

Fosterplus (Fostercare) Ltd Fostering Service

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Service provided by:
Fosterplus (Fostercare) Ltd

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CS2004080743

About the service

Fosterplus (Fostercare) Limited is an independent fostering agency that recruits and supports carers across Scotland. It is part of the Polaris Community of services.

About the inspection

This was a short notice inspection which took place between 19 August and 12 September 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 13 carers using the service, 14 staff and management, reviewed documents and spoke with six placing social workers.

We had 8 responses from children and young people to our pre inspection survey, 35 responses from caregiver families and 12 responses from placing social workers.

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

- 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.
- Caregivers valued relationships with their social workers, and we assessed that staff were skilled at supporting them.
- High quality monitoring systems have improved consistency of practice.
- The service should review its approach to assessment of carers.

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?	5 - Very Good
How good is our staff team?	5 - Very 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 children/people and clearly outweighed areas for improvement.

Children and young people developed meaningful, affectionate and secure relationships with their caregiver families. One child told us "I love my foster mum and brother, I am so lucky to have them and be part of my family". Another child told us "I live like a prince and have a loving king and queen mum and dad".

Caregiver families had positive relationships with the service which supported them in their caring role. One carer told us "I feel fully supported in my role as a foster carer with fosterplus." Staff told us that support to carers was individualised and tailored to need to ensure that carers received the support they required.

Opportunities for participation were provided to children and young people. A dedicated e mail address was available to young people and a range of groups and activities had been arranged to promote participation. The service was reviewing its use of language to be more child centred in recording in line with the Promise.

Children and young people generally had consistency when short breaks were required which ensured consistency and promoted positive relationships. Friends and family of caregiver families were also assessed to provide support to caregiver families to reduce the need for short break care.

Caregiver families supported children and young people to sustain important family relationships. When siblings were not living together, relationships were well supported and promoted by caregiver families to ensure that family links were preserved.

Educational outcomes for children and young people in the service were generally very positive and the service tracked progress to identify where additional support may be required. The service had high aspirations for achievement and was exploring ways to break down barriers to care experienced young people accessing University. A range of social opportunities were organised by the service to bring caregiver families together including Halloween parties and Pantomime trips. This helped to bring a sense of community for caregiver families.

Children and young people were kept safe through a robust approach to safeguarding, the service had appropriate policies in place which were followed consistently. Chronologies were in place for caregiver families, but the content of these were not always consistent, and the format made them difficult to read. The service has been responsive to feedback during the inspection and intends to make improvements in this area.

Caregiver families had access to a range of learning opportunities, mostly delivered through e learning or facilitated online. Carers and staff were very positive about recent Trauma Informed Parenting Training that had been delivered. Training expectations for caregivers were clear and carers had personal development plans which identified learning needs. Whilst caregivers were positive about training, some carers expressed a preference for more face-to-face training. The service had been responsive to caregiver feedback in relation to support groups and was looking to improve participation among caregiver families.

Children and young people generally experienced positive physical and mental health outcomes. Some children and young people benefitted from an independent therapist facilitated by Fosterplus.

The quality and consistency of assessments of caregiver families had improved since the last inspection with the service, panel and the assessments manager working together to identify emerging issues. This ensured that panel had the information required to recommend approval of caregiver families. The service could further improve its approach to assessment by reviewing the timing of key elements of the assessment process, the format of assessment used and the use of best practice quality assurance. The service should also review its use of broad ranges of approval to ensure that recommendations from assessments are evidence based. This will form an area for improvement (see area for improvement 1).

Children and young people were asked for their views in relation to caregiver reviews and the service is exploring ways to gather views sensitively rather than relying solely on written forms. Children and young people had access to formal advocacy and caregiver families and the service were strong advocates for children and young people to ensure that their needs were met.

A new process was in place to assess the needs of children and young people joining caregiver families with increased management overview. The service should continue to evaluate the quality of its matching and the impact of the new process in relation to outcomes for children and young people.

