



Champions for
Social Care
Improvement

inspection report

Local Authority Adoption Services

**City of Wakefield Metropolitan DC
Adoption Service**

Family Placement Team, Flanshaw Centre
6 Springfield Grange
Flanshaw
Wakefield
WF2 9QP

28th January 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

City of Wakefield Metropolitan DC Adoption Service

Headquarters Address

Family Placement Team, Flanshaw Centre, 6 Springfield
Grange, Flanshaw, Wakefield, WF2 9QP

Adoption Service Manager

Eileen Bower

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01924 302160

Address

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Grange, Flanshaw, Wakefield, WF2 9QP

Fax No:

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Certificate number of this adoption service

Date of last inspection

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

Date of Inspection Visit		28th January 2004	ID Code
Time of Inspection Visit		10:00 am	
Name of Inspector	1	Sean White	127556
Name of Inspector	2	Kathy Mann	127098
Name of Inspector	3		
Name of Inspector	4		
Name of Lay Assessor (if applicable) Lay assessors are members of the public independent of the NCSC. They accompany inspectors on some inspections and bring a different perspective to the inspection process.			
Name of Specialist (e.g. Interpreter/Signer) (if applicable)			
Name of Establishment Representative at the time of inspection			

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INTRODUCTION TO REPORT AND INSPECTION

Local authority adoption services are subject to inspection by NCSC, to establish if the service is meeting the National Minimum Standards for Local Authority Adoption Services and the requirements of the Care Standards Act 2000, the Adoption Act 1976 as amended, the Adoption Agencies Regulations 1983 as amended and the Local Authority Adoption Service (England) Regulations 2003.

This document summarises the inspection findings of the NCSC in respect of City of Wakefield Metropolitan DC Adoption Service. The inspection findings relate to the National Minimum Standards for Local Authority Adoption Services published by the Secretary of State under sections 49 of the Care Standards Act 2000.

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

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

The report will show the following:

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

This report is a public document.

INSPECTION VISITS

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

BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Following a major re-alignment of children's services in 2003 the adoption functions of the authority's responsibilities were established as part of a permanency team; most aspects of adoption, kinship care and long-term fostering are managed and undertaken by this team. It does not, however, carry out assessments of inter-country adopters, which are contracted out to a voluntary agency; similarly, After Adoption, a local voluntary agency that specialises in such matters, undertakes most post adoption support on behalf of the authority. The agency also finds families and places children through its membership of the regional consortium and accesses the National Adoption Register wherever necessary or appropriate

The agency has a statement of purpose that outlines its services, aims & objectives and strategic aspirations; this is a realistic document that demonstrates that the agency's commitments are aimed at developing a new service in a realistic and purposeful way.

PART A SUMMARY OF INSPECTION FINDINGS

INSPECTOR'S SUMMARY

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

This was a positive inspection that was carried out with the full cooperation and assistance of the managers and staff of the agency, adopters/applicants and elected members of the council; all requested information was produced and forwarded prior to the fieldwork and the arrangements for undertaking the inspection were thoughtfully prepared.

The following summary of the inspection findings is presented under the main headings of the National Minimum Standards.

STATEMENT OF PURPOSE.

The one standard under this heading was almost met.

The statement was a recently drafted document that contained all required information; it had not, however, been approved by the executive of the council. The children's guide was a generic BAAF publication that had agency inserts that described local issues; this was found to be adequate but a discrete agency publication would have more meaning and relevance.

SECURING AND PROMOTING CHILDREN'S WELFARE.

The one standard in this section was met.

The practices in respect of the recruitment of adopters are informed by a recently produced strategic plan entitled, 'Adopting Best Practice'. This document is precise and forward looking in its aspirations for the agency to provide services that can meet the range of needs of children who are waiting to be adopted.

PROSPECTIVE AND APPROVED ADOPTERS.

Of the four standards, two were met and two were almost met.

The information pack for prospective adopters was suitably detailed and appropriate; preparation groups covered relevant areas, were presented by knowledgeable people, and were held at suitable intervals and, in the main, in convenient locations. The assessment process is suitably thorough and due rigour is applied to ensuring that full and accurate information is secured. It was found, however, that there should be some attention paid to the balance between descriptive and analytical information written in Forms F to enable panels to be more aware of the issues behind the facts; it was also felt that there should be a more consistent way of keeping contemporaneous records of assessment visits. Adopters receive full information in respect of prospective 'matches' (although there was some suggestion that there have been instances where this has not been achieved), but there was a shortfall regarding the recording of details of notification in the event of an adopted child dying. Adopters awaiting placement, or who have a child placed but prior to an Adoption Order being made, are appropriately supported through visits and regular contact/updates.

