

# Birthlink Adoption Service

21 Castle Street  
Edinburgh  
EH2 3DN

Telephone: 0131 225 6441

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
5 September 2023

**Service provided by:**  
Birthlink

**Service provider number:**  
SP2004007141

**Service no:**  
CS2004085774

## About the service

Birthlink is a registered adoption service providing specialised post adoption support for adults who have been affected by adoption with a Scottish connection. This support includes after adoption guidance, support with birth record searches, accessing records and mediation services. In addition, adoptive families, local authorities and voluntary adoption agencies use its services. Other health and social care professionals may also contact the service for advice.

Birthlink also has responsibility for other services however these are not considered within the remit of this inspection.

## About the inspection

This was a short notice inspection which took place between 23 and 29 August 2023. The inspection was carried out by one inspector from the Care Inspectorate. 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 six people who had used or were using the service
- spoke with 3 members of social work staff, the registered manager, Interim Chief Executive Officer, Chair of the executive board and previous treasurer of the board.
- reviewed documents

## Key messages

- \* Consistent, enduring, positive relationships with staff were experienced by people who used the service
- \* Staff confidence and familiarity in relation to protection and safeguarding practice was lacking and needed to be addressed through training
- \* There is a high risk that people's sense of identity and history will be severely compromised by a loss of historical information from the service
- \* People had confidence in the skills of staff which enhanced their experience of the support provided
- \* Lack of effective quality assurance processes, governance and leadership direction have led to significant challenges

## 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?	2 - Weak
How good is our leadership?	2 - Weak
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

Operational staff within the service understand the importance of safeguarding the privacy and confidentiality of people in their care. We identified one instance of data breach which had been dealt with swiftly and appropriately. However, a separate significant loss of information provided by people who use the service, was also identified which has the capacity to impact people's experiences and outcomes seriously and negatively.

This has been further compounded by the fact that record keeping systems in relation to this information were not in place and therefore it is not possible to notify people who were affected by the loss of this information. In addition, we identified a lack of clear guidance to staff which would enable them to provide a transparent organisational response to those individuals contacting the service who were affected by the loss of records. As a result, we concluded that the service has not been able to provide people with the necessary, timely support or provision of information to understand their rights in relation to this matter. This has the added potential to erode trust and confidence in the services provided. **(See Requirement 1)**

Staff were knowledgeable and skilled in the work they undertake and were sensitive and compassionate in their approach. People who use the service described experiencing consistent, enduring, positive relationships with staff within the service. We concluded this enabled trusting connections to be established, supporting the complex work being undertaken. One person we spoke with said "For me it was better working with one named person as it offered continuity".

We assessed that staff familiarity and confidence in the area of safeguarding and protection practice was lacking. We also noted a gap in mandatory refresher training for staff in this area but were assured that this has now recently been addressed. We advised the service to ensure mandatory training takes place for staff and management in line with service policy and good practice and that they consider incorporating further opportunities for staff practice development and reflection in this area. **(See Area For Improvement 1)**

We also highlighted to the service their need to provide notifications to the Care Inspectorate in line with current notification requirements and directed them to the relevant guidance as this had not taken place in respect of a recent protection matter.

The nature and quality of the support received by people we spoke with had positively impacted their lives and their understanding of their life story. One person said, "My life has been transformed significantly by Birthlink".

However, the loss of information which was being retained about people's birth history and family, means there is a high risk that people's sense of identity will be significantly compromised. This poses a challenge for the service in relation to achieving their fundamental aims and objectives and priorities identified in their strategic aims. **(See Requirement 1)**

Most people we spoke with described a timely response to their request for support. One person was disappointed that they needed to make additional contact with the service to query a lack of response. They noted however a swift allocation of their case following this being raised and acknowledged the demands placed upon the service, stating, "I think they're doing the best they can with the resource they've got".

For all people we spoke with, their experience was enhanced by the positive relationships with staff providing their support and confidence in their skills. This promoted a sense of trust and enabled people to engage openly and honestly throughout their involvement with the service.

People using the service can access a range of services and receive meaningful support which enables them to exercise choice and influence how their needs are met. One person said, "The process was very fluid, it was at exactly the right pace for me."

People using the service described being supported to understand their options and make well informed decisions. This helped them understand and manage uncertainties and expectations. One person said, "They set appropriate expectation levels highlighting legal and geographic hurdles." while another offered, "It's good to have that experience of someone who can make you aware of different scenarios and outcomes so you're more prepared."

External professionals can access advice and guidance in relation to the services provided and related issues, including through a practitioner's forum facilitated by social workers from the service. This acts to increase understanding and awareness of Birthlink's resources to a broad range of professionals who engage with people who may benefit from using the service.

Unfortunately, the service's ability to provide a high-quality level of support consistently and comprehensively to all and to ensure people can fully exercise choice in respect of their support will be compromised by the loss of crucial historical information.

## Requirements

1. By 15th December 2023, to ensure effective service delivery and the welfare of people using the service, the provider must adopt a consistent, considered and robust approach to receiving, retaining and storing personal information.

