
Report To:	Social Work & Social Care Scrutiny Panel	Date:	27 August 2024
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report	SWSCSP/14/2024/JH
Contact Officer:	Jonathan Hinds Head of Children, Families & Justice Chief Social Work Officer Inverclyde HSCP	Contact No:	01475 715365
Subject:	Inspection of Inverclyde Fostering, Adoption and Continuing Care Services		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The report advises the Social Work and Social Care Scrutiny Panel of the publication of reports by the Care Inspectorate on the recent inspection of adoption, fostering and continuing care services in Inverclyde.
- 1.3 The inspection was undertaken using the Quality Framework for Fostering, Adoption and Adult Placement Services (May 2021) using quality indicators within the following key questions:
- Key Question 1: How well do we support children and young people's wellbeing?
 - Key Question 2: How good is our leadership?
 - Key Question 5: How well is our care and support planned?
- 1.4 The inspection reports were published on 28 June 2024 and included evaluation against the three key areas for each service based on a series of key findings.
- 1.5 A number of improvement actions were already underway within the service, however an improvement plan which reflects the report findings is being developed to support further improvement activity.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that members of the Social Work and Social Care Scrutiny Panel note the publication of the inspection reports and the improvement work that is underway.

Kate Rocks
Chief Officer

3.0 BACKGROUND AND CONTEXT

3.1 At a meeting on 14 May 2024 the Social Work and Social Care Scrutiny Panel were advised that the Care Inspectorate had commenced an inspection of Inverclyde's fostering, adoption and continuing care services on 22 April 2024.

3.2 Services were inspected in line with the Quality Framework for Fostering, Adoption and Adult Placement Services and considered the following quality indicators:

3.3 Key Question 1: How well do we support children, young people's wellbeing?

- Children, young people, adults and their care giver families experience compassion, dignity and respect.
- Children, young people and adults get the most out of life.
- Children, young people and adults' health and wellbeing benefits from the care and support they receive.
- Children, young people, adults and their care giver families get the service that is right for them.

3.4 Key Question 2: How good is your leadership?

- Quality assurance and improvement is led well.

3.5 Key Question 5: How well is our care and support planned?

- Assessment and care planning reflects the outcomes and wishes of the children, young people and adults.

3.6 The inspection team primarily looked at children and young people's experiences and outcomes over the preceding two years which included a period of the coronavirus pandemic. A particular focus looked at how regulated services promote children's rights to continuing care and how children and young people are helped to understand their rights.

3.7 To inform their evaluations of services, inspectors:

- spoke with foster carers, adopters and continuing care carers
- spoke with children and young people, as well as issuing surveys
- spoke with staff and managers
- observed practice and daily life
- reviewed relevant documents
- spoke with external professionals and a number also responded to a survey.

3.8 The services achieved the following grades for the quality indicators above, using the six-point scale applied by the Care Inspectorate ranging from unsatisfactory to excellent:

	Fostering	Adoption	Continuing Care
How well do we support people's wellbeing	Adequate	Adequate	Good
How good is our leadership	Adequate	Adequate	Good
How well is our care and support planned?	Adequate	Good	Very Good

3.9 Detailed evaluations are included in the individual inspection reports, within which inspectors highlighted a number of key strengths across the service areas:

- Children and young people developed meaningful, affectionate and secure relationships with their caregiver families;

- Siblings have been kept together where possible and the service is committed to supporting these relationships;
- Caregiver families advocate passionately for the children and young people living in their family;
- There is a culture of promoting continuing care embedded within the service and young people were thriving with their caregiver families as a result;
- Young people developed meaningful, affectionate and secure relationships with their caregiver families;
- Young people's support from the provider was led by the young people and in line with their needs and wishes;
- There were strong, positive relationships between adoptive parents and their supervising social workers;
- Caregivers advocate passionately for the children and young people in their care.

3.10 Inspectors also identified the following areas for improvement:

- Development of a clear process when foster placements end in an unplanned way including holding unplanned ending meetings in a timely manner and consider whether carers need to be formally reviewed at panel before further children are placed in their care.
- Ensure a consistent approach in training, development and supervision of foster carers. To ensure that children and their adoptive families receive appropriate levels of post adoption support, the provider should record and review post adoption support plans.
- The service should ensure that quality assurance systems are robust and effectively support strategic and practice overview and improvement work.

