



Inspection Report on

Calon Cymru Fostering

**12 Lambourne Crescent
LLanishen
Cardiff
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Date of Publication

Friday, 6 July 2018

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Description of the service

Calon Cymru Fostering is an independent fostering agency which has been owned and managed by BSN Social care Ltd. since June 2017. A responsible individual has been nominated by the company to supervise the management of the agency. The fostering agency continues to be registered with CIW as Pathway Care Ltd.

The agency provides foster placements for children throughout the South East and West Wales areas. At the time of the inspection there were 219 children in placement with 152 foster carers.

The registered manager is Sharon Cavaliere.

Summary of our findings

1. Overall assessment

The well being of children is clearly central to the ethos and practice of the agency. Children participate in decisions about their care and support, they are able to develop positive relationships with their foster carers and other people who are important to them and are supported to fulfil their potential and achieve positive outcomes. Children live with foster carers who have been safely recruited, and who are suitably supervised, supported and trained in order to provide safe and stable homes for the children they care for.

Children benefit from a service which operates in accordance with its statement of purpose. The changes in company ownership which were completed in June 2017 are seen by staff and foster carers to be beneficial. Nevertheless, the difficulties associated with the sale of the previous company and associated uncertainty clearly impacted on the agency for a significant period of time. Alongside the day to day business of service delivery, therefore, work is being undertaken to review and improve service delivery. Quality assurance mechanisms are in place, with “checks and balances” generally seen to be operating effectively, though improvements are required in relation to the agency’s record keeping regarding panel and in relation to its annual quality of care review.

2. Improvements

This is the first inspection of the agency since change of ownership.

3. Requirements and recommendations

No areas of non compliance were identified. To promote positive outcomes for children, recommendations are made in relation to the registered manager's supervision arrangements, staff training and quality assurance. These recommendations are set out in Section 4 of the report.

1. Well-being

Summary

Children's well being is promoted through their participation in decision-making about their care and support. They are able to develop positive relationships with foster carers who nurture them and who help them to establish and maintain relationships with people who are important to them. Children are supported by their foster carers to make good progress whilst in their care, in order to achieve positive outcomes and fulfil their potential.

Our findings

Children's views are expressed and listened to on a day to day basis by their foster carers and by the wider organisation. We saw evidence of children's views being sought in relation to their day to day experience of being looked after, with regular 1:1 discussions undertaken by supervising social workers and their comments actively sought for their foster carer's annual review. Sampled records included the following comments "*they are really nice to me and they are really supportive*" and "*happy and well cared for*". Encouragement and support was provided to enable them to actively participate within the looked after planning process, and foster carers were seen to advocate on their behalf. Contact details for a formal advocacy service was included in the children's and young people's guides together with a step by step guide to making a complaint, if they needed to do so.

We saw that a participation policy had been developed by the agency, taking a rights based approach to working with children and young people, and we met with the agency's participation officer who had been appointed to work with looked after children, and foster carers' birth children. Locality based consultation groups had been established and sessions undertaken to date had included discussions on children's rights and how these could be promoted by foster carers, an explanation of looked after "jargon", a review of children's paperwork, (e.g. feedback forms for annual reviews and children's and young people's guides) and proposals for holiday activities. We saw that lots of ideas had been generated, including different ways of communicating with children (e.g. digital forms, survey monkey, newsletters), providing information for children (e.g. safe surfing, healthy eating, keeping safe) and the need for children and young people's guides to represent different cultures and languages and include additional details of advocacy providers. We were advised by the participation officer that the idea for the additional child-friendly foster carers' profiles seen at inspection had also come from the consultation groups, (though we noted that additional information, e.g. regarding household routines and family interests, would be beneficial) and they hoped to involve children in the agency's "skills to foster" training courses during the forthcoming year.

We also saw that representatives from the consultation groups had met to establish a youth council within the agency, to further increase children's participation within the wider decision-making processes of the agency.

"Children who foster" groups had also met separately, to enable them to talk about things that mattered to them, with an information / discussion session seen to have taken place regarding children with attachment disorders. Children are able to express their views, with support if necessary, and are able to be involved in making decisions about the care and support they want. They are able to contribute to and benefit from service improvement.

