



Making Social Care
Better for People

inspection report

Voluntary Adoption Agency

The Nugent Care Society

99 Edge Lane

Edge Hill

Liverpool

L7 2PE

25th-27th May 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.

VOLUNTARY ADOPTION AGENCY INFORMATION

Name of Voluntary Adoption Agency

The Nugent Care Society

Address

99 Edge Lane, Edge Hill, Liverpool, L7 2PE

Tel No

0151 261 2000

Fax No

0151 261 2001

Email Address

info@nugentcare.org

Certificate Number of Voluntary Adoption Agency

F080000267

Name of Registered Provider:

The Nugent Care Society

Name of Manager:

Catherine Shelton

Is this service the principal office or a branch?

Is this a small principal office or branch?

Seven or less full-time equivalent social work staff, excluding manager.

Principal Office

Yes

Branch

No

Yes

Date of registration:

Date of most recent certificate:

30th April 2003

Registration Conditions Apply?

YES

Date of last inspection:

07/01

Date of Inspection Visit		25th May 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Rosemary Chapman	075198
Name of Inspector	2	Marian Denny	
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 the inspection		Cathy Shelton	

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INTRODUCTION TO REPORT AND INSPECTION

Voluntary Adoption Agencies 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 Voluntary Adoption Agencies and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended, and the Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) Regulations 2003.

This document summarises the inspection findings of the CSCI in respect of The Nugent Care Society. The inspection findings relate to the National Minimum Standards for Voluntary Adoption Agencies published by the Secretary of State under section 23 of the Care Standards Act 2000.

The Adoption Agencies Regulations 1983 and the Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) 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 in relation to Voluntary Adoption Agencies regarding registration, the imposition and variation of registration conditions and any enforcement action.

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
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Report of the Lay Assessor (where relevant)
- Provider's 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.

The Nugent Care Society is a well-established Voluntary Adoption Agency, which provides a comprehensive adoption service as part of its wider service provision to adults and children in the region. This service includes:

1. Support and counselling for parents who are considering placing their baby for adoption.
2. Recruiting, assessing and training prospective adopters, including those who wish to adopt from overseas.
3. Providing support and help for those people adopted through the Nugent Care Society, including the tracing of birth relatives
4. Recruiting adopters for children looked after by local authorities
5. Advice and support to birth relatives who have placed their child for adoption through the Agency, including assistance with information and tracing, if this is considered appropriate following consideration by the post adoption panel.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

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

This inspection took place over 3 days in May 2004, with 2 inspectors. It found that the Agency had implemented the recommendations of the previous inspection. The Adoption Agency was assessed as providing a very good service, all but 2 of the National Minimum Standards were met and 2 were exceeded. Adopters interviewed were full of praise for the way their applications had been handled, and subsequent support, and saw the Agency as professional and thorough. Staff were said to be supportive and knowledgeable and the service excellent.

Statement of Purpose (Standard 1)

This standard was met.

There is a clear, up to date, written statement of purpose, which reflects the practice of the Agency and has been approved by the Governing Body. Staff have been involved in its development and have their own copy. All service users are provided with a copy also. The Agency is developing a manual of resources to access when documents or interviews need to be provided in other languages or formats.

Securing and Promoting Children's Welfare (Standard 2)

This standard was met.

The Agency makes every effort to recruit suitable adopters and place referred children with families who meet their assessed needs. The Agency has a clear understanding of the types of children needing adoptive placements and will target these in recruitment campaigns. Any babies placed for adoption through the Agency are matched with a family who will meet their assessed needs.

Prospective and Approved Adopters (Standards 3-6)

3 standards were met and 1 was exceeded.

The Agency gives very clear, readable information to prospective adopters, which outlines the eligibility criteria and the process of application and assessment. The preparation and assessment is very thorough and adopters commented on the sensitivity and thoroughness of staff. Matching of children is good and there was evidence of culturally appropriate placements. The Agency provides a service for life and good support is given to adopters once they are approved and when they have children in placement. This was confirmed by the adopters interviewed. The knowledge of staff in relation to inter country adoption is impressive and this was commented on by adopters, who said everything they were told was accurate. Families interviewed expressed a high level of satisfaction with these aspects of the service and were extremely positive and complimentary about the service they received from the social work staff and manager.

Birth parents and birth families (Standards 7-9)**1 standard was not inspected, 1 was met and 1 was exceeded.**

Although the Agency can be involved in the placement of relinquished babies, this has not happened recently so the direct work with birth parents at the point of adoption could not be inspected. It was evident that adopters are made aware of the importance of knowing about the birth family and promoting the child's heritage and the Agency has a letterbox scheme, which is operated by one of the social workers, who will chase up any lapsed contacts. The Agency has developed excellent protocols for dealing with requests for information about birth families/adopted children and goes to extraordinary lengths to trace people and give information. A post adoption panel decides on a document-by-document basis what can be disclosed to people wanting information, without harming anyone else who has been involved in the process. Extreme sensitivity in the handling of such cases was evident.