BIRTH PARENTS AND BIRTH FAMILIES.

Of the three standards two were met and one was almost met.

Most services to birth parents/families is contracted to a voluntary organisation that specialises in this area; suitable contract monitoring systems are in place to monitor performance and quality of this service. Children are enabled to maintain awareness of their history and heritage through life-story work and access to the 'letter-box' system of contact; face to face contact is appropriately supported wherever necessary or in the child's best interests. The Best Practice document produced by the agency makes explicit reference to planning appropriate support and advice to birth parents, including all information in respect of agencies that they may find useful or supportive.

ADOPTION PANELS AND AGENCY DECISIONS.

Of the four standards, one was met and three were almost met.

The agency panel was appropriately constituted and departmental procedures covered most of the expected areas, but it is necessary for further details to be added for it to meet requirements. The panel observed as part of this inspection was the first to invite applicants to attend in person - a significant delay since the standards were published and there were some anxieties evident in the way it conducted its business. Nevertheless, the panel made people welcome and it undertook its duties and responsibilities with due rigour and made its recommendations after a thorough analysis of the available information; it did appear, however, (and this view was also expressed by other sources) that, particularly in the case of matching, more emphasis was placed on re-assessing adopters than should be reasonably expected. Further training would enable the panel to be fully comfortable and effective in the way it functions. The administration of the panels was reasonably efficient and all required information was made available to panel members in a timely way; there was some, limited, evidence to suggest that the panel does not meet as regularly as necessary to meet the volume of business with which it has to deal. Due thoroughness is applied to decision making in so far as making appropriate judgements on the facts and recommendations provided and how this will benefit children; timeliness, however, needs to be improved to meet required timescales.

FITNESS TO PROVIDE OR MANAGE AN ADOPTION AGENCY.

Of the two standards, one was almost met and one was not met.

The manager had relevant qualifications for the post and possessed significant experience in adoption and family placement work; although there was no reason to doubt her antecedents her personnel file that was produced did not contain all the required evidence. There are some personnel issues in respect of recruitment and management of files that require attention.

PROVISION AND MANAGEMENT OF THE ADOPTION AGENCY.

Of the three standards, two were met and one was almost met.

The manager had only been in post for a matter of months prior to the inspection and the agency had gone through a reorganisation in recent times; both these events were seen as issues to take into account in assessing the general management issues that prevailed at the time of the inspection. In recognition of the developmental needs of the agency, the department had created extra management support; this, and the clear enthusiasm and initiatives already started by the manager, demonstrated a clear commitment to driving forward the service. The document 'Adopting Best Practice' underpinned a strategic vision of improvements, which were already beginning to show results, and the commitment to

evaluation and monitoring was seen as a positive contribution to the evolution of the service.

EMPLOYMENT AND MANAGEMENT OF STAFF.

Of the five standards, one was met and four were almost met.

In the main the staff recruitment policies and practices were reasonably good, although there were shortfalls noted in respect of reference checking and personnel file management. All workers in the agency were suitably experienced and qualified and their insights and were seen as appropriately robust. There were some residual feelings of role confusion and workload/allocation following the recent reorganisation amongst the staff team, however, that need to be managed to avoid continued uncertainty. Although the staff said that they were well supported professionally, there were issues of supervision being undertaken less frequently than is wise; records of these sessions are maintained in a way that makes them impossible to be transferred to case files. Employment issues and policies were found to be fair and appropriate; these included suitable grievance and disciplinary procedures and a well understood whistle-blowing policy. Training and staff development, although clearly viewed as important by the agency, was not as well managed as it could be; staff have appraisals and there had been an audit of overall training – there was only a perfunctory training plan in evidence, however.

RECORDS.

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

The authority has a case file management system (currently being revised) but the agency's filing needs do not easily fit with the corporate system; this could lead to confusion and inconsistency if not planned for and managed effectively. Nevertheless the files were seen to include most information, were reasonably well presented and information was easy to locate. There were some omissions and ways of recording, however, (illegibility, for instance) that need to be addressed. The files that the agency maintains in respect of children do not automatically contain details of all legal orders. A formal system of monitoring and auditing records was not in place although it was clear the manager had already identified this as an area for development. All required administrative records are maintained but security is poor and requires attention. All staff have a personnel file although it was found that improvements need to be made to their content and management.

