

# Moray Fostering Service Fostering Service

The Moray Council  
Rose Cottage  
PO Box 67  
Elgin  
IV30 9BX

Telephone: 01343 563 552

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
6 July 2023

**Service provided by:**  
The Moray Council

**Service provider number:**  
SP2003001892

**Service no:**  
CS2004082074

## About the service

Moray Fostering service provides a fostering service for children and young people who are unable to live at home.

The service recruits and supports foster carers who provide care to children in need of alternative care.

Inspections of an adult placement (continuing care service) and adoption service have been undertaken and separate reports have been completed.

## About the inspection

This was a short notice inspection which took place between 19 June 2023 and 6 July 2023. 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 seven people using the service and six young people
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Children and young people experienced supportive, enduring relationships with fostering families that provided them with a sense of belonging.
- Children were supported to maintain meaningful relationships with extended family members and were involved in the wider community.
- Children and young people required further support to maintain meaningful contact with siblings.
- Outcomes for children and young people could be improved by further strengthening the matching process to ensure that this process fully considers the needs of existing children in the fostering family.
- Caregivers valued relationships with their social workers, and we assessed that staff were skilled at supporting them.
- High quality tracking and monitoring systems had been put in place since the last inspection, and these have the potential to improve consistency of practice.
- A number of children and young people experienced delays in moving to their 'forever families'. Tracking processes are now in place and at the next inspection we will review the impact of these on outcomes for children and young people.

## 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 good is our staff team?	4 - Good
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?

**4 - Good**

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas of improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

Children enjoyed, warm, affectionate, and trusting relationships with their caregivers promoting a sense of belonging and security. We were confident that young people were experiencing love with their needs fully met by committed fostering families.

Caregivers we spoke to valued staff knowledge, skills, commitment, and responsiveness. We saw evidence of regular monthly visits taking place and carers confirmed they were getting high levels of support. Continuity of relationships had been impacted by high staff turnover, however, the service was now fully staffed and caregiver families reported positive relationships with staff which helped to support positive outcomes. Caregivers reported a weaker relationship with managers in the service.

Children and young people experienced individualised care, were achieving positive outcomes in education, and were involved in their communities. Caregiver families supported children to have fulfilling lives with high aspirations for success. This supportive and positive culture contributed to positive outcomes for children and young people.

Supervising social workers, and carer training supported caregivers to adopt informed approaches to caring for children and helping them to feel loved and valued. A training calendar was in place which outlined training opportunities throughout the year. Caregiver families also had access to support groups and family events. The service would benefit from strengthening relationships with existing caregivers and improving caregiver attendance at training, support groups and events.

Whilst we saw that there had been some positive efforts to support children and young people to maintain important relationships, we were of the view that further work is required to improve how the service supports the need for sibling relationships for children who do not live in the same fostering household to build meaningful relationships. We will therefore repeat the area for improvement made at the last inspection. See area for improvement 1.

Young people's safety and welfare was being protected due to the consistent completion of safe caring plans. We asked to service to ensure that these documents are reviewed in line with their policy. Unannounced visits are now taking place in line with policies and procedures.

Children and young people's needs in relation to their life story was well promoted by the service. Life story training has been provided to staff and caregivers and a new departmental life story policy is being developed which aims to ensure consistency in approach across children's social work and placement services.

When children and young people were moving to live with caregiver families, we saw improved approaches in identifying and matching their needs to carer skills. Whilst we saw positive improvements, the service would benefit from further strengthening matching processes to ensure that the needs of other children living in the household are considered and that any supports needed are clearly recorded. We have made this an area for improvement. (See area for improvement 2).

At the last inspection we found significant drift and delay in permanence planning and lack of service overview of this which negatively impacted on outcomes. Improved tracking arrangements are now in place across placement services, involving children's social work managers and independent reviewing officer. We need to see how these new tracking arrangements will impact on outcomes and continuing to improve permanence planning for children. This will form an area for improvement in this inspection. (See area for improvement 3).

