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|  | Action/Date |
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| New document or revised | Revised |
| Responsible Head of Service | Liz Perfect |
| Date review | July 2020 |
| Date SMT approved. |  |

# QA Report – IFA Template

**QUALITY ASSURANCE VISIT REPORT FOR INDEPENDENT FOSTERING AGENCY**

**PART 1 - QUALITY ASSURANCE PRE-VISIT PROVIDER FORM**

| 1. **ORGANISATION AND SERVICE** | |
| --- | --- |
| 1. **Name of Fostering Agency:** |  |
| 1. **Registered Business Address:** |  |
| 1. **Business Owner of Fostering Agency:** |  |
| 1. **Address of Provision:** |  |
| 1. **Name of Registered Manager:** |  |
| 1. **Telephone Number:** |  |
| 1. **Email Address:** |  |
| 1. **Name of Member of Staff Completing Form** |  |
| 1. **Position of Member of Staff Completing Form** |  |
| 1. **Date Form Completed** |  |

| 1. **REGISTRATION AND PLACEMENTS** | | |
| --- | --- | --- |
| 1. **OFSTED Registration Number:** |  | |
| 1. **Current OFSTED Rating:**   (include copy of most recent Ofsted report) |  | |
| 1. **Requirements and Recommendations from recent OFSTED inspection:** |  | |
| 1. **Action Plan:** (attach copy) |  | |
| 1. **Statement of Purpose**   (attach copy) |  | |
| 1. **Children’s Guide**   (attach copy) |  | |
| 1. **Date Registered Manager Commenced in Post:** |  | |
| 1. **Number of current Vacancies:** | |  |
| 1. **Number of planned placements started in the last 12 months:** | |  |
| 1. **Number of unplanned placements ended in last 12 months:** | |  |
| 1. **Number of LCC planned placements started in the last 12 months** | |  |
| 1. **Number of LCC unplanned placement endings in the last 12 months** | |  |

| 1. **STAFFING (Including Specialist Staff)** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Staffing structure chart showing all relevant staff, including leadership team.**   Please include the current vacancy positions on the chart. | | | |  | | |
| 1. **Please provide details of qualifications and DBS checks:** | | | | | | |
| **Job Title Role** | | **Staff Initials** | **Relevant qualification** e.g. NVQ 3, 4 or 5, Qualified social worker. Please include other qualifications obtained or working towards. | | **DBS no. & Date of Completion** | **DBS clear / positive disclosure.**  Confirm if positive disclosure risk assessment completed |
|  | |  |  | |  |  |
| 1. **Number of staff who have joined the agency in last 12 months:** | | | |  | | |
| 1. **Number of staff who have left the agency in the last 12 months:** | | | |  | | |
| 1. **Please state reason(s) for staff leaving:** | | | |  | | |
| 1. **Number of agency staff used in last 12 months:** | | | |  | | |
| 1. **Number of agency staff members currently working in the agency:** | | | |  | | |
| 1. **How do you ensure the safer recruitment policy has been followed when employing agency staff?** | | | |  | | |
| 1. **How often do all staff members receive supervision as a minimum including the manager?** | | | |  | | |
| 1. **Training matrix for current staff members including mandatory training:**   (attach copy) | | | |  | | |
| 1. **Can you confirm all new staff members undergo a structured programme of induction which includes Children and young people Safeguarding?**   The induction is signed off by appropriate management. | | | |  | | |
| 1. **Do all staff members have an individual training plan as identified through supervision?** | | | |  | | |
| 1. **How many staff are First Aid trained?**   Is there evidence that these staff are on duty at any one time? | | | |  | | |
| 1. **Please provide below the details of staff members who carry out formal supervision with staff members and the date they received training to deliver this support:** | | | | | | |
| **Staff Initials** | **Job Title Role** | | | **Training date** | | |
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| 1. **MONITORING** | |
| --- | --- |
| 1. **Name of other Local Authorities with placements:** | |
| **Local Authority** | **Number of Placements** |
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| 1. **INCIDENTS AND NOTIFICATIONS** | |
| --- | --- |
| **These will be explored at the monitoring visit.** | |
| 1. **Number of reported missing episodes in the last 12 months overall?** |  |
| 1. **Number of missing episodes in relation to LCC placement/s?** |  |
| 1. **Number of OFSTED Notifications in last 12 months overall?** |  |
| 1. **Number of OFSTED notifications in relation to LCC placement/s?** |  |
| 1. **Number of Physical interventions in last 12 months overall?** |  |
| 1. **Number of Physical Interventions in relation to LCC placement/s?** |  |
| 1. **Number of incidents\* involving the police in last 12 months overall?**   \*Not including missing episodes. |  |
| 1. **Number of incidents involving police in relation to LCC placement/s?** |  |
| 1. **Number of medication discrepancies in last 12 months overall?** |  |
| 1. **Number of medication discrepancies in relation to LCC placement/s?** |  |
| 1. **Number of LADO referrals in last 12 months overall?** |  |
| 1. **Number of LADO referrals in relation to LCC placement/s?** |  |
| 1. **Number of compliments received in last 12 months overall?** |  |
| 1. **Number of compliments received in the last 12 months by LCC?** |  |
| 1. **Number of complaints received in last 12 months overall?** |  |
| 1. **Number of complaints received in the last 12 months from LCC?** |  |