Adoption panels and Agency decisions (Standards 10-13)**The 4 standards were met.**

The panel is properly constituted and has appropriate policies and procedures in place. Adopters can attend the panel and have done so for some time. Panel members undertake a lot of training and they feel well informed and up to date. Further work is needed to make the panel members files compliant with the regulations however, and this is discussed under Standard 28. The panel meets regularly and the minutes are good and reflect the decision-making process and reasons for the recommendations. The Agency decision maker receives all the relevant information and makes her decision within 14 days, although aims to make it within 7 days where possible.

Fitness to provide or manage a Voluntary Adoption Agency (Standards 14-15)**The 2 standards were met.**

The responsible individual and service manager are suitably qualified and experienced in childcare, management and adoption work. Appropriate checks have been carried out in relation to them. Staff confirmed that the managers have good leadership skills.

Provision and Management of the Voluntary Adoption Agency (Standards 16-18)**The 3 standards were met.**

THE AGENCY IS RUN EFFICIENTLY AND THERE ARE CLEAR PROCEDURES IN PLACE FOR EVERY ASPECT OF THE SERVICE. LINES OF COMMUNICATION AND ACCOUNTABILITY ARE CLEAR. THERE ARE GOOD PROCEDURES IN PLACE FOR MONITORING AND A QUALITY ASSURANCE TEAM UNDERTAKE REGULAR AUDITS. REPORTS ARE PROVIDED TO THE CHIEF EXECUTIVE ON A QUARTERLY BASIS AND THESE FORM PART OF THE REPORT TO THE GOVERNING BODY, WHO MEET QUARTERLY. THE AGENCY HAS ACCESS TO A RANGE OF ADVISERS, INCLUDING MEDICAL AND EDUCATION. THE SOCIETY AS A WHOLE HAS OTHER ADVISERS TO PROVIDE INFORMATION, EXPERTISE AND SUPPORT IN RELATION TO RACE, CULTURE AND DISABILITY.

Employment and management of staff (Standards 19-24)**These 6 standards were met.**

The Society has a good recruitment and selection procedure. There is an appropriate number of social work staff, all of whom are qualified and very experienced in adoption and child care work. An appropriate training programme is in place and a sizable proportion of the staff have undertaken or are undertaking the PQ award. Staff are kept up to date with any changes and are able to discuss these as a team, as well as read appropriate documents. Staff receive regular supervision and undergo an annual appraisal. The administrative staff are spoken of very highly by the social work team and are very much appreciated, as they are said to do more than is expected of them and are very helpful. The Nugent Care Society is said to be a good employer, with appropriate policies and procedures in place for staff retention. The Adoption Agency staff are all long serving staff. Complaints are seen as a positive way of improving practice, the procedure is appropriate and complaints are investigated thoroughly and recorded properly

Records (Standards 25-28)**2 standards were met and 2 were not met.**

Record keeping is generally good and information is stored securely. Fire and waterproof cabinets are recommended however. Appropriate checks are in place for staff but proof of identity and photographs are required and the records of panel members need more information also to comply with Schedule 3.

Fitness of premises (Standard 29)**This standard was met.**

The Agency has its own premises, which are suitable, although they do not have disabled access. This can be made available elsewhere by appointment. The administrative procedures are good and records are stored securely. The premises have suitable security and insurance cover is in place. There is a written disaster recovery plan

Financial requirements (Standards 30-31)**These standards were met**

Nugent Care Society is financially viable and is committed to subsidising the Adoption Agency part of its wider work. Moral, legal and ethical principles are clearly stated as being the basis for its operation. There are sound financial procedures in place; good monitoring systems and reserves are available to assist where necessary. There is an annual external audit and these accounts form part of the annual report, which is a public document.

Implementation of Statutory Requirements from Last Inspection

Requirements from last Inspection visit fully actioned?

YES

If No please list below the findings of this inspection on any Requirements that have not been actioned

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 Voluntary Adoption Agencies and Adoption Agencies (Miscellaneous Amendments) 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.

COMPLIANCE WITH CONDITIONS OF REGISTRATION (IF APPLICABLE)

Providers and managers of Voluntary Adoption 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.

Condition	Compliance	YES
To provide domestic and inter country adoption.		
Comments The Agency continues to provide services for domestic and inter country adoption.		

Condition	Compliance	YES
To operate from Blackbrook House only.		
Comments Blackbrook House is the Agency's only base.		

Condition	Compliance	
Comments		

Condition	Compliance	
Comments		

Lead Inspector	Ros Chapman	Signature	_____
Second Inspector	Marian Denny	Signature	_____
Adoption Manager	Karen Dolton	Signature	_____
Date	_____		_____

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

Action Plan: The Registered provider and manager are 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 Voluntary Adoption Agencies and the Adoption Agencies (Miscellaneous Amendments) Regulations 2003 or the National Minimum Standards for Voluntary Adoption Agencies. The Registered Persons are required to comply within the given time scales in order to comply with the Regulatory Requirements for Voluntary Adoption Agencies.

No.	Regulation	Standard *	Requirement	
1	17	VA28	The Agency must ensure that personnel files on staff and panel members comply fully with the requirements of Schedule 3.	30.9.04

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 Registered Persons.