Children are offered warmth, encouragement, emotional support and security. They are able to establish and maintain contact with people who are important to them. In discussion with foster carers, it was evident that they had developed close attachments to the children they were caring for. They spoke with warmth about the children, and praised their efforts and achievements; *"We are so proud of XXX"*. Within a foster carer's annual review we saw comments from birth children *"We consider XXX to be part of our family"*.

Foster carers were also seen to support contact with birth families, where agreed with placing authorities and other people important to the children. Records showed that positive relationships had often been established between foster carers and family members.

We saw that delegated authority arrangements were in place to enable foster carers to make day to day decisions in respect of the children they cared for, e.g. permissions for outings, haircuts and school activities, to "normalise" children's everyday life.

"When I'm ready" arrangements were in place for some young people who were continuing to live with their previous foster carers after their eighteenth birthday, and foster carers told us about previously fostered children who had remained part of their family as adults; *"XXX lived with us until leaving to get married"*

Within sampled records, where children were moving on from their placements, we saw efforts made by foster carers to support the transition, and to create positive "endings" and we were informed by foster carers that "lots children come back and visit after leaving". Opportunities for children and fostering families to get to know each other, and to potentially support each other were regularly arranged by the participation officer, with support from the wider fostering team. Activities suited to a wide age range of children were seen to have taken place during school holidays, with experiences including an interactive day with the police, halloween and xmas parties for younger children, whilst rock climbing, trampolining, kayaking and camping had been enjoyed by older children.

Foster carers and staff spoke to us about a sense of "family" generated by the agency, with one staff member stating that the agency was *"caring and thoughtful"* and that management and staff *"care about my wellbeing"*. Many foster carers had worked with the agency for a number of years and we were told by one foster carer that they had previously brought their

own children and were now bringing their grandchildren to the annual agency barbeque. Children experience warm, caring relationships, which allow them to develop attachments and a sense of belonging.

Children are supported by their foster carers to develop skills and make changes in their lives in order to achieve positive outcomes. Within sampled records and from our discussions with foster carers and returned questionnaires, we found evidence of children making good progress and achieving positive outcomes. For some children, this related to an improvement in social skills, enabling them to develop friendships with other children, others were managing their emotions more effectively or had reduced or stopped offending, many children had been able to pursue particular hobbies and interests and some had exceeded initial expectations at school. We saw that foster carers liaised with professionals who were working with children, and noted comments from other professionals regarding *“good partnership working.”* It was clear that foster carers were ambitious for their children, wanting them to fulfil their potential and advocating on their behalf where necessary (e.g. to access adult services, to ensure that health or educational needs were appropriately met and to progress “when I’m ready” arrangements). It was recognised by foster carers that small gains for some children were actually huge achievements, and we were advised by one foster carer that the *“service values the uniqueness of children”*. Children generally make good progress whilst being looked after by their foster carers and are able to achieve positive outcomes.

2. Care and Support

Summary

Children live with foster carers who have been safely recruited. Children are carefully matched with foster carers who are provided with supervision, support and suitable training. They are therefore generally able to meet children's identified needs by providing appropriate, responsive care, within safe, stable home environments.

Our findings

The recruitment of foster carers is targeted to meet the identified needs of children. Assessment is evidence based and thorough. The agency had appointed a recruitment manager to take responsibility for this area of work. Working closely with the wider organisation's marketing team and management, the manager was able to analyse data, e.g. effectiveness of recruitment strategies, as well as referral requests and geography to gain a clear idea of the skills and experience they would want prospective applicants to possess. The manager was able to provide a single initial point of contact, by responding to all enquiries received, with a telephone call followed up by a visit, to discuss the realities of fostering, and an invitation to attend the agency's skills to foster training. We were advised by the manager that they thought the recruitment strategy had been quite successful, with approximately 25-30 foster carers recruited annually.

We were informed that a rolling programme of "skills to foster" training was delivered by the agency's training officer, with input from experienced foster carers aiming to provide a realistic picture of fostering. Prospective applicants were then supported by being "buddied" with an experienced foster carer for the duration of the assessment process (if approved, this arrangement remained in place for new foster carers).

We saw evidence of appropriate checks being undertaken as part of the assessment process and, in general, detailed assessment (form F) reports with reflective analysis and well-evidenced decision-making. We noted, from sampled panel minutes, that where the quality of an assessment report had fallen short of the expected standard, this had been appropriately identified as a quality assurance issue by the fostering panel and raised with the service. Within sampled documents, feedback from foster carers regarding the assessment process was positive, with one foster carer responding to the question "*what was good about the assessment process*?" with the answer "*everything*". Children's well-being is promoted through the robust recruitment and assessment of foster carers.

