

Moray Women's Aid Housing Support Service

Elgin

Type of inspection:
Unannounced

Completed on:
10 May 2024

Service provided by:
Moray Women's Aid

Service provider number:
SP2004005483

Service no:
CS2003055066

About the service

Moray Women's Aid provides services in the Moray Council area for women and their children who have experienced domestic abuse. The range of services includes refuge and outreach accommodation, one-to-one support, advocacy, counselling, drop-in provision and a children and young person's project.

The Care Inspectorate regulates the part of Moray Women's Aid that is registered as a housing support service, specifically for women staying in the refuge and dispersed accommodation and receiving outreach support. The service operates from premises located in Elgin. The refuge accommodation consists of up to seven self-contained flats of various sizes for women and their children, a range of communal spaces and staff accommodation. The service also provides dispersed accommodation in three separate properties.

About the inspection

This was an unannounced inspection which took place on 1, 2 and 3 May 2024. We visited the service between 12:30 and 17:00, 9:05 and 17:00 and 9:00 and 12:35 respectively. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about the 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:

- reviewed survey responses from 12 staff
- spoke with five people using the service
- spoke with eight staff and managers
- observed practice
- reviewed documents.

Key messages

- Women had very positive experiences of the service and benefitted from trusting, respectful and compassionate relationships with staff.
- Women felt safe and secure in the service. However, the quality of records when protection concerns arose was inconsistent. Protection procedures should also be reviewed to fully reflect national guidance.
- There had been improvements to quality assurance processes and these had had a positive impact. Managers should now consider next steps in the process.
- The provider should notify the Care Inspectorate of all significant events, including protection concerns.
- The service had a team of skilled and knowledgeable staff who felt well supported by leaders.
- Further work was needed to develop personal plans to maximise positive outcomes and experiences for women.

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? | 4 - 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? | 3 - Adequate |

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

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as **good**. This means there were a number of important strengths which, taken together, clearly outweighed areas for improvement and which had a significant positive impact on people's experiences and outcomes.

Women benefitted from staff's knowledge of the impact of domestic abuse on their physical and emotional wellbeing and from their skills, empathy and sensitivity. Staff were also respectful of women's right to confidentiality. The service offered individual and family support, group sessions and a range of social, therapeutic and creative activities. These helped to reduce isolation and create a sense of connection with others with similar experiences, build confidence, insight and recognition of strengths, and initiate a process of recovery.

The service provided a physical and emotional haven for women and as a result they felt much safer and more secure. This was reflected in a range of extremely positive descriptions shared with us: 'amazing', 'welcoming', 'a godsend and breathing space to reflect', 'a lifeline and sanctuary'. Staff were familiar with their professional responsibilities for preventing harm and abuse and had taken part in training aimed at improving recording of risk assessment and management processes. However, despite these improvements, the quality of some of the records we reviewed was inconsistent. We made further suggestions to managers in this area. We also identified the need to review the service's protection policy and procedures to reflect good practice and provide clearer guidance for staff. We will therefore retain an amended area for improvement in this report. **(See area for improvement 1)**

Women were signposted by staff to a range of services that provided specialist support and advice, for example in relation to health, finances and benefits, housing and the law. This was done on an individual basis according to need. Staff also supported women to attend appointments where necessary and advocated for them with other agencies so they could receive services to which they were entitled and maximise positive outcomes.

Areas for improvement

1. To keep people safe, the provider should:

- (i) ensure that, in the event of concerns about harm or abuse, managers and staff make a clear and detailed record of assessment, decisions and actions
- (ii) review the service's protection policy and procedures to reflect good practice and national guidance.

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

How good is our leadership?

4 - Good

We evaluated this key question as **good**. This means there were a number of important strengths which, taken together, clearly outweighed areas for improvement.

The service's board had developed a two-year strategy which identified key priorities for the next period and laid out the direction and vision of the service as a guide for staff and managers. A new service development plan had also been created. This largely reflected the outcome and findings of the last inspection. Some goals had already been achieved and had had a positive impact. As a next step, the board and managers should explore ways to make full use of the self-evaluation and benchmarking exercise the team had been involved in since the last inspection. This should allow them to become less reliant on external scrutiny and generate ongoing improvements internally.

The service had also extended quality assurance systems to support change and improvement. For example, when there are new staff appointments, the board will play a more active part in the recruitment process with the aim of ensuring safe checks are completed. The manager had also begun to collate staff training records, though these were incomplete and therefore less effective as a quality assurance measure for ensuring mandatory training had been completed.

Moving forward, there was scope for additional quality assurance of planning and recording processes to maximise the quality of service delivery and positive outcomes and to identify learning. Further consideration could also be given by the board and managers to ways of obtaining the views of women using the service (and any external stakeholders) and using feedback to inform improvement.

We concluded that the service had not consistently submitted notifications of significant events, including incidents and protection concerns, to the Care Inspectorate and reminded managers about relevant guidance. We use these notifications to support ongoing scrutiny of services and evaluate how effectively they support people and safeguard their welfare. **(See area for improvement 1)**

Areas for improvement

1. To promote positive outcomes for people and support effective scrutiny of the service, the provider should ensure that notifications of significant events are submitted to the Care Inspectorate in accordance with relevant guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

5 - Very Good

We evaluated this key question as **very good**, which reflected major strengths in achieving positive outcomes.

Managers planned and oversaw deployment and allocation of staff effectively to meet the needs of women in the refuge and dispersed accommodation as well as those receiving an outreach service. Women told us that staff were always available when they needed help and that they felt able to approach the team when issues arose, without the need for planned appointments. This was in addition to a key worker system, which allowed women to develop positive relationships with someone with whom they could become more familiar. Staff kept in regular touch with women to check how they were and showed concern for their welfare. This interest in them as individuals was something women very much valued and enhanced their experiences of the service at a very challenging time in their lives.