3.11 The Care Inspectorate have now published their reports which can be found at www.careinspectorate.com/index.php/inspection and are also appended to this report.

3.12 Inspectors noted that no complaints for the fostering, adoption or continuing care services had been upheld since the previous inspections. Inspectors also noted that all areas for improvement identified during the previous inspection had been completed and improvement action taken.

4.0 PROPOSALS

4.1 Inspectors noted a requirement to be completed by 31 July 2024, related to completing assessments or reassessments of carers where any significant change of circumstances had taken place. This action has been fully completed and the Care Inspectorate has been advised.

4.2 Other requirements are to be completed by 2 September 2024. These relate to completion of assessments and plans without unnecessary delay; supervision and review arrangements for adoptive or potential adoptive caregivers and improved quality assurance systems. Work to complete these actions within timescales is underway.

- 4.3 As referred to above, a service development and improvement plan was being taken forward prior to inspection. The areas for improvement identified through the inspection process have now been added to this plan and revised timescales for completion are being developed to monitor progress as part of the service's improvement and quality assurance journey.
- 4.4 The updated development plan will be launched at a staff development day and an engagement event will also take place with carers, alongside developing the next training programme with carers based on their training needs.
- 4.5 Meanwhile, targeted activity is continuing to encourage more people in Inverclyde to become foster carers for children or continuing carers for young people. This will be an important aspect of growing capacity in local communities, enabling more children and young people to remain in Inverclyde.
- 4.6 To provide additional management and leadership capacity, a dedicated service manager is learning on the range of service development and improvement activity outlined above. Progress against the actions within the improvement plan, including those identified from inspection, will be monitored by the Children and Justice services clinical and care governance group and reported to the HSCP Clinical and Care Governance Forum.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		x
Legal/Risk		x
Human Resources		x
Strategic (Partnership Plan/Council Plan)		x
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		x
Environmental & Sustainability		x
Data Protection		x

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

None.

5.4 Human Resources

None.

5.5 Strategic

None.

5.6 Equalities, Fairer Scotland Duty & Children/Young People

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
x	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(c) Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.7 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
x	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.8 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 CONSULTATION

6.1 Throughout the inspection process, staff, managers and carers were consulted and will be consulted in the development of the revised improvement plan.

7.0 BACKGROUND PAPERS

7.1 None.

Inverclyde Council Fostering Service Fostering Service

Lomond View Academy
Ingleston Street
Greenock
PA15 4UQ

Telephone: 01475 715 367

Type of inspection:
Announced (short notice)

Completed on:
17 May 2024

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2005087054

About the service

Inverclyde Council's Fostering Service provides a fostering and family placement service for children and young people aged from birth to 18 years. The service recruits and supports carer families to provide a range of fostering placements including short break, interim, long term and permanent foster carers fostering.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

About the inspection

This was a short notice announced inspection which took place between 22 April 2024 and 17 May 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 10 foster carers and 10 responded to our survey.
- Spoke with four young people using the service and two responded to our survey.
- Spoke with eight staff and management and nine responded to our survey.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with three external professionals and 17 responded to our survey.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Inverclyde Council Adoption Service and Continuing Care Service were inspected at the same time and separate reports are available.

Key messages

- Children and young people developed meaningful, affectionate and secure relationships with their caregiver families.
- Siblings have been kept together where possible and the provider is committed to supporting these relationships.
- Caregiver families advocated passionately for the children and young people living in their family.
- Children and young people did not always benefit from caregivers having up to date knowledge and training.
- Children experienced delays in permanency planning.
- Children and their caregivers support and plans were impacted by a lack of robust quality assurance within the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children and young people developed meaningful, affectionate and secure relationships with their caregiver families. Most experienced stable living situations and relationships were based on empathy, compassion, love and fun. Young people's right to continuing care was promoted and they were fully included in family life and this included going on holiday and caregivers stayed in touch with children once they had moved on.

Children and young people living within caregiver families routinely exercised a high degree of choice in all aspects of their day-to-day lives and children and young people were supported to have time with their birth family. There were positive examples of carers developing relationships with birth families to support young people with their understanding of their identity and life story.

Most young people had developed friendships and had developed positive relationships with the caregivers' wider family. For some this provided a natural short break or support but some children did not have access to a short break with a familiar person. The service recognised that short break provision was an area they were hoping to develop and recruit carers that could provide this.

