

Glasgow East Women's Aid Housing Support Service

Glasgow

Type of inspection:
Announced (short notice)

Completed on:
13 March 2024

Service provided by:
Glasgow East Women's Aid

Service provider number:
SP2011011611

Service no:
CS2011298118

About the service

Glasgow East Women's Aid provides refuge accommodation as well as community housing support services for women and their children who are affected by domestic abuse.

About the inspection

This was a short notice announced inspection which took place on 19 February 2024 between 13:00 and 17:00, 20 February 2024 between 09:30 and 17:00, 21 February 2024 between 9:00 and 16:30 and 26 February 2024 between 09:30 and 14:00. The inspection was carried out by two inspectors 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 seven people using the service
- spoke with seven staff and management
- reviewed documents
- spoke with partner agencies.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice on 7 March 2024. For further details of this enforcement see the service's page on our website at www.careinspectorate.com

Key messages

- Women told us they experienced compassion and warmth from staff.
- There were significant risks to safe and consistent support to service users as managerial oversight or quality assurance systems did not monitor safe practice or service delivery.
- Women were at risk of continued vulnerability as there was no effective system for managing or prioritising the lengthy waiting list.
- There were no systems in place to ensure staff were safely recruited.
- Some staff had the knowledge and skills to support people, but a lack of training and knowledge of adult protection procedures placed service users at unnecessary potential risk. We took enforcement action to require the provider to improve the quality of people's care. Please see the service's page on our website for more information.
- The poor standard of support planning meant the needs of service users, and the risks to them, were not sufficiently known to provide adequate 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?	1 - Unsatisfactory
How good is our leadership?	1 - Unsatisfactory
How good is our staff team?	1 - Unsatisfactory
How well is our care and support planned?	1 - Unsatisfactory

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

How well do we support people's wellbeing?

1 - Unsatisfactory

We were very concerned about aspects of the support being provided and we evaluated the service as delivering an unsatisfactory level of support for this key question.

People who received a service said they received compassion and warmth, and staff recognised women as experts on their own experiences, needs and wishes. We heard from a previous refuge resident that workers "were always accessible and supportive." Some of the women who received a service told us that the support they received helped them build self-worth, strength and confidence. Women who were part of a peer support group also confirmed they felt a sense of belonging, shared experience and confidence.

People had been seriously impacted due to service delivery being significantly disrupted. However, prior to that disruption there had also been a breakdown in the referral, assessment and prioritising systems of the service which resulted in a lengthy waiting list. Women's needs were not being assessed promptly at the point of referral to ascertain the level of risk that might be present or prioritise these referrals appropriately. There were inconsistencies in how these women were supported in the interim and we found no evidence of forward referrals for women who required immediate support, which could not be fulfilled by the service. This significantly increased risks for these women. **(See Requirement 1)**

The rights of people using the service to be safe were also compromised. There was no clarity around how risks were being managed, or significantly, what support was being offered on an individualised basis for people. A harm reduction approach was not evidenced across the service and there was inadequate oversight of the level of support women required or were receiving.

Some staff were unsure how to, or felt unable to, communicate actual or potential adverse outcomes. Safeguarding policies and procedures were also not reviewed regularly and did not provide clear guidance about responding to protection concerns. We found that staff were unclear about what a protection concern looked like, and as such, there was potential for harm to be missed.

There was limited evidence of multiagency working to help shape decisions about the suitability of the service and this impacted good outcomes. For example, there was no clear process for assessment, referral, or involvement in the local Multiagency Risk Assessment Conference (MARAC). **(See Requirement 2)**

Requirements

1. By 19 March 2024, the provider must ensure that there is a system in place to assess and prioritise referrals to the service.

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

- a) demonstrate how the outstanding and lengthy waiting list for the service will be addressed;
- b) ensure that there is a system in place to identify any service user at the highest risk, and for whom the service is unable to provide immediate support. A record must be maintained of the suitable alternative arrangements that have been made for the service user; and

- c) ensure that service users, for whom the service retains responsibility, have a level of contact with the service that maintains their safety.