PREMISES.

The one standard in this section was not met.

The premises currently used by the adoption agency are cramped, provide no scope for expansion (or the recruitment of more staff), have little storage (of records) facilities and do not provide adequate facilities for applicants attending adoption panels and there are confidentiality issues in respect of a meeting room that is a thoroughfare. There is no disaster recovery plan in place, but records held electronically are 'backed up' daily to protect their contents.

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:

NO

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

YES

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:

NO

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

NO

The grounds for the above Report or Notice are:

The regulatory requirements that were not met were not substantial and should be attended to without any difficulty.

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

Requirements from last Inspection visit fully actioned?

NA

If No please list below

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 National Care Standards Commission to monitor compliance with the above requirements.

STATUTORY REQUIREMENTS IDENTIFIED DURING THIS INSPECTION

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

STATUTORY REQUIREMENTS

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

No.	Regulation	Standard *	Requirement	
1	2 (2003 regs)	LA1	The Executive of the council must approve the statement of purpose.	01/04/04
2	6 (2003 regs)	LA15	Evidence of the appointment of the Manager, which shall include all required information, must be produced and made available for inspection.	01/04/04
3	14 (1983 regs)	LA25	The agency must ensure that records of the decisions made in casework supervision are kept on adopter's files.	01/04/04
4	16 (2003 regs) & 14 (1983 regs, as amended)	LA29	The premises must be suitable for their purpose and provide for security of case files, which must include a disaster recovery plan.	Action plan to provide plans.

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	The children's guide should be one that is produced by Wakefield; it should provide an accurate overview of what the agency services are and what they mean to children who are to be adopted.
2	LA3	The agency should ensure that all sections of the authority are aware of its responsibilities through wide distribution of the statement of purpose.
3	LA4	Forms F should include more analysis of the descriptive findings of assessments.
4	LA4	Details of the areas covered during an assessment visit should be recorded and maintained in a formal system.
5	LA5	The agency should ensure that information about notifying of the death of an adopted child, and whether birth parents wish to be told of such an event, is included in written records in case files.
6	LA7	Better recording of birth parents' views should be maintained.
7	LA10	Adoption Panel policies and procedures should include all information required by the National Minimum Standards.
8	LA10	Applicants to adopt should always be encouraged and allowed to attend the adoption panel.
9	LA11	Arrangements should be made for training for all panel members; this should include joint training with agency workers.
10	LA13	The agency decision maker should ensure that written confirmation of decisions are produced within seven days of a recommendation being made.
11	LA14	There should be a job description in respect of the manager available for inspection.
12	LA17	The agency should ensure that existing plans to improve performance monitoring are pursued and finalised.
13	LA19	All recruitment protocols and procedures should be followed in every case.

14	LA20	The arrangements for allocation and workload management should be improved to create an efficient model.
15	LA20	Arrangements for professional supervision should be improved in respect of the frequency with which it is held and the recording thereof should be more consistently maintained.
16	LA20	IT systems should be sufficiently robust to enable the administration of the service to be as efficient as possible.
17	LA21	Staff roles and responsibilities should be clarified and arrangements made for workers to undertake the duties for which they have been appointed.
18	LA23	A more coherent training strategy should be developed.
19	LA25	Contemporaneous notes in respect of adopter assessments should be kept on their file.
20	LA25	Copies of any legislative orders made in respect of a child should be kept on their files.
21	LA27	The policy on case recording should complete its revision as soon as possible and there should be a formal audit and monitoring system put in place.
22	LA27	The arrangements for case record security must be improved and formalised.
23	LA28	All details must be contained within all staff and adoption panel members' personnel files.

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

PART B**INSPECTION METHODS & FINDINGS**

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

Placing authority survey	YES
Placing social worker survey	YES
Prospective adopter survey	YES
Approved adopter survey	YES
Birth parent / birth family member survey	YES
Checks with other organisations and Individuals	
• Directors of Social services	YES
• Specialist advisor (s)	YES
Tracking Individual welfare arrangements	YES
• Interview with children	YES
• Interview with adopters and prospective adopters	YES
• Interview with birth parents	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	28/01/04
Time of Inspection	09.30
Duration Of Inspection (hrs)	51
Number of Inspector days	6.5
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 NCSC assessment of the extent to which the National Minimum Standards have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

The scale ranges from:

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

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

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

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

Statement of Purpose

The intended outcome for the following standard is:

