

# Adoption Service - Stornoway

## Adoption Service

Social Work Department  
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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
5 March 2026

**Service provided by:**  
Comhairle nan Eilean Siar

**Service provider number:**  
SP2003002104

**Service no:**  
CS2005095788

## About the service

Adoption Service - Stornoway provides a service for children and young people, aged from birth to 18 years, and their families. The service recruits and supports adoptive parents to provide families for children, who have been assessed as unable to live with their birth parents or extended family members.

The service is provided by Comhairle Nan Eilean Siar (Western Isles Council).

The service has recently been restructured and now consists of a service manager and two supervising social workers, who work across the fostering, continuing care, and adoption services.

Inspections of the fostering and continuing care services were carried out at the same time, with separate reports available for each service.

## About the inspection

This was a short notice, announced inspection which took place between 23 February 2026 and 5 March 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

This inspection was a follow up inspection to review progress on the requirements and areas for improvement made at the last inspection, completed on 16 May 2024.

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.

To inform our evaluation we:

- spoke to caregivers
- spoke to three members of staff and management
- spoke to three external professionals including an Independent Reviewing Officer
- spoke to the panel chair and Agency Decision Maker.

## Key messages

- A number of requirements and areas for improvement from the last inspection have not been met.
- Progress on improvement work has been hindered by staffing challenges.
- The service did not have a record or overview of current support being provided to adoptive families.
- There was no information available that outlined what adopters can expect from the service in relation to assessment, support or processes.
- There remained a lack of robust systems to monitor and promote effective permanence planning for children who required alternative permanent care.
- Increased senior management oversight in recent months provided assurance that there is now a coordinated approach to improvement planning.

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

### Requirements

#### Requirement 1

By 31 October 2024, to improve children and young people's permanent futures, the provider must at a minimum:

- a) Ensure robust tracking arrangements are in place for children at all stages of their care journey and that drift and delay is addressed at each stage of the process.
- b) Ensure children and young people have SMART (Specific, Measurable, Achievable, Relevant, Timebound) plans in place which drive planning for their future care.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'As a child or young person needing permanent alternative care, I experience this without unnecessary delay' (HSCS 1.16).

**This requirement was made on 16 May 2024.**

## Action taken on previous requirement

Service oversight and tracking of children's plans remained an area that was underdeveloped. At the last inspection, it was identified that permanence policies and procedures needed to be re-established. We found that this remained the case and there was a lack of understanding, across the provider, in relation to permanence planning, processes or timescales for children as they progressed through their care journey.

At the last inspection, there was significant drift and delay for children in need of permanent alternative care. We found that this legacy continued to impact caregivers' trust in the provider. The absence of collaborative working between the practice social work team and the service also continued to contribute to a lack of timely interventions. This was recognised by the provider who have taken steps to improve collaborative working. However, progress has been hampered due to staffing challenges.

Development work on the quality of children's plans remained in need of improvement. We were not provided with any evidence of children's plans to evaluate if improvements had been made to SMART planning.

The lack of robust systems to monitor and promote effective permanence planning for children meant there was the strong likelihood that delays in children's planning would persist and lead to poorer outcomes.

This requirement has not been met and will be continued to 1st July 2026.

## Not met

### Requirement 2

By 31 October 2024, to ensure a clear commitment to continuous improvement, the provider must at a minimum:

- a) Set out its aims and objectives.
- b) Develop an improvement plan with clear actions and timescales.
- c) Use self-evaluation, including the views of carers and children and young people using the service, to inform and guide these documents.

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

This is 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); and, 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This requirement was made on 16 May 2024.**

## Action taken on previous requirement

The service has developed draft aims and objectives however further work was required to improve the quality of these and ensure alignment to current legal and policy frameworks. Specific aims and objectives were not set out for the adoption service. Further work is required to make the distinction between the fostering and adoption functions of the service within service documents.

An improvement plan has been developed with clear actions and timeframes. We found discrepancies with aspects of this with actions marked as complete, despite this not being our evaluation based on the evidence.

There was greater strategic oversight of the improvement plan and a collaborate effort was underway to make sustained improvements. We were reassured by the current senior leadership team and their commitment to the service.

Self-evaluation and incorporating the views of caregivers, children and young people, had not yet been fully developed to inform service development. We concluded that there is more work to do to engage caregivers in service development. Caregivers expressed a lack of confidence in the service, due to fragmented support over many years. In order to rebuild trust and confidence, senior leaders have a role to work directly with carers to build relationships and involve them in the improvement journey. This is particularly relevant prior to future recruitment of new caregivers to the service.

This requirement has not been met and will be continued to 1st July 2026.

### Not met

#### Requirement 3

By 31 July 2024, the provider must develop quality assurance systems to ensure compliance with relevant guidance and legislation, and to promote best practice.

