement of purpose

Securing and promoting children's welfare

Prospective and approved adopters

Birth parents and Birth families

Adoption panels and Agency decisions

Fitness to provide or manage an adoption agency

Provision and management of the adoption agency

Employment and management of staff

Records

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

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

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

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

The report will show the following:

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

This report is a public document.

INSPECTION VISITS

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

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Richmond upon Thames is a local authority adoption service covering an outer London area, with a growing demand for adoptive placements. A separate adoption team had only been established since the end of 2003, and was part of the overall family placement service for the borough.

The team consisted of a full time manager, two full time and two part time adoption social workers, a full time adoption support worker, and a part time adoption support development worker, plus a team administrator. In addition, there were a number of independent workers, who undertook intercountry adoption assessments and support, including an overseas coordinator.

The agency had just joined the South West London adoption consortium, established to share resources, including adoptive families and training.

Most of the children in adoptive placements were placed with families outside Richmond. At the time of inspection there were 3 children awaiting placements, and 11 approved families awaiting a match for a domestic adoption, and 5 intercountry adopters waiting.

The service dealt with an above average number of overseas adoptions.

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.)

Adoption agencies are being inspected for the first time against the National Minimum Standards introduced from the 1st of April 2003. As a result the report may contain a substantial number of recommendations and requirements. If so, the number of these should fall significantly at the next inspection, when providers will have time to take account of the new legislation and standards, and take action to meet them. Any breaches posing an immediate risk to service users would be highlighted for urgent action.

The inspection of Richmond Social Services Adoption Service was carried out over three days, plus observation of the adoption panel on a separate day. Staff were accommodating and helpful in facilitating the inspection timetable, and provided all the information required. A small number of adopter questionnaires were returned, and the majority of which were extremely positive on the service provided. Overall the inspectors found an improving service, meeting or partially meeting most of the standards required. There was a committed staff and management group, with a range of experience and skills. Managers were already aware of, and working on many of the issues raised in this summary.

Statement of Purpose (Standard 1)

This standard was partially met. The agency had a clearly written Statement of Purpose, which accurately reflected the aims and objectives, and covered most of the areas expected. However, it needed to include details of the qualifications and experience of the manager and staff. The British Association for Adoption and Fostering Children's Guide was used. New guides were being developed to provide a document that described Richmond's own adoption service. Policies and procedures had recently been updated.

Securing and Promoting Children's Welfare (Standard 2)

This standard was met. The agency had an ongoing and developing recruitment programme. Staff were aware that they needed to target communities more effectively to meet the demands on their service, and to provide applicants who would best meet the needs of the range of children requiring adoptive families. The team had just joined the South West London Consortium.

Prospective and Approved Adopters (Standards 3-6)

These standards were met. There was evidence that the agency was thorough in its assessments of adopters. The system of planning meetings for family finding and matching was good, and positive feedback was received from both staff and adopters on this process. The provision of ongoing support to adoptive families and children was developing, and specialist advice and services were available, if needed. There was evidence of the agency being responsive to individual needs. Inter country adopters were initially referred to the Overseas Helpline for preparation, and a good service was provided by the team to these adopters once assessments commenced.

Birth parents and Families (Standards 7-9)

These standards were met. Where possible, the adoption agency worked with birth parents to enable effective plans to be made and implemented for their children. Access to a support worker from the adoption team, independent of the child's social worker, was offered to birth parents who were contesting the agency's plan for their child. Richmond was also organising a fully independent service for birth parents through a contract with a voluntary agency. There was evidence that some form of contact between the child and their birth family was maintained and encouraged, where possible, after adoption.

Adoption Panels and agency decisions (Standards 10-13)

One standard was met; three were partially met. The panel was properly constituted and meetings were held regularly. The panel chair was suitably qualified and experienced. Panel members received papers sufficiently in advance. Regular training was provided, and prospective adopters were encouraged to attend panel. Accessibility of medical advice was insufficient. A formal mechanism for panel to feedback to the agency on quality assurance issues was in place. Procedures must reflect all areas in Standard 10.2, and issues regarding quoracy must be addressed prior to panel taking place.

