The Regulation and Quality Improvement Authority

Voluntary Adoption Agency Inspection Report

IN045965

26 March 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Service Type: Adoption Agency **Provider Type:** Independent Provider **Located within:** – Belfast Health and Social Care Trust	**Manager status:** Registered
Brief description of how the service operates: The adoption agency is a regional adoption agency which aims to secure permanent alternative family arrangements to meet the needs of children who cannot be cared for by their birth family.	

2.0 Inspection summary

An announced inspection took place on 27 March 2026 between 09.15 a.m. and 4 p.m. The inspection was conducted by two care inspectors.

The inspection aimed to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The inspection findings provided assurance that robust and effective leadership and operational arrangements were in place. There was a positive culture noted, with a focus upon continuous learning and improvement.

Areas of good practice were identified in relation to the support and training opportunities available to the staff team; and the assessment processes in place to determine a person's suitability to adopt. No areas for improvement were identified.

The findings of this report will provide the management team with the necessary information to assist them to fulfil their responsibilities and enhance the experience of children and adoptive parents.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help plan the inspection.

A range of documents were examined to determine that effective systems were in place to manage the agency and deliver safe care.

RQIA inspectors seek to speak with children/young people, their relatives/carers, prospective adopters/adopters, visitors and staff for their opinion on the quality of care and their experience of living, visiting or working in this agency.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

The inspectors spoke with the responsible individual, three managers and five staff members over the course of the inspection.

Feedback from staff was positive regarding the support they received from the management team. Staff confirmed they had access to regular supervision and training opportunities. They also confirmed they had completed a robust induction process upon commencing post.

Staff demonstrated a committed and value based approach, with sound knowledge of the agency's processes and an awareness of the importance of a robust therapeutic assessment process in achieving positive outcomes for children.

The senior management team presented as passionate and committed, with a clear focus on developing and nurturing their staff team, alongside achieving the best possible outcomes for children.

The senior management team described the actions they take to promote an open culture within the team, recognising communication, and staff development as integral to achieving best practice. They spoke knowledgeably and with compassion, and provided a comprehensive overview of the service and its development, since the last inspection.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection was undertaken on 23 February 2023 by a care inspector and no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are robust assessments undertaken to ensure children are matched and placed with prospective adopters who can meet their assessed needs?

Recruitment checks for prospective adopters are essential to ensure children are placed with safe, suitable adults who can provide stable, lifelong care. Records sampled confirmed safe recruitment checks for prospective adopters were completed, signed and dated.

Records evidenced clear analysis of the applicant's motivation and capacity to adopt, alongside a well-developed understanding of loss and trauma. Staff spoke compassionately about the assessment process, and the potential impact upon prospective adopters. They described the ways in which they sensitively explore stress-management and coping strategies with applicants. Staff recognised this as a vital aspect of evaluating an applicant's suitability. This approach supports the approval of well-prepared adults who are able to provide stable, lifelong care that meets a child's needs and promotes their welfare and wellbeing.

Inspectors were assured staff had a firm understanding of the Dyadic Development Psychotherapy (DDP) framework used to support the assessment process and inform the Adoption Assessment Report (AAR). Discussions with staff regarding the assessment process, alongside sampling of adoption files, provided assurance there is a holistic framework in place which is supported by analytical evaluation. The agency also utilises an electronic recording system which is accessible by the applicant, and aims to improve and support prospective adopter's engagement in the process.

Prospective adopters were prepared and supported to understand the potential impact of abuse and neglect upon children, their development and their future life outcomes through training and assessment. Therapeutic input was provided throughout the process and continued beyond the placement of a child, through the provision of post-adoption support.

There were effective arrangements in place to monitor and review the quality of assessments. This was demonstrated through a review of records and discussions with staff, which provided assurances the supervising manager would critically review reports before presentation to the adoption panel. This governance mechanism aimed to ensure assessments were formed using an evidence based approach. There was also a systemic approach to reporting and escalation, which ensured the management and senior management team were fully informed of all aspects of operation.