This should include, but is not limited to:

- a) Developing tracking systems regarding key areas of work. This should include, but not be limited to: carer supervision; unannounced visits; background checks; health and safety checks.
- b) Ensuring caregiver reviews take place within statutory timeframes, including for caregivers dual approved as foster carers and adopters.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is 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' (HSCS4.19).

**This requirement was made on 16 May 2024.**

#### Action taken on previous requirement

The provider considered that improvements to their recording system meant that there was greater oversight of key dates, including caregiver reviews and panels. We saw that caregiver panel reviews were taking place within statutory timeframes and internal reviews were generally taking place in line with the service's procedure.

However, the tracking systems we reviewed did not provide the necessary detail to enable the service manager to have the level of oversight required to ensure compliance with regulations and to promote best practice. The service manager recognised the importance of tracking key areas of practice and had plans to establish more robust oversight systems as they developed in their role.

This requirement has not been met and will be continued to 1st June 2026.

**Not met**

## Requirement 4

By 31 October 2024, the provider must ensure the Panel is sufficiently able to provide timely and robust recommendations, which are based upon best practice.

To do this, the provider must, at a minimum:

- a) Demonstrate efforts to recruit new panel members.
- b) Provide support and appraisals to panel members.
- c) Provide learning and development opportunities to all panel members.

This is to comply with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work improvement Scotland (Requirements for care services) regulations 2011 (SS1 2011/210).

This is 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); and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisation codes' (HSCS 3.14).

**This requirement was made on 16 May 2024.**

### Action taken on previous requirement

The panel continued to provide a robust assessment and review of caregivers' roles. We were encouraged to find that two new panel members had been recruited to strengthen and build resilience into the panel. Panel member appraisals had taken place since the last inspection. There was confidence in the skills, knowledge and experience of panel members. Panel members had access to training through their main employment and had also been invited to future training sessions within the service. We considered that the panel were able to make robust recommendations and functioned very well.

Panel development remained an area that requires further attention. There had been no panel development days since the last inspection. The panel would benefit from greater awareness of the strategic direction and the very specific context and challenges of the provider that are relevant to panel business. Arrangements for future panel development and ongoing panel member appraisals were unclear, and we identified the need for increased communication and collaboration between the panel and provider. The provider accepted this and provided reassurance that this would be addressed.

Despite the need for further improvement, we were satisfied that this requirement had been met.

**Met - within timescales**

## Requirement 5

By 31 October 2024, the provider must ensure there are adequate numbers of skilled staff equipped to carry out all tasks, responsibilities, and improvement work associated with the service. Staff should be adequately supervised to ensure any gaps in service delivery are identified and actioned.

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

- a) Ensure there are enough suitably skilled and qualified staff working in the service through undertaking a staffing needs assessment.
- b) Ensure that formal and recorded supervision of all staff takes place in a timely manner and occurs in line with the provider's policy, for all staff, including leaders.

This is to comply with Regulation 7 of The Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me' (HSCS 3.15); and 'I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.24).

**This requirement was made on 16 May 2024.**

#### Action taken on previous requirement

Following our last inspection, a review and restructure took place which both increased the remit of the service (now also encompasses kinship care support), and the number of staff working in the service. A new manager had been appointed and started in their role eight weeks prior to our inspection. A relief social worker had recently been appointed to add resilience to staffing arrangements, which is important given the small size of the service.

The provider had confidence going forward that the service was now equipped with the necessary staffing arrangements to carry out all tasks, responsibilities and improvement work required. Staff were now receiving regular, recorded supervision, with a supervision contract in place setting out the expectations.

Despite the work undertaken, at the time of our inspection there were no staff available to provide consistent support to caregivers due to long term staff absence and lack of resilience in the service. This had impacted on people's experiences and outcomes (see also requirement 1). We had confidence that there was now improved senior management oversight of the service.

However, at time of our inspection this requirement had not been met and will be continued to 1st May 2026.

**Not met**

#### Requirement 6

By 31 October 2024, the provider must ensure that post adoption support plans are in place for all children.

To do this the service must as a minimum:

- a) Ensure all adoptive families are aware of their rights to support.
- b) Ensure that post-petition meetings take place timeously and discuss post adoption support needs.
- c) Ensure all families have a post adoption support plan that anticipates future need.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

**This requirement was made on 16 May 2024.**

## Action taken on previous requirement

The aims and objectives were not clearly set out for the adoption service. The recently developed draft caregivers' handbook does not serve as a handbook for adopters. We did not find any information that outlined what adopters can expect in relation to assessment, support or processes. We discussed with managers the need to make a greater distinction between the fostering and adoptions functions of the service.

We were not provided with any evidence of post-adoption support plans. This was partially due to there being no children placed for adoption since the last inspection. However, we were not provided with the most recent known post-adoption support plan or plans for older children who appeared to be receiving support from the service.

We were aware of informal connections and links between adoptive families and caregivers being sustained. It is understood that informal post adoption support was being provided by the service. However, we found no evidence that this formed a plan for any adoptive family that was based on identified need and reviewed.