Fitness to provide or manage a service (Standards 14-15)

One standard was met, and one was partially met. The manager had professional qualifications, and relevant professional child care experience. However, she did not yet have a management qualification. There was positive feedback from staff and service users that she demonstrated good leadership. Lines of accountability were clear.

Provision and management of the adoption agency (Standards 16-18)

Two standards were met; one was partially met. There was evidence of monitoring of the activities of the adoption agency by management and an active and involved steering group. The role of the medical adviser needed to be developed appropriate to the needs of the agency.

Employment and management of staff (Standards 19-23)

Four standards were met; one was partially met. There were generally good recruitment and selection procedures to ensure the employment of appropriately qualified and experienced staff, but these procedures need to be updated, to include the making of telephone checks to verify references. Action had been taken to increase recruitment to social work posts, and the agency needed to ensure sufficient administrative support was provided at all times to the adoption service.

Records (Standard 25-28)

Two standards were met; two were partially met. All case records seen were of a reasonable quality, and file audits were taking place. Files were securely stored, but a risk assessment needed to be carried out on the storage of archived files.

Panel member files did not contain all information required. Separate files must be maintained for all panel members and independent workers.

Fitness of premises (Standard 29)

This standard was partially met. The offices were appropriately laid out for the space available. There was a satisfactory level of security provided. The building was fully insured. A Disaster Recovery Plan needed to be completed.

Reports and Notifications to the Local Authority and Secretary of State

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

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

NA

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

NA

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

NA

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

NA

The grounds for the above Report or Notice are:

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

Requirements from last Inspection visit fully actioned?

NA

If No please list below

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

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

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	LAASR 2003.2 Sch.1	LA1	The Statement of Purpose must include details of the relevant qualifications and experience of the manager and staff of the service.	30.06.05
2	AAR 1983 6(1)	LA10	The agency must ensure that the panel procedures cover all areas identified in Standard 10.2, and that all members of staff, and panel are familiar with these.	30.06.05
3	LAASR 2003 11	LA11	Evidence must be provided of current CRB checks for all panel members, applied for by the agency itself.	30.06.05
4	AA&CR Miscellaneous Arrangements 1997 5(4)	LA12	The agency must ensure that recommendations are not made unless a full discussion is possible with a quorate panel.	31.05.05
5	LAASR 2003 11.3	LA14	The manager must pursue obtaining a management qualification.	30.09.05
6	LAASR 2003 11a	LA19	The agency must ensure that procedures and practice are updated to telephone verification of all references.	30.06.05
7	AAR 1983 14.3	LA25	The agency must ensure that case records are securely stored to minimise the risk of damage from fire and water.	30.09.05

8	LAAS 200311(b)	LA28	The agency must ensure that all listed areas under NMS 28.2, regarding panel members are maintained on file.	31.05.05
9	LAAS 200316	LA29	The adoption agency must complete a Disaster Recovery Plan that includes backup of adoption records.	30.09.05

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	LA1	A summary of the statement of purpose should be included within these guides, as well as up to date information on contacting the Commission.
2	LA2	The adoption service should develop their written recruitment plan to include targets for the numbers of adopters needed to meet the needs of the agency.
3	LA3	The new pack should include information on the agencies priorities, and their need to approve adopters who will best meet the needs of the children waiting for new families.
4	LA3	The practice of excluding applicants living inside the borough of Richmond should be reviewed.
5	LA4	The timings of the preparation groups should be regularly reviewed to provide flexibility for prospective adopters.
6	LA4	Adopter's career histories were not always detailed enough on files seen, and should include months as well as years, where possible, and explanations of any periods of unemployment. Evidence should be available of notes made during the assessment process.
7	LA5	Matching reports should consider the implications of all areas of need including the child's heritage in recommending a proposed match.
8	LA5	The adoption allowance scheme should be reviewed, and clear written information be provided for all prospective adopters.
9	LA7	More work should be done on ensuring that birth parents see and have the opportunity to comment on what is written about them in E forms before details are shared with the panel or adopters.
10	LA11	The service should try to broaden the range of backgrounds, ethnic origins and gender of panel members to reflect more widely those of it's service users

11	LA18	The contract made with the health authority regarding the role and responsibilities of the medical adviser should be reviewed to ensure a higher standard of service is achieved.
----	------	---

- Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. LA10 refers to Standard 10.