Children's needs are identified. Foster carers provide responsive care within safe, secure placements. Discussions with the registered manager and staff evidenced an excellent level of knowledge regarding the agency's foster carers (skills, experience, areas requiring further development) and of their households and children being fostered. The matching process in respect of prospective placements were seen to be thorough, with initial referrals

screened by the agency's placements co-ordinator before being passed on to supervising social workers for discussion with their foster carers. (Parent and child placement requests were managed directly by the responsible senior practitioner). Formal tender responses were returned with foster carer profiles providing additional details for commissioners. We were advised by foster carers that they felt that they received all relevant information about the placement to inform their decision about whether the match was appropriate and the registered manager stated that they felt that this careful matching was a significant factor in respect of the stability of their placements (13 unplanned endings over twelve months).

It was recognised that the needs of children being referred had become more complex, and a number of solo placements had been agreed with local authorities. Where necessary, arrangements had been made for respite carers to provide additional support, to maintain placement stability and we were advised by staff that they tried to ensure that children requiring respite were able to stay with the same carers.

The agency was seen to operate a red, amber, green (RAG) system to flag up possible placement instability. The high level of contact maintained with foster carers and children by supervising social workers ensured that potential difficulties were identified, and guidance provided. Foster carers advised that out of hours support was excellent, with on call arrangements in place "24/7". Additional support to foster carers was available from a contracted clinical psychology service, and seen by foster carers to be a valued resource.

Checks undertaken in respect of carers (disclosure and barring service, medical and household health and safety checks) were seen to be up to date, together with foster carer agreements. We saw safer care arrangements for children placed with foster carers, and copies of individualised risk assessments provided guidance to foster carers. These were seen to have been reviewed, in light of new information or incidents taking place, and updated if necessary. For parent and child placements, detailed placement working agreements had been drawn up to provide clarity regarding the differing roles and responsibilities of foster carer and parent. Records showed that foster carers had undertaken safeguarding training and we were advised in our discussions with foster carers and via questionnaires, that they were aware of child protection procedures, and the actions they should take. Young people's wellbeing is promoted through foster carers' understanding of their needs, and their ability to provide appropriate, responsive care within safe and secure placements.

Children's physical and emotional health needs are promoted and supported. Foster carers work in partnership with involved professionals to meet children's needs. The physical health needs of children were seen to be well met, with children promptly registered with GP surgeries and dentists, and regular health checks undertaken as required. Where children were seen to have additional health needs, risk assessments had been undertaken and, where necessary, bespoke training sourced for foster carers (e.g. in respect of medical procedures). Foster carers' records showed that healthy lifestyles were promoted, with references made to encouraging healthy eating and children attending activities such as swimming, dancing and cycling.

We saw feedback from children for foster carers' annual reviews, stating that they felt able to talk to one or both of their carers if they had worries. Foster carers were able to attend training to better understand attachment issues and on responding to challenging behaviours. Written guidance to foster carers on behaviour management, including the use of physical intervention was provided, and where the use of physical intervention had been agreed, foster carers had undertaken suitable training. We also saw examples of direct work being undertaken with children and foster carers by the agency's support workers and foster carers being provided with additional guidance from the agency's external contracted clinical psychology service. We also noted that the development of a "therapeutic led placement" service was underway, to support children with more complex needs. Children are supported to be as physically healthy and active as possible. Foster carers promote their emotional well-being, and when necessary, work with involved professionals to provide effective support, to meet children's needs.

Children are encouraged and supported to achieve their educational potential, taking account of their progress from the beginning of placement and previous attainment. We saw that foster carers were expected to attend training on "education and the looked after child" to aid their understanding and ability to support their foster children to achieve, educationally. Records viewed provided evidence of foster carers encouraging school attendance, attending parents' evenings and supporting children through revision (on both a practical and emotional level). In discussion, foster carers were clearly proud of the children's efforts and achievements and comments included:

"XXX is now studying..... in university"

"XXX still lives with me, 11 GCSE's"

"100% attendance now"

"Told at primary school, that XXX may not be able to cope with mainstream, but achieved 5 GCSE's".