Review of the most recent Annual Report provided assurance the effectiveness of the agency's adoption panel processes remained under review, were subject to independent audit and oversight, with recommendations made to strengthen the process, implemented by the senior management team.

Review of panel membership provided assurance arrangements were in place to consistently achieve the required quorum to convene an adoption panel, through a balanced representation of carers, adopters and professionals. The agency was committed to ensuring that ensuring the voice of service users and adopted birth parents was represented within panel meetings, and it was positive to note that guidance was sought from the Voice of Young People in Care (VOYPIC) to ensure that the voice of children was heard and understood.

The agency demonstrated their commitment to continuous improvement, with evidence maintained that identified recommendations for improvement were actioned. These included changes to the premises to ensure privacy for the panel attendees, strengthened gender balance and diversity across the panel for example.

A review of the Agency's Statement of Purpose was discussed with the management team to ensure it incorporates all aspects of the services provided by the agency.

5.2.2 Do staff have the right skills, knowledge and experience to deliver a safe and effective service?

Training which is responsive to the roles of the staff team contributes to building upon staff confidence, skill and resilience and further ensures staff are equipped to fulfil their role. Discussions with staff and the management team evidenced there was a strong emphasis on supporting the continuous development of both staff and panel members.

Review of information received post inspection evidenced staff have access to continuous learning opportunities and training areas are aligned to their role. Staff and panel members had access to a suite of eLearning mandatory training aligned to their roles, alongside specialist training in Dyadic Developmental Psychotherapy (DDP) and Trauma Informed Care.

Review of the training matrix demonstrated good levels of compliance with all required training. The training plan for the upcoming year noted the addition of Safe Zone training designed to increase staffs awareness, knowledge and confidence in supporting adopters within the LGBTQ+ community. The training plan also included a two day safeguarding and protecting training course for the staff team and panel members. Annual workshops were also held to support ongoing staff development. Managers received additional role specific training, complemented by periodic bite-size workshops to ensure they remain well equipped to fulfil their responsibilities effectively.

Induction for staff is necessary to provide assurance that staff possess the knowledge, skills and ability to fulfil their role. Sampling of induction records confirmed a robust induction process was in place; which included a competency based assessment, regular reviews, managerial oversight, and evidence of sign off with clear timescales and actions to be fulfilled by the staff member and manager.

The management team provided effective oversight, guidance and support to the staff team. Staff spoke positively about the quality of support they received and the overall leadership of the agency. Records submitted to RQIA post inspection demonstrated good levels of compliance with supervision and in line with Agency policy. Evidence of regular team meetings was also noted, reinforcing the culture of communication and shared learning within the agency.

A recruitment policy and procedure was available to support safe recruitment practices. Review of staff recruitment records highlighted processes were in place to support safe recruitment. Records were maintained to demonstrate the actions taken by the agency to substantiate staff references and employment history. Risk assessments were also undertaken as appropriate and evidenced senior management team oversight and review. Advice was provided to ensure that the resultant decision making was clearly described within the records.

The inspectors confirmed complaints processes were available to children, and adoptive parents. No complaints had been received by the agency since the last inspection.

5.2.3 How does the environment ensure if meets the needs of all service users?

The premises were accessible, secure and appropriate for the purpose. Rooms were available for meetings, training, and staff supervision. Discussions with the management team highlighted the purpose of some rooms had been altered to strengthen confidentiality and privacy for participants during panel meetings

The environment presented as safe, clean and tidy and all persons entering the building were required to sign in and out of the premises. This practice supports effective safeguarding by ensuring that visitors are monitored, access is controlled, and there is a clear record of who is on site at any given time.

There were arrangements in place to ensure the security of the building outside of office hours and all confidential records were stored electronically in line with professional codes and best practice guidance.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the management team as part of the inspection process and can be found in the main body of the report.



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