To do this the provider must, as a minimum ensure that:

- the current policy is revised in relation to receiving and retaining information about people using the service. This should include retention periods based on legal and regulatory requirements.
- \* the revised policy should include clear definitions and explicit timescales in relation to the above.
- \* ensure that all staff and board members are familiar with the revised policy document and have a clear understanding of their roles and responsibilities within it.

This is to comply with Regulation 4(1)(a) Welfare of service users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210).

This 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 4.22) and;

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27)

## Areas for improvement

1. The service should work to enhance the confidence and skills of management and staff in relation to safeguarding and protection matters. This should incorporate regular training, learning opportunities and practice reflection in this area.

This 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?

**2 - Weak**

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The service has experienced several challenges in recent years including key staffing changes at management level and within the board. We assessed that this had contributed to some of the concerns identified at the time of this inspection.

The quality of relationships within the organisation has reduced over recent years. We saw that this has led to ongoing tensions and impacted effective, positive channels of communication and morale within the service. This is acknowledged across all levels of the organisation. This has also presented in additional challenges being felt and experienced in relation to effective management of staff. We recognise that a planned approach to addressing the issues identified and regaining a trusting, positive and mutually respectful environment in which the service operates, is being progressed. This is at the very early stages of implementation, and we will assess the impact of this at the next inspection.

We found that quality assurance and record keeping had not been consistently effective.

This included ensuring the monitoring and progression of training and development within the staff and management team over a significant period, including in relation to refreshers in protection and safeguarding and the progression of training to enhance staff skills in relation to trauma. We understand that the introduction of new systems and a detailed learning and development plan will support progress in this area and will consider this at the next inspection.

We previously highlighted a loss of significant historical information within the service and the implications of this for people's experiences and outcomes. Significantly, it was also identified that the service did not take a comprehensive approach in relation to risk management and planning in respect of this activity, giving due consideration to the special nature of the information held. Furthermore, once concerns were identified, no clear leadership response and related actions have taken place to date. We concluded this reduced accountability and transparency and limited the opportunity to adopt a robust and reflective approach to addressing, and learning from, the situation. **(See Requirement 1)**

The current board membership included individuals with very relevant experience and skills, some of whom have used the service and have lived experience of adoption. The size of the Board had reduced over the last few years and the service expressed a recognition that recruitment is needed to expand the diversity of membership of the board. We welcome this as a further method of strengthening governance and leadership within the organisation and will assess impact on the service at the next inspection.

The current interim CEO has introduced a raft of changes and a clear strategic plan which it is hoped will support improvements in relation to many key aspects of the service, including quality assurance and service development. These are not yet fully embedded therefore it is not possible to assess the impact of these, however we will consider these further at the next inspection.

## Requirements

1. By 15 December 2023 the provider must carry out a review of the incident which led to the loss of crucial information within the service and develop an action plan in relation to any lessons learned.

This is to comply with Regulation 4(1)(a) Welfare of service users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This 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)

### How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Supports are shaped to meet the specific, individual needs of people accessing the service. This ensured a needs-led, person-centred approach was consistently adopted for those people we spoke with. One person said, "The support is tailored to the individual, their age and stage, and they adjust how they support based on this."

The service seeks and receives feedback from people who have engaged with the service which is used to inform improvement discussions and future developments. As a result, people's participation with the service is not restricted to guiding their individual care and support but can also influence service development and the promotion of positive experiences for others.

However, while people are able to be explicit about the type of service they wish to access, the service's ability to consistently and comprehensively meet this need will be compromised by lack of key information which should inform and enhance the provision of people's support.

## 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

The service should ensure clarity is achieved in respect of management roles, remit and responsibilities. Appropriate policies and procedures should also be followed to ensure transparency and good practice in recruitment processes across the service.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which state,

"I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27) and;

"I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24)

**This area for improvement was made on 27 August 2019.**

## Action taken since then

- \*We assessed that the board acknowledged and responded by introducing clarity of roles.
- \* A clear structure and clarity of roles was evident within the organisation at the time of this inspection.
- \* Staff and management within the service are confident that good practice in recruitment processes is in place and that previous concerns were addressed.
- \* Robust recruitment processes were in place.

## Previous area for improvement 2

The service should ensure that staff receive regular, reflective and appropriately challenging supervision and annual appraisal, in line with the service policy, which is effectively recorded and used to support development.

This is to ensure that management and leadership is consistent with the Health and Social Care Standards which state,

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

**This area for improvement was made on 27 August 2019.**

## Action taken since then

- \*Annual appraisals had very recently taken place utilising a newly developed template which will further enhance the process
- \*Regular supervision was taking place which was viewed by staff as helpful, reflective and compliments informal discussion opportunities which are frequently available and utilised

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	2 - Weak
1.2 Children, young people and adults get the most out of life	2 - Weak
1.3 Children, young people and adults' health and wellbeing benefits from the care and support they experience	3 - Adequate
1.4 Children, young people, adults and their caregiver families get the service that is right for them	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement are led well	2 - Weak
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects the outcomes and wishes of children, young people and adults	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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