

# Ross-shire Women's Aid Housing Support Service

Dingwall

**Type of inspection:**  
Unannounced

**Completed on:**  
25 March 2024

**Service provided by:**  
Ross-shire Women's Aid

**Service provider number:**  
SP2004006082

**Service no:**  
CS2004077809

## About the service

Ross-shire Women's Aid provides services in the area for women and their children who have experienced domestic abuse. The range of services includes refuge and outreach support.

The Care Inspectorate regulates the part of Ross-shire Woman's Aid that is registered as a housing support service, specifically for women in the refuge. The refuge accommodation consists of self-contained flats for women and their children. There are also communal areas they can access as well as a garden.

## About the inspection

This was an unannounced inspection which took place on 11 March 2024 between 10:30 and 17:30 and 12 March 2024 between 11:00 and 16:30. 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 four people using the service
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- The service lacked clear leadership and management.
- Recruitment processes needed to follow the guidelines of safer recruitment.
- The women were happy with the support they received.
- There needed to be systems implemented to track training.
- Child and adult protection procedures needed to be updated.

## 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 good is our staff team?	2 - Weak

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 some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of woman and young people, we made two requirements for the service to address.

The staff had good relationships with the woman they supported. The woman told us, "I don't know where I would be without them." We heard how they helped them through difficult situations by providing individual emotional support. This helped the woman to gain confidence and improve their self-esteem.

Within the service, woman felt listened too. However, we found evidence that when woman wished to make a complaint this was not actioned appropriately. Woman were unsure who they would make a complaint too. There had been times where complaints had been made and there was no resolution or record kept of these. **(See requirement 1.)** The service needed to develop their policy to ensure woman were able to complain.

Staff supported woman to be part of the local community and promoted friendships. We were told, "They helped support me make contact with local groups and activities." We also saw how family and friends were encouraged to visit, which helped them feel included. There were also opportunities in the refuge to come together to make crafts, have tea parties and socialise together.

The staff team did not feel part of the decision making within the service. This had been ongoing for a number of years, where there was a lack of respect for each other's decisions. This led to staff making their own decisions around group work and individual support. Although this did not appear to impact the woman, it impacted on the team relationships and dynamics.

Child and Adult protection policies needed to be updated to reflect a clear process around procedures. We found that the policy needed to provide clearer guidance to staff to ensure the safety of those in the service. Not all staff were trained in this area, and there was no oversight of this from management. This may have led to concerns going unnoticed. **(See requirement 2.)**

Risk assessments needed to contain more information. We found that the documents needed to better evidence how they would support the woman. This would allow them to receive more individualised support to ensure their safety. **(See area for improvement 1.)**

The staff ensured that the woman were able to access the supports they needed. We saw how woman had been supported to access different agencies to support them emotionally, financially and plan for the future. We were told, "Staff are brilliant they will speak on my behalf if I feel overwhelmed." This allowed woman to ensure they received the support they needed and to recover.

## Requirements

1. By 31 May 2024, the provider must ensure there is a robust complaints policy in place.

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

a) ensure they develop a robust policy

- b) ensure all complaints and the actions taken are recorded
- c) ensure all complaints are resolved
- d) ensure all service users are aware how to complain.

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:

'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20).

2. By 10 June 2024, the provider must ensure they update their child and adult protection policy.

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

- a) ensure there is a clear procedure within the policy
- b) ensure all staff are trained in child and adult protection
- c) ensure the policy refers to the National Guidance for Child Protection 2021.

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:

'I know how, and can be helped, to make a complaint or raise a concern about my care and support' (HSCS 4.20).

## Areas for improvement

1. To support wellbeing, learning and development, the provider should ensure there is robust risk assessments in place which focus on how to support those using the service.

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

'I am helped to understand the impact and consequences of risky and unsafe behaviour and decisions' (HSCS 2.23).

## How good is our leadership?

## 2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of woman and young people, we made three requirements for the service to address.

During the inspection there was currently no manager in place. We were concerned to find that staff did not know who was in charge of the service when we arrived. This had meant that a number of documents we required were not in place, and not been for over a year. **(See requirement 1.)** Due to the impact of this we asked the provider to deploy an interim manager to the service immediately.

The service did not have a development plan in place. We requested the plan for the previous year, however, there did not appear to be one. This is important for the development and growth of the service. This would allow the service to identify areas for improvement, or a plan to develop the skills and knowledge of the workforce. **(See area for improvement 1.)**

Supervision provided to staff had not been consistent. However, in the last few months this had improved for staff. This time allows staff to reflect on their practice and development, which is a key part in ensuring staff are supported. We hoped this would continue to be provided consistently to ensure a reflective space for staff.

There was a lack of quality assurance systems in place. There was no oversight of training or the documents kept within the service. The service needed to develop these systems to ensure staff were appropriately trained and were undertaken the duties required in their role. **(See requirement 2.)**

The service needed to ensure they informed the Care Inspectorate of any notifiable events. When reviewing incidents, we found the service had not notified the Care Inspectorate of these. **(See requirement 3.)**

### Requirements

1. By 30 April 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) ensure there is a registered manager in post to implement quality assurance process, support and guidance for staff
- b) ensure that the manager is aware of the duties included within their role and undertakes the tasks required
- c) ensure staff receive regular supervision and support.

This is to comply with Regulations 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:

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

2. By 30 May 2024, the provider must ensure they develop effective quality assurance systems.

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

a) ensure there is oversight of training undertaken by staff and future plan for training required

b) ensure there is regular audits completed of case files.

This is to comply with Regulations 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:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

3. By 15 April 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 develop and upskill the staff team, the provider should ensure there is a development plan in place.

This should include but is not limited to how the service will develop in the year ahead. Have SMART (Specific, Measurable, Achievable, Realistic, Timebound) goals, and consider the future development of the team and service.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

## How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of woman and young people, we made three requirements for the service to address.

We were very concerned that the principles of safer recruitment had not been considered when employing staff. There was some staff who references had not been requested, along with a lack of the documentation of the interview process. The policy needed to be more specific to ensure the correct processes were undertaken during recruitment. **(See requirement 1.)**

The induction process for staff had limited support available, due to the absence of management. This led to staff having a lack of support and guidance when they started. We found that some staff had attempted to support them retrospectively when taking on a senior role to ensure they understood their responsibilities.

There was no effective training plan or monitoring of training undertaken by the team. The service needed to develop in this area to ensure the team had undertaken the training needed to support those using the service. This would also ensure that staff had the opportunity to develop their skills and knowledge. **(See requirement 2.)**

The service had no assessment of the needs of staffing in the service. This would ensure there is suitably trained staff on shift to support the needs of those using the service. **(See area for improvement 1.)**

## Requirements

1. By 30 April 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 references are sought for those employed
- b) ensure the policy reflects the principles of safer recruitment
- c) ensure that interview notes, and PVG records are kept following employment.

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

2. By 30 May 2024, the provider must ensure they develop a training plan and effective system to record training undertaken by staff.

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

- a) ensure there is a review of training required for staff
- b) ensure there is a training plan developed to ensure staff are trained to meet the needs of those using the service
- c) ensure there is an effective system developed to record training undertaken by staff.

This is to comply with Regulations 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:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

### Areas for improvement

1. To ensure that those using the service receive the right support. The service should develop a staffing needs assessment.

This should include, but is not limited to, a continuous overview of the skills of staff, and the number of staff required to provide the service.

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

'My needs are met by the right number of people' (HSCS 3.15).

## 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 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	4 - Good

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	2 - Weak
3.2 Staff have the right knowledge, competence and development to care for and support people	2 - Weak

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