When children joined the household it was not always evident that decisions were sufficiently focussed on the capacity of the carer and the needs of the young person. This was due to the emergency nature of these referrals. However, this resulted in some negative outcomes for young people when there was also a lack of support network or short breaks in times of crisis.

Children and young people did not always benefit from caregivers having up to date knowledge and training. While the service offered some training and some caregivers carried out their own research, many caregivers had not completed any training for a considerable period of time. A structured and recorded approach to supervision and reflective discussions with carers would also enable the service to know that key knowledge on child protection, attachment, trauma or loss was embedded and confidently being used. (Area for improvement 1)

Caregiver families advocated passionately for the children and young people living in their family. However, some told us that they "don't feel valued" by the provider and that they felt like they were "irrelevant people" in the child's life.

Siblings had been kept together where possible and the provider was committed to supporting these relationships. We noted the positive outcomes for siblings living with foster carers recruited specifically for them.

When young people's living arrangements ended with carers the service did not subsequently hold reflective meetings, which limited learning opportunities for the service, provider and caregivers. However, we did note that there was not a high number of unplanned endings but encouraged the service to strengthen practice in this area. (Area for improvement 2)

Initial assessments of caregivers were comprehensive, however, ongoing assessment of caregivers was compromised due to carers not returning to panel when out with approval or consistently within expected timescales for review. This was coupled with a lack of evidence that caregivers were reassessed when an allegation was made or when a significant life event occurred meant the service could not always be assured that some caregivers were always best placed to meet children's needs. (Requirement 1)

Networks of support for children and young people outside the home were sometimes limited, and did not always provide the additional safeguards required due to placing social workers and health professionals not regularly visiting them at home. When a young person was asked what could be better, they replied, "if social work came to see me more often instead of never coming to see me". While most children and young people had an awareness of who their caregivers supervising social worker was, there was not a sense these were strong relationships that would provide an additional safeguard to the children in the absence of the child's own social worker.

Children had also experienced delays in permanency planning and some young people's reviews were overdue meaning plans could not be progressed timeously. This meant children lived with carers, who were not always appropriately approved, for many years before plans moved on, sometimes resulting in an upsetting experience for the children, caregivers and their families. The service should ensure that they take a pro-active role in monitoring the progress of permanency planning. This should include supervising workers highlighting when children do not have a social worker, workers not visiting or when reviews are overdue. (Requirement 2)

Requirements

1. By 31 July 2024 the provider must ensure the safety and wellbeing of children and young people through the accurate, prompt and clearly recorded, robust assessment and reassessment of carers and (where necessary) presentation to panel following the identification of any significant changes of circumstances within the caring household.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"If I have a carer, their needs are assessed and support provided." (HSCS 4.26) and;

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

2. By 2 September 2024 the provider must ensure that all children in need of permanent care arrangements have their assessments completed and plans carried out without unnecessary delay.

To do this the provider must, at a minimum, ensure:

- a) All children in need of permanent fostering have their plans reviewed by managers.
- b) Staff within the service recognise, respond to and pursue any delays by clearly communicating these with the area teams.
- c) Managers maintain an overview of all timescales taken when planning for children in need of permanent care and address and resource any delays.
- d) Assessments are carried out within timescales.

This is in order to ensure that care and support complies with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

and is consistent with the Health and Social Care Standards which state that:

"As a child or young person needing permanent alternative care, I experience this without unnecessary delay." (HSCS 1.16)

Areas for improvement

1. In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training, development and supervision of foster carers.

This should include but is not limited to;

All staff and caregivers having a clear understanding of the mandatory training that should be undertaken by foster carers.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

2. To ensure that children and foster carers are given the best possible chance to succeed, the service should develop and use a clear process when foster placements end in an unplanned way. This should include, but is not limited to, holding unplanned ending meetings in a timely manner and considering whether carers need to be formally reviewed at panel before further children are placed in their care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There were some systems in place to monitor aspects of service delivery however these have not been in use for some time and did not provide an assurance of quality within the service.