No.	Refer to Standard *	Recommendation Action
1	VA4	The Agency should obtain written references from family members.
2	VA10	The Agency should alter its conflict of interest procedure so panel members physically withdraw from the panel when a conflict of interest is declared.
3	VA11	The Agency should develop a pro forma for the recording of information on each panel member, so their date of appointment, interview, induction and training is clearly stated and available on their individual records.
4	VA13	The Agency should tighten up its procedures to ensure the Agency decision is made within 7 days whenever possible.
5	VA15	The Agency should ensure the name of the person spoken with in relation to telephone references is noted.
6	VA17	The Agency should ensure the written policy reflects that written reports on the work of the Adoption Agency are provided to the Trustees at least every 6 months.
7	VA18	The Agency should keep copies of the evidence of qualification of all professional advisers.
8	VA20	The Agency should ensure the records of supervision reflect the current practice and frequency of supervision.
9	VA25	The Agency should ensure that all staff complete records to a consistent and thorough standard.
10	VA25	The Agency should store records in fire and water proof cabinets.

* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. VA10 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
Additional Inspection Questions	
Certificate of registration was displayed at the time of the inspection	YES
Certificate of registration accurately reflected the situation in the service at the time of inspection	YES
Total No. of staff employed (excluding managers)	9
Date of Inspection	25/5/04
Time of Inspection	09.00
Duration Of Inspection (hrs)	70
Number of inspector days	9.5

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 - 1.3(partial) and 1.5 – 1.7)

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

Key Findings and Evidence

Standard met?

3

The Agency has a written statement of purpose, which describes its aims and functions and gives the information required by Schedule 1. This was originally approved by the Governing Body on 6.3.03 and has been updated to incorporate the personnel changes in relation to the Manager and Responsible Individual. This revised statement of purpose will be presented to the Governing Body in June 2004. Staff interviewed confirmed they have been actively involved in developing the statement of purpose and have a copy. All service users also have a copy.

The Agency is currently completing a resource manual of contacts who will act on their behalf to translate documents. Advice is also being sought in relation to making information available to those with physical, sensory or learning impairments. The Society can access a variety of services within its wider organisation and other external contacts to ensure information is available quickly in appropriate formats.

The policies and procedures which were inspected are reviewed and updated regularly and reflect the statement of purpose.

**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 trustees or management committee?

YES

Is there a children's guide to adoption?

NA

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

NA

Securing and promoting children's welfare

The intended outcome for the following set of standards is:

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

Standard 2 (2.1 - 2.3)

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

Key Findings and Evidence

Standard met?

3

The Agency has a written recruitment plan, which was inspected. The Agency has a target number of placements to provide each year and this is detailed in the business plan. The target was exceeded for the previous year. The Manager and staff of the Agency have an accurate knowledge in relation to the types of children needing an adoptive placement through their membership of the local consortium and contacts with neighbouring and other Local Authorities with whom they have regular dealings. Appropriate families are then targeted in their recruitment campaigns.

The Agency always has a campaign in National Adoption Week and runs advertisements and is part of the consortium web site. One of the social workers is raising the profile of the Agency currently by contacting health professionals. Churches have also been contacted. The Agency has a good reputation however, and many contact it through word of mouth recommendation.

Matching children with families who meet their assessed needs, including ethnicity, culture, language and religion is the policy of the Agency and this was evident in the families case tracked. The placement of siblings together is also important and this was also evidenced through case tracking. One sibling group had been placed together in a culturally appropriate placement.

The Agency can be involved in the placement of relinquished babies with their approved adopters, and birth mothers and adopters would normally approach Nugent Care because of the Roman Catholic Faith base. However, the Agency would seek a family through its inter - agency arrangements if a suitable family was not available within its own resources.

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

6

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

100

%

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

1

How many allegations of abuse or neglect were made, in the last 12 months, about adopters approved by the Agency?

0

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 – 3.6)

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
<p>The Agency has 2 information packs for prospective adopters – one which is for domestic adoptions and the other for inter-country adoptions. This information is very well written, readable and very clear in terms of the eligibility criteria and the process. The adopters interviewed knew about the eligibility criteria and had received information about the process. They commented that they had been treated fairly and respectfully during their approval. They also commented on the speedy response to their enquiry and the helpfulness of staff.</p> <p>The pack for adopters interested in overseas adoption gives good information and this is backed up with verbal information given by very knowledgeable staff. One such adopter commented that everything that had been said to the family had been accurate.</p> <p>Anyone expressing an interest in adoption is invited to an “options meeting” to explore this further or can meet with a member of staff if no meeting is scheduled to take place in the near future, to prevent delay.</p> <p>The service manager prioritises prospective adopters according to the needs of the children waiting and this information is regularly updated through her membership of the Mersey Region Adoption and Fostering Consortium.</p> <p>Although Nugent Care is a faith Society, prospective adopters are welcomed from any or no faith, except in relation to the adoption of infants, when one applicant must be of the Roman Catholic faith and the couple must be married. This is clearly specified in all the literature inspected. Information about other agencies is available in the documentation given to them. There is written information about the Parent and Child Support Group and the Agency’s life long commitment to anyone involved in the adoption process. This is also emphasised in the preparation groups, when they have an opportunity to meet adoptive parents.</p> <p>Prospective adopters are made aware of the types of children needing placements through the preparation groups, preliminary discussion with staff and through the home study. They also have copies of “Be my parent” and other such literature to peruse. Adopters interviewed confirmed they had been made aware of likely placements.</p>		

Standard 4. (4.1 – 4.9)**Prospective adopters are involved in a formal, thorough and comprehensive assessment, preparation and approval process.****Key Findings and Evidence****Standard met?****3**

There is a thorough assessment process, of which there was evidence in the files inspected and through discussions with staff and adopters.