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

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

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

Key Findings and Evidence	Standard met?	2
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The statement of purpose had been recently drafted; it is presented and written in a factual way and avoids over-promotion of the agency's services, aims and objectives. Because the agency is new, in so far that it exists as the result of a recent departmental reorganisation, the statement is part descriptive and part aspirational; there are plans in hand, it was said, to review the statement after a year of the agency's operations to evaluate the progress made in relation to it. Policy and procedural documents reflected the underlying principles and practices of the statement, including the recently compiled 'Adopting Best Practice' strategy and development plan (2003) and the authority's Adoption Manual. It was disappointing to discover, however, that workers in the agency felt that the statement of purpose was a document produced merely to meet the demands of the National Minimum Standards rather than a working tool; they had not been involved in producing it and felt that, as such, they did not 'own' it. It may be prudent to involve the team in the evaluation of the statement when this is undertaken. It would also prove politic to ensure that all sections of the authority are aware of its contents in order to avoid confusion; it was reported that pressure was applied on the agency at times to undertake work beyond its brief or capabilities.

The executive of the council had not approved the statement of purpose and there appeared to be some confusion within the management structure as to when and how this might be achieved; it was finally reported that the statement is to be presented to the executive in the near future.

The children's guide is a BAAF publication that had inserts pasted into it that provided brief information that was particular to Wakefield. The agency acknowledges that this is not the most ideal way of presenting information to children and is planning to develop its own discrete version; this is encouraged as good practice and should be undertaken as soon as possible.

Has the Statement of Purpose been reviewed annually? (Record N/A if the information is not available)	NA
Has the Statement been formally approved by the executive side of the council?	NO
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
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The Adoption Manual sets out the underlying principles of recruitment practices but this is general rather than specific or strategic. The more recent publication, ‘Adopting Best Practice’, however, provides a much more detailed approach to recruitment; it identifies shortfalls, outlines objectives and indicates target areas for improvement. This is an honest document that has clearly been produced to inform the agency about the work that is necessary to make it an operational success. Current practice is directed by these documents, particularly the latter (which provides statistical information on shortfalls of available adopters), and it was evident that the manager is committed to meeting the needs of all the children currently awaiting adoption by improving and streamlining the recruitment practices of the agency.

In the last 12 months:

How many children were identified as needing adoptive families?	34	
How many children were matched with adopters?	22	
How many children were placed with the service’s own adopters?	13	
How many children were placed with other services’ adopters?	6	
How many children were referred to the Adoption Register?	6	
In the last 12 months, how many children were matched with families which reflected their ethnic origin, cultural background, religion and language?	20	
What percentage of children matched with the adoption service’s adopters does this represent?	95	%
How many sibling groups were matched in the last 12 months?	14	
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?	14	

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 information pack produced by the agency and sent to all people who enquire about adoption, provides easy to understand material and makes clear that most members of the community are welcomed as prospective adopters. It includes specific detail about the kind of people who are being sought and also outlines the circumstances under which people would not be, or may not be, considered as adopters. It also describes the preparation and assessment process. The Adoption Manual makes explicit, bold reference to 'its commitment to welcoming applicants without prejudice and to providing clear information'; responses from adopters' questionnaires confirmed this and that the information pack provided the detail they expected and welcomed.

The prioritisation of applicants is undertaken through the allocation system although at the time of the visit there were adopters needed to meet the needs of all children placed for adoption.

The manager is keen to address the issue of better recruitment; a new post of recruitment worker has been created and it is hoped that this will bring greater efficiency in the process.

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?

2

The agency runs a three-session preparation programme for those people who progress beyond the initial visit; the programme follows BAAF guidelines and the timetable covered the necessary areas. Thereafter the assessment process involves at least six visits (which includes interviewing joint applicants together and separately).

Case files showed that all supporting checks and interviews are undertaken to inform the assessment process, including other people in the household and extended families. The competency model of assessment is used and if there are any issues that transpire during the assessment process that show concerns or difficulties the advice of either managers or the adoption panel is sought. There are some issues that the manager should address, however, in relation to the consistency of the information written and presented in Forms F; it was felt that, although a wealth of information was gathered, the general style of Form F recording was descriptive rather than analytical. This places an unreasonable burden on adoption panels who may have to interpret, or explore in more depth, the details presented; a greater emphasis, therefore, on forensic analysis of the social workers' findings would prove more informative. Details of the areas covered during an assessment visit are not kept on file and there is no common way for them to be kept; this means that each worker has their own way of storing – or not storing – these details. It would prove more efficient, and provide a corporate reference point for the accessing of (potentially disputed) information if a formal system of tracking the assessment process were to be introduced.