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	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	21/09/04
Time of Inspection	0915
Duration Of Inspection (hrs)	50
Number of Inspector days	7
Additional Inspection Questions:	
Certificate of Registration was displayed at time of inspection	NA
The certificate of registration accurately reflected the situation in the service at the time of inspection	NA
Total Number of staff employed (excluding managers)	6

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

The scale ranges from:

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

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

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

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

Statement of Purpose

The intended outcome for the following standard is:

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

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

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

Key Findings and Evidence

Standard met?

2

Richmond's Statement of Purpose was clearly written, and accurately reflected the aims and objectives of the adoption service. The document covered most areas expected, including its organisational structure.

However, it must also include details of the relevant qualifications and experience of the manager and staff of the service as listed in Schedule I of the Local Authority Service Regulations 2003.

It had been formally approved by the executive, and was to be reviewed annually.

At the time of the inspection, the agency used the British Association for Adoption and Fostering Children's Guide. This gave good information on adoption, but needed to be developed further to provide a guide that described Richmond's own adoption service. New guides were in the process of being developed, with the aim of having three separate guides for different age groups and children with disabilities. The new guides were due for publication in January 2005. A summary of the statement of purpose should be included within these guides, as well as up to date information on contacting the Commission.

Facilities were available for documents and communications to be translated into different languages, as well as Braille and large print.

All members of the adoption team had seen a copy of the Statement of Purpose, and were aware of its contents.

The service's policies and procedures were updated in July 2004 to take account of the changes in legislation, and the minimum standards.

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

YES

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

YES

Is there a children's guide to adoption?

YES

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

YES

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

Standard 2 (2.1 - 2.3)

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

Key Findings and Evidence

Standard met?

3

The adoption service had written plans identifying its strategy for the recruitment of adopters to meet the needs of the agency. At the time of inspection, these needed to be developed further, as targets were still in the discussion stage. There was an ongoing developing recruitment programme, and a marketing and recruitment specialist had been employed to complete the strategy by the end of September 2004. The team had joined the South West London Consortium in June 2004, and were developing systems for joint working with the other member agencies.

The authority was piloting the Integrated Children's framework.

The matching system seemed to be operating well, with a clear system of permanency planning meetings in operation. No transracial placements had been made in the last twelve months. However, staff recognised that the service was some way from recruiting the numbers of adopters it needed, particularly for children of dual heritage, and that the strategy could be improved. With the formation of the separate adoption team in 2003, managers were positive that an increase in active recruitment campaigns could now be continued and developed. Staff informed the inspectors that they were also able to place through interagency arrangements to improve placement choice for the children.

The agency took into account wherever possible the children's views on adoption and matching, based on their age and understanding, and made efforts to involve them in plans for their future.

In the last 12 months:

How many children were identified as needing adoptive families?

12

How many children were matched with adopters?

11

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

7

How many children were placed with other services' adopters?

4

How many children were referred to the Adoption Register?

X

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

11

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?

2

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?

3

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.

Key Findings and Evidence

Standard met?

3

The team aimed to continue to build on the increase in the number of adopters recruited each year. At the time of inspection, the agency had approved six families in the previous twelve months for domestic adoption, as well as five families wishing to adopt from overseas. Written information was provided in a pack to prospective applicants regarding the assessment process.

The eligibility criteria was not clear in the current booklet in use, and was not specifically aimed at attracting a wide range of applicants. However, new information was being developed, and inspectors saw some samples of the new publicity information, including a general leaflet, which it was planned would provide more targeted information.

The new pack should include information on the agencies priorities, and the need to approve adopters who will best meet the needs of the children waiting for new families. Present criteria excluded applicants living inside the borough of Richmond, who were signposted to other near by boroughs. This practice should be reviewed.

Applicants wishing to adopt from another country are provided with a separate information pack. Richmond had a considerable number of enquiries relating to ICA, and had a well-established system of providing a service to these applicants.

Information sessions are provided for prospective applicants. Adopters interviewed confirmed that the preparation process included the opportunity to talk with adopters, who had already been approved, about their experience.