There was no evidence of audits, no appraisal and very sporadic formal supervision of staff that did not monitor performance. Leaders were not aware of the quality of the recordings written by staff. Although they had a sense of the issues that required to be addressed such as carer training and permanence progression there was no Specific Measurable Achievable Realistic Timebound plan in place that detailed how these issues and the wider issues of quality assurance were going to be addressed. (Requirement 1)

There was not a robust culture of reflecting on complaints, concerns and significant events embedded within the service and the lack of reflective meetings after an ending or reassessment after a complaint highlighted that the service was not pro-actively learning from these incidents. (Area for improvement under Key Question 1 "How well do we support people's wellbeing?")

The panel was robust and the role of the Agency Decision Maker (ADM) within this was also clear. There was however uncertainty within the service regarding the role of the ADM when emergency alterations to approval were required and there was not clear process for when these alterations should be presented at panel.

We had some concerns about the capacity to support improvement activities however, leaders were responsive to feedback throughout the inspection and there were some plans in place to improve the capacity of the service. We looked forward to seeing the impact of this at the next inspection.

Requirements

1. By the 2 September 2024 the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview, and improvement work.

To do this, the provider must as a minimum:

- a) Implement systems for tracking key areas and benchmark progress including statutory checks, unannounced visits, return to panel (where applicable), unplanned endings.
- b) Ensure staff receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance.
- c) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) and;

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18) and;

"I use a service and organisation that are well led and managed." (HSCS 4.23)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Some children and young people did not consistently benefit from timeous reviews of their plan and some children experienced delays in reviews and permanency planning meetings. This meant important decisions could not always be made timeously. (Requirement 2 under Key Question 1 "How well do we support people's wellbeing?"). The fostering team did ensure they attended reviews and their input was an important part of the process.

Individual risk assessment for children living with foster carers were not always completed or reviewed by the service. Although there was a template for this, most young people did not have a recently reviewed risk assessment that took account of life within the fostering household or when out in the community. When this was combined with the emergency nature of children moving into households on an emergency basis there was an increased risk to outcomes. (Area for improvement 1)

The service did make use of safer caring plans and foster carers were aware of these. The quality of these plans varied and without ongoing training and reflective practice relating to safer caring the service was vulnerable to risks to outcomes relating to safer care. (Area for improvement 1)

There was a lack of robust quality assurance. The plans were not dynamic tools to inform care giver families of approaches to care and support. They did not reflect the care and support provided by the caregivers and staff, and experienced by the children. (Requirement 1 under Key Question 2 "How good is our leadership")

Areas for improvement

1. To ensure children and young people's safety, health and wellbeing are robustly prioritised and confidently responded to by their caregivers through effective use of safer caring plans and risk assessments.

To do this the service should ensure individual safer caring plans and risk assessments are in place for all children and young people, reviewed and updated regularly.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should ensure that they obtain robust risk assessments for children that can then inform individual safer caring plans. Information within the documents should be relevant, regularly reviewed, completed in collaboration with social work colleagues and within an appropriate timeframe.

This area for improvement was made on 30 October 2018.

Action taken since then

While risk assessments were provided at the start of being matched with carers these were not regularly reviewed and updated and shared with foster carers.

Previous area for improvement 2

When a child is being considered for matching through the referral process, the service must ensure that it has all the necessary information required to enable sound decision making prior to placing a child.

This area for improvement was made on 30 October 2018.

Action taken since then

While the service received the information they required regarding the children referred there was not always evidence of careful matching with carers whose current circumstances were taken in to account, particularly regarding the length of placement required and what support the carer required to support the child's living arrangements.

Previous area for improvement 3

The service should review the pattern of placement disruptions and develop an action plan to reduce the unplanned ending of placements

This area for improvement was made on 30 October 2018.

Action taken since then

The service has recently updated its policy on reviewing unplanned endings and disruptions. There have been relatively few unplanned endings since the last inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Inverclyde Council Adoption Service Adoption Service

Lomond View Academy
13 Ingleston Street
Greenock, Inverclyde
Greenock
PA15 4UQ

Telephone: 01475 715 020

Type of inspection:
Announced (short notice)

Completed on:
17 May 2024

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2005087048

About the service

Inverclyde Council Adoption Service provides a service for children and young people aged from birth to 18 years and their families. The service recruits and supports adoptive parents to provide families for children, who have been assessed as unable to live with their birth parents or extended family members.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

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To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four adopters and 10 responded to our survey
- spoke with two children in an adoptive household
- spoke with four staff and management
- observed practice and daily life
- reviewed documents
- spoke with three external professionals and 17 responded to our survey.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Inverclyde Council Fostering and Continuing Care services were inspected at the same time as this inspection and separate reports are available for those services.