| 1. **POLICIES** | |
| --- | --- |
| **Please attach/embed copies or link to policies for the following** | |
| 1. **Safeguarding for children and young people including allegation** |  |
| 1. **Recruitment and Selection** |  |
| 1. **Disciplinary and Grievance** |  |
| 1. **Whistle Blowing** |  |
| 1. **Behaviour Management** |  |
| 1. **Medication** |  |
| 1. **Staff support including supervision of staff members** |  |
| 1. **Complaints and compliments** |  |
| 1. **Data Protection and IT Security policy**   Including GDPR (General Data Protection Regulation) |  |

| 1. **INSURANCE** | | | |
| --- | --- | --- | --- |
| 1. **Please provide details of levels of insurance cover held:** | | | |
| **Insurance Type** | **Adequate Cover** | **Date Valid** | **Please ensure a Copy is attach** |
| Employer’s Liability |  |  |  |
| Public Liability |  |  |  |
| Professional Indemnity |  |  |  |

**PART 2 - QUALITY ASSURANCE VISIT**

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| 1. **VISIT DETAILS** | |
| 1. **Date of Visit:** |  |
| 1. **No. of LCC YP placed** (Initials / Mosaic)**?** |  |
| 1. **Name of Officer(s) completing visit?** |  |
| 1. **Officer Contact Details:** |  |
| 1. **Position of Member of Staff Completing Form:** | Placements and Commissioning Officer |
| 1. **Please list the areas that need further exploration when you undertake your visit:** | |
| **Areas of exploration from pre-visit form** | **Outcome of provider discussion** |
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| 1. **INDIVIDUAL STAFF FILE CHECKS** | | |
| --- | --- | --- |
|  | **File 1 – STAFF Initials** | **File 2 – CARER Initials** |
| 1. **DBS Information**   Certificate number and date of issue. |  |  |
| 1. **Application Form** |  |  |
| 1. **Form F** (Assessment) (carer only) | N/A |  |
| 1. **Work History**   Including reasons for gaps in employment. |  |  |
| 1. **References**   Evidencing that they have been signed and verified. |  |  |
| 1. **Annual Review/ Appraisal**   Are there any recommendations from this? | Appraisal | Annual Review |
| 1. **Induction** |  |  |
| 1. **Supervision** |  |  |
| 1. **Any other comments** |  |  |

| 1. **MEETINGS AND ROTAS** |
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| 1. **Staff Meetings** |
|  |
| 1. **On-call / Duty Staffing Rotas** |
|  |
| 1. **Young People’s Meetings** |
|  |