Information is given to prospective adopters about children waiting for adoption, both locally and nationally, and details are given about BAAF and Adopt UK.

Standard 4. (4.1 – 4.9)

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

Key Findings and Evidence**Standard met?****3**

Examination of files, panel attendance, adopter questionnaires, and interviews with adopters gave evidence of a thorough assessment process. The agency aimed to provide a prompt initial interview. There was a set programme for preparation groups run over seven evening sessions, which Richmond organised according to demand. Staff indicated that they were prepared to be flexible in the timetabling of sessions, and monitored feedback from adopters on this issue. On the whole adopters were satisfied with the content of the groups, which inspectors were told was reviewed on a regular basis. Existing foster carers who were planning to adopt were also encouraged to attend preparation groups. Adopters interviewed commented that the group they attended were "very helpful". BAAF Form F is used for all assessments, and inspectors were informed that evidence based assessments had recently been introduced. Adopter's career histories were not always detailed enough on files seen, and should include months as well as years, where possible, and explanations of any periods of unemployment. There was little evidence of notes being made during the assessment process. Statutory checks were carried out appropriately, and all members of a household aged over 16 are required to undergo CRB checks.

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?**

3

The system of planning meetings for family finding and matching was good, and positive feedback was received from both staff and adopters on this process. Adopters were advised of the matching process and the Adoption Register at the last session of the preparation group, and written information was provided.

There was evidence that efforts were made to give the adopters clear and up to date written information about the child. Adopters received a copy of the E form on the child, and any reports the court gave permission to share. However, the quality of information provided in form E's was variable. It was also noted that the matching report for one child discussed at panel, did not adequately cover the child's dual heritage, or fully consider the implications of this in the proposed match.

Training sessions were planned with Looked After Children social workers on the writing of Form E's, and the information required.

Adopters were encouraged to produce an appropriate family book giving information about them to share with the child in preparation for a match.

The BAAF interagency form H was used for all placements providing a written and signed record of the arrangements. The agency informed inspectors that there was a form which adopters were asked to sign regarding the notification of the death of the child, and that a written record was kept of the adoptive parents' decision and subsequent action, although no evidence was seen of this on file.

A number of adopters commented, in interview and questionnaires on the lack of written information on financial support. This should be produced, so adopters are clear on all aspects of support provided by the department. The adoption allowance scheme should be reviewed.

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

YES

Standard 6 (6.1 – 6.7)

Adoptive parents are helped and supported to provide stable and permanent homes for the children placed with them.

Key findings and evidence**Standard met?**

3

The adoption service had a developing strategy for working with and supporting adopters, and there was evidence of it being responsive to individual needs. Various strategies are used when placements are struggling, and access to a range of therapeutic services was provided where possible, including individual work by play therapists, use of CAMHS, and referral to the Post Adoption Centre. Richmond also provides support to its overseas adopters. The agency should ensure that adoption support assessments are considered at the time of a best interests decision, and confirmed at the time of matching a child with a family.

The service has established an annual family day, and had started mailing a regular newsletter to adopters. The team were also exploring setting up a “buddy scheme”. Ongoing post placement training was planned with the other boroughs in the consortium. Membership of Adoption UK was paid for all adopters. A post approval group was being planned to support adopters waiting for a placement. The overseas adoption co-ordinator provided support to inter country adopters.

The importance of keeping children’s background information safe was explained to adopters during the preparation groups and assessment process. Identity issues were highlighted during the preparation groups, and the importance of life story work stressed. There had been one disruption of a placement of two children in the last twelve months. The manager reported that the agency would work with other agencies and the adopters to provide support to them and the child, and organise a disruption meeting with an independent chair.

Number of adopter applications started in the last 12 months

11

Number of adopters approved in the last 12 months

11

Number of children matched with the local authority’s adopters in the last 12 months

7

Number of adopters approved but not matched

16

Number of adopters referred to the Adoption Register

3

How many placements disrupted, between placement and adoption, in the last 12 months?

