

Birthlink Adoption Service

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Type of inspection:
Announced (short notice)

Completed on:
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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 13th May 2024 and 16th May 2024. 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 using the service
- spoke with the three social work staff members who provide the post adoption support
- spoke with the finance and office manager
- spoke with the Registered Manager and Interim Chief Executive
- spoke with the chair of the board and one further board member
- spoke with two social work students who were on placement within the service
- reviewed documents

Key messages

- A responsive, reliable staff team promoted trusting relationships being developed with people using the service.
- A comprehensive approach was found to have been taken by the service in relation to the significant loss of historical data since the time of the last inspection.
- Quality assurance mechanisms had been progressed at pace within the organisation and were at various stages of implementation.
- A skilled and knowledgeable staff group with strong practice skills provided high quality support to people.
- People experienced a needs-led, person-centred approach to support.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very 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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People we spoke with were keen to share their experiences of the service which were, without exception, positive in nature. The support they had received had positively impacted their sense of identity.

Disclosures made to the service were limited in number and had been assessed, responded to and recorded appropriately. Staff knowledge of safeguarding and protection practice was enhanced by current core, refresher and bespoke training and consistent opportunities for practice discussion and reflection.

Consistency of a responsive, reliable staff team promoted trusting relationships with people using the service and reduced anxiety around the need to form new relationships and revisit personal information.

A trauma informed approach from staff was supported by training and opportunities for practice reflection. This meant that people experienced sensitive and respectful interactions. This supported them to navigate their complex journey and the potential and actual emotional impact.

People were consistently given clear and comprehensive information. This meant that they were able to make informed decisions about the support they accessed at different stages.

Importantly, people were fully supported by staff to understand their options, the range of possible outcomes and were encouraged to take time to process this information before deciding on a course of action. This meant that people had the opportunity to explore uncertainties and make decisions at a pace which was right for them.

A comprehensive approach was found to have been taken by the service in relation to the significant loss of historical data since the time of the last inspection. This meant that risks of future data loss were reduced and that there was clarity around service response should individuals identify to the service as having been affected by the event. The service advised that this has not, as yet, been tested as no individuals have been identified/self-identified as being impacted by this loss of data.

An after-adoption professionals support forum is provided by the service which offers advice, guidance and raises awareness of the broad range of resources available. Bespoke training is also available to professionals on request. Birthlink also operates the After Adoption Information Line where anyone affected by adoption can seek advice and support and additional fact sheets, bulletins and useful links are available on the public website. This increases public and professional access to information about the service and related relevant topics, helping people make decisions around available supports.

How good is our leadership?

4 - Good

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

The development of consistent, clear and strong leadership and management has acted to drive forward improvements since the time of the last inspection. The pace of this change reflects the improvements needed and is supported by clear service and strategic plans.

Clarity around roles and responsibilities has supported increased accountability, transparency and trust. We assessed that work undertaken to promote a positive, respectful culture within the organisation, while ongoing, has led to improved dynamics and culture.

The board has experienced a period of limited membership, albeit of individuals with very relevant skills to support governance, and were in the process of further recruitment. We were advised of the intention to expand and diversify further to ensure that the knowledge, skills and experience necessary to meet the current and future needs of the service will be reflected in future membership. This will act to further enhance governance and support organisational service delivery. We will consider this further at the time of the next inspection.

Quality assurance mechanisms had been progressed at pace within the organisation and were at various stages of implementation. These were comprehensive and will act to provide additional layers of oversight, supporting improvements. We look forward to seeing how this has progressed and become embedded at the time of the next inspection.

New information technology systems have become fully operational within the service in recent months, and these are acting to strengthen service practice in information retention and use for service delivery. These will also further support quality assurance activities within the organisation.

