



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

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Care Standards Act 2000

Inspection Report

NewFocas Ltd

Buckley

Type of Inspection – Focused

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Summary

About the service

North East Wales Foster Care Service Ltd (hereafter referred to as NewFocas) is an independent foster care agency that provides therapeutic placements for children and young people (hereafter referred to as young people) between 0 to 18 years of age. There were 17 young people living in 14 foster households at the time of the inspection. The responsible individual for the service is Kevin Denton and the registered manager is Carys Anne Hughes.

What type of inspection was carried out?

The agency was given short notice of this announced inspection that focused on the quality of life for young people in placement. We (CSSIW) were at the agency's office for two days, with foster carers on one day and at foster carer homes on three occasions. The methodology we used to evaluate the quality of care to young people was;

We read;

- The agency's statement of purpose.
- The latest version of the agency's strategic action plan (2015-2017).
- The annual quality of care monitoring report for 2015
- The chronology of well done, good news and thank you letters from the managing director of the agency to young people and foster carers.
- Three young people's case records.
- A foster care review report to panel.
- Minutes of three meetings of the agency's fostering panel.
- Part 4 of the Foster Carer's Handbook on the 'neurosequentially informed recovery programme' (NIRP) model of therapeutic intervention.
- NewFocas training plan 2014 -2016.
- NewFocas training calendar 2016-2018.

We spoke with;

- 3 young people in placement.
- 3 foster carers & people in their households.
- The registered manager.
- The responsible individual.
- The managing director.
- Foster carers attending training.
- The deputy manager & senior therapeutic social worker.

We received;

- Completed questionnaires from 6 young people, 3 foster carer households, 4 foster panel members and 13 staff completed the questionnaires we sent.

What does the service do well?

- The trauma informed attachment focused model of care used enables young people to make progress in understanding their early experiences and achieving physical and emotional well-being.
 - The active engagement of foster carers and staff in increasing their professional knowledge, understanding and skills means that young people benefit from an informed and carefully structured approach that is focussed on individual need and delivered at a timely pace.
 - The effective recording of panel meetings provides evidence of the panel's promotion of safe, secure and stable placements and their quality monitoring function.

What has improved since the last inspection?

- The agency has developed a 2 year strategic action plan that encompasses succession planning for the future retirement of the registered manager.
 - The views of young people about their placement are routinely recorded as a fundamental element of the carer's review report prepared for the fostering panel.

What needs to be done to improve the service?

We did not find any areas of non compliance with the requirements of the Fostering Services (Wales) Regulations 2003.

We found the following areas which might assist the registered manager to further improve service delivery;

- We found that the reviews of the therapeutic action plan were not easily accessible for young people and would benefit from a graphical representation of the progress made.
- The reference to academic literature sources in the body of a summary report of the therapeutic input for a young person detracted somewhat from the outcomes achieved and could be noted in footnotes.
- Foster carers commented that daily diary records became repetitive for young people who were established in their placement and progressing well through the stages of their therapeutic action plan.

Quality Of Life

Young people receiving a service from NewFocas can expect to achieve positive outcomes in their lives because the foster agency and foster carers are committed to them achieving physical and emotional well-being. The therapeutic model used helps young people to resolve the attachment traumas they have suffered in their past whilst preparing them for their futures.

Young people can be confident they will experience physical well-being because due diligence is given to ensure that physical health needs are met. We saw evidence in the daily diary sheets kept by foster carers and the young people's weekly progress reports that regular health reviews had taken place and that appointments with health professionals had taken place. A foster carer had attended an optician's appointment specifically to ascertain how often and in what circumstances the young person needed to wear their glasses. Speech and language therapy assessment and intervention was in place for two of the young people whose records we looked at and a referral had been made to occupational therapy for a young person.

There was evidence of an annual looked after child (LAC) health review by the LAC nurse and medical consent forms were on file. We saw that young people enjoyed a range of activities, many of which required physical effort. There was evidence of swimming, trampolining, walking, horseriding, football, biking and gardening. One young person was helped to grow their own vegetables which they then used in cooking. Another was having guitar lessons and a young person told us how well they had progressed in figure skating for which they had practice sessions and private lessons. The outcome for young people is that they lead fulfilled lives where they can experience achievements and a sense of physical well-being.

NewFocas has a virtual team around the child comprising the foster carers, the therapeutic social worker, the carer's supervising social worker, sessional workers and external professionals, where relevant, and their placing authority social worker. These are long term placements and we saw evidence of progress being made in all aspects of the lives of young people, particularly in education. A young person told us that when they went to their placement they thought 1+1 equalled four and the only word they knew how to read was 'A'. In 3½ years they were now reaching normal educational milestones and were in mainstream school. Their record for solving 'rubiks cube' was 35 seconds.