2

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
<p>Where possible, the adoption agency worked with birth parents to enable effective plans to be made and implemented for their children. A leaflet was given to birth parents explaining adoption. Evidence that their views had been sought and recorded was checked on cases being discussed at the adoption panel observed. Although only one placing social worker was interviewed, there was evidence from files of some good practice in this area. However, more work needs to be done on ensuring that birth parents see and have the opportunity to comment on what is written about them in E forms before details are shared with the panel or adopters.</p> <p>Access to an adoption social worker to provide support independent of the child's social worker was offered to birth parents who were contesting the agency's plan for their child. The agency was negotiating with a voluntary child care organisation, which operated a service locally to provide a fully independent counselling service to birth parents, siblings and other significant relatives..</p> <p>All procedures concerning the roles and responsibilities of the different workers had recently been updated.</p>		

Standard 8 (8.1 – 8.2)

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

Key Findings and Evidence	Standard met?	3
<p>There was evidence that birth parents were encouraged, where possible, to contribute to providing information about themselves and their child's life prior to the plans for adoption being made. A letterbox exchange system is in place. Staff interviewed were clear about the planning and counselling needed, to enable a birth family to share and provide information about a child's birth and early life.</p> <p>Training should continue to be provided for new social workers, alongside the provision of the up to date procedures, on moving children towards adoption. This should include all the necessary paperwork to be completed.</p> <p>Adopters were encouraged in training and in visits by adoption social workers, to meet with birth family members where possible, and to gather as much information as they were able regarding the child's early history, to share with the child in the future according to their age and understanding.</p>		

Standard 9 (9.1)

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

Key Findings and Evidence**Standard met?**

3

There was evidence from discussion with staff and managers, from case files and panel observation that the agency was providing and continuing to develop strategies to support birth parents and families before and after adoption. A service level agreement with a local voluntary agency was being drawn up to provide independent counselling and advice. Information was available about local and national support groups to provide to birth parents.

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.

Key Findings and Evidence	Standard met?	2
<p>The written policies and procedures for panel members and staff were updated in July 2004, but did not cover all the relevant areas required. They did not include procedures to ensure the panel was quorate. A number of members of the panel observed declared a conflict of interest in cases being presented, rendering the panel inquorate. See standard 12. Also the procedures do not make it clear that the final decision on the case presented rests with the nominated decision maker for the agency, the assistant director for Children's Services.</p> <p>The panel chair had not seen the new procedures.</p> <p>The agency must ensure that the panel procedures cover all areas identified in Standard 10, and that all members of staff, and panel are familiar with these.</p> <p>Adopters attended the panel, and were encouraged to participate. Panel members were comfortable with this aspect. Adopters are provided with an information and feedback leaflet on panel, and are met by the chair before entering the meeting.</p> <p>Feedback from the panel to the agency was via the chair, and quarterly meetings between the assistant director, the team manager and the chair of the panel had been established. These meetings provided a forum for the chair to provide regular feedback to senior management on the quality of both the reports presented, and the childcare planning involved. This process should also be included in the updated procedures. The team manager had produced the annual panel report. The chair expected to have input into next report.</p> <p>There was evidence that the role of panel in monitoring the progress of cases was taken seriously, and issues of concern raised in the panel, would be brought to the notice of senior managers, by staff members of the panel.</p>		

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

Key Findings and Evidence	Standard met?	2
----------------------------------	----------------------	---

The panel had a properly constituted membership, and the panel chair and members had relevant qualifications and expertise. The inspector was informed that a legal adviser is always present. There was a good understanding by most panel members, evidenced by the level of discussion, of the implications of adoption.

The service should try to broaden the range of backgrounds, ethnic origins and gender of panel members to reflect more widely those of its service users, particularly given the above average number of inter country adoptions that it deals with. The panel chair acknowledged that the membership would benefit from broadening this aspect of its membership.

CRB checks were available on panel members. However, some of these were copies. Evidence must be provided of current original CRB checks applied for by the agency on all panel members.

There was an induction process for new members, which included observation of a panel prior to joining. Panel members were invited to attend workshops with the adoption team. Two training events had been held since March 04 on the Impact of Recent Legislation and Evidence Based Assessment in Adoption. A further training day was planned for November 2004, which would focus on inter country adoption.