There is a three-day preparation programme, which is a compulsory part of the process for all first time adopters. This is comprehensive in scope and there is either a separate programme for inter country adopters or they have a separate session to address those issues. One inter-country adopter commented that they found the information relating to domestic adoption useful and it helped them with their thinking and decision-making.

All adopters interviewed found the time and venue convenient. They also found the content to be very helpful. This has been evaluated in the past through discussions with attendees and their suggestions for change implemented. Venues can be changed to suit the needs of the group, if accessibility is an issue for example.

The preparation group is evaluated at the end of each day and the programme changed accordingly, for example if the attendees suggest they would like more information or pursue some other issue of relevance. Participants complete questionnaires at the end of each day. Safe caring is addressed throughout the home study and health and safety questionnaires are completed, which include ownership of dogs and other pets. This questionnaire is being expanded to be more comprehensive and include risk assessments, time for completion of work and so forth.

Adopters interviewed spoke very highly of the sensitivity, thoroughness, professionalism, knowledge and skill of the social workers who undertook their assessments. They were made to feel at ease. This related to a number of members of the staff.

All the appropriate checks were in place in the files inspected and this included employers' references. Obtaining written references from family members is recommended as a good practice measure. Children of previous relationships are also interviewed depending on their age and the appropriateness of this.

Adopters interviewed felt informed throughout the process.

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

Adopters are given written information following approval of the next stage of the process, which includes the matching, support and information about the adoption register. Only a small number of adopters choose to be referred to the register.

The social workers in the Agency are proactive in obtaining up to date information about possible links, including ensuring the information on the form E is up to date. One adopter was able to meet with the medical adviser to obtain information about the implications of a possible medical condition of a child who may be placed with them. Another adopter confirmed they had visited the foster carer of the possible children to be placed and had the opportunity to ask anything they liked of her and of the children's social worker. They felt well informed.

The Agency has developed a pro forma to record the decision of adopters regarding the notification of the death of their adopted child. This had previously been recorded in the file but the pro-forma makes this information more readily accessible. The Agency also asks birth parents if they wish to have this information and that is also recorded on the file.

Prospective adopters prepare a book of information about themselves, including photographs, which are available to children who may be matched with them and their social workers.

Does the VAA 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?**

4

The Agency has an adoption for life policy and adopters interviewed were confident that they would receive the support they need. Adopters interviewed also commented very positively on the support they were currently receiving from their social worker prior to the order being made. One adopter could not speak highly enough of her social worker who was said to be sensitive, encouraging and supportive. Social workers were said to be accessible, return calls, visit regularly and provide good advice. One instance was cited of a worker giving support “over and above the call of duty.” Social workers clearly act as advocates for the adopters and the children placed with them to ensure they receive their entitlements and have their rights protected. The written information makes it clear that anyone who has had contact with the Agency in relation to adoption has the right to their services at any time.

Overseas adopters commented that staff were very knowledgeable and helpful and give good and accurate information. They also have the right to support at any time.

Adopters interviewed were aware of the importance of mementos and the maintenance of the child’s heritage and positive self-image.

Discrimination is addressed in the home study and adopters spoke about suggestions offered to deal with this.

The Agency rarely has disruptions but there has been 1 in the last year, which is the only one the manager can remember. The file gave evidence of a lot of support to the adopter, immediate contact when there were difficulties, counselling and support for some time after and assistance in attending the disruption meeting. The Agency worked cooperatively with the placing Agency to move the child on.

Number of adopter applications started in the last 12 months

20

Number of adopters approved in the last 12 months

11

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

6

Number of adopters approved but not matched

6

Number of adopters referred to the Adoption Register

1

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

1

Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

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

Standard 7 (7.1 – 7.3 and 7.5)

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

Key Findings and Evidence	Standard met?	0
<p>Staff and adopters who were interviewed confirmed that Nugent Care provides a life long service to them and there was evidence of people coming back to the Agency years later for information.</p> <p>Although the Agency is involved with birth parents during the point of placement, this is only in relation to relinquished infants and because of the diminishing numbers of such referrals, it was not possible to inspect this practice, as there had been no such placements in the last year. Thus although everything about the Agency suggests this standard would be met in full, it was not possible to inspect and therefore confirm this.</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>The adopters interviewed confirmed they had information from and about the birth parents of the children placed with them. Adopters of children from overseas demonstrated a good awareness of the importance of the children's heritage, even if they were unable to have direct information from the child's family.</p> <p>Social workers demonstrated that they made strenuous efforts to obtain as much information as possible from the social workers for the child and were proactive in this respect. There is also a letterbox system in operation, which is managed by a social worker for the Agency. She confirmed that she would pursue contacts which lapsed and would assist in helping birth and adoptive families provide appropriate information.</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?