## Areas for improvement

1. To promote long term positive relationships between brothers and sisters, the provider should have a plan to facilitate family time between sibling groups who live in different fostering families. This should include but not be limited to a review of the needs for family time for sibling groups in different fostering families with a plan to facilitate appropriate ongoing relationships between brothers and sisters.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18)

2. To improve outcomes for young people, the service should further strengthen their referral and matching processes to ensure that there is a clear identification of a fostering family's ability to meet the needs of a child before the child joins this family. This should ensure that the needs of existing children in the fostering family have been included.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

3. To support long term stability for children and young people the service should ensure tracking systems in place are used to robustly monitor and evidence improved outcomes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1.16)

## How good is our leadership?

### 4 - Good

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas of improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

We saw significant improvements in quality assurance systems had been made since the last inspection ensuring key elements of practice to safeguard welfare were undertaken. A new policy team with a role to review complaints and quality assurance has brought extra capacity to develop procedures and to embed a learning culture from all aspects of service delivery. The service manager has embedded a range of quality assurance processes to inform ongoing development which has created a foundation for continuous improvement.

We assess there was now a more consistent overview of key processes, such as carer checks, foster carer reviews, unannounced visits and safer caring plans. We discussed with the service that they should progress similar tracking of incidents, accidents, and allegations which we are confident will be progressed. These changes are at the early stage, however, we are confident that there is now an increased capacity for improvement and development.

Children's outcomes were being improved through the implementation of a new policy regarding unplanned endings which evidences there is an overview of unplanned endings which highlights learning and actions to be taken forward.

The Fostering and Adoption Panel and Agency Decision Maker provides scrutiny to carer reviews and applications for approval for fostering families and they were able to challenge assessments presented to them. We heard that here is a high level of communication between the independent chair, the Agency Decision Maker and panel co-ordinator. Panel members are well supported through regular supervision and appraisal and have access to a range of learning and development opportunities.

Staff in the fostering and adoption team have told us that they are experiencing delays in decision making and are feeling that the managers do not understand the service. They described a sense of detachment from senior managers and there were some negative comments in our survey relating to management culture. Staff in the team expressed that seniors in the service lack autonomy which can impact on outcomes. It is anticipated that having a team manager in post will improve the speed of decision making.

We were encouraged to see that a lot of attention and action has been taken to support the quality assurance improvements needed within the service. Whilst these are positive developments many are very recent and therefore, we are unable to confidently report that outcomes have improved as a result. The comments relating to the negative view of the management culture do give us cause for concern. We will review both of these at the next inspection.

## How good is our staff team?

4 - Good

We have made an evaluation of good for this key question, as several important strengths, taken together, clearly outweigh areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

Staff practice observed through tracked cases and individual discussions aligned to the values and principles of the Health and Social Care Standards. There has been a high staff turnover in the team since the last inspection which has impacted on consistency of relationships for many caregivers and children and young people. We received positive feedback from caregivers in relation to the knowledge and competence of workers within the team. We heard that staff had worked hard to build genuine and trusting relationships. Staff in the team were knowledgeable and displayed a passion for their area of practice.

We saw improved relationships with children's social work teams with this leading to improved support and positive outcomes for caregivers and children and young people.

Staff in the team had received consistent supervision and had access to annual appraisal which identified learning and development needs. Staff also had access to a range of learning and development opportunities, including external training offered by the Fostering Network. Newly qualified staff were supported by a buddy system and clear induction procedures were in place.

Morale in the team was high and staff felt supported by colleagues and their line manager. Staff told us they felt a disconnect with senior management in the service and this has been discussed in Key Question 2. At the time of inspection, the post of Team Manager was vacant which reduced management capacity and support to staff with senior managers providing cover alongside their existing workload.

Greater clarity in policies and procedures had supported the integration of new staff and had improved consistency of practice.

## How well is our care and support planned?

4 - Good

We have made an evaluation of good for this key question, as several important strengths, taken together, clearly outweigh areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on children and young people's experiences.

Young people's plans identified involvement and input from a range of professionals supporting the child and their caregiver family. We found that Looked After and Accommodated reviews were taking place regularly and in line with timescales. This contributed to comprehensive assessments which promote positive outcomes for children and young people.