Is the panel a joint panel with other local authorities?	NO	
Does the adoption panel membership meet all of the statutory requirements?	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?**

2

The panel was held every month, and extra panels could be scheduled to deal with extra demand where necessary. The panel observed was not quorate for recommendations to be made, but discussion went ahead. Recommendations were to be itemised again at the next panel meeting, so that they could be “ratified”.

The agency must ensure that recommendations are not made unless a full discussion is possible with a quorate panel.

The agency should also ensure that panels are quorate before going ahead.

Papers were received one week in advance.

Sibling group discussion did not consider each child separately.

It is recommended that all information in case papers presented to panel is anonymised.

The medical adviser had not sought further medical information prior to panel on two cases where this would have been helpful.

An administrator in the family placement service, who was also the delegated minute taker, dealt with the administration of panel. The minutes are checked by the chair, and efforts were made to ensure the recommendations of the panel were considered by the decision maker, within appropriate timescales. The assistant director had the benefit of the full minutes, and there was evidence that decisions were made within a week of a panel recommendation.

Standard 13 (13.1 – 13.3)

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

Key Findings and Evidence**Standard met?**

3

The timescales are discussed in Standard 12. The standard of work seen, and the discussion observed at the panel, contribute to the evidence that the welfare of the child to be placed was promoted. The adoption agency had appropriate arrangements in place to ensure that agency decisions are confirmed in writing. However, although there was a standard letter for adopters, there was no standard letter for birth parents. Although it is important that each individual situation is taken into consideration in the writing of the letters, and that they are personalised, a basic format should be developed to provide consistency in the service provided.

The department had prioritised resources into early intervention in case planning, and the number of children being placed for adoption was increasing.

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?	2
---------------------------	---------------	---

The service was managed by staff with relevant qualifications, skills and knowledge. The manager had five years post qualifying childcare experience, and had a Diploma and M.A. in Social Work, as well as the Post Qualifying Child Care Award. She did not have a management qualification. The manager had only been in post since the beginning of the year, and although she had little prior experience in adoption, there was evidence of effective leadership developing. There was positive feedback on her management skills from staff in the adoption team and from placing social workers. Service users confirmed during interviews, and through completed questionnaires that they were satisfied with the service provided.

The manager must pursue obtaining a management qualification.

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?	3
---------------------------	---------------	---

The agency is part of a much wider department concerned with the welfare of children. The system of appointing staff, is dealt with by the Human Resources department. Service inspectors confirmed, during their inspection in May 2004, that valid CRB checks, references and details were kept on personnel files. There was evidence that systems are in place for CRB checks to be renewed every three years. Colleagues spoke highly of the commitment of the manager, and the support and leadership she provided.

Provision and management of the adoption agency

The intended outcomes for the following set of standards are:

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

Standard 16 (16.1 – 16.7)

The adoption agency is managed effectively and efficiently.

Key Findings and Evidence

Standard met?

3

There was evidence that this was a small, well run service, and that satisfactory management and data collection systems were in place. Information required by inspectors was generally easily available, and up to date. Staff and service user feedback was on the whole positive. The roles and responsibilities of staff and managers were clearly defined in written job descriptions, except for the overseas coordinator, which should be produced. Lines of accountability and communication were, however, clear, and the principal social worker deputised in the absence of the team manager. The team manager was praised by the staff group for the quality and consistency of supervision and support provided to the team. There was a regular system of team meetings.

There were procedures for the use of services provided by the Adoption Register.

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?

3

All written procedures covering the work of the adoption team, including those for monitoring and controlling the activities of the adoption service had been recently updated.

Appropriate information was provided on charges for its services.

The council's executive received a full written report on the management and outcomes of the adoption service once a year. Up to date statistics on the work of the adoption and permanency panel were included in this report. Quarterly statistics are also provided.

Corporate parenting workshops had been run for members.

The Children's Services steering group looked at specific issues, and was planning to look the progress being made in the numbers of children being adopted. The reasons for any unnecessary delays in the process, and any further improvements needed would be considered in this forum.

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

Monthly?

Quarterly?

Less than Quarterly?