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| --- | --- | --- | --- | --- |
| 1. **LOCAL AUTHORITY CHILD SPECIFIC DETAILS** | | | | |
|  | **FILE 1** | | **FILE 2** | |
| 1. **Young Person Details** | | | | |
| **YP Initials** |  | |  | |
| **Mosaic Reference** |  | |  | |
| **Age** |  | |  | |
| **Placement Start Date** |  | |  | |
| **Placement Cost**  Including breakdown as identified in IPA |  | |  | |
| **Additionalities to placement**  Not currently identified in IPA |  | |  | |
| **Do both parties have a signed copy of IPA?** |  | |  | |
| **Are there clear outcomes on the IPA which the provider can evidence they are working towards?** |  | |  | |
| 1. **Professional Documents from Local Authority**. | | | | |
| **Document Type** | **Y/N** | **Comments** | **Y/N** | **Comments** |
| **Care Plan / Pathway Plan** |  |  |  |  |
| **Delegated Authority** |  |  |  |  |
| **LAC Review** |  |  |  |  |
| **PEP** (Personal Education Plan) |  |  |  |  |
| **EHCP** (Education Health Care Plan) |  |  |  |  |
| **Annual Health Review** |  |  |  |  |
| **Strengths & Difficulties Questionnaire (SDQ)** (Has this been completed by the carer in the past 12 months?) |  |  |  |  |
| 1. **Professional Documents Created by Provider** | | | | |
| **Document Type** | **Y/N** | **Comments** | **Y/N** | **Comments** |
| **Care Plan** |  |  |  |  |
| **Risk Assessments** |  |  |  |  |
| **Behaviour Management Plan** |  |  |  |  |
| **Matching Information / Impact Assessment** |  |  |  |  |
| **Consent Forms** |  |  |  |  |

| 1. **SAFEGUARDING** | |
| --- | --- |
| 1. **Is there a visitor’s book?** |  |
| 1. **Were you asked to sign in and out?** |  |
| 1. **Were you requested to show ID?** |  |
| 1. **Who ensures compliance re visitor policy?** |  |
| 1. **How are YP safeguarded when visitors come to the foster home?** |  |
| 1. **How does the foster carer monitor when a YP leaves the home alone or with a visitor? Does the home have a procedure in place re agreement and when return etc** |  |

| 1. **EMPOWERMENT** | |
| --- | --- |
| 1. **Are there any barriers preventing good outcomes for the YP?**   If so what measures are being undertaken? |  |
| 1. **Are YP supported to engage in activities of their choice?** |  |
| 1. **How are YP’s achievements celebrated?** |  |
| 1. **Are YP supported to be involved in the wider community where appropriate?** |  |
| 1. **How is information made available to carers, YP and family members on how to make a complaint?** |  |
| 1. **Does the agency ensure the YP receives feedback following a complaint?** |  |
| 1. **Does the YP have access to a Children’s Rights Officer (CRO)?** |  |
| 1. **What do carers do in relation to Memory Boxes? Do they share the information with the LA to ensure it is accessible for the young person in later life?** |  |
| 1. **What do carers do to encourage a work ethic in the young people?** |  |
| 1. **How are young people prepared for independence?** |  |
| 1. **Is there evidence of restorative justice work being undertaken?** |  |

| 1. **INVOLVEMENT** | |
| --- | --- |
| 1. **Is there management oversight of sanctions and behaviours?** |  |
| 1. **Are YP supported to inform and make changes to their individual support/care?** |  |
| 1. **Are YP consulted about any changes to service provision inc staff?** |  |

| 1. **QUALITY OF LIFE FOR YOUNG PERSON** | |
| --- | --- |
| 1. **Are YP receiving the appropriate allowances (pocket money, clothing, savings birthday, festivals) and that these allowances are managed appropriately?**   (Please include full breakdown) | Please complete for each YP or age range per week  Saving:  Pocket Money:  Clothing:  Toiltries:  Activities:  Birthday:  Festivals: |
| 1. **Does the provider ensure the records completed by staff are suitable for YP to read in later life?** |  |
| 1. **Is there evidence to suggest Life Story work is being undertaken by home?** |  |

| 1. **FOSTERING INFORMATION** | |
| --- | --- |
| 1. **Is peer support, foster care associations, buddies and mentors and/or self-help groups for all staff encouraged and available?**    1. **What do carers support network look like? Family/Friends/Neighbours?**    2. **Are they all DBS checked?** |  |
| 1. **How often do foster carers receive supervisions?** |  |
| 1. **How often do vacant carers receive supervisions –** are they encouraged to complete extra training whilst they are vacant? |  |
| 1. **How often do carers have unannounced visits?** |  |
| 1. **Do all carers receive an Induction?** |  |
| 1. **How long is the induction? Do you ever extend?** |  |
| 1. **Have all carers completed TSD standards? What is the expected time frame for carers to complete these?** |  |
| 1. **Is their training record on file?** |  |
| 1. **What training do carers complete during their assessment?** |  |
| 1. **What training should they complete throughout their first year of fostering? Core Training? Obtain copy of training offered.** |  |
| 1. **What happens if carers do not complete these in the expected time frame?** |  |

