

Foster Care Connect Limited Adult Placement Service

42 High Street
Galashiels
TD1 1SE

Telephone: 01896 751 999

Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Foster Care Connect Limited

Service provider number:
SP2005007159

Service no:
CS2020378673

About the service

Foster Care Connect adult placement service has been registered with the Care Inspectorate since 2020 and is linked with Foster Care Connect's longer established fostering service.

Foster Care Connect Ltd is an independent company based in the Scottish Borders. The adult placement service enables young people to remain with their foster families beyond the age of 18 in accordance with continuing care legislation.

Foster Care Connect is a small agency and this is reflected in the very small number of carer households currently providing an adult placement service.

The vision for the service is 'to ensure that eligible looked after young people are encouraged, enabled, and empowered to stay in an existing care placement until they are able to demonstrate their readiness and willingness to move onto interdependence living'.

About the inspection

This was a short notice announced inspection which took place between 14 April and 21 May 2025. The inspection was carried out by one inspector from the Care Inspectorate.

This inspection was conducted at the same time as the inspection of the provider's fostering service. This report should be read alongside the inspection report for the provider's fostering service.

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 nine caregivers using the service and three children and young people
- spoke with six members of staff and management
- attended review and deregistration fostering panels
- reviewed documents
- spoke with visiting professionals, and independent professionals supporting panel
- reviewed survey responses from carers, staff, and panel members

Key messages

- Young people usually benefitted from loving and attuned care within their caregiver families.
- Most caregiver families had very positive experiences of timely and compassionate support from a skilled staff team.
- Caregivers benefitted from a high quality learning and development programme, which was tailored to the needs of individual carers and young people.
- The service needs to develop it's recording of incidents including protection concerns to make this more robust.
- The service needs to do further work ensure that there are clearly defined roles within the leadership team and to build a stronger culture of reflection.
- Young people benefitted from robust risk assessment and care planning.

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?	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 the identified area for improvement.

Young people usually benefitted from loving and attuned care within their caregiver families. Young people continued to view their caregiver families as 'home' even where they were attending further education and spent most of their time outwith the family home. This provided young people with a sense of security and confidence to grow, develop and get the most out of life.

These relationships were appropriately supported with skilled and support from the professional team at

Foster Care Connect. Some caregiver families did not feel they had a positive experience of support from the agency and had chosen to leave the agency. However, we found that support from the service adapted and evolved effectively to try to ensure the needs of young people were met as they transitioned into adulthood. This view was shared by partner professionals involved in supporting children and young people.

Caregiver families had a good understanding of their role in supporting young people to maintain positive relationships with family members and other important people.

Young people were effectively kept physically and emotionally safe. Concerns or potential risks were identified at an early stage and appropriate support plans agreed in conjunction with carers and young people. The service appropriately notified significant incidents including protection concerns to the Care Inspectorate. We found there was some variation in how incident paperwork was completed, and found that this was an area that could be strengthened (Area for Improvement 1).

Young people are enabled to engage with education and to reach positive educational outcomes. The service actively helped young people to explore options for their future and secure places on courses that met their needs. The service responded quickly and creatively when young people needed support with aspects of their learning, including when they were young adults attending further education provision.

This commitment to learning is replicated in the service's thorough, well organised and responsive approach to carer learning. All carers have a Personal Development Plan which is reviewed twice a year. Caregivers and staff usually worked well together and with other agencies to ensure that young people's health care needs are met.

The service has a detailed continuing care policy, which reflects legislation and best practice guidance in this area. In the past young people have been helped to seek guidance and support from Clan Child Law with positive results.

Caregiver families were comprehensively assessed to ensure that they had the capacity to meet the needs of young people and adults. They also ensured that caregiver families had undertaken training in adult protection. Discussions about young people's future were initiated at an early point, allowing for comprehensive planning and reducing anxiety for young people and caregivers.

Areas for improvement

1. To ensure that children and young people in need of increased support or protection receive the highest quality multi-agency response, the service should seek to take a more consistent and robust approach to recording and managing incidents and protection concerns.

This should include but not be limited to ensuring that there is consistently high quality recording and manager analysis of all incidents and protection concerns.

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).

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 identified areas for improvement.

There were clear processes in place for the continuous evaluation of young people's outcomes and experiences. This included My Journey Reports, regular caregiver supervision, and practitioner meetings. These worked together to ensure everyone within the organisation had a clear shared understanding of the young people's needs and progress.

The quality assurance of caregiver assessments was effective, and this was further enhanced by a significant strengthening of panel processes over the past year. The diverse and skilled panel was supported by a new independent panel chair. The role of the independent panel advisor had continued, and an experienced independent agency decision maker was also in place. Carer approvals continued to be reviewed well within statutory timescales with midway non-panel reviews also taking place. Additional panel reviews were appropriately arranged where there were concerns or significant changes in circumstances.

The service had mechanisms in place for seeking and considering feedback from all stakeholders. Feedback was sought on a regular basis from panel members, from carers after attending training, and from staff and carers on an annual basis with regards to the overall work of the agency. The service had a feedback taskforce in place to ensure that meaningful work is undertaken to consider the views of all children and young people. The service aimed to ensure young people's views and experiences were sought or observed on an ongoing basis and not just as a task ahead of carer reviews, and this is welcomed.

Communication between the service and caregiver families is multifaceted, with SharePoint access, carer support groups, emails and newsletters all used to communicate what is happening within the agency. However, at times important information was missed. For example, the carers we spoke to had not all been aware of the introduction of an independent complaints officer until an email was sent at the beginning of this inspection despite this having been in place since early 2025.

Caregivers and the wider staff team reported mixed experiences of feeling heard within the service. This appears to have been a contributing factor to some carers and staff choosing to leave the service.