Financial pressures beyond their control limited the provider's ability to appoint additional staff despite increasing demands for support, with waiting lists growing and response times lengthening. For similar reasons, the provider had been unable to resume offering 24-hour support. Nevertheless, women had access to help in an emergency. Staff had also recently been offering some early evening sessions, which had been very well received. These were particularly beneficial for women with work commitments who might otherwise be unable to take full advantage of what was on offer, including valuable social opportunities to reduce isolation.

There was a core group of permanent, longer-serving staff and managers in the team. This was both an excellent source of support for newer staff, who had very positive working relationships and felt very well supported by managers, and meant that women could benefit from their valuable experience and knowledge. Staff clearly prioritised development of very compassionate and trusting relationships with women. They demonstrated empathy, respect and an awareness of the wide-ranging and complex impact of domestic abuse and other disempowering and traumatic experiences. Women described staff as 'fantastic', 'welcoming and friendly', 'really nice', 'like a mum', 'lovely and understanding'. A range of relevant learning and development opportunities also ensured staff had the capacity to provide high quality support and positive outcomes.

There were arrangements for ensuring good quality communication so that team members could be kept abreast of changes and developments and be best placed to support women effectively. These included regular handovers, informal discussions and team meetings.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as **adequate**. This means that there were some strengths but these just outweighed weaknesses, though strengths had a positive impact.

The service identified risk of harm as a result of domestic abuse by using a recognised assessment tool. Women's individual experiences had continued to feature strongly in this process, though staff also made good use of professional judgment. Where risk was higher, the service made a referral to a local multi-agency forum, which considered the need for additional protective action. This reflected a strong commitment to working with other organisations to enhance safeguards. The service had also extended the use of an additional assessment, which allowed staff to identify wider support needs based on women's own evaluation of their circumstances.

However, whilst women told us they knew what support they were expecting to receive, we concluded that the service had not made measurable progress in developing personal plans in relation to the area for improvement in the last inspection. Identifying achievable, proportionate and measurable goals, with women at the centre of the planning process, can increase the potential for supporting positive outcomes and experiences. As a consequence, reviews of progress against agreed goals should allow those involved to measure the effectiveness of interventions and to adjust individual support plans accordingly. In addition, more effective evaluation can inform wider service delivery as part of ongoing quality assurance and continuous improvement. **(See area for improvement 1)**

Nevertheless, women were clear that staff supported and encouraged them to make their own decisions, that they had a choice about what support to accept and to take things at a pace that was comfortable for them. This showed respect for women's rights and supported their autonomy.

Areas for improvement

1. To meet people's individual care and support needs and enable them to have high-quality experiences and outcomes, the provider should ensure the service implements an effective personal planning process that is informed by good practice.

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).

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

Requirements

Requirement 1

By no later than 1 December 2023, the provider must safeguard people's welfare and support the best possible outcomes and experiences by ensuring only suitable people are appointed to work in the service. To do this they must review the service's recruitment and selection process and practices and, at a minimum, ensure that core background checks on prospective employees are consistently implemented in line with relevant guidance.

This is to comply with Regulation 9(1) and 9(2) (Fitness of Employees) 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).

This requirement was made on 16 November 2023.

Action taken on previous requirement

The provider had not appointed any new staff since the last inspection so we were unable to review and fully evaluate recruitment practices. We will do so at the next inspection. However, a new recruitment checklist had been developed to help ensure that appropriate core checks were completed prior to appointments being authorised. We made some further suggestions but felt these changes should lead to the necessary improvements.

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

To meet people's individual care and support needs and enable them to have high-quality experiences and outcomes, the provider should ensure the service implements an effective personal planning process that is informed by good practice.

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 November 2023.

Action taken since then

Managers had amended the format used by staff to assess and record the wider support needs of women using the service. In some of the records we reviewed, women's voices were clear and had the potential for directing the focus of work. However, we concluded that these changes did not constitute personal plans as defined by Regulations or reflect good practice and therefore needed further development. See key question 1 for further evaluation.

Previous area for improvement 2

To keep children and young people safe, the provider should ensure that, in the event of concerns about harm or abuse, managers and staff make a clear record of assessment and decisions about next steps. This should include, but is not limited to, any discussion with or referral to the local authority.

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).

This area for improvement was made on 16 November 2023.

Action taken since then

Managers had introduced a more effective system for recording instances where there had been concerns about harm or abuse. However, the quality of these was inconsistent and did not always include a clear rationale for assessment or full, chronological record of decisions and actions to provide a full audit trail. We offered suggestions for improvement and have included an amended area for improvement in this report.

Previous area for improvement 3

To protect people's health, wellbeing and rights, the provider should develop and implement the service's recruitment and selection processes and practices in line with national guidance.

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).

This area for improvement was made on 16 November 2023.

Action taken since then

Managers explained that the service's recruitment and selection procedures had been reviewed to take into account the latest guidance and had not required amendment. However, we suggested that it would be beneficial to make some changes to reflect good practice in relation to screening processes, references and involvement of women in the recruitment process.

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? | 4 - Good |
| 1.3 People's health and wellbeing benefits from their care and support | 4 - Good |
| How good is our leadership? | 4 - Good |
| 2.2 Quality assurance and improvement is led well | 4 - Good |
| How good is our staff team? | 5 - Very Good |
| 3.3 Staffing arrangements are right and staff work well together | 5 - Very Good |
| How well is our care and support planned? | 3 - Adequate |
| 5.1 Assessment and personal planning reflects people's outcomes and wishes | 3 - Adequate |

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