The voice of young people was evidenced through their contributions to foster carer reviews and Looked After reviews with their voices being seen within assessments and minutes. Formal advocacy was used where required. The service has improved the range of methods used to ensure that children and young people are able to lead and direct their own care and we look forward to reviewing these continued efforts at the next inspection to ensure that views are sought in a meaningful way.

Young people and their caregiver's safety was protected. Family policies and risk assessments for individual children and young people were consistently completed and the majority of those we saw were up to date.

Risk assessments seen as part of our case tracking were completed to a reasonable standard and reflected risks in most cases. We saw that these reflected the dynamics within the household and improved the protection and safety of the children, young people and adults within the home, however, some would benefit from a more holistic approach and greater analysis.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 1

By 30 June 2022 the provider must ensure that clear systems are in place to monitor outcomes for children in need of permanent substitute care. To do this the provider must as a minimum:

- a) ensure robust tracking arrangements are in place for children at all stages of their care journey and that drift and delay is addressed at each stage of the process.
- b) ensure a robust approach is taken to family finding when children are identified as needing permanent care to ensure that their care needs can met by the right fostering family.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1.16)

**This requirement was made on 18 March 2022.**

## Action taken on previous requirement

The service now has in place a permanence tracker. Whilst this is at the early stages of implementation, we were of the view that this will support the tracking of children at all stages of their journey and that drift and delay will be addressed at each stage of the process. We have made a formal area for improvement asking the service to monitor and evidence improved outcomes for the next inspection.

## Met - within timescales

### Requirement 2

By 30 June 2022 the provider must ensure that there is a clear identification of a fostering family's ability to meet the needs of a child before the child joins this family. To do this the provider must as a minimum:

- a) have clear a clear referral process which outlines the needs of children needing alternative care from fostering families
- b) identify carer strengths and vulnerabilities in relation to meeting the needs of a specific child and outlining any additional support required to ensure that children's needs are fully met
- c) ensure planning meetings take place when children join fostering families to review children's needs
- d) ensure panel members have full information for matching panels including minutes of linking meetings.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19)

**This requirement was made on 18 March 2022.**

## Action taken on previous requirement

The service has made progress in relation to this requirement, however, further action is needed to ensure that positive outcomes are supported by good matching processes. This will form a formal area for improvement from this inspection.

## Not met

### Requirement 3

By 30 June 2022 the provider must ensure that robust quality assurance processes are in place to monitor key areas of performance within fostering regulations with monitoring and review to identify areas of continuous improvement.

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

- a) unannounced visits take place within required timescales



- b) individual safer caring plans are reviewed regularly in response to changing need
- c) full carer checks are monitored and kept up to date.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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)

**This requirement was made on 18 March 2022.**

#### Action taken on previous requirement

The service has made progress in relation to this requirement. There are now trackers in place which ensure that checks, unannounced visits and safer caring policies are recorded and monitored. Staff supervision records evidence that there is an additional layer of quality assurance through the recording and discussing of key areas of performance. Whilst these tracking and quality assurance systems are in their early stages, we were confident that they would support continued improvement.

#### Met - within timescales

### Requirement 4

By 30 June 2022 the provider must ensure that all staff are fully trained and supported effectively to provide consistent support to fostering families. To do this the provider must as a minimum ensure:

- a) there is a clear induction process for new staff joining the service
- b) there is a clear training plan for all staff
- c) all staff have regular access to annual appraisal
- d) there is continuity of supervisory relationships for all staff
- e) exit interviews are undertaken and information analysed to understand reasons for staff turnover so that this can be addressed.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the SSSC's Code of Practice for Employers of Social Service Workers, which state that the employer will: 'provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice' (3.5).

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)

**This requirement was made on 18 March 2022.**

## Action taken on previous requirement

We saw that the service now had in place a range of training opportunities for staff. These evidenced a high level of training completed and available for the staff team. New staff had received a full induction and they reported feeling supported when joining the service. Regular supervision was in place with annual appraisal. This was ensuring consistent support to fostering families.