Areas for improvement

1. To ensure assessment of caregiver families is consistent with evidence-based recommendations around registration, the service should review the assessment process for new carers.

This should include but is not limited to:

- a) The timing of preparation groups within the overall assessment.
- b) The assessment framework used.
- c) Consideration of the use of second opinion visits within the assessment.
- d) Ensuring approval ranges for caregiver families are informed by carer skill and experience.

This is to ensure that practice is consistent with the health and social care standards which state:

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS 4.11)

How good is our leadership?

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.

We saw that the service had a high level of quality assurance systems which ensured that key elements of practice to safeguard the welfare of children and young people were undertaken. There was a consistent overview of key processes, such as caregiver checks, caregiver reviews, unannounced visits and safer caring plans.

Children and young people'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. We have asked the service to enhance their overall analysis of unplanned endings to inform future service development and supports required to caregivers.

The service has a robust complaints policy. There has been one complaint investigated by the Care Inspectorate since the last inspection. One aspect of this complaint was upheld but there were no requirements or formal areas of improvement given the improvements already made since the investigation.

The Fostering and Agency Decision Maker provides scrutiny to caregiver reviews and applications for approval for caregiving families and they were able to challenge assessments presented to them. The service benefited from a skilled and diverse panel membership.

We found there was no established link between the Agency Decision Maker and the panel chairs which we asked the service to consider further.

Panel members are well supported through regular appraisal and have access to a range of learning and development opportunities.

The service development plan we reviewed was comprehensive and SMART and has supported improvements needed at the last inspection. We were confident that this would be updated based on the

findings of this inspection

The inclusive culture and enabling leadership of the service allows caregiver families and staff to nurture relationships with the people they care for.

How good is our staff team?

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.

The service had a stable staff team who had positive relationships and worked hard to establish positive, supportive relationships with caregivers and children and young people. Staff were passionate about their role to support caregivers to deliver positive outcomes for children and young people. Consistency within the staff team meant that many caregivers had formed enduring relationships with their supervising social worker. Staff competence, knowledge and responsiveness were valued by caregivers.

Practice, observed through tracked cases and individual discussions, aligned to the values and principles of the Health and Social Care Standards. All staff were appropriately registered with the Scottish Social Service Council.

Morale was positive within the staff team. There was a shared ambition for the service and staff felt supported by colleagues and their line manager.

Staff appreciated the level of support they received from the management team. All staff felt well supported, including through the use of regular formal and informal supervision opportunities. We assessed that this and regular team meetings, offered staff opportunities for practice reflection and enabled management to identify support needs.

All staff were receiving annual appraisals which supported a joint review of progress, and for staff to identify their professional learning and developmental needs.

Staff had access to appropriate training and development opportunities and felt professional development in their role was well supported within the organisation. Staff were involved in developing and delivering training sessions to caregivers.

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 children and young people, therefore we evaluated this key question as very good.

Child and caregiver assessments were completed timeously and were of a good standard, which included both narrative accounts and an evaluation of strengths and vulnerabilities. In KQ 1 we asked the service to ensure that approval ranges for caregiver families are informed by the skills and experience of the carer family.

Supervising social worker's knowledge of caregivers' skills and capacity helped ensure successful matching between caregivers and children.

Staff within the service engaged well with children in caregiving households and had strong relationships

with both children and their caregivers. Information was shared appropriately with children and caregivers were offered support to fulfil this responsibility, when required.

Children and young people were leading positive, healthy and enjoyable lives through the development and implementation of high-quality planning. These plans were subject to regular multi-agency review. Positive and collaborative work was evident between the service and colleagues in the locality social work team. This supported a responsive, holistic and flexible approach as children and young people's circumstances and needs changed.

Children and young people were supported to be involved in the planning of their care and caregivers were proactive in eliciting these views and representing them when required. We saw supports and plans that were relationship based and personalised to the child or young person. There were occasions when this meant that care and support was respectfully balanced between a young person's wish for uninterrupted family life but also the duty of care of the provider.