4

The Agency has established very good protocols for working with birth families who approach them for information. There are very clear procedures and these include a post adoption panel, which meets regularly and thoroughly assesses requests for information from files. Birth families are able to attend these panels with a supporter. Every document is gone through and a decision made about every individual piece of information as to whether it can be disclosed without harming any person.

There was evidence of such requests being handled with extreme sensitivity and skill. A number of files were examined and these showed that strenuous efforts had been made to find information and trace relatives. One birth family member interviewed confirmed that her contact with the Agency had been handled with sensitivity and nothing more could have been done for her. She was extremely complimentary about the social worker who dealt with her. Other evidence in a number of files included cards and letters of thanks and a recognition that workers had put in every effort to meet requests and showed a lot of initiative in tracing. Social workers also go to other parts of the country and Ireland to give information in person.

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?	3
<p>There are good and clear policies and procedures in relation to the adoption panel's functions and these cover all the aspects detailed in 10.2.</p> <p>During the observation of a panel, a conflict of interest was declared and the procedures followed correctly. However, a recommendation to improve practice would be for the person declaring an interest to withdraw from the panel completely so nothing in their demeanour could have any possible influence on the panel, or be suggested that this was the case. This is not to say that this was the case during the observation – the panel member acted completely properly and had no influence on proceedings.</p> <p>Prospective adopters have been attending the panel for some years and a written protocol is in place. This was observed and the prospective adopters were made welcome, put at their ease and a good rapport was established between the panel and them. They were given a small number of questions to address in advance of them coming into the panel room, as this is seen as an opportunity for them to assist further, rather than catch them out with awkward questions.</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?	3
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The panel is properly constituted and many members have personal experience of adoption, either as adopters or adoptees. The panel chair and vice chair confirmed that there were plenty of training opportunities and they were kept updated on a regular basis. They said the service manager was very knowledgeable and experienced and would often use the panel meeting as an opportunity for training, if the business finished early. There is also more formal training and details of this were provided.

Inter-country adoption is a growing part of the work of the panel and some panel members have personal experience of this. There is also specific training provided and regular updates. The panel chair and vice chair felt they were well informed and were aware of the importance of keeping up to date.

Panel members spoken with confirmed they observed at least one panel prior to sitting. New panel members have Criminal Records Bureau checks and references taken up before joining the panel and these are being taken up for existing panel members. Panel members' files inspected indicated that there were a small number of gaps in requirements. This has been addressed in Standard 28 and a requirement made under that standard.

Panel members have an induction with the service manager, there is at least one joint training day with the Agency staff and there was evidence of regular training and updates, both from training records and confirmed by the panel chair and vice chair. It is recommended that a pro forma be developed for each panel member, which shows the date of their interview, when they had their induction and what training they have undertaken and that this be kept on their individual files.

Does the adoption panel membership meet all of the statutory requirements?	YES
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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?	3
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The panel is held regularly and extra panels can be convened if necessary. They are efficiently organised and panel members receive their papers a few days in advance of the meeting to enable them to give full consideration to them. The minutes of the panel were very good and showed clearly the reasons for the decision and the discussion. The main minute taker is very experienced and clearly good at her job yet showed an interest in undertaking the BAAF minute taker course. The meetings are also tape recorded as a back up.

Standard 13 (13.1 – 13.3)

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

Key Findings and Evidence

Standard met?

3

The Agency decision maker is sent the panel papers and related documents prior to the panel and she is then provided with the minutes in order to inform the decision making process. The Agency aim to make the decision within 7 days of the panel but it was clear from the minutes provided that this is not always achieved. It is usually made within 14 days and the service manager has considered altering the Agency policy to 14 days, but the recommendation of the inspectors is that it remains as 7 days as this is a preferable time scale to aim for, but that procedures are tightened up to prevent unnecessary delay. All the written information seen and the operation of the panel makes it very clear that the panel only recommend a course of action.

The prospective adopters are informed verbally of the panel decision on the day of the panel and this is confirmed in writing once the decision has been made. If the decision is in relation to a relinquished infant, this is then confirmed in writing to the parents of the child.

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 – 14.6)

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

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

Key Findings and Evidence

Standard met?

3

The Agency has a long tradition of arranging adoption placements and records predate the 1926 Adoption Act. The Responsible Individual has experience, knowledge and skills in childcare, finances and management and the Governing Body monitor the work to ensure it is effective and efficient. The previous responsible individual has just retired and the previous service manager of the Adoption Agency has just taken her place.

The previous service manager, who took up her new post as Responsible Individual at the beginning of May 2004, is qualified and very experienced in childcare and adoption, having worked for the Society for over 20 years. She is also undertaking a management qualification. This is who is referred to as the Manager for the purposes of this inspection. The new service manager is qualified and very experienced in childcare, management and adoption work. The Society confirms she will be seconded to undertake the National Vocational Qualification level 4 in management within 6 months of appointment.