Children are able to learn and fulfil their educational potential.

Children are cared for by foster carers who receive appropriate supervision, support and training. Foster carers spoke very positively about the support provided by their supervising social workers and the wider service. Sampled records showed that foster carers generally received 1:1 supervision from their supervising social worker on a fortnightly basis, in accordance with the service's statement of purpose. Foster carers with parent and child placements received more frequent supervision, as did foster carers who were managing complex needs. Records also showed that supervision was, on occasion, less frequent; this was confirmed via foster carer questionnaires. We were advised by the registered manager that supervision was sometimes undertaken on a 3 or 4 weekly basis, if agreed by the foster carer, supervising social worker and an operational manager.

Additional phone contact was also maintained and we were advised by foster carers that:

"XX is always available with good advice"

"Never on your own",

“I feel well supported by the agency and thoroughly enjoy my role as a foster carer”

Supervision records evidenced discussions and guidance in relation to the progress of children in placement, learning and development opportunities and concern for the wellbeing of foster carers and their families. Any actions to be taken by the foster carer or supervising social worker were recorded, and copies promptly provided to the foster carer, to ensure clarity regarding identified action points. Staff spoke very positively about their foster carers, describing them as *“enthusiastic, passionate”* who would go *“above and beyond”*. Records showed that in addition to planned visits to foster carers’ homes, at least two unannounced visits were undertaken by supervising social workers each year.

In addition to 1:1 supervision, foster carers were able to attend monthly locality based support group meetings. We were advised by foster carers that they valued the support of other foster carers, as well as the support provided by experienced foster carer “buddies”.

Foster carers’ records evidenced attendance at a wide range of training courses, including attendance at the national “confidence in care” training programme, safeguarding, behaviour management (safe handling / de-escalation), working with birth families, men who foster, understanding attachment and “when I’m ready”. Additional training was seen to have been undertaken by foster carers providing parent and child placements. We were informed by foster carers that there had been some disruption to the training programme during 2017, whilst the changes in company ownership were in progress. However, this was being addressed at the time of our inspection, with core training courses reviewed and a training schedule for 2018 developed. Planned courses included therapeutic parenting and sexually harmful behaviours. The service’s current training policy acknowledged that the agency’s expectations regarding foster carers attendance at training had changed over time. Staff referred to an earlier understanding of “main” and “second” carers, recognising that carers with other responsibilities (e.g. work outside the home) would be less able to attend training courses. We saw, therefore, that some carers had not attended any training between annual reviews. However, the policy made it clear that there was now an expectation that both carers, if a couple, were expected to undertake training, with “core” training to be completed within 12 months of approval. To facilitate this, weekend training had been arranged in respect of these “core” courses, alongside a wide range of online courses. We were advised by the training officer that supervising social workers were able to access foster carers’ training accounts to check on progress and support their learning, if needed. Children’s well-being is promoted by foster carers who are appropriately supervised and supported. Foster carers are able to maximise their learning and development, in order to improve outcomes for children in their care.

3. Leadership and Management

Summary

Children benefit from a service which operates in accordance with its statement of purpose. Changes regarding the ownership of the company are seen by staff and foster carers to be beneficial and work is being undertaken to review and improve service delivery. Foster carers are well-supported by the agency. Quality assurance mechanisms are in place, with “checks and balances” generally seen to be operating effectively. However, improvements are required in relation to the agency’s record keeping regarding panel (discussions and feedback) and in relation to its annual quality of care review.

Our findings

Children and young people, their families, foster carers and professionals working with the service can be clear about what the service sets out to provide. Overall, expectations about the service are matched by their experience. The service’s statement of purpose had been updated following the change of company ownership (with further details regarding company details and trading name added during our inspection to provide greater clarity. The document was seen to describe the ethos, aim and objectives of the service, and service delivery, including the support offered to children and to foster carers.

The service’s policies and procedures had been reviewed and, where necessary, revised following the company’s change of ownership. We were informed by the registered manager that the foster carers’ handbook was also being updated, with action being taken to make an electronic version available to carers.