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).

- 2. By 17 April 2024, the provider must ensure they work together with partner agencies to help shape decisions about the suitability of the service, and to promote good outcomes for people.

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

- a) develop a process to identify when to assess, refer, or involve people in the local Multiagency Risk Assessment Conference (MARAC).

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).

How good is our leadership?

1 - Unsatisfactory

We were very concerned about aspects of the support being provided, and we evaluated the service as delivering an unsatisfactory level of support for this key question.

The absence of an effective structure of governance, leadership and management predated the current board but the service remained unable to offer adequate support to people. Following an interim board being appointed in November 2023, crisis managers were assigned to address practice related issues and managerial difficulties. Due to multiple sources of pressure, the changes identified as being urgently required, were unable to be implemented by the change management team.

Staff told us they were unclear of their own roles and responsibilities, as well as the roles and responsibilities of management. Staff who started in the last year told us that they did not have certainty around who their line manager was. Staff did not feel confident giving feedback or raising concerns. Staff also felt that leaders would not act quickly or use the information to improve the service. The lack of understanding around the need for quality assurance from managers inhibited development and change in the service.

There was insufficient capacity and skill to support improvement activities effectively and to embed changes in practice. There was no evidence of any systems in place to monitor service delivery. When speaking with the registered manager of the service, we were told that no quality assurance or sampling of care planning or case notes was undertaken to assess and monitor good practice in the service. **(See Requirement 1).**

There was no evidence that the service had evaluated people's experiences to ensure that they were supported to meet their outcomes. There was inconsistent individualised support planning and a lack of reviewing or managerial monitoring. This meant that there was uncertainty about whether people were supported to get the most out of life consistently across the service. **(See Area for Improvement 1)**

Incidents had not been recorded or reported to the Care Inspectorate as per guidance and policy. **(See Requirement 2)**

Requirements

1. By 19 March 2024, the provider must ensure that there is a management structure in place which provides managerial oversight, supervision, and accountability.

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

- a) demonstrate that the roles and responsibilities of all managers, including the registered manager, working in and employed by the service, are well defined and that there is regular oversight and scrutiny of practice;
- b) demonstrate that all managers and staff are knowledgeable about their role and responsibilities, and know who they are accountable to; and
- c) ensure that staff who have lead responsibility for safeguarding and protection understand and implement their role.

This is to comply with Regulations 4(1)(a) and 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

2. By 19 March 2024, the provider must implement a system to ensure that all notifications, as detailed in the Care Inspectorate's 'Records all Services (excluding CM) Must Keep and Notification Reporting Guidance' document, are timeously made to the Care Inspectorate. A record of accidents and incidents must also be maintained.

This is to comply with section 53(7) of the Public Services Reform (Scotland) Act 2010 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

Areas for improvement

1. To effectively evaluate people's experiences of using the service, the provider should develop formal structures to gather feedback. This information should then be utilised to inform and shape service delivery and improvement so that people know their views have been heard and taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7)

and

'I am supported to give regular feedback on how I experience my care and support, and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?**1 - Unsatisfactory**

We were very concerned about aspects of the support being provided, and we evaluated the service as delivering an unsatisfactory level of support for this key question.

The service could not evidence that they kept people safe through following safer staffing and recruitment guidance. **(See Requirement 1)**

The safeguards enabled by staff being registered with the Scottish Social Services Council (SSSC) had not been met, as few staff were registered with an appropriate professional body. Staff who were not registered did not understand the requirements and safeguarding benefits around registration and neither did the manager of the service. **(See Requirement 2)**

There was no effective training analysis for the service, and no clarity around who had completed what training in the past year, or who had training scheduled. There was no mandatory training which resulted in deficits in the vital knowledge staff required to support people using the service. While some staff had a good level of knowledge that supported them to understand women's needs and wishes relating to the experiences of domestic abuse, this appeared to be individually driven from their own experience and knowledge rather than the learning and support measures in place by the service. **(See Area for Improvement 1 and Requirement 3)**

No recent child or adult protection training or safeguarding training had taken place, and this manifested itself in instances of staff not responding on an informed basis to protection concerns. **(See Requirement 4)**

The service had no arrangements in place for assessing the ongoing competence of staff. There was no learning and development plan in the service, which meant there was no reflection on how learning needs would be met, or how this might improve practice and outcomes for people using the service.