Key messages

- Children and young people developed meaningful, affectionate and secure relationships within their adoptive families.
- There were strong, positive relationships between adoptive parents and their supervising social workers.
- Caregivers advocated passionately for the children and young people living in their family.
- Children and young people did not always benefit from caregivers having up to date knowledge and training.
- Children experienced delays in permanency planning.
- Children and their caregivers support and plans were impacted by a lack of robust quality assurance within the service.
- Adoption support plans were not featured in practice. There is the need to record, monitor and review the support provided to adoptive caregivers.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Children living within adoptive families benefitted from meaningful, affectionate and secure relationships. We saw children very much belonging within their adoptive families and accepted as individuals. Adoptive carers spoke positively about the support that they had received from the service and from their individual supervising social workers. One adopter told us,

"I could not fault the adoption team in Inverclyde from the moment I met with them to the completion of the adoption, they were fantastic.... The support is second to none that you receive."

However, we did not see evidence that adoptive caregivers were provided with learning and development opportunities. Foster carer training, provided by the service, ceased at the start of the pandemic and has only recently been re-established. Therefore, there has been less opportunity for adopters to also benefit from this training. In pre-adoptive households, there was no evidence of caregivers' supervision or reflective discussions taking place. Therefore it was unclear if caregivers had up-to-date knowledge of key issues such as child protection, attachment, trauma or loss (see area for improvement 1).

In recent years there has been greater recognition of the need for the service to support adoptive families at all points in their life and for those families who return for support. We saw some examples of high levels of support being provided by the service in these circumstances. We suggested that the work started by the previous manager should be revisited in order to sustain these changes in practice and consider how the service best responds to this area of need.

Adoptive parents advocated passionately for the children living in their care and worked in partnership with others to ensure that their children's needs were understood and met. This was supported by workers within the adoption service who were also good at building working relationships with partner professionals to help to achieve better outcomes for children and young people.

Children and their adoptive families were supported well by the service to promote and facilitate family relationships. There was a commitment towards ensuring that siblings were living together. However, we were aware that delays in planning for children has had a negative impact and resulted in children having prolonged connections with birth families when this was not in their best interests.

The service has made efforts to work with the wider local authority to improve educational experiences for adopted children and young people. We heard about work undertaken by the previous manager to work with education to ensure there is a better understanding and earlier access of adoption support. This work has stalled due to management changes and we would stress the need to continue this momentum, strengthen links and build on the work started. We could see the potential for this to make a positive difference to outcomes.

We saw individual examples of education being well supported by adoptive parents and the service. Adoptive families have made use of the attainment fund to provide additional resources to families. We saw adopters and the service's role in promoting and advocating for children within education and plans.

Networks of support for children outside their household was sometimes limited. Children's social workers did not always visit regularly and children's relationship with their social worker had been adversely affected by multiple changes of social workers. We heard that this made children less likely to invest in these relationships. This creates challenges in safeguarding and ensuring children's rights are promoted and protected.

Children's experience of being supported to understand their history and life story was mixed in practice. We saw the role of the service in undertaking this work when the child's placing social worker was unavailable. However, we also found examples of delays in this taking place and adopters who felt ill-equipped to undertake their part in this, due to not having all the necessary information. There is the need to ensure adopters are confident in being able to share information sensitively and creatively to help children develop a clear sense of self.

Children's health and wellbeing was supported well by adopters and the service. Adopters were proactive in seeking out support and access to specialist services when this was needed.

We were encouraged to learn about the new role of the specialist Children and Adolescent Mental Health (CAMHs) Nurse for care experienced children and young people and look forward to seeing how this develops.

We found that the standard of assessment of prospective adopters was consistently very high and that prospective adopters were involved and well supported throughout this process. We saw positive practice around the matching of children with prospective adopters.