Although the agency attempts to ensure that the preparation groups are held at convenient times and locations, there were some respondents to questionnaires that suggested this was not always achieved; it is acknowledged, however, that it would not be possible to accommodate every applicant's wishes on every occasion.

Arrangements are made for those applicants with particular language or cultural needs to attend preparation groups held specifically to meet such needs, this is in partnership with other authorities in the consortium; inter-country adoption assessments are arranged through a voluntary agency with which there is a formal contract. One issue the agency had already acknowledged was in need of improvement was in respect of how to keep applicants informed of their progress and delays in the process; this is being addressed as an aspect of performance monitoring and more formal communication systems.

Standard 5 (5.1 – 5.4)

Approved adopters are given clear written information about the matching, introduction and placement process, as well as any support to facilitate this they may need. This will include the role of the Adoption Register for England and Wales.

Key Findings and Evidence**Standard met?**

2

The information pack contains details about how children are matched with adopters and this is further explored in the preparation groups and 'top-up' training for approved adopters. Although it appeared that full information about children is made available before introductions proceed, through Forms E being provided for adopters, there was slight suggestion in responses to questionnaires that there have been instances where this was not achieved. Although not a policy requirement, the agency encourages the production, by adopters, of an information album for prospective children; this is used when children are of an age and level of understanding for this to be meaningful – it is planned, according to the manager, to insert this as an agency policy requirement for all adopters.

One aspect of information sharing that does not meet the standard and requires addressing is the absence of agreements being drawn up in respect of adopters notifying the agency of the death of an adopted child and whether birth families require this information should such an event occur.

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

Following placement and prior to the adoption order being made the agency provides on-going support to approved adopters through regular visits and availability; this was an aspect of the agency's operations that adopters felt was useful for their circumstances. The adoption strategy and development plan clearly states that there have been shortfalls in the past in respect of the availability and targeting of support and as a consequence an action plan has been drawn up to improve considerably the support services necessary; this action plan identifies % increases in a number of target areas that need to be met. It is encouraging that there is a clear and unequivocal commitment to achieving best practice in this area.

Number of adopter applications started in the last 12 months

14

Number of adopters approved in the last 12 months

12

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

13

Number of adopters approved but not matched

7

Number of adopters referred to the Adoption Register

6

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

0

Birth Parents and Birth Families

The intended outcomes for the following set of standards are:

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

Standard 7 (7.1 – 7.5)

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

Key Findings and Evidence

Standard met?

2

Most of the post adoption work of the agency is contracted to After Adoption, Yorkshire – a local voluntary agency that specialises in such matters. A copy of the contract agreement was seen and the arrangements for contract monitoring were found to be satisfactory. Although there were positive responses from birth parents about their experiences of the process the recording of their views on Forms E has not been as consistent as it should be. The manager of the agency was aware of this and has initiated attempts to ensure that children’s social workers provide this information in their documentation.

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

All children placed for adoption have a life-story book compiled. Arrangements for post-adoption contact are made and are clearly recorded in Forms E; this would include either face to face arrangements or through the letterbox system.

Standard 9 (9.1)

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

Key Findings and Evidence

Standard met?

3

The Best Practice document produced by the agency outlines a strategic plan for ensuring that birth parents and families have the opportunity for support, either from the agency or other appropriate sources. Birth families are provided with information about all agencies that they may wish to access, including After Adoption – the agency with which Wakefield has a formal contract.

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 agency's Adoption Manual includes policies and procedures in respect of the Panel; it is reasonably comprehensive and provides sound guidance on how the Panel should be constituted and how it should carry out its responsibilities and functions. It does not, however, provide explicit guidance on how to deal with disruptive members, 'split' decisions or emergency procedures to convene panels outside its normal pattern.</p> <p>The panel that was observed as part of this inspection was the first to occur where applicants had been invited to attend; this is a considerable delay given the National Minimum Standards had been effective for almost a year. Although this was a 'pilot' (and it was not possible to ascertain with any certainty whether the practice would continue henceforth or whether an evaluation process was to be instituted) it is essential that applicants be given the opportunity – and are encouraged – to attend panels.</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