The service was seen to have taken steps to provide the “active offer” in relation to the Welsh language, with its “active offer” policy providing information about Welsh speaking foster carers and staff. We were informed by the registered manager that the service’s statement of purpose, children’s guide and complaints leaflets were also in the process of being translated. We advised the registered manager that information about the Welsh language “active offer” should also be included within the statement of purpose; action was subsequently taken by the registered manager to amend the statement of purpose and we were provided with a copy of the amended document prior to publication of this report.

In June 2017, the ownership of the agency transferred to BSN Social care Ltd. Prior to the change of ownership, the agency had experienced a period of uncertainty relating to the sale of the previous company. Staff advised us that they had been “shielded” by the registered manager as much as possible from these difficulties, to maintain “business as usual” with foster carers and families, but it had been an unsettling time for management and staff. However, staff spoke very positively about the new ownership, and were optimistic about the move forward. From our discussions with the registered manager and the responsible individual, it was clear that working relationships were good, with both keen

to maintain “what works” within the agency but also keen to incorporate good practice and ideas from the new company. Children’s well-being is promoted as they are generally cared for as described within the service’s statement of purpose, and in accordance with legal requirements.

Children and their foster carers receive good support from a knowledgeable and experienced staff team whose own learning and development needs are appropriately met. Foster carers were seen to be supervised and supported by social workers within the service who were qualified, experienced and whose own learning and development was promoted. We were informed that training on crisis intervention and suicide prevention was due to take place in July 2018, and we were advised by staff that they had previously attended a range of training, to improve outcomes for children and to better support their foster carers (e.g. form f assessments, child sexual exploitation and bereavement counselling). New members of staff had been provided with a formal induction programme and were expected to follow the Social Care Wales induction framework. Staff presented as being motivated and enthusiastic and commented on the strong agency values, the knowledge and experience of the registered manager and the willingness of team members to “pull together”. Sampled staff files evidenced monthly supervision; this was confirmed during discussions with staff. We were advised by the registered manager that they had regular meetings with their line manager, and dates provided showed that these discussions had taken place on at least a monthly basis. However, these discussions were not routinely recorded. We therefore advised the registered manager and responsible individual that formal 1:1 supervision should be undertaken and recorded. Children benefit from a service where staff are encouraged and supported to further their own learning and development, in order to support their foster carers and improve outcomes for children.

Children are cared for within an agency which has quality assurance measures in place. Senior management oversight of the agency enables these measures to be used to inform service improvement. However, the annual quality of care report could be improved to evidence progress in respect of the agency’s service plan. Improvements are also required to ensure that the report fully evidences its compliance with legislation in respect of the participation of stakeholders. The agency’s quality assurance policy was seen to outline the measures taken to monitor and review service quality. These included management oversight of day to day records, information provided to placing authorities and reports. The policy also made reference to the agency’s bi-monthly management meetings, feedback from fostering panel and its annual quality of care review. We saw that monitoring meetings as well as meetings involving the senior management of the wider organisation had regularly taken place; we viewed the quality of care report and spoke to the panel chair regarding the work of the fostering panel.

The latest quality of care review report was seen to relate to the period between May 2016 and April 2017. We noted that the report contained useful data, providing evidence of a range of positive outcomes for children during this period. However, the report did not provide any clear link with the agency’s development plan (we did not see this development

plan but would expect it to have been established at the start of the review period). We also noted that, although the report referred to children's participation within the agency, it did not clearly demonstrate that the views of staff, foster carers and placing authorities had been gathered to inform the quality of care review, as required, (though it was evident from other documentation seen during in section and discussions with foster carers and staff that these views were regularly sought by the agency). Children benefit from a service which has clear, and generally effective, quality assurance arrangements in place, to improve service delivery. However, improvements are required in relation to the annual quality of care review.

In general, the fostering panel works effectively to promote safe, secure placements for children. However, records relating to panel should be improved to ensure that decision-making and quality assurance outcomes are fully evidenced. Unfortunately, we were unable to attend fostering panel as panel was not convened during the period of inspection. We did, however, view previous fostering panel minutes, speak to the chair of panel and receive questionnaires from some of the panel members. Information provided for inspection demonstrated that the panel chair had substantial experience of local authority children's services including fostering services. Membership of panel was seen to comply with legislation, and sampled minutes evidenced quoracy. We were advised by the chair of panel that access to medical and legal advice was available, if needed.