The voice of most young people was evidenced through their contributions to foster carer reviews, with their voices being seen within assessments and minutes. There was strong advocacy from carers and staff in relation to supporting the children and young people to achieve best outcomes and this was clearly represented in those plans we did see.

The service has household and individual safer caring plans for all families and children and young people. Those plans we saw were child centred and child friendly.

Risk assessments were detailed and there was evidence of regular review of this. This means that children, young people and care givers are included in discussions to promote a shared understanding of potential risks.

The service had a range of support groups and options available to children and families. These recognised the need to nurture children throughout their lives and during significant transition points.

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

Requirements

Requirement 1

By 30 October 2022, the provider must ensure that there is robust analysis from unplanned endings to improve outcomes for children using the service.

To do this the provider must as a minimum:

- a) ensure information from unplanned endings meetings have clear recordings with chronologies of key events
- b) analyse information from unplanned endings to establish themes and use this information to inform

service development.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/2010).

This is to ensure that practice 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 8 September 2022.

Action taken on previous requirement

Unplanned ending meetings now include a chronology of events. Unplanned ending meetings which are undertaken in all cases are reviewed six monthly by management to identify themes.

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 ensure that the needs of children can be fully met, the provider needs to improve the quality of matching, in particular in relation to the consideration of needs of children already in a caregiver family.

This should include but is not limited to a review of matching decision making across the service and how these decisions are recorded.

This is to ensure that practice 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 area for improvement was made on 8 September 2022.

Action taken since then

New process in place with management oversight of matching process analysing reasons for decision making. This area for improvement has been met.

Previous area for improvement 2

To ensure that children and carers receive appropriate support, provider need to develop trauma informed practice across the organisation. This should include but is not limited to a review of models of practice with identification of training needs for carers and staff.

This is to ensure that practice 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 8 September 2022.

Action taken since then

Training provided in Trauma Informed Parenting by the service, this area for improvement has been met.

Previous area for improvement 3

To ensure that the content of written reports and assessments are of a consistently high standard, scrutiny of all reports by leaders should be improved.

This should include, but is not limited to, providing a concise chronology of the carer's pathway alongside reports/assessments being provided to panel to support decision making (See requirement 1, highlighted above). Quality assurance measures should be improved.

This is to ensure that practice 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 8 September 2022.

Action taken since then

Carer chronologies now in place and an improvement in quality of assessments noted during this inspection. Carer review paperwork of a high standard. This area for improvement has been met.

Previous area for improvement 4

To ensure that all information is conveyed in a logical and accurate manner, a standard approach should be adopted to all recordings. This should include, but is not limited to, modifying, and amending existing formats to create a unified and integrated process.

This is to ensure that practice is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed" (HSCS4.23).

This area for improvement was made on 8 September 2022.

Action taken since then

Changes made to proformas to improve consistency of practice. Work to improve use of language and considering young's people's needs in recording. This area for improvement has been met.

Previous area for improvement 5

To ensure that children and carers receive the appropriate support, the provider should develop a robust training plan for staff, that will improve their knowledge of trauma informed approaches beyond what is currently available. This should include, but is not limited to, identifying appropriate and relevant training.

This is to ensure that practice 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 8 September 2022.

Action taken since then

Staff have had training in Trauma Informed practice and have access to a range of training through Fosterplus. This area for improvement has been met.

Previous area for improvement 6

To ensure the safety and wellbeing of children and young people, the provider should introduce individual safer caring plans for all children and young people.

This should include, but is not limited to, building on the existing safe caring household policy to help foster carers understand how to support, and respond to specific identified risk.

This is to ensure that practice 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) and

"I am protected from harm, neglect, abuse, bullying or exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20).

This area for improvement was made on 8 September 2022.

Action taken since then

Individual safer caring plans are now in place. This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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	5 - Very 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	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement are led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very 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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