Requirements

1. By 25 March 2024, the provider must follow safer recruitment principles to ensure that staff have the right knowledge, competence and skills to safely support service users.

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

a) ensure that staff do not start work until all pre-employment checks have been concluded.

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).

2. By 10 April 2024, the provider must ensure that workers who are required to be registered with a professional body, such as the Scottish Social Service Council (SSSC), are so registered or that a fully completed application for registration with a professional body has been submitted.

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).

3. By 17 April 2024, the provider must develop and implement a sufficient and effective induction that enables staff to support outcomes for people experiencing support.

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

- a) ensure there is mandatory training that provides staff with the knowledge they require to safely support people.

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).

4. By 27 March 2024, the provider must ensure that child and adult protection policy and practice is developed, reviewed and implemented effectively.

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

- a) ensure that child and adult protection policies and procedures are reviewed and updated to reflect current best practice guidance; and
- b) ensure that all staff are provided with up-to-date child and adult protection training, and that they understand and meet their responsibilities with regard to child and adult protection.

This is in order to comply with Regulation 4(1)(a) and Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. To ensure that the team have the necessary skills to provide high-quality care and support, the service should develop a learning and development plan.

This should include, but is not limited to, a continuous overview of training and professional development and system for analysing the ongoing competence of staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

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

How well is our care and support planned?

1 - Unsatisfactory

We were very concerned about aspects of the support being provided, and we evaluated the service as delivering an unsatisfactory level of support for this key question.

Support plans and safety plans were not sufficient for effective risk management or informing staff of the support needs of women in refuge and community housing support. We heard from a member of staff that for one woman in refuge there were specialist safety considerations, but there were no details recorded of the risks present or what was being offered to support her safety.

The standard of support planning was inconsistent and was not supported by strong leadership or quality assurance processes. Personal plans were not present for all women who used the service, and for those that were, did not consistently reflect the support experienced by people who used the service or the progress they had been supported with. People's views and preferences were not consistently captured as part of personal planning. **(See Area for Improvement 1, and Requirement 1 and 2)**

We could not find evidence of an assessment or review process in the service which sought to fully capture people's current outcomes, or take account of their future needs and preferences. Staff told us that they implemented new risk assessments and services without service wide consultation or oversight. This led to inconsistencies in the support women experienced.

There was no evidence of multi-disciplinary professional involvement in the care planning process. There was no clear system for identifying women as requiring MARAC assessment, referral and support. We were advised by workers that this was not done as part of usual service delivery.

There was no discernible review process for personal plans, risk assessments or safety plans, which were present. **(See Requirement 2)**

Requirements

1. By 27 March 2024, the provider must ensure that service users are provided with support that is appropriate to their needs.

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

- a) ensure that each service user has a written assessment of their needs which sets out the level of contact/support that they require; and
- b) implement the written assessment of needs to maintain the service user and their child's safety.

This is to comply with Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

2. By 17 April 2024, the provider must develop a system for effectively reviewing personal plans. This is so support can be reviewed as people's needs or outcomes change, and support can be evaluated.

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

- a) ensure that people are included in the review of their plan; and
- b) include partner agencies in this review process, where appropriate.

This is to comply with Regulation 5(1) and (2) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Areas for improvement

1. To effectively support people, their views and preferences should be clearly recorded when planning their care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

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?	1 - Unsatisfactory
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
1.4 People are getting the right service for them	1 - Unsatisfactory

How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
3.1 Staff have been recruited well	1 - Unsatisfactory
3.2 Staff have the right knowledge, competence and development to care for and support people	1 - Unsatisfactory

How well is our care and support planned?	1 - Unsatisfactory
5.1 Assessment and personal planning reflects people's outcomes and wishes	1 - Unsatisfactory

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