We were advised by the panel chair that documentation for panel was securely sent out in advance, providing sufficient time for panel members to read and prepare for panel. Returned questionnaire from panel members confirmed this view. Our examination of panel minutes and associated documentation e.g form f reports and foster carers' annual review reports generally evidenced robust scrutiny of agenda items and sound decisions. The strengths were recognised (of prospective foster carers, and of foster carers returning to panel for review) as well as areas requiring further development. However, the minutes of meetings did not consistently record panel members' individual contributions to discussions, and were not seen to always provide sufficient detail in relation to those discussions. This was a particular concern, at inspection, in relation to a discussion at panel about the re-approval of a foster carer following a safeguarding investigation as it was unclear whether panel had taken account of all known information, when coming to its decision. We could also see from sampled minutes that panel had raised an issue regarding the quality of an assessment report and incomplete documentation. We discussed this matter further with the panel chair, who advised that assessment reports and annual review reports brought to panel were generally of a very high standard. However, in this instance, they felt there was learning for panel (the agency decision maker had not been able to agree panel's decision to approve the carer as checks had not been returned) and for managers (the report had been subject to the agency's pre-panel quality assurance process).

We were advised by the panel chair that prospective foster carers and those returning to panel post approval were asked to provide feedback regarding their experience of panel. We were advised by the panel chair that quality assurance matters were fed back to the

agency from panel “as and when”, rather than routinely. Although panel minutes, included “outcome of panel feedback to agency” as an agenda item, the actual feedback was not minuted. From our discussion with the chair, and from panel questionnaires, it would appear that greater clarity with regard to how feedback was used to inform and improve service delivery would be beneficial. We were subsequently advised by the registered manager that within the previous company, quality assurance had been centralised within the wider organisation; they felt confident that the issues raised would be addressed by having local control again over these matters.

We discussed the training needs of panel members with the chair. We were advised by the panel chair that although there was not a specific policy relating to the induction of new panel members, they would initially observe panel meetings. Previous panel training had included sessions on recent legislative changes, preparing for panel, skills to foster and safeguarding. Further training was planned for March 2018. We were informed that annual appraisals of panel members were undertaken jointly by the chair and panel advisor and included consideration of their learning and development needs.

We noted that additional business matters were discussed within panel; we were advised by the chair that sufficient time was allowed for these discussions, and it was not felt that separate business meetings were required. In general, the fostering panel works effectively to promote safe, secure placements for children, though panel minutes would benefit from more detail to evidence the rationale for its decisions. Panel’s role in relation to quality assurance and service improvement would benefit from review to ensure that the process is clear to all parties.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

There were no areas of non compliance.

4.2 Recommendations for improvement

- To progress arrangements for all carers to undertake core training and any additional training relevant to their role
- The formal 1:1 supervision of the registered manager should be undertaken and recorded
- The minutes of panel should provide sufficient detail to evidence the rationale for its decisions.
- The role of fostering panel in relation to quality assurance and service improvement should be revisited to ensure that the process is clear to all parties and is operating on a formal, routine basis
- The annual quality of care report should clearly evidence progress made during the review period in respect of the agency's service plan
- The annual quality of care report should fully evidence its compliance with legislation in respect of the participation of stakeholders.

5. How we undertook this inspection

This was a full announced inspection and all three quality areas were considered. The inspection was carried out by two inspectors and took place on 19 March 2018, 20 March 2018 and 28 March 2018.

The information used for this inspection was obtained by the following methods:

- Discussion with foster carers attending one support group
- Discussions with staff
- Discussion with the registered manager
- Discussion with the chair of fostering panel
- We sampled records relating to 16 foster care households
- We sampled 11 records relating to looked after children
- We sampled 4 records of parent and children placements
- We viewed the records of the last three fostering panel meetings
- We viewed a sample of the agency's paperwork including the statement of purpose, children's and young people's guides, matching information, quality of care review report, foster carers' annual review reports, a sample of agency staff files, supervision records, consultation work, training information and policies and procedures.

We issued questionnaires to:

15 foster carer households and 6 were returned
9 panel members and 3 were returned.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Independent Fostering Agency
Registered Person	Pathway Care Ltd
Registered Manager(s)	Sharon Cavaliere
Date of previous Care Inspectorate Wales inspection	16/11/2015; 18/11/2015
Dates of this Inspection visit(s)	19/03/2018; 20/03/18; 28/03/2018
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	