Children who were identified as in need of adoption experienced significant delays in their assessments and planning. One carer told us " young children are being left in foster care for 3 plus years". We saw various examples when these delays had a significant impact on outcomes and risk to future outcomes. There has been a lack of management overview of permanency and tracking of children's plans. The service have taken some steps to overcome some of the barriers. However we found that divisions and a poor culture of collaborative working between the service and the practice social work team have had an impact on outcomes. We were encouraged to hear of future plans to relocate both teams to one office space. The service should ensure that they take a pro-active role in monitoring the progress of permanency planning (see requirement 1)

Pre-adoptive parents, who had not yet had their child secured by an adoption order, were not being supported in line with good practice and fostering regulations. These pre-adoptive parents remained registered foster carers within the service. However, we found that safer caring, supervision, training and timely review at panel were not taking place . The service need to ensure that they are adhering to fostering regulations for adopters at all stages (see requirement 2).

Requirements

1. By 2 September 2024 the provider must ensure that all children in need of permanent care arrangements have their assessments completed and plans carried out without unnecessary delay.

To do this the provider must, at a minimum, ensure:

- a) all children in need of permanent fostering have their plans reviewed by managers
- b) staff within the service recognise, respond to and pursue any delays by clearly communicating these with the area teams
- c) managers maintain an overview of all timescales taken when planning for children in need of permanent care and address and resource any delays
- d) assessments are carried out within timescales.

This is in order to ensure that care and support complies with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

and is consistent with the Health and Social Care Standards which state that:

"As a child or young person needing permanent alternative care, I experience this without unnecessary delay." (HSCS 1.16)

2. By 2 September 2024 the provider must ensure that all adoptive or potential adoptive caregivers are supported, supervised and reviewed in accordance with statutory regulations.

To do this the provider must, at a minimum, ensure:

- a) that there is clarity and understanding about the status of caregivers who have been approved as adopters and who care for children in 'pre-adoptive' households
- b) managers audit the panel reviews for all pre-adoptive caregivers and any delays in presentation at panel to be progressed timeously
- c) managers review the support and supervision of this group of caregivers to ensure that the service's role is in line with best practice and fostering regulations.

This is to comply with regulation 4 (1)(a) of Social Care and Social Work Improvement (Scotland) Regulations 2011 (SSI 2011/2010).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"If I have a carer, their needs are assessed and support provided." (HSCS 4.26) and;

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

Areas for improvement

1. In order for children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training, development and supervision of foster carers and prospective adopters.

This should include but is not limited to;

All staff and caregivers having a clear understanding of the mandatory training that should be undertaken by foster carers and prospective adopters.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

There were some systems in place to monitor aspects of service delivery however these have not been in use for some time and did not provide an assurance of quality within the service.

There was no evidence of audits, appraisals and very sporadic formal supervision of staff. Therefore, there was no monitoring of staff performance, training or development needs.

Indeed, roles within the adoption service have become blurred with practitioners developing a high level of responsibility. Although leaders had a sense of the issues that required to be addressed such as adoption support plans and permanence progression, there was no Specific Measurable Achievable Realistic Timebound (SMART) plan in place that detailed how these issues and the wider issues of quality assurance were going to be addressed (see requirement 3).

There has been various changes and gaps to the management structure of the fostering and adoption services in recent years, it is evident that this has had a detrimental impact on quality assurance, management overview and leadership. Adoptive parents also reflected that the changes to management have created uncertainty about leadership.

We have concerns about capacity for improvement given the large remit of the current registered manager for all services and the intention not to fill the vacant adoption manager's post as part of a service redesign. We considered there to be a gap in managerial skills and experience in relation to adoption and the specific needs and duties of this service. Within the service, there is great uncertainty about what the service will look like going forward. We were not aware of any consultation with staff about the service redesign.

The service is considered relatively fragile and there is a lack of resilience within the structure of the team. Adoptive families require access to flexible and timely support at all points of the adoption journey and is anticipated this will create greater future demand and duties of the service. There is the need to review how the service prioritises their duties and functions within this context.

We have considered that the service were responsive to feedback on these issues and were aware of the areas highlighted. There are some plans in place to improve the capacity of the service. We look forward to seeing the impact of this at the next inspection.

Requirements

1. By the 2 September 2024 the provider must ensure quality assurance systems are robust and effectively support strategic and practice overview, and improvement work.

To do this, the provider must as a minimum:

- a) implement systems for tracking key areas and benchmark progress including statutory checks, unannounced visits, return to panel (where applicable), unplanned endings
- b) ensure staff receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance
- c) ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) and;

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18) and;

"I use a service and organisation that are well led and managed." (HSCS 4.23)

How well is our care and support planned?