Indeed, we found that this area of work was not adequately recorded. There is the need for greater recording, monitoring, tracking and quality assurance of post-adoption support.

This requirement has not been met and will be continued to 1st July 2026.

**Not met**

## 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

To ensure adopters have up-to-date knowledge to support them in their caring role the service should clarify and improve the range of learning opportunities.

This should include but is not limited to:

- a) Provide carers with the opportunity for structured learning, reflection, and development, through the delivery of regular consistent carers' forums.
- b) Developing a consistent model of practice to inform caregiver training needs.

This is to ensure that practice is consistent with the Health and Social Care Standards which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 16 May 2024.**

**Action taken since then**

The range of learning opportunities for adopters were not outlined in any service documents or information provided to adopters. There were no current adopter forums or support groups facilitated by the service. We appreciate that staffing and the limited number of adopters will have impacted on these operating.

Improvements have been made to the availability and quality of training being offered to caregivers and adopters. However, at present there are no service records or oversight of this training. Therefore, it was not possible to ascertain which adopters have undertaken training. There remain no records of adopters' individual learning needs and their engagement with relevant training. This was compounded by the lack of post-adoption support plans.

**This area for improvement has not been met.**

**Previous area for improvement 2**

To ensure that all children can keep lifelong connections with siblings and family members, the provider must ensure that clear (SMART) plans are made for children at key stages.

This should include, but is not limited to:

- a) Reviewing this decision on a regular basis and clearly documenting expectations around how connections will be maintained and with whom.
- b) Provide SMART plans that detail the frequency of family time and who will be responsible for facilitating it.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing' (HSCS 2.18).

**This area for improvement was made on 16 May 2024.**

**Action taken since then**

We found examples of enduring and long-term connections maintained by caregivers with adopted children and their families. We were impressed with caregivers' commitment to supporting children's sense of identity as children grew older and as their needs and development changed. We found there to be a culture and ethos of inclusion, compassion and respect between caregivers, birth families and adoptive families.

We consider children's plans further, including family connections, under area for improvement 6.

**This area for improvement has been met.**

**Previous area for improvement 3**

To ensure all children have a clear understanding of their past and are supported to develop a keen sense of identity, the service should improve its approach to life story work.

This should include, but not be limited to:

- a) Ensuring that life story work is carried out with children and young people where this has been assessed as being in their best interests and that this is done within agreed timescales.
- b) Provide training to staff and caregivers on supporting life story work.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to be emotionally resilient, have a strong sense of my own identity and wellbeing, and address any experiences of trauma or neglect' (HSCS 1.29).

**This area for improvement was made on 16 May 2024.**

### Action taken since then

There are currently no children being supported by the service that require life story work. We reviewed the most recent example of this work and found this to be of a very high-quality. This reflected compassionate and considered practice based on warm and enduring relationships between the service and the child, their birth family, adoptive family and caregivers.

**This area for improvement has been met.**

### Previous area for improvement 4

To ensure appropriate statutory notification reporting to the Care Inspectorate the provider should consistently meet the expectations of the Care Inspectorate records that all registered care services (except childminding) must keep and guidance on notification reporting.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

**This area for improvement was made on 16 May 2024.**

### Action taken since then

There is confidence that the service has notified the Care Inspectorate of all notifiable incidents since the last inspection. The new registered manager understands this requirement on registered services.

**This area for improvement has been met.**

### Previous area for improvement 5

The provider must ensure that all prospective adopters are fully aware of their role and understand what supports they can expect. The service should provide an adoption handbook specific to the Western Isles.

This should include but not be limited to:

- a) Ensuring that adopters have a clear understanding of their role and agency expectations of them.
- b) Ensuring that adopters are confident and knowledgeable about the support that they are entitled to and who will provide it.

This is to ensure that the quality of care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

**This area for improvement was made on 16 May 2024.**

**Action taken since then**

Aims and objectives were not clearly set out for the adoption service. The recently developed draft statement of purpose and caregivers' handbook does not serve as a handbook for adoption. We did not find any information that outlined what adopters can expect in relation to assessment, support or processes.

**This area for improvement has not been met.**

**Previous area for improvement 6**

To ensure the provision of care plans to all relevant persons which follow SMART principles the provider should:

This should include but not be limited to:

- a) All carers and young people having up-to-date copies of their most recent care plan.
- b) Actions have clear measurements.
- c) Actions are of an achievable size and realistic for the young person.
- d) An identified time limit for completion of each action.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 16 May 2024.**

**Action taken since then**

We were not provided with any plans for children to evaluate if improvements had been made to SMART planning. We did not see, for example, any post-adoption plans or children's planning review minutes. We are aware of the plan for development work on children's plans as an action following the recent joint strategic inspection.

A theme from this inspection remained the impact of delays in planning for children. The legacy of significant drift and delay continued to contribute to caregivers' mistrust towards the service and provider.

**This area for improvement has not been met.**

**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).

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