Although the panel observed as part of this inspection undertook its duties with commitment and thoroughness, there were aspects of its operation that require evaluation and possible improvement. The chairperson allowed and encouraged all members of the panel the opportunity to explore, in as much detail as necessary, the information provided to them but there were some instances where ground that had already been covered and agreed at previous panels was allowed to be re-evaluated a second time when it was possibly unnecessary; for example, this gave the impression of a matching process being dealt with as an application. Similar conclusions about the panel's operation were also voiced in discussions and interviews undertaken during the inspection. Whilst it was recognised and understood that the panel was somewhat anxious about operating for the first time with applicants being present, it must discharge its responsibilities effectively and in the best interests of children. There has only been one training session for panel members to prepare them for the attendance of adopters and this was the only training the panel had had during the last year. It would be prudent if the agency were to explore the benefits of more training to ensure that panel members are comfortable and confident about their role given this new way of operating. There appears to be little, if any, induction training for new panel members; the manager is aware of this and is in the process of arranging for a review of panel membership and training to be undertaken. The agency rather than the personnel section of the department managed personnel files relating to panel members. There was some confusion regarding CRB checks in respect of independent members of the panel that requires attention to ensure that all are undertaken as a matter of course.

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?	3
<p>The panel that was observed during this inspection was efficiently organised and members were provided with all necessary information in a timely way. The records of previous panels, including the minutes, also demonstrated that the panels are appropriately organised and managed. Although it was not possible to verify with hard evidence, there were anecdotal comments made throughout the inspection that the panel was too busy in its current frequency of meetings to meet the demands being placed upon it; the implications for such comments being that business is unduly delayed and, therefore, the panel should be constituted more frequently.</p>		

Standard 13 (13.1 – 13.3) The adoption agency's decision is made without delay after taking into account the recommendation of the adoption panel and promotes and safeguards the welfare of the child.		
Key Findings and Evidence	Standard met?	2
<p>It was very clear that the agency decision-maker undertakes this responsibility with due commitment and rigour. There was evidence that the panel's recommendations were given due scrutiny and decisions reached that ultimately would be for the benefit of children awaiting adoption and that eschewed 'rubber-stamping'. The decision making process, however, does not have a particularly good track record of meeting timescales; written confirmation of decisions often being produced later than the required seven day period as outlined in the National Adoption Standards for England and Wales.</p>		

Fitness to provide or manage an adoption agency

The intended outcomes for the following set of standards are:

- The adoption agency is provided and managed by those with the appropriate skills and experience to do so efficiently and effectively and by those who are suitable to work with children.

Standard 14 (14.1 – 14.3 and 14.5 – 14.6)

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

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

Key Findings and Evidence

Standard met?

2

The manager of the agency had only been appointed a matter of months prior to the inspection and was promoted to the post following a protracted period following the departure of the previous post-holder and soon after a re-alignment of children's services had been undertaken. Given these recent upheavals and organisational changes it was found that the development of the service under the current manager was showing significant promise. Although there was no evidence in her personnel file (see standard 15, below) in respect of her appointment to this post – and thereby no job description - the evidence that was provided showed that the manager was appropriately qualified and had considerable experience in adoption and family placement work.

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?

1

The personnel file that was produced in respect of the manager was not complete and it was not possible, therefore, to verify all the requirements of this standard; there was no evidence of the appointment process to her current post and no copy of the job description. The personnel section do not, as a matter of course, verify written references; the system the council uses for gaining references, which involves the use of a pro-forma, does not have a facility for the referee to demonstrate its source automatically (the pro-forma does not ask for an official stamp, for instance).

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

Although the manager was in the very early part of her tenure and the adoption service, as constituted, was in its infancy it was evident that the agency was evolving and making significant strides towards meeting all of its responsibilities. A senior manager with responsibility for the agency had been allocated extra management time for a fixed period to assist in the establishment of the service, its structures and organisation as outlined in the statement of purpose, the adoption manual and adoption strategy. This was seen as a positive initiative that demonstrated the authority's commitment to 'getting it right'. There were clear lines of communication and formal arrangements for accountability and responsibility in the absence of the manager. The commitment of the agency in respect of ensuring that the best interests of children are met in as timely a way as possible was evident in the arrangements for gaining access to both the resources of the consortium and the national register – which can be sourced whenever required.

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

3

Number of the above complaints which were substantiated

1

Standard 17 (17.1 – 17.3)

There are clear written procedures for monitoring and controlling the activities of the adoption agency and ensuring quality performance.