YES

Standard 18 (18.1 – 18.5)

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

Key Findings and Evidence**Standard met?**

2

The agency has access to specialist advisers and services. Written protocols governing the role of specialist advisers were not provided to inspectors. The medical adviser only carried out a limited role following renegotiation of the advisor's contract with the health service. This contribution was less than the previous adviser, and was limited to attendance at panel, and telephone advice. He did not carry out the adoption medicals himself, and from observation at panel, was not pro-active in following up medical information provided to him, and there was some confusion about the medical implications of one case. He did not provide written reports for adopters, or contribute to the medical section of the Schedule 2 report. The contract made with the health authority should be reviewed to ensure a higher standard of service is achieved. .

The quality of legal advice was said to be good by those staff, and panel members interviewed.

The agency had access to other specialists within the department, and was able to use independent consultants, if necessary.

Employment and management of staff

The intended outcome for the following set of standards is:

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

Standard 19 (19.1 – 19.14)

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

Key Findings and Evidence

Standard met?

2

There were generally good recruitment and selection procedures that ensured the employment of appropriately qualified and, where possible, experienced staff. The department had updated all police checks with current CRB checks for all staff. Written references were also obtained, but personnel procedures do not state that telephone enquiries should be made to verify all written references.

The agency must ensure that procedures and practice are updated to reflect this practice. All staff were qualified, and four had completed PQ awards. Staff, and the service inspectors, confirmed that the annual appraisal system was carried out, and that regular supervision was received. The level of experience of the family placement workers in the team varied, but a number had considerable experience in children's services. New workers received induction, training and supervision in the areas of work covered, including Section 51 counselling. However, some newer members of staff felt that the induction process was less developed for staff transferring from within Richmond. All staff dealt with a small number of cases of birth records counselling assisted where appropriate by the guidance of the adoption support social worker.

Quality of staff was evidenced by interviews, examination of files, observing staff presenting cases to panel, and the accessibility of required information.

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

YES

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

66

%

Standard 20 (20.1 – 20.12) Staff are organised and managed in a way which delivers an efficient and effective service.		
Key Findings and Evidence	Standard met?	3
<p>The agency had systems in place to prioritise and monitor workloads. There were structures for charting the progress of cases in line with the timeframes set out by the National Standards.</p> <p>The quality of assessments was monitored in monthly supervision with the team manager, before presentation to panel.</p> <p>Staff confirmed that they had access to relevant professional training. However, some members of staff said although that there was access to internal and external training, external training was sometimes limited particularly at the end of the financial year.</p> <p>There was access to medical and legal advice for staff.</p> <p>Administrative support was shared with fostering. This was being increased, but the agency should keep their administrative support under review to ensure it is sufficient to support the team at all times.</p> <p>Initial enquiries were dealt with promptly.</p> <p>All staff were provided with appropriate contracts of employment, and had access to employment policies. Staff were given copies of employment policies on joining the department, and had access to these policies on the council's intranet.</p>		

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.			
Key Findings and Evidence		Standard met?	3
<p>The agency has increased the number of social work posts in the team, and with the use of independent workers to do ICA assessments; this was felt to be adequate to meet the needs of the agency at present. Managers were keeping the situation under review.</p> <p>All adoption team members were suitably qualified and experienced. The general shortage of qualified social workers in London was felt by managers to affect the department's ability to recruit and maintain staff in the LAC team, but there was evidence that the council was aware of the need to constantly review recruitment packages, and examine new initiatives to attract new staff. Staff retention packages were in place. Administration support to the team was just adequate.</p>			
Total number of social work staff of the adoption service	7	Number of staff who have left the adoption service in the past 12 months	0
Number of social work posts vacant In the adoption service.	0		

Standard 22 (22.1 and 22.3)

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

Key Findings and Evidence**Standard met?**

3

There was evidence that the department was a fair and sound employer. Staff confirmed that they were made aware of the agency's whistle blowing policy during their induction process, and that this policy was available on the council's intranet.

The agency was covered by the council's public liability and professional indemnity insurance, and had all relevant employment policies in place.

