

Ross-shire Women's Aid Housing Support Service

Dingwall

Type of inspection:
Unannounced

Completed on:
20 September 2024

Service provided by:
Ross-shire Women's Aid

Service provider number:
SP2004006082

Service no:
CS2004077809

About the service

Ross-shire Woman's Aid provides refuge and outreach support for those who have experienced domestic abuse.

The refuge is registered with The Care Inspectorate as a housing support service. The refuge consists of self-contained flats, with access to communal areas and a large garden.

About the inspection

This was an unannounced inspection which took place on 5 and 6 August 2024 between the hours of 09:30 and 17:00. 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 three people using the service and two of their representatives
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- There had been limited evidence of improvement since the last inspection.
- A number of quality assurance processes were not in place.
- Those using the service felt a lack of support.
- Child protection concerns were not responded to promptly.
- There was no support for children using the service.

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
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?

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, two requirements identified at the previous inspection remain in place for the service to address.

We found there was a lack of support for those using the service. Woman told us, "We have to seek our own support no one is coming to ask us." When reviewing the time woman received with staff from the service, we found that this was not planned on a regular basis. This left the woman feeling unsupported and upset with the lack of support.

There was a lack of knowledge around the needs of those using the service. Woman told us, "My children wonder why there is no activities organised anymore." We found this was due to the service suspending this service at the moment. This meant there was a lack of support for children and their parents.

When staff supported woman to meetings, we found they did not always understand the risks present. We found that they advocated their views which often conflicted with professionals' views. This meant at times advocating for certain decisions which would potentially put woman at risk.

Those who used the service were unaware of local groups or community events. There was a lack of communication to woman about what the local community offered and groups which may be of interest. This would help to support confidence and new friendships.

The woman who lived in the refuge were unaware how to complain. There had been a lack of communication with those who used the service and they were unsure who to approach if they were unhappy. This meant they were unable to share their views on the service being provided and raise any concerns. We also found that any external complaints lacked detail and resolutions to concerns raised. This was a requirement made at the last inspection, which continues to be unmet.

Child and Adult protection policies needed to have a clear procedure which reflects the National Guidance for Child Protection in Scotland. There had been instances where concerns had been raised and not responded to in a timely manner. These instances had also not been reported to the Care Inspectorate. This led to children and adults being at risk of harm. This was a requirement made at the last inspection, which continues to be unmet. This was a requirement made at the last inspection, which continues to be unmet.

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 children, we made one new requirement and the three requirements identified at the previous inspection remain in place for the service to address.

During the inspection we found the service had still not recruited a manager. The service had some support and input from a consultant, however, they were based remotely. Woman told us, "I don't know who is in charge." This had led to a lack of support for staff and those using the service. We also raised this at the previous inspection and the requirement will remain.

The service had implemented an action plan. We found this provided records of actions, and a lack of development for the service which was SMART (Specific, Measurable, Achievable, Realistic, Time-bound). This was an area which we raised at the previous inspection to ensure there was a clear plan how the service would develop and evidence how this would be achieved.

We were unable to access supervision records during the inspection. Some staff told us, "Supervision has to be rescheduled." Due to this we were unable to identify if supervision was happening on a regular basis. We also raised this concern at the previous inspection.

There was a lack of quality assurance systems. We found there was not a system in place to track the training staff had undertaken. This needed to be implemented to ensure staff were sufficiently trained to undertake their role. We had raised this at the previous inspection.

We found a lack of oversight to ensure staff were registered with the SSSC (Scottish Social Services Council). This had led to some staff not being registered to undertake their role. **(See requirement 1.)**

Requirements

1. By 31 October 2024 you must ensure there is a quality assurance system in place which monitors registrations of staff with the SSSC. To do this you must ensure that:

- a) there is a quality assurance system in place monitoring registrations with SSSC
- b) all staff are registered with the SSSC within the required timescale.

This is on order to comply with section 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:

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

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 children, we found the two requirements at the last inspection were not met and remain for the service to address.

Since the last inspection there had been a number of staff left or who were absence from work. We found this had an impact on the level of support and services which could be provided to woman and children.

We found there had been some improvement in the recruitment process. Safer recruitment guidelines had supported the process the majority of the time. There were still gaps identified in ensuring the full employment history had been obtained prior to beginning employment. Therefore, we have reinstated a new requirement to reflect the improvements made. **(See requirement 1.)**

There had been no assessment of the staffing undertaken to ensure the needs of the woman using the service could be met. We found there was a lack of staff, and oversight of their skills and knowledge. This was identified at the previous inspection and the area for improvement will remain.