Staff interviewed were positive in their comments about the previous service manager, the current one not having been in post long enough to make any impression as yet. They said she was supportive and approachable. The head of the Quality Assurance section also spoke highly of the previous manager. The evidence inspected through interviews and document reading suggests that the Agency is well managed and outcomes for children are good.

The manager has a job description, which is clear, and the scheme of delegation is also clear. All staff interviewed were aware of who to contact in the manager's absence and said these arrangements worked well.

Does the manager have Management NVQ4 or equivalent?

YES

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

Everyone in the Adoption Agency has an enhanced Criminal Records Bureau check as appropriate and there is a system in place to ensure these are renewed every 3 years. The newly appointed manager also has an up to date Criminal Records Bureau check and there was evidence in her personnel file that references had been taken up and telephone enquiries made to verify these. A good practice recommendation would be to ensure the name of the person who verified the reference on the telephone is noted for the avoidance of any doubt in the future.

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 are clear procedures in place for all aspects of the work of the Agency and these were provided for inspection. There are good monitoring procedures in place to ensure the work is carried out efficiently and effectively and these include quarterly reports to the chief executive and statistical evidence. Everything inspected on this occasion complied with the statement of purpose.

There are clear procedures in place for identifying who is in charge in the manager's absence and all staff were aware of these procedures and said they operated without any problems. Staff also said there were no problems with communication and were clear about the lines of accountability. There are regular staff meetings, occasional away days and regular supervision to ensure communication is effective.

There was evidence of signed conflict of interest forms on staff personnel files.

During their interview, staff demonstrated a good awareness of the issues of race, religion, culture, and disability and were sensitive and had a good understanding of how adoption affected the participants in the process in different ways. This was also backed up through evidence in the case files.

The Agency give the leaflet on the adoption register to all adopters but the majority of adopters choose not to let their names go forward for notification, and a record is made of this decision.

Number of statutory notifications made to CSCI in last 12 months:	<input type="text" value="0"/>
Death of a child placed for adoption by the Agency.	<input type="text" value="0"/>
Referral to Secretary of State of a person working for the Agency. (s2(1) of Protection of Children Act 1999)	<input type="text" value="0"/>
Serious illness or accident of a child.	<input type="text" value="0"/>
Serious complaint about an approved prospective adopter (no child placed).	<input type="text" value="0"/>
Serious complaint about an approved prospective adopter (child placed by Agency).	<input type="text" value="0"/>
Serious complaint about an approved prospective adopter (child placed by another Agency).	<input type="text" value="0"/>
Instigation of child protection enquiry involving a child placed by the Agency.	<input type="text" value="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

There are very good methods in place for monitoring the work of the Agency. The Society has a Quality Assurance team who undertake regular audits and a sample of these audits were inspected.

There is good and clear written information about the fees and charges, which are made available to anyone who needs them. These include a clear breakdown of the costs.

The manager writes a quarterly report for the Chief Executive, which includes statistical and financial information and the meeting of National Minimum Standards. This report is then fed into the report to the Governing Body, which meets quarterly. The last 3 quarterly reports were inspected and included information about the Adoption Agency. The manager was not aware that there was a written frequency for the information about the Adoption Agency to be presented to the Governing Body, as her responsibility is to give information quarterly to the Chief Executive, and it is therefore recommended that this be written as a minimum of 6 monthly, to ensure this standard continues to be met.

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

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?**

3

The Agency has access to medical and educational advisers and is in the process of recruiting a new legal adviser. Staff said these advisers were accessible and helpful. The medical adviser sits as a member of the adoption panel and has experience of child health, as well as a background in general practice. Adopters interviewed commented on how helpful she had been in talking to them about a possible medical condition in relation to a child they were thinking of adopting. Staff said she would always obtain appropriate advice and returned their calls quickly if she was not available. There was also evidence in the files inspected of her picking up an issue from a medical reference and dealing with this appropriately and pro-actively.

The legal adviser, who left recently, was also said to be good by the staff interviewed.

The Society as a whole has a multi cultural resource unit to advise on issues of race and culture. There are also other specialists within the Society who can advise on issues of disability. The Agency subscribes to the Overseas Adoption Helpline and is a member of the Adoption Agency Consultancy Group on inter country adoption and the CVAA Inter country Adoption Agencies Group. There are also links with the inter country adoption team of the DFES who can provide specialist advice.

There are written protocols in place for the role of specialist advisers and this was inspected. Evidence of qualifications has been seen by the previous responsible individual, as far as the manager is aware, but it is recommended that proof of this be kept in their files.

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?

3

All the social work staff are qualified and employed as senior practitioners because of their amount of experience.

The Society has a thorough recruitment and selection procedure, a copy of which was inspected. All the safeguards which are recommended are in place in these procedures.

Staff who recruit and select staff have training in the use of the procedures.

Personnel files inspected indicated that any staff appointed have an interview and new staff now have their written references checked by means of a telephone enquiry as part of the vetting procedure. All staff have enhanced Criminal Records Bureau checks in place and there is a system to ensure these are updated every 3 years. All social work staff have a social work qualification and evidence of this was generally in their files. This was missing in 2 files inspected although the manager confirmed she had seen this in relation to one of the staff concerned and it had been copied. A requirement in relation to this has been made under Standard 28. The other staff member had been in post for a long time. All social work staff have evidence of experience in adoption work.