| 1. **HEALTH AND SAFETY CHECKS** | |
| --- | --- |
| 1. **Décor, homeliness warmth of home Tour of the home:** | |
|  | |
| 1. **Are there smoke alarms in every room?** |  |
| 1. **How often are smoke alarms checked?** |  |
| 1. **How often do you have Evacuations?** |  |
| 1. **Are YP informed of the fire evacuation procedure upon admission to the home?** |  |
| 1. **Does the provision have a carbon Monoxide detector and how often is it checked/tested?** |  |
| 1. **Are there working fire extinguisher(s) and/or blanket(s)?** |  |
| 1. **Do the young people have PEEPS (Personal Emergency Evacuation Plan) in place** (if applicable)**?** |  |
| 1. **Are potential fire risks considered?** |  |
| 1. **3/5 yearly electrical wiring checks**   (include certificate number and date of issue) |  |
| 1. **Are hazardous substances stored appropriately?** |  |
| 1. **Are there any Deprivation of Liberty concerns?** |  |
| 1. **Any other health and safety issues?** |  |

| 1. **DATA PROTECTION** | |
| --- | --- |
| 1. **Do you have a designated Data Protection Officer within your organisation?** |  |
| 1. **Do you have mandatory GDPR** (General Data Protection Regulation) **training?** |  |
| 1. **Is there a clear Data Protection governance structure and process in place so that if there was a breach the Data Protection Officer would know the steps to follow and please provide an outline of this?** | |
|  | |
| 1. **Please give some examples of practical measures you have taken to ensure data protection (IT or otherwise):** | |
|  | |

| 1. **YOUNG PEOPLE’S VOICE** | |
| --- | --- |
| 1. **What interaction were had with LCC YP?** |  |
| 1. **What was discussed/observed?** |  |

| 1. **PROFESSIONALS FEEDBACK** | | | | |
| --- | --- | --- | --- | --- |
| 1. **Feedback:** ***(copy new table for each YP in placement)*** | | | | |
| **Initials of YP:** |  | | **Mosaic number:** |  |
| **Date requested:** |  | | **Date received:** |  |
| **Name of Social Worker:** | |  | | |
| **Feedback from Social Worker:** | | | | |
|  | | | | |
| **Date requested:** |  | | **Date received:** |  |
| **Name of IRO:** | |  | | |
| **Feedback from IRO:** | | | | |
|  | | | | |

**PART 4 - QUALITY ASSURANCE VISIT ANALYSIS & SUMMARY**

| 1. **SIGNS OF SAFETY** |
| --- |
| 1. **General feedback to provider at the end of the visit to raise compliments and concerns.**   **ANY IMMEDIATE CONCERNS TO BE RAISED AND DEADLINE GIVEN** |
| **What’s Working Well** |
|  |
| **What are we worried about** |
|  |

| 1. **ACTIONS** | | |
| --- | --- | --- |
| 1. ***Are there any actions that need following up on after the visit?*** | | |
| **Action** | **By Who** | **Deadline Date** |
|  |  |  |
|  |  |  |

| 1. **GENERAL OVERVIEW OF PROVISION** |
| --- |
| 1. **Please give a general overview of provision:** |
|  |

| 1. **SIGNING OFF/AUTHORISATION** | |
| --- | --- |
| 1. **Placement Commissioning Officer signature:** |  |
| 1. **Date:** |  |
| 1. **Quality Assurer & Auditor:** |  |
| 1. **Date:** |  |
| 1. **Provider signature:** |  |
| 1. **Providers Feedback on report:** |  |
| 1. **Date of Report:** |  |
| 1. **Date document sent to IRO & CSW:** |  |
| 1. **Date uploaded onto Mosaic:** |  |