An audit of the Adoption Contact Register is being undertaken providing additional scrutiny and assurance that the public are receiving the best possible service from the organisation which owns and manages this register. We recognise that possible anomalies within this register present potential risks to the wellbeing of people using the service however note that this is a high priority area of work and that systems are in place to assess and swiftly act on any issues identified during this process which require remedial action. The service should ensure that this remains a high priority within the organisation and is not disrupted by any future changes within leadership structures. Service should also notify care inspectorate in the event of significant issues being identified. **(See Area For Improvement 1)**

Consistent opportunities for learning and practice reflection had been put in place within the service. This was welcomed by staff as was the regular provision of learning placements for students. This was acting to support an ongoing culture of learning and reflection to become embedded within the service which positively impacted the experiences of staff, students and those people accessing support.

We encouraged the service to review some policies to ensure most up to date legislation and guidance were incorporated, that documents were dated, signed and that a record of review timescale was present. This was actioned within the timescale of inspection.

We are clear that stronger governance has developed and that the interim chief executive has been pivotal in implementing and progressing improvements within the service at pace since the time of the last inspection.

These developments are at various stages of implementation and we look forward to considering the progress and impact of these developments at the time of the next inspection.

Areas for improvement

1. The service should ensure that comprehensive quality assurance of the Adoption Contact Register remains a high priority within the organisation and that this is not disrupted by any future changes within leadership structures. The service should also notify the care inspectorate in the event of significant issues being identified .

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 good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We found a committed, enthusiastic staff group who reported much improved morale within the team.

Improved relationships and communication within the service were described and had supported positive cultural changes.

A skilled and knowledgeable staff group with strong practice skills provided high quality support to people. This meant people using the service felt confidence in the support they received and that their experience was very positive.

Consistent opportunities for group practice discussion and reflection were also now in place. This was welcomed by staff and students within the service and supported the development of a strong learning culture within the organisation where the importance of shared learning and practice reflection were acknowledged and prioritised.

Training was relevant, consistent and up to date this was supported by individual and service learning and development plans. This enabled core learning to be embedded and the service to be responsive to additional learning identified as beneficial to service delivery and support.

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 people, therefore we evaluated this key question as very good.

Supports were tailored to the individual. This meant that people experienced a needs-led, person-centred approach.

The service responds to emerging needs of service user groups and how best to meet these, for example dementia friend training provided by Alzheimer's Scotland for staff and actions regarding proxy representation and related safeguards/requirements.

Further service expansions in the form of DNA and counselling services are being progressed offering additional forms of support to people using the service. These expansions of service delivery reflect a responsive approach to the evolving needs of people using the service.

The service seeks feedback from people using the service to inform ongoing developments. Meaningful participation and actions to increase awareness and accessibility and celebrate experiences were also evident.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 15 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)

This requirement was made on 5 October 2023.

Action taken on previous requirement

- * Policy revised and in place in relation to receiving and retaining information of people who use the service
- * Includes clear definitions and timescales
- * All staff familiar with policy through team discussions, development sessions, raised awareness, accessibility.
- * All board members familiar with revised policy and this is recognised as an ongoing area of high priority within the organisation
- * All staff and board members are clear on their roles and responsibilities in relation to implementation of policy and responses to any future service user/public enquiries.

In addition -

- * The service made self-referrals to appropriate agencies in relation to the matter
- * Training has taken place across the organisation in relation to GDPR with refreshers planned at regular intervals
- * Board will be further strengthened in this area with forthcoming appointment of Data Protection Officer

Met - within timescales

Requirement 2

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)

This requirement was made on 5 October 2023.

Action taken on previous requirement

A comprehensive review of the incident was undertaken incorporating impact and detailed actions in relation to lessons learned. These are extensively evident in development work within the service.

Met - within timescales

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 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)

This area for improvement was made on 5 October 2023.

Action taken since then

- * Regular team reflective practice sessions
- * Training in respect of child and adult protection, faith based abuse, historic disclosures and related evaluations of training.
- * Planned refresher training
- * Regular team practice development sessions
- * Individual reflective practice discussions in supervision and in response to matters arising
- * Review and update of policies and procedures
- * Staff described increased confidence as result of above actions

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?	5 - Very Good
1.1 Children, young people, adults and their caregiver families experience compassion, dignity and respect	5 - Very Good
1.2 Children, young people and adults get the most out of life	5 - Very 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?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to support children, young people, adults and their caregiver families	5 - Very 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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