4 - Good

We evaluated this key question as good, meaning that there were important strengths with some areas for improvement.

The service was an effective partner in planning for the support needs of adopted children and young people and children who remained subject to looked after procedure. We heard that adopters valued the support provided by the service at different stages in their adoption journey.

We saw examples of high level and quality support being provided to adoptive families, particularly when the role of the service mitigated the absence of other agencies' support within the child's plan. This contributed to better outcomes for children and young people.

Adoption or post-adoption support plans were not undertaken by the service. Therefore, we did not see adopters being supported in a proactive way that identified current needs or anticipated future supports at different times. The child's plan was the only record that contained some of what support adopters required. The adopters we spoke to did not have an understanding or awareness of their adoption support plan. One adoptive parent commented, "Although we have always been well supported I am unaware of what our actual plan is and involves."

There was a lack of robust quality assurance of adoption and post-adoption support planning. The absence of adoption support plans meant that the support provided was not captured and potentially reactive to events. We did not see the potential need for longer term support throughout a child's life being fully considered or reflected. We discussed this with the service who were aware that this is an area for development (see area for improvement 2).

Individual risk assessments and safer caring plans for children living in pre-adoptive (where adopters remained registered foster carers) households were not completed or reviewed by the service. The service should ensure that they are supporting and supervising adopters in line with good practice and fostering regulations (see requirement 2 under Key Question 1).

Areas for improvement

1. To ensure that children and their adoptive families are receiving appropriate levels of post-adoption support, the provider should record and review post-adoption support plans. This should take a Specific, Measurable, Achievable, Relevant and Time-bound (SMART) approach.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and "I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	4 - Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	4 - Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement are led well	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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Inverclyde Council Continuing Care Service Adult Placement Service

Lomond View Academy
Ingelston Street
Greenock
PA15 4UQ

Telephone: 01475 715365

Type of inspection:
Announced (short notice)

Completed on:
17 May 2024

Service provided by:
Inverclyde Council

Service provider number:
SP2003000212

Service no:
CS2018371472

About the service

Inverclyde's Continuing Care Service was registered with the Care Inspectorate in 2018. The service is provided to young adults age 18 years or over and allows young people in foster care the opportunity to remain with their existing fostering family until they are ready to move into independent or alternative accommodation.

The service recognises the council's continuing responsibility to support care experienced young people leaving foster care. Support is provided to the young person by their social worker or after care worker and the fostering service continues to support the carer.

The service is part of Inverclyde's Health and Social Care Partnership (HSCP), that brings together community health services and social work services.

The provider of this service is a corporate parent, with statutory responsibilities to look after and accommodate children. This may mean that the duty to care for children and young people on an emergency basis, or with highly complex needs, is their highest safeguarding priority.

In these circumstances our expectations, focus on outcomes and evaluations remain identical to those of all other providers. We may, however, provide some additional narrative in the body of the report to reflect the impact of these duties, should it be relevant to this particular service.

This report should be read in conjunction with the inspection report for Inverclyde Council Fostering Service, which was inspected alongside this inspection.

About the inspection

This was a short notice announced inspection which took place between 22 April 2024 and 17 May 2024. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

Spoke with three continuing care carers and two responded to our survey.

Spoke with two young people using the service and two responded to our survey.

Spoke with eight staff and management and nine responded to our survey.

Observed practice and daily life.

Reviewed documents.

Spoke with three external professionals and 17 responded to our survey.

During our inspection year 2024-2025 we are inspecting against a focus area which looks at how regulated services use legislation and guidance to promote children's right to continuing care and how children and young people are being helped to understand what their right to continuing care means for them. Any requirements or areas for improvement will be highlighted in this report.

Key messages

- There was a culture of promoting continuing care embedded within the service and young people were thriving with their caregiver families as a result.
- Young people developed meaningful, affectionate and secure relationships with their caregiver families.
- Young people did not always benefit from caregivers having up to date knowledge and training.
- With the support of their caregiver families, at the right time, young people developed a wide range of life skills.
- Young people's support from the provider was led by the young people and in line with their needs and wishes.
- We encouraged the service to develop a service development plan specifically for continuing care.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

Young people developed meaningful, affectionate and secure relationships with their caregiver families. Relationships were based on empathy, compassion, love and fun. Young people in the fostering and continuing care services told us about feeling part of the family and feeling secure that they would be part of the family for a long time. There was a clear ethos in the local authority that young people were encouraged to stay and those carers providing continuing care were approved at panel to do so.

