

Inverness Women's Aid (Housing Support) Housing Support Service

Inverness

Type of inspection:
Unannounced

Completed on:
21 October 2024

Service provided by:
Inverness Women's Aid

Service provider number:
SP2004006840

Service no:
CS2004077784

About the service

Inverness Women's Aid provides services to women and their children who have experienced domestic abuse. The service is affiliated with Scottish Women's Aid. The support offered by the service includes refuge and outreach support.

The Care Inspectorate regulates the part of Inverness Women's Aid that is registered as a housing support service, specifically for those living in refuge accommodation. The service provides refuge accommodation to up to 12 women and their children, within self-contained flats and bedsits. In addition there are communal areas they can access including a garden.

About the inspection

This was an unannounced inspection which took place on 8 and 9 October 2024 between 11:20 and 16:30, and 09:15 and 14:45 respectively. 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 and complaints information, information submitted by the service and intelligence gathered since the last inspection. To inform our evaluations we:

- Spoke with four people using the service
- Spoke to five members of staff and management
- Met with two Board Members and Interim Service Development lead to understand how issues were being addressed and how improvement work was progressing.
- Observed practice and daily life
- Reviewed documents
- Reviewed survey responses

Key messages

- Most women felt safe within the service. They felt listened to and respected by staff.
- We observed warm, positive and supportive interactions between staff and those supported by the service.
- Women's support plans lacked details about identified needs and how support would be delivered
- Quality assurance practice lacked meaningful analysis to inform future development of the service and support available.
- Recruitment processes needed to follow the principles of safe recruitment.

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?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Most women felt safe in the service, but highlighted there were times they did not feel safe during evenings and weekends for example. We heard that staff being available at these times had enhanced their feeling of safety however changes to the availability of staff at these times impacted on individuals feelings of safety and security.

Most women were complimentary of staff and we observed warm, positive interactions between staff and those receiving support. Feedback in relation to support offered by the service was mixed. We heard from some people they were happy with the care and support, they knew who and when someone would be supporting them however others were less informed and confident about the support available.

Some women had personal support plans in place to inform their support however these lacked clear details. Plans could be elaborated on to ensure they accurately represent the identified needs, associated risks and support in place in response (see area for improvement 1). Not all women had an awareness of their individual support plans so it was unclear the level of involvement women had in their own plans. Support plans could be strengthened through evidencing women's involvement in this process.

There was wifi available in the building for those living there to access, however throughout the building reliable access was inconsistent. This impacted upon people's opportunities to maintain connections, access online resources or engage with online health appointments.

Areas for improvement

1. To support individuals wellbeing, outcomes and choice the service should review their support planning processes. This should include but is not limited to:

a) Ensuring those using the service are actively consulted on deciding their goals, and that these are clear and visible to them.

b) Ensuring that goals are SMART (specific, measurable, achievable, realistic and timely). Goals should clearly describe the supports required to achieve these and be actively tracked and subject to regular review.

c) Ensuring that quality assurance measures are in place to track advances and barriers to progress, allowing alternative plans to be created if required.

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 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).

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses

During the inspection there was no manager in place. The service was being supported by an independent consultant, who was based remotely. The consultant had some oversight of the services processes, policies and procedures in recent months. Staff told us that since the appointment of a consultant, there had been an improvement in terms of leadership and direction. The team felt there was more consistency in practice and a shared understanding of their role in supporting women. However we found quality assurance practice lacked meaningful analysis to inform future development of the service and support available (see Requirement 1).

There had been a development plan recently created to progress identified improvements within the service however this was lacking specific, measurable, achievable, realistic and timebound (SMART) objectives (see area for improvement 1).

Some women were not fully aware of the changes that had taken place within the service and were not aware of newer members of staff. The service would benefit from taking account of the women's views and wishes in order to ensure meaningful support is available.

We heard staff had not had access to formal supervision for a significant period of time, which contributed to a lack of direction in terms of their role (see Requirement 1). We understand that this role is going to be taken on by a recently appointed team leader.

Women told us they felt listened to, respected by staff. If unhappy about something, we heard most women would speak to their key worker about this. In relation to complaints, there had been two complaints made to the service directly since our last inspection. However only one of these had been recorded as a formal complaint. The second had been addressed by the interim consultant but not recorded as a complaint, despite this being the request of the individual. The service would benefit from reviewing the complaints procedure to ensure consistency in responding to and managing any complaints that are received (see area for improvement 2).

Adult and Child Protection policies had been updated earlier this year and provided guidance to staff on expected actions and their responsibilities should concerns arise. The Child Protection policy would be improved by reference to recognised National Guidance and best practice to provide an evidence base for practice.

During inspection we became aware of some incidents that should have been notified to the Care Inspectorate how this information had not been passed on. It would be beneficial for staff to re-visit the Care Inspectorate Guidance on notification reporting to refresh understanding (see requirement 2).

Requirements

1. By 30 November 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 and responsibilities included in 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.

From receipt of this report, 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).

2.

To support those using the service in terms of wellbeing and safety, the service should ensure there is consistent practice in dealing with comments and complaints. This should include but is not limited to:

- a) Clearly recording any comments or complaints, and any action taken to resolve these

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).

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

There have been a number of challenges which have impacted upon staffing within the service over the last 18 months. This includes changes in relation to the availability of a manager within the service and led to staff feeling unsupported, as well as lacking clarity and direction in relation to their role which impacted on how women experienced support.

The service was lacking a meaningful staffing needs assessment which included relevant detail and analysis to inform staffing arrangements (see area for improvement 1). The limited staffing resulted in women having little say in who provides their support. Additionally we heard about staff working from home on a regular basis and were concerned this impacted on the availability of support to women.

The recruitment of new staff members was not line with the organisations recruitment policy, nor safer recruitment practice (see Requirement 1). We were very concerned to find a lack of documentation of the application and interview process, there were some staff for who suitable references had not been sought, and some did not have an updated PVG in place.

During inspection we heard about difficulties some women had in contacting on call support out with normal office hours. There had been occasions whereby there was no response from staff when reaching out for support or response was received a significant time later.

At the time of inspection, staff felt supported in their role. Team morale had improved and staff felt the benefit of clear direction and improved understanding of their role.

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 organisations recruitment and selection policy is followed, including references being sought for those employed

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).

Areas for improvement

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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

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