Key Findings and Evidence**Standard met?**

2

There was a clear commitment to ensuring that the agency was to develop into as high a quality service as possible and much groundwork had already been undertaken – with the Adoption Task Force – to set targets and objectives. An action plan had been formulated to address the aims of an adoption strategy and this was in the process of being implemented. The strategy is thorough, ambitious and optimistic and is entitled ‘Adopting Best Practice’ and as outlined earlier in this report, extra management support has been allocated to move this forward. Although the agency had not fully achieved a formal quality control protocol it was evident that the systems being adopted would enhance the service’s operation and performance once they were fully implemented. The adoption strategy includes plans for measuring and monitoring and it is intended for more information to be collected and evaluated to inform the development of the service; this information will be stored electronically and a software package was being implemented to achieve this. The enthusiasm amongst the executive of the council for achieving best outcomes for children was palpable and unequivocal, and although there was a little confusion over how frequently the politicians received reports from the agency it became apparent that there was a new system in place to provide one twice every year.

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?**

3

The agency’s medical adviser is a member of the adoption panel and attends regularly; it was clear that she offers robust advice and provides this in the best interests of children. The legal advisor, who is the deputy head of legal services for the council, is similarly a member of the panel and also attends regularly. Inter-country adoption advice is provided by a voluntary agency and other specialist advice is sourced as appropriate or necessary. There are departmental policies and procedures in place that provide guidance on the use of specialist advisers.

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
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In the main it was found that the recruitment practices were reasonably good in most areas; there were, however, instances noted where general improvements were necessary. The positive aspect of this was that the personnel section was already aware of shortfalls and had implemented initiatives to overcome them. The main areas for development were found to be in respect of: the verification of written references, recording of general information and maintenance of personnel files.

The qualifications, experience and skills of the adoption team were found to be of a good standard and met all the expectations of this standard. It was evident that the team, both individually and collectively possessed the understanding and professional competence to provide a quality service; there were some lingering issues within the team, however, of re-adjustment following the recent re-alignment of the service that were somewhat negative in nature. Anxieties about communication and planning for children were expressed and feelings of confusion over roles in respect of foster care responsibilities were clearly having an impact on their sense of direction; these matters are explored further later in this report.

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?	20	%

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?****2**

The manager had only been in post for a matter of months at the time of the inspection following a lengthy period during which there had been no one holding the tenure and, as already outlined in this report, a major reorganisation had taken place. Nevertheless, the new manager had embarked on a programme of improvements and service building and it was clear that her efforts were beginning to have a positive effect; although much of this work was capitalising on existing good practice, a significant amount was developing areas from 'scratch' and utilising the work that had been carried out to develop the Best Practice strategy. The manager had a clear overview of service operation and development and was aware of the issues that required prioritising for improvement; she was able to demonstrate knowledge and skills in managing an adoption service and the staff team clearly welcomed her abilities and support. The management of the assessment process for adopters was suitably organised and there was clear evidence from records that due rigour is applied to monitoring progress and outcomes. There remained some shortfalls and confusion, however, in respect of allocation and workload management that the manager was aware of and actively working to improve upon. Professional supervision, whilst much improved under the new manager, was not being undertaken frequently enough in some cases and recording was rather inconsistent. The supervision records are not kept in a format that could be transferred to case files (see standard 25.5). Administrative arrangements, which are shared with the fostering team, appeared to be adequate although there is some consternation in the agency about the IT system in use – or lack of – and its incompatibility with the council's main system. All required policies were in place and the staff were aware of their whereabouts, including the statement of purpose (although, as stated earlier in this report, the statement had not attracted universal approval as a working tool by the team; being seen more as an inspection requirement).

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?	2
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Although the agency appeared to be sufficiently well staffed to undertake its responsibilities and operate as outlined in its statement of purpose, there were residual matters from the reorganisation that were having a deleterious impact on the workers' ability to apply themselves fully to their roles as adoption and permanency workers. This requires an evaluation of workload and responsibilities to ensure that workers are being utilised to their best advantage and to ensure that adoption work is not subordinated to the more crisis oriented work of fostering (workers still carry a residue of fostering cases from their previous roles, prior reorganisation).
 The prospective appointment of a (non-qualified) recruitment worker will, the manager feels, ease many of the burdens of the team by helping to develop a strategy that will encourage more families to take an interest in becoming adopters.

Total number of social work staff of the adoption service	6	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
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The documentation provided prior to the inspection, discussions with senior staff and service workers and the policies and procedures examined during the inspection demonstrated that the council is a fair and professional employer. There is an accessible grievance procedure and a whistle-blowing policy in place and staff care arrangements that can be sourced.