The past 18 months have been a period of stress for many within the agency, and this has impacted on the service's capacity to drive forward improvement activity. Although there is a service development plan in place, there was little evidence of the wider staff team being involved in shaping this. If the service is to flourish in the future, team building with a particular focus on organisational culture and reflective practice needs to be prioritised (Area for Improvement 1).

An Area for Improvement was identified at the last inspection highlighting a need for more clearly defined roles within the leadership team to promote a culture of reflection and accountability. This Area for Improvement was not fully met and this will therefore be continued in an amended form (Area for Improvement 2).

Areas for improvement

1. To inform service development and best meet the needs of people using the service, the service must embed the use of self-evaluation informed by robust quality assurance work.

This should include but not be limited to:

- a) Involving the whole staff team in continuous self-evaluation of the service
- b) Using this to inform a comprehensive service development plan which is outcomes focused and offers a strategic overview.
- c) Effectively using quality assurance systems to measure outcomes, experiences, and the effectiveness of intervention.

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 (SSI 2011/210).

This is in order 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)

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

2. To ensure all caregivers and people benefit from a service that promotes a culture of reflection and accountability, the provider must ensure that there are clearly defined roles for the leadership team.

This is to ensure that care and support 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' (HSCS 4.23)

'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 staff team?

4 - Good

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

In the majority of cases, staff formed trusting and genuine relationships with caregivers and often also with children and young people. Even where carers reported poor relationships, there had been evidence of positive working relationships in the past. The staff team, including social work staff and the learning and development team were able to manage some challenging situations, using their authority to influence practice. Caregivers were offered highly tailored packages of practical and learning and development support.

We have reviewed records relating to caregivers who most recently chose to leave the service and found that workers within the service remained focused on experiences for young people throughout and appropriately followed good practice guidelines. This view was shared by local authority placing social workers we spoke with.

Staff were provided with regular supervision, and whole team and practitioner meetings provided an additional space for learning and the sharing of good practice. Staff had mixed experiences of their professional supervision and team meetings, with some feeling that there had been more of a focus on case load management than on reflection, emotional containment or their own professional development. Given the challenging period that the service has experienced, and the impact of this upon staff retention, this is

an area that needs to be strengthened in the future to allow the service to recover and continue on an improvement journey (Area for Improvement 1).

The staff team benefitted from high quality learning and development opportunities. This included external qualifications such as practice educator, social worker, and therapeutic life story work qualifications. These opportunities were directly influenced by the needs of people supported by the service and provided valuable career development opportunities for staff members. The staff team consistently implemented this learning in their work with children, young people and caregivers.

As this inspection ended, the staff team was significantly depleted. There were no social work assistants in post and the social work lead and a supervising social worker were due to leave the service imminently. This was likely to put additional pressure upon those remaining members of staff. Whilst at the time of writing there would be sufficient staffing to meet the service's statutory responsibilities, it was acknowledged that this was likely to be a challenging period. This staffing situation reflected a high staff turnover over the past three years. This was likely to impact on carers who would lose the support of valued and appreciated workers, as well as on young people who have in the past had strong relationships with their Foster Care Connect workers.

Areas for improvement

1. In order to ensure staff experience appropriate support to manage periods of change and challenge, the service should seek to develop individual or group supervision models that allow space for emotional containment, reflection, and learning.

This is in order 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, and are able to reflect on their practice and follow professional and organisational codes' (HSCS 3.14).

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.

The service holds strong aspirations for positive outcomes for young people and this informs all aspects of their care and support.

Workers within the service consistently contributed to pathways reviews and planning meetings for young people, providing reports for these meetings and providing valuable updates to statutory meetings. The service maintained good communication with external professionals and requested additional meetings where required.

Young people within the service benefitted from safer caring plans, which were individualised and strongly reflected individual needs, preferences and vulnerabilities. However, this may not be an appropriate approach for all young adults and the service should consider alternatives that provide greater flexibility. This should take into account young people's rights as adults, as well as their capacity and any vulnerabilities.

The service made use of a risk assessment matrix structured around the national risk assessment framework and clearly highlighted areas of strength and vulnerability for young people, carers, and the wider family. These allowed for a thorough 360 degree overview of each carer family and informed support plans for caregivers and young people.

Young people were supported by the service to advocate for their wishes and preferences, and the service and carers have successfully advocated for action leading to positive outcomes for children and young people.

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 all caregivers and people benefit from a service that promotes a culture of reflection and accountability, the provider must ensure that there are clearly defined roles for the leadership team and clear lines of professional supervision for all staff undertaking a social work task.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23); and

'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 area for improvement was made on 19 June 2024.

Action taken since then

All members of staff undertaking a social work task have arrangements in place for professional supervision. However, some members of staff expressed that supervision could be overly focused on case management without sufficient time and space for reflection and learning and development.

Concerns about the lines of accountability within the organisation were exacerbated by some blurring of professional boundaries between business and social work roles, an ongoing concern since the last inspection.

This Area for Improvement has been continued in a slightly amended form.

Previous area for improvement 2

To enable all caregivers and people using the service to have confidence in the organisation that supports them, the provider should ensure that a robust and sufficiently independent internal complaints policy is in place.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequence for me' (HSCS 4.21).

This area for improvement was made on 19 June 2024.

Action taken since then

The agency's complaints policy and procedure has been reviewed and significantly improved. The agency has introduced an independent complaints officer who carers can access directly at several stages in the complaints process. This option had not been taken up by any carer families including those who raised concerns about the service before or during this inspection. However, it appears that the agency has not been sufficiently proactive in ensuring all carers were aware of this development, and the updated complaints policy was integrated into the carer handbook without this update being clearly communicated with carers at the time. Carers have since been directly informed of the change.

This Area for Improvement has now been met.

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	4 - 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 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?	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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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