Of the 6 social work staff employed by the Agency, 2 have completed the PQ award and 2 are in the process of completing it. This is a very good ratio.

The social work staff gave evidence of very good knowledge and understanding of adoption, assessment, childcare development, communication, diversity and inter-agency working.

They are a very experienced group of staff and all work or have worked as guardian ad litem, to enhance their experience and ability to undertake direct work with children. Staff interviewed confirmed the Agency provided and funded a good level of training and they were satisfied with this aspect of their employment.

Any students work directly with the accredited practice teacher and do not undertake unsupervised assessments.

Birth records counselling is a very important aspect of the work of the Agency and their records inspected showed this was carried out to a very high standard. All staff have undertaken appropriate training in this area and have a thorough knowledge of the legislation. They carry out this work with enthusiasm and sensitivity and take their responsibilities very seriously.

The advisers have appropriate qualifications but evidence of this should be available. This has been made a recommendation under Standard 18.

There are no unqualified staff or support staff carrying out social work functions in the agency.

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

YES

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

33.3 %

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

Staff interviewed said they were well managed and the evidence of the inspection indicates that the work is delivered in an efficient and effective manner. The Manager and Responsible Individual are well qualified and experienced in adoption work and they provide the management and monitoring of the service and staff. The level of delegation is appropriate and detailed in the job descriptions. Workloads are managed through supervision and team meetings. Staff felt there was a fair system in place. The manager has a system to monitor assessments and ensure timescales are met. Supervision is said by staff and the manager to occur regularly, every 6-8 weeks. The records inspected did not give evidence of this however. The Manager was adamant that the records belied the frequency and staff also backed this up in their separate interview. They also said there was opportunity for informal supervision and peer supervision and support, which was seen as very important and useful. Staff felt supported in their professional development and the evidence of training undertaken is evidence of this. The administrative staff have had a difficult year for personal reasons and have felt under pressure. However, there are 3 full time equivalent members of administrative staff and this is seen as adequate when everything is running smoothly. The social work staff spoke extremely highly of the administrative support they receive and said they worked over and above their job descriptions and were extremely helpful. The administrative staff interviewed are very committed and have very high standards. They have recently had some new computers and feel the equipment is sufficient. There are clear procedures for dealing with enquiries and there is a social work duty officer system every weekday. Appropriate advice from other professionals is available and staff confirmed this. This is both from within and outwith the Society. All staff have job descriptions, contracts and conditions of service and staff are in the process of registering with the General Social Care Council. Staff confirmed they have copies of the statement of purpose and other essential policies and procedures.

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>There are enough staff to undertake the work of the agency and sessional workers can be employed if there is any shortfall. All staff said they were well supported.</p> <p>The policies and procedures of the Society encourage retention and staff in the Agency are long serving and satisfied with their terms of employment. Staff commented that they also work hard and flexibly for the agency and felt this was a 2 way process.</p>			
Total number of social work staff of the Agency	5	Number of staff who have left the Agency in the past 12 months	0
Number of social work posts vacant	0		

Standard 22 (22.1 – 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
<p>Nugent Care Society is seen by staff as a good employer and the policies and procedures inspected confirm this.</p> <p>The insurance details were provided and the certificate inspected and appropriate insurance cover is in place.</p> <p>There is a written whistle blowing procedure of which staff are aware.</p>			

Standard 23 (23.1 – 23.6)

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

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

The Society has a training sector and there is a clear commitment to training. The evidence of training provided to staff confirms that staff are kept up to date. This includes in house training. Staff interviewed said the manager always sent them documents of any new developments, of which there are many at the present time. She also encourages discussion of these documents at team meetings to ensure a fuller understanding.

New staff receive induction training and all staff have an annual appraisal, with further training needs identified. Staff were able to discuss what they had recently assessed as their current training needs.

Team meetings are held monthly and there has been an away day to discuss new developments. Staff attend external training facilitated by BAAF and the DFES.

Standard 24 (24.1 – 24.9)

Complaints are resolved quickly and handled in a sensitive, thorough and non-biased manner.

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

The Manager demonstrated a very positive attitude towards complaints and sees them as a way of improving practice. This attitude was confirmed by the Quality Assurance team representative. The complaints file was inspected and showed that there had been 2 complaints in the last year, neither of which were in relation to a child. The records showed that these complaints were investigated thoroughly and the outcome fed back to the complainant in a sensitive manner.

Adopters interviewed were all aware of the complaints procedure and all the documents available to the public state clearly what the procedure is. Staff also have a copy of the procedure, which is in the process of being reviewed to make it simpler. The current procedure meets the requirements of 24.4, as does the draft procedure, both of which were supplied to the inspectors. Access to the Children’s Right Director and the Commission for Social Care Inspection are part of the procedure.

The manager has had training in dealing with complaints and this is also being provided to social work and administrative staff. Staff interviewed were clear how to handle any complaint made and had been proactive in assisting adopters to make a complaint about another service.

