|  |  |
| --- | --- |
|  | Action/Date |
| Title/Status- | QA Report IFA Template |
| 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** |
|  |  |  |
|  |  |  |
|  |  |  |

| 1. **MONITORING**
 |
| --- |
| 1. **Name of other Local Authorities with placements:**
 |
| **Local Authority** | **Number of Placements** |
|  |  |
|  |  |
|  |  |
|  |  |

| 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**

|  |
| --- |
| 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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

|  |
| --- |
| 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:**
 |  |