There was some uncertainty in the team regarding when carers approval should be changed to continuing care and we asked the service to ensure all staff have an understanding of the legislation in relation to this.

Young people living within caregiver families routinely exercised a high degree of choice in all aspects of their day-to-day lives and young people were supported to have time with their birth family. There were nice examples of carers developing relationships with birth families to support young people with their understanding of their identity and life story.

Young people did not always benefit from caregivers having up to date knowledge and training. While the service offered some training and some caregivers carried out their own research, many caregivers had not completed any training for a significant period of time. A structured and recorded approach to supervision and reflective discussions with carers would also enable the service to know that key knowledge on adult protection, attachment, trauma or loss was embedded and confidently being used. (Area for improvement 1)

With the support of their caregiver families, at the right time and pace, young people developed a wide range of life skills. These promoted confidence and help them to get the most out of life.

Caregiver families supported the young people to be well-informed about how to lead a healthy lifestyle. They were enabled and encouraged to make informed health and lifestyle choices by adults who were positive role models.

Young people's support from the provider was led by the young people. This sometimes meant there was infrequent involvement. We asked the service to ensure that regular supervision of the caregivers took place to provide a safeguard and clear communication with the provider if the young people's circumstances changed.

Areas for improvement

1. For children and young people to consistently benefit from caregivers who are knowledgeable and well trained, the service should ensure a clear and consistent approach in training, development and supervision of foster carers.

This should include but is not limited to;

All staff and caregivers having a clear understanding of the mandatory training that should be undertaken by foster carers.

The training for adult placement caregivers should include Adult Support and Protection.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes." (HSCS 3.14)

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for young people and clearly outweighed areas for improvement.

There was a culture of promoting continuing care embedded within the service and young people were thriving with their caregiver families as a result.

There were some systems in place to monitor aspects of service delivery however these had not been in use for some time and did not provide an assurance of quality within the service. We encouraged the service to develop a service development plan specifically for continuing care that includes a clear learning and development plan for caregivers transitioning to this role.

There was no evidence of audits or appraisals and there was very sporadic formal supervision of staff that did not monitor performance. Leaders were not aware of the quality of the supervision records or recordings written by staff and although they had a sense of the issues that required to be addressed such as carer training there was no Specific Measurable Achievable Realistic Timebound plan in place that detailed how these issues and the wider issues of quality assurance were going to be addressed. (Area For improvement 1)

We had some concerns about the capacity to support improvement activities. However, leaders were responsive to feedback throughout the inspection and there were some plans in place to improve the capacity of the service. We looked forward to seeing the impact of this at the next inspection.

Areas for improvement

1. To promote positive outcomes for young people and their caregivers the service should ensure quality assurance systems are robust and effectively support strategic and practice overview, and improvement work.

This should include but is not limited to:

- a) Implement systems for tracking key areas and benchmark progress including statutory checks, unannounced visits, return to panel (where applicable), unplanned endings.
- b) Ensure staff receive formal, regular, recorded, supervision and appraisal that clearly highlights ongoing learning and development and monitors performance.
- c) Ensure effective quality assurance systems are in place to audit quality of recording within the service, including but not restricted to carer supervision records, risk assessments and safer caring plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19) and;

"I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected." (HSCS 4.18) and;

"I use a service and organisation that are well led and managed." (HSCS 4.23)

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for young people, therefore we evaluated this key question as very good.

Young people in continuing care had recent reviews of their plans and the levels of support were in line with their needs and wishes. Young people were supported to communicate what their outcomes should be and their voice was captured in the plans. We encouraged the service to be pro-active in ensuring that their plans continue to be reviewed timeously to ensure young people always know how to access support.

The Going Forward reports written for the young people in continuing care were good and provided a good level of risk assessment. We encouraged the provider to enhance these by being explicit that they include the Welfare Assessment.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	4 - Good
1.2 Children, young people and adults get the most out of life	5 - Very Good
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	5 - Very Good
1.4 Children, young people, adults and their caregiver families get the service that is right for them	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	5 - Very Good

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