Standard 23 (23.1 – 23.6)		
There is a good quality training programme to enhance individual skills and to keep staff up-to-date with professional and legal developments.		
Key Findings and Evidence	Standard met?	2
Staff supervision files had, in some cases but not all, a training audit form, a personal development plan and an appraisal. A team training audit (for the period 2002-3) had been undertaken and a somewhat perfunctory training plan for the next twelve months had been developed. Although, collectively, these provided some indication that there was a commitment to staff development, it was not particularly well coordinated and would benefit from a more rational approach that identified all workers' training needs and how this would provide a more impressive and coherent training overview.		

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?	1
<p>The authority has a corporate system of file management and maintenance and, in the main, the files were found to be well presented and accessible with most required information being contained within them; the corporate format, however, does not easily fit with the needs of file management in an adoption service. There was no practice, however, of entering the details or decisions of casework supervision onto files. The format used for recording supervision could not be used to transfer details onto case files without some amendments being made. This would cause difficulties for 'tracking' assessments, particularly if there were contentious issues that required careful recording and analysis. Similarly there was no consistent practice of recording the content of assessment visits on case files with only perfunctory entries outlining the areas covered were kept with contemporaneous notes being held elsewhere. The children's files held by the agency (which are not the children's case files as maintained by their social workers) did not have copies of care orders – if this was the case – it being said that this was not documentation that was routinely requested or offered.</p> <p>The means of keeping the files secure and safe from fire and water was not up to the standards required. Whilst it was recognised that there are severe limitations offered by the premises this matter requires particular attention. Archived files are deposited in the West Yorkshire Archive – this is a service that the council contracts; this was not inspected for security.</p>		

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's adoption manual includes clear and specific policies in respect of access to information that includes guidance on how written information should be presented if disclosure may be necessary or required. The policies were known and understood by the manager and staff and all due cognisance of current legislation, including human rights and data protection, was seen to be taken. When the resources of the consortium or the National Register are accessed, all due rigour is brought to bear to ensure that information is shared and disseminated appropriately and only to those who need to know.

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?	2
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In the main, administrative records are maintained appropriately. Separate records are held for staff, complaints and allegations, and case files are managed by social workers and administrative staff. The authority had a corporate policy on case recording and management of case files, which was, at the time of the visit, being revised. It was clear that until this revision was complete and constituted as a new policy, there would remain some confusion about meeting this departmental standard. However, the (unrevised) statement was reasonably comprehensive and addressed the main components of this standard; the agency, however (as outlined in standard 25, above) has difficulty in maintaining its files in the corporate manner because of the particular file management system that the adoption service requires. The new manager has identified some shortfalls in the standard of case file management - there was no clear quality control or audit system in place to ensure consistency - this is an issue already identified for development. Some of the hand-written records were not very legible and, in the case of contemporaneous notes of assessment visits and supervision decisions, not available. The security arrangements for case files in the agency's office were rather poor and somewhat informal; this requires some attention.

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
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The personnel files for all staff are managed and maintained by the department's personnel section; the agency manages the files of adoption panel members (who are not employees of the authority). The personnel section was aware of the fact that there were some shortfalls in personnel files, for example, no verification of written references, career gaps not thoroughly investigated but, through the development of a dedicated team, was in the process of improving the systems in place to overcome them.

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?	1
<p>The premises within which the agency operates do not have sufficient resources or facilities for the agency to be able to function to its best. The office is cramped with insufficient space for social workers and administrative staff. Plans to appoint to further posts will have a further impact on this situation. There is insufficient storage space for records and the security arrangements are informal and unsuitable. The arrangements for attendees at adoption panels are poor and will become worse when this aspect of the agency's operation becomes fully functional. There are issues of lack of confidentiality when meetings take place in what is, ostensibly, a thoroughfare. The agency does not have a disaster recovery plan.</p>		

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 28 January 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

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

Amendments to the report were necessary

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 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 14 April 2004, which indicates how statutory requirements and recommendations are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.

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

Action plan was required

YES

Action plan was received at the point of publication

YES

Action plan covers all the statutory requirements in a timely fashion

YES

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

NO

Provider has declined to provide an action plan

NO

Other: <enter details here>

Public reports

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

D.3 PROVIDER’S AGREEMENT

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

D.3.1 I _____ of Wakefield MDC 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 Wakefield MDC 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.