Training remained an area which needed developed in the service. We found there was no clear training plan and mandatory training had not been undertaken. There was also a lack of oversight around ensuring all staff were appropriately trained. This led to staff not being supported to undertake their role and woman getting a lack of support. This was identified at the last inspection and the requirement will remain.

We found an induction plan had been made for new staff joining the service. However, there was a lack of direct support from any senior member of staff to role model and guide. During the inspection we found staff who were left to work through these processes independently and support woman despite their induction not being complete. This meant staff had a lack of understanding of their role and safeguarding processes.

Requirements

1. By 30 November 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 the policy reflects the principles of safer recruitment
- b) ensure that all employment history and any gaps are accounted for prior to employment commencing.

This is on order to comply with section 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:

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

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

There was a lack of regular reviews of personal plans and these lacked detail. We found that significant events had happened with no review of the plans. The format of the plans needed to be used more effectively to record more specific detail of support woman needed. This would provide more consistent care and positive outcomes. **(See requirement 1.)**

We found individual plans needed to have SMART (Specific, Measurable, Achievable, Realistic, Timebound) goals. This would give a clear sense of what support woman were receiving, and what actions would support them to achieve these goals. This would give woman a sense of achievement and confidence.

Risk assessments needed to be reviewed on a regular basis. We found that some assessments had been completed prior to the woman moving into the refuge and not updated since. Within the risk assessment we found a lack of clear detail how woman would be supported. This led to an inconsistent approach to risk. **(See requirement 2.)**

Requirements

1. By 30 November 2024, the provider must develop a system for effectively reviewing personal plans.

This is to ensure support can be reviewed as individual's needs or outcomes change, and support can be evaluated.

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

- a) ensure that individuals are included in reviews of their plan
- b) include partner agencies in the 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).

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

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

2. By 30 November 2024, the provider must develop a system for effectively reviewing risk assessments.

This is to ensure risk is regularly reviewed to keep woman and children safe.

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

- a) ensure that individuals are included in reviews of their risk assessment
- b) include partner agencies in the review process, where appropriate
- c) risk assessments are clear and detail support required.

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

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

Requirements

Requirement 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).

This requirement was made on 25 April 2024.

Action taken on previous requirement

We found this requirement not to be met. Women were unsure how to complain or who they would complain to. Complaints which had been made, were recorded inconsistently with a lack of detail and the outcome of the complaint.

Not met

Requirement 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).

This requirement was made on 25 April 2024.

Action taken on previous requirement

We found this requirement had not been met. The policy had been updated but there was a lack of clarity around the procedure. We found there was still a number of staff who had not undertaken child and adult protection training.

Not met

Requirement 3

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).

This requirement was made on 25 April 2024.

Action taken on previous requirement

This requirement remains unmet. There was still no registered manager appointed to the service, and the registration certificate needed updated with the details of who was overseeing this role. There was a number of quality assurance systems which needed to be implemented, which were identified at the last inspection. We could not access the supervision records during inspection to identify if this was happening on a regular basis.

Not met

Requirement 4

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).

This requirement was made on 25 April 2024.

Action taken on previous requirement

This requirement remains unmet. There was still no oversight or quality assurance system to track training to ensure staff are appropriately trained. File audits were not effective at ensuring improvements were met.

Not met

Requirement 5

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).

This requirement was made on 25 April 2024.

Action taken on previous requirement

This requirement will remain as we found evidence of records which should have been reported to the Care Inspectorate but had not been.

Not met

Requirement 6

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).

This requirement was made on 25 April 2024.

Action taken on previous requirement

Reinstated as a new requirement.

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 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).

This area for improvement was made on 25 April 2024.

Action taken since then

Reinstated as a requirement as not met.

Previous area for improvement 2

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).

This area for improvement was made on 25 April 2024.

Action taken since then

We found this had not been achieved, the service had implemented an action plan. However, a development plan alongside this would help focus on the development of the team and service.

This area for improvement is not met.

Previous area for improvement 3

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).

This area for improvement was made on 25 April 2024.

Action taken since then

A staffing needs assessment was not in place.

This area for improvement is not met.

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?	2 - Weak
1.2 People get the most out of life	2 - Weak
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
3.3 Staffing arrangements are right and staff work well together	2 - Weak
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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