The Agency keeps a record of all complaints made, the investigation undertaken and their outcome and this was made available for inspection. The Quality Assurance Section reviews all the complaints, as does the manager. Evidence was seen of these reviews. Further action has not been necessary, due to the nature of the complaints made.

Number of complaints made by, or on behalf of a child, in the last year?

0

Number of the above complaints which were substantiated

0

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
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Appropriate and comprehensive case records are maintained in relation to prospective and approved adopters and appropriate information is available on the child placed. A small number of records inspected did not appear as thorough as some in relation to the notes on the assessments undertaken (although the Form F was thorough) and in relation to some welfare supervision which the Agency was undertaking. This practice should be consistent. There was also reference to another person on two documents inspected, which contravenes the confidentiality policy and Data Protection Act.

The Agency has written policies and procedures in relation to confidentiality. Records are not stored in fire and water proof cabinets however, although the Agency has tried to minimise the likelihood of such damage by ensuring the room is not near a water supply and there is a fire detector in the room, which has a fire door. Fire and waterproof cabinets are recommended.

Records are kept of all the status, health and Criminal Records Bureau checks on adopters' files.

There was clear evidence of the recording of decisions on case files by supervisors.

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
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The Agency has a clear procedure for the provision of information to other agencies and local authorities. They will not photocopy files but will invite the enquirers to come to the Agency to see them, obtain a signature for confidentiality and provide a resume of information from the files.

There was evidence in one of the files inspected of the signed consent of the adopters to enable a form F to be photocopied and sent to a Local Authority in relation to the prospective match of 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

The agency has a written policy on case recording, which is clear and comprehensive. There are separate records in relation to staff, complaints and allegations. The manager undertakes random audits of case files to monitor the quality of recording, which were in evidence in the files inspected, and these are also audited by the Quality Assurance section. The agency has very good procedures in relation to confidential storage and a clear written policy on access to records.

Standard 28 (28.1 – 28.2)

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

Key Findings and Evidence**Standard met?**

1

There are personnel records on each member of staff but these did not fully comply with the requirements of Schedule 3, as photographs and proof of identity of each member of staff are needed. The qualifications of 2 members of staff were also missing. Each panel member has a file but these can be improved on, as recommended in Standard 11. As a minimum, all panel members' files must have proof of identity, photograph, Criminal Records Bureau checks, references and qualifications. Not all of these elements were present in all the panel members files and this must be rectified.

Fitness of Premises

The intended outcome for the following standard is:

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

Standard 29 (29.1 – 29.5)

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

Key Findings and Evidence

Standard met?

3

The Adoption Agency occupies its own premises and these are identifiable and accessible to staff and other visitors during office hours. The office does not have access for anyone with a physical disability but appointments can be arranged elsewhere in suitable premises. There are well-developed administrative procedures. Records are locked in cabinets, in locked rooms and an alarm system has been installed to enhance the security of the premises. The IT system is password protected and the Society is looking into developing the IT system further by looking at networking.

There is appropriate insurance cover in place and a written disaster recovery plan. The backing up of records is currently being looked at by the Society and there are plans for the employment of an archivist to develop this further.

Financial Requirements

The intended outcome for the following set of standards is:

- **The Voluntary Adoption Agency is non-profit making and is financially viable.**

Standard 30 (30.1 - 30.2)

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

Key Findings and Evidence

Standard met?

3

The budget for 2004/2005 and the annual report and audited accounts of the Society were inspected and these confirmed that the Society as a whole is financially viable. The Trustees receive regular reports on the finances of the Society and monitor this closely.

The Society as a whole is committed to the Adoption Agency, which was confirmed by the Chief Executive, and provides a budget each year to cover its work. The Agency also generates an income through inter-agency fees but is not expected to be self-financing.

There is a reserves policy to enable the Society to meet its legal and moral commitments to the people it serves. One function of the reserves is to meet any shortfall between anticipated fundraising and expenditure.

Standard 31 (31.1 – 31.5)

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

Key Findings and Evidence

Standard met?

3

There are thorough and comprehensive financial policies and procedures in place. The finance policy states that the Society is committed to discharging its financial responsibilities in a responsible and ethical way. There is an annual statement of financial activities, which is externally audited, and there is a commitment to abide by any recommendations made by the auditor.

The Society ensures control and supervision of its financial affairs. The accounts are subject to external audit each year and the Society's finance officers can make spot checks at any time. The senior management team receive financial reports each month and the Trustees receive quarterly reports to enable them to monitor the financial state of the Society. The annual report is a public document and contains the annual accounts.

PART C

LAY ASSESSOR'S SUMMARY

(where applicable)

Lay Assessor _____ **Signature** _____
Date _____

D.1 Registered Person'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 25th-27th May 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

NO

Comments were received from the provider

YES

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

NO

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, both views will be made available on request to the Area Office.

D.2 Please provide the Commission with a written Action Plan by 31.7.04 which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

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

Action plan was required

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

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

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

Public reports

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

D.3 PROVIDER’S AGREEMENT

Registered Person’s statement of agreement/comments: Please complete the relevant section that applies.

D.3.1 I Cathy Shelton of Nugent Care 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.