The foster carers for another child who had been in placement for over a year told us how they had established positive contact with the young person's school who would contact them when they had occasion to praise the young person which they then reinforced. The young person told us they liked maths. Another young person had temporarily been suspended from school but told us how they were set work to do by the school and we saw from the diary records how they were encouraged to complete this by their foster carers. The annual quality of care monitoring report for 2015 provided evidence of the majority of young people being in mainstream education or college with 'alternative to education' supports being provided by the agency during any exclusions. Two young people had received additional NewFocas tutoring to improve their exam results. We saw evidence that, where appropriate, young people received additional sessional worker input to support their educational activity. The outcome for young people of the priority given to promoting education is they are able to learn and achieve their educational potential.

The young people placed with NewFocas are able to achieve progress in education because the focus on this part of their lives is a fundamental element of the overall

therapeutic intervention model delivered by the service. This model treats the emotional traumas that have resulted in disassociated and challenging behaviours from young people who are unable to form meaningful relationships and attachments. We saw from records and the young people we spoke with that each had made considerable progress in their emotional well-being. One young person we met had been isolated when they first arrived at their foster carers a year before and as a part of their initial therapeutic action plan they had identified they would like to make friends and go out. The young person was now in school, had friends and loved going to the cinema. They told us about their various activities and sessional work support. We saw there was friendly banter between the young person and members of the foster family with the young person joking to us about them. We heard the foster family had a celebration for the young person in which they had surprised them with balloons and gifts. They subsequently discovered the young person had stored the remains of the balloons in their memory box along with photographs and other mementos.

The longer a young person was in placement the more stages of the neurosequential informed recovery programme (NIRP) they were able to complete. We saw a summary report for a young person with a history of neglect and associated resultant behaviours. They had been with their foster carers for 3 years during which time they had worked with their therapeutic social worker and foster carers on the 5 stages of the NIRP although at times of crisis they had repeated earlier stages. There was evidence in the report of the therapeutic techniques used and the young person had formed a strong and positive relationship with their extended foster family. We saw they had made progress in all areas of their life and were about to start on their life narrative work so the attachments they had made would be critical for them to emotionally process the feelings that would be generated with carers who were safe and secure for them.

Another young person who had been with their foster carers for 4 years told us how they used to get upset if they heard people laugh but were now able to make friends. They had completed their life story sessions and were supported by their foster carers during and after the sessions to tell their story up to the point of the placement. We saw how the young person had improved their scores on their strengths and difficulties questionnaires to the point they were now at or close to the average. We discussed with foster carers and the agency the possibility of creating a visual representation of the progress being made by young people for them and their social workers to have a visual long term summary of their achievements.

The outcome for young people receiving a trauma informed therapeutic model of foster care is that they experience warmth, attachment and belonging that supports them to cope with their emotions and deal with difficult situations and life events. By so doing they are able to work towards and achieve improved emotional well being.

Quality Of Staffing

The inspection focused on the quality of life of young people and we did not consider it necessary to look at the quality of staffing on this occasion because the young people and foster carers we spoke to and the questionnaires we received provided evidence of the quality of the supervision and support they received from the staff at NewFocas.

This theme will be considered at future inspections.

Quality Of Leadership and Management

As this inspection focused on the quality of life of young people we did not inspect this theme in any depth.

However, we did see that there was evidence of robust, transparent monitoring systems in place to assess the quality of the service in relation to outcomes for young people including feedback from young people and their representatives. The annual quality of care monitoring report for 2015 was succinct and included a summary section on feedback from young people, parents and placing authorities. There was evidence in case records of consultation with young people and their views were included in the foster care reviews to panel. In one such review a young person recorded that the best thing about their placements was the carers "love me". The annual report concluded with recommendations for actions to be taken and we saw evidence that some of these actions had already been taken.

There was evidence of a strategic action plan 2015-2017 for the service which included succession planning for staff nearing retirement and the creation of senior practitioner posts and social work assistants. This plan was detailed and reviewed monthly.

We will consider this theme in detail in future inspections.

Quality Of The Carers

As this inspection focused on the quality of life of young people we did not inspect this theme in any depth.

We attended training on 'grief and loss' for foster carers and staff at the outset of the inspection and heard the foster carers describing how the academic theory related to the young people they had worked with in the past and those they were now caring for. Their responses and contributions demonstrated their commitment to young people and their understanding of how the therapeutic model assisted the achievement of positive outcomes for them. All the foster carers we visited were able to give us a background to the model and how it worked. We saw evidence of how foster carers had managed to discuss a sensitive and personal issue for a young person and they told us how they had used the model to help them develop the strategies they used with the young person. We heard from each set of foster carers how they had introduced a wide range of activities for young people, some of which had become very important to them and, at which they excelled.

We saw warmth, attachment and a sense of belonging between young people and foster care families we visited and there was evidence of the involvement of the extended foster care family in the life of the looked after child. Some members of the extended foster family were sessional workers or respite carers for the agency. Young people told us of the impact their sessional and respite carers had on their lives with one young person telling us about the help they had received and continued to receive from their 'foster' brother. The only issue raised by foster carers was that the daily diary records had become repetitive when a young person had been cared by them for a long period of time, were settled in placement and who they knew 'inside out'.

We will inspect this theme in detail at a future inspection.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.