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?**

3

Staff are encouraged through supervision and appraisal to develop their skills and knowledge through training. Training is provided within budgetary restrictions. The manager reported that all training was regularly evaluated, and work was being undertaken to improve the training programme. Information on identified training needs was fed back to the training section. Each worker was appraised annually, and supervision agreements were reviewed annually. Staff spoken to felt the training budget was at times limited for external courses, Three social workers and the team manager had post-qualifying awards. There was access to internal training, and training was also being arranged through the SW London Adoption Consortium. Information is circulated to staff regularly regarding legal changes, and there are opportunities for discussion on these issues at team meetings.

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

Appropriate case records were kept for children and adopters, and written policies highlighted issues of confidentiality. All current cases were kept in lockable cabinets. There were restrictions on who could access archived files, and requests were made via the team manager. Files were not, however, stored in fire resistant cabinets, and a risk assessment must be carried out to ensure adequate protection from fire and water damage.

The agency must ensure that case records are securely stored to minimise the risk of damage from fire and water.

A record that all necessary enquiries and checks had been carried out was maintained on adopters' files. However, recording of notes taken during assessment interviews, were not always kept. These should be available.

The new IT Integrated Children's Services system did not yet include information related to adoption, but the system was being developed to achieve this. All adoption staff would receive training on the new system, and all file notes were to be done electronically.

There was evidence that regular file audits operated, and some evidence of case discussions in supervision on file. Timescales to achieve improvements following a case audit needed to be included on the relevant form

Standard 26 (26.1 – 26.2)

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

Key Findings and Evidence

Standard met?

3

There was evidence from files and discussion with staff that relevant information was shared appropriately with other agencies, working together with Richmond in the placement of children for adoption. A signed confidentiality agreement form was obtained from other agencies, before disclosing information about a child.

Standard 27 (27.1 – 27.6)

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

Key Findings and Evidence**Standard met?**

3

There was a policy that six monthly file audits should be carried out, and there was evidence that this was operating in practice. However, the format did not include timescales for rectifying inadequacies. It is recommended that the format is updated to include this. Staff files were kept separately by Human Resources, and the adoption team manager kept supervision files on each staff member. All confidential records are stored securely in lockable cabinets, with agreed restricted access.

Standard 28 (28.1 – 28.2)

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

Key Findings and Evidence**Standard met?**

2

Up to date personal files were maintained on all members of staff, as examined by service inspectors, and included copies of qualifications, and CRB checks. However, separate files for all members of the adoption panel, and enhanced CRB checks were not available for all panel members. Information and checks on members were inadequate. Separate files on independent worker were also not kept. The agency must ensure that all listed areas under NMS 28.2, regarding panel members and independent workers are maintained on individual files.

Fitness of Premises

The intended outcome for the following standard is:

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

Standard 29 (29.1 – 29.5)

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

Key Findings and Evidence

Standard met?

2

The premises were suitable for the purpose, although space was limited. There were good links with placing social workers, and opportunities for ongoing communication. Security measures were adequate, with a receptionist at the main door. Adoption records were kept in a locked room with a key code security system. Only two members of the central administration had access to this room. There were facilities for holding training in other locations in the borough. Administration systems were satisfactory. The council's IT system was networked, and was password protected. Inspectors were informed that there were sufficient safeguards built into the system to ensure security of access, and back up or records. Each member of staff had their own PC, and access to appropriate equipment to do their job. The premises were covered by the council's insurance. A departmental Disaster Recovery Plan was in the process of being completed. This should specifically refer to adoption records. The adoption agency must complete a Disaster Recovery Plan that includes backup of adoption records.

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 21st September 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

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

Amendments to the report were necessary	<input type="checkbox"/>
Comments were received from the provider	<input type="checkbox"/>
Provider comments/factual amendments were incorporated into the final inspection report	<input type="checkbox"/>
Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate	<input type="checkbox"/>

Note:

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

D.2 Please provide the Commission with a written Action Plan by 9th May 2005, which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

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

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

Public reports

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

D.3 PROVIDER'S AGREEMENT

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

D.3.1 I _____ of Richmond upon Thames Adoption Service confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the statutory requirements made and will seek to comply with these.

Print Name _____
Signature _____
Designation _____
Date _____

Or

D.3.2 I _____ of _____ Adoption Service 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

S0000056797.V187085.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