**Met - within timescales**

## 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

To promote long term positive relationships between brothers and sisters, the provider should have a plan to facilitate family time between sibling groups who live in different fostering families. This should include but not be limited to a review of the needs for family time for sibling groups in different fostering families with a plan to facilitate appropriate ongoing relationships between brothers and sisters.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.' (HSCS 2.18)

**This area for improvement was made on 18 March 2022.**

#### Action taken since then

We saw limited evidence of improvements in relation to this area for improvement. This area for improvement will be repeated.

#### Previous area for improvement 2

To ensure all children have a clear understanding of their past the provider should improve its approach to life story work. This should include but is not limited to, implementing a consistent approach to gathering and storing important life story information and providing specific training to staff and carers about how life story work should be approached.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect.' (HSCS, 1.29)

**This area for improvement was made on 18 March 2022.**

#### Action taken since then

We saw that the service had made improvements in their approach to life story work. Training had been provided to both staff and carers.

### Previous area for improvement 3

To support fostering families to fully support children in their care, the provider should improve the support available to carers in particular in relation to managing challenging behaviour. This should include but is not limited to the creation of a clear programme of training to create a shared vision of the approach to care to ensure fostering families are fully supported to meet the needs of children.

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)

**This area for improvement was made on 18 March 2022.**

#### Action taken since then

We saw that the service had a robust and varied training calendar available to their care giver families.

### Previous area for improvement 4

To keep all children safe from harm, the provider should ensure that all foster carers are aware of their responsibilities in relation to child protection. This should include but is not limited to the provision of specific training in child protection for foster carers.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

**This area for improvement was made on 18 March 2022.**

#### Action taken since then

We were confident that this area for improvement had been met as the service had in place regular Child Protection and safer caring training. In addition, we could see that in recent months the service had looked to improve their recording of safer caring and risk assessment documentation. This is at the early stages so will be reviewed fully at the next inspection.

### Previous area for improvement 5

To promote positive outcomes, the provider should ensure that all staff understand their roles and responsibilities in relation to quality assurance. This should include but is not limited to improving internal quality assurance processes and ensuring staff are sufficiently supported to practice effectively.

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)

**This area for improvement was made on 18 March 2022.**

#### Action taken since then

Quality assurance frameworks for the service have been developed. Whilst we felt that this area for improvement has been met, we are of the view that this is at the early stages therefore the impact of this will be reviewed at the next inspection.

## Previous area for improvement 6

To promote positive outcomes for all children, the provider should develop a reflective learning culture when unplanned endings have occurred. This should include but is not limited to a clear procedure for how unplanned endings will be reviewed with meetings that identify clear learning and action points for service improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.' (HSCS 4.4)

**This area for improvement was made on 18 March 2022.**

### Action taken since then

The service has put in place an unplanned endings tracker which pulls together learning points and actions required. The quality assurance team has oversight of this tracker and is progressing any learning and actions as required. This is a new process which will be reviewed at the next inspection.

## Previous area for improvement 7

To promote children's welfare, the provider should ensure that children's reviews reflect the views of the young person and their fostering family. This should include but is not limited to, children, fostering families and fostering team staff providing written updates for children's reviews and improving how it gathers these views prior to meetings taking place.

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 because people have the necessary information and resources.' (HSCS 4.27)

**This area for improvement was made on 18 March 2022.**

### Action taken since then

We saw good evidence that young people's views were captured in review paperwork and that the use of Who Cares and advocacy workers had supported these views to be sought and shared.

## Previous area for improvement 8

To ensure children and fostering families are included in discussions related to safer caring, the service should review its implementation of safer caring plans. This should include but not be limited to, reviewing formats of documentation and improving guidance to staff on how to engage children and fostering families in 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 am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice.' (HSCS 2.6)

**This area for improvement was made on 18 March 2022.**

### Action taken since then

The service has introduced new safer caring documentation and processes. We were confident that the vast majority of families and young people now have updated safer caring reports which supports improved

outcomes for children and young people. Given that these developments are fairly recent, we will review this again at the next inspection.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	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	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement are led well	4 - Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	4 - Good
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  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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