

Ross-shire Women's Aid Housing Support Service

Dingwall

Type of inspection:
Announced (short notice)

Completed on:
18 April 2025

Service provided by:
Ross-shire Women's Aid

Service provider number:
SP2004006082

Service no:
CS2004077809

About the service

Ross-shire Women's Aid is registered as a housing support service, providing refuge and outreach support to women who have experienced domestic abuse.

Within their statement of purpose they state: 'Ross-shire Women's Aid aims to provide quality support services to women who are subjected to domestic abuse. At Ross-Shire Women's Aid, we recognise that each case is different. Our Women's Support Service takes a person-centred approach, catering for each woman individually based on their needs.

Our daily practice centres on creating a safe, women-only space for clients to access support. Our ethos is to ensure that each woman who comes through our service feels listened to and not judged'.

About the inspection

This was a short notice inspection which took place on Tuesday 8 and Wednesday 9 April 2025. 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 women who received support from the service
- spoke with staff and management
- spoke with the Board of Trustees
- reviewed documents
- received questionnaire responses from parents and external professionals.

Key messages

- Women told us they felt very safe in refuge, and that their involvement in the group activities introduced by the staff team had been a catalyst to supporting each other in the evenings and weekends, and reducing isolation.
- There had been significant focus on improvement and development of the service. Some aspects of quality assurance had improved significantly. In the short time the newly recruited general manager had been in post, they had developed structured plans to address some of the difficulties faced by the service.
- Staffing levels were low. There had been changes to the staff team, including support workers and management and leadership positions. Recruitment was ongoing for five additional staff members, and additional Board members.
- Recruitment processes were not sufficiently robust to ensure staff were safely recruited.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. For this service we have made limited areas for improvement (for a grade of adequate) as we recognised that the provider had clear plans to address the areas of improvement we had identified. We will assess this progress further at the next inspection

Staff were knowledgeable about the women they supported. They demonstrated, warmth, empathy and kindness.

Due to reduced staffing refuge support was mainly offered during core hours, however, women were all given copies of on call arrangements should they need to contact the team.

The service delivered the 'Own my Life' (OML) course - a research-based model which helped women have a greater understanding of domestic abuse and trauma and move forward with hope and positivity. In order to be responsive to need and ensure the best possible engagement this was held during the school day and in the evening. In the near future two of the team would also complete the OML professionals training. This will support women by ensuring that professionals have a greater understanding of the impact of domestic abuse.

Women were supported to register with relevant health care providers both for themselves and their children. Where possible they could be supported to appointments. Information booklets for other supportive agencies were available in the communal area of the refuge.

A free counselling service could be accessed, however, places were limited. The team were aware of local services where additional support might be accessed and would network with other providers or share their information with the women they supported. Women described the support they had been given to access to online mental health courses. This was of benefit to their mental health and overall wellbeing.

There was not a children's/young person's worker at the time of the inspection. Staff had continued to recognise and celebrate key events for children, however, did not have the capacity for structured support. Funding had been agreed and recruitment processes had begun for two children's workers. Although not in place at the time of the inspection this should hugely enhance the support available to young people. We look forward to seeing this service development at the next inspection.

Since the last inspection there was a better sense of community within the refuge, with women describing the support they gave each other. Women told us their involvement in the group activities created by the staff team had been a catalyst to supporting each other in the evenings and weekends, and reducing isolation. We saw good examples of staff and women responding to each other with sensitivity and concern.

Women told us they felt very safe in refuge. For women living in the community appropriate referral was made to organisations who could practically support their safety (alarms, doorbells etc). Risk assessment and safety planning are discussed later in this report.

All staff had completed safeguarding training (for adults and children) and were aware of their responsibilities. Policies and procedures were in place, however, should be reviewed to ensure they

highlight local procedures and that unnecessary information (for safeguarding documents) form part of different documents. This would ensure they were fully accessible to the people who use them.

The staff team kept in touch with women to offer support and check they were safe. A designated fully qualified IDAA trained worker had responsibility for multi-agency risk assessment (MARAC) and multi-agency tasking and coordination (MATAC) in order to safeguard women at risk, both in refuge and in the community. At the time of the inspection there were not always enough staff to support women attending court, though we heard the team would do their utmost and that court appearances could be lengthy and complex for some women.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. For this service we have made limited areas for improvement (for a grade of adequate) as we recognised that the provider had clear plans to address the areas of improvement we had identified. We will assess this progress further at the next inspection.

Since the last inspection a new manager had been recruited. At the time of the inspection they had only been in place for a very short period of time, however, we were impressed by the amount of focus which had been put in place to move the service on from a difficult time, following numerous changes to senior and managerial staff and significant vacancies for women and children's workers.

The use of the electronic recording had improved significantly, resulting in more quality information being held and accessible to the team. Numerous auditing systems had been developed, with evidence that these had been used to develop and improve practice across the team.

Reporting to funders provided an overview of service provision and identified gaps in service provision. There were recently developed examples of reflection and learning from case examples, which we were told would continue to be used to support learning and development.

The aims and outcomes of the service: (2025 -2026) had been detailed in a comprehensive document. At the time of the inspection this was largely aspirational, as it was dependant on the recruitment of new staff, after which various aspects of the service could extend and develop. It is positive, however, that future plans give focus to the development of the service.

A risk assessment report ('at April 2025') identified the potential organisational risk across a number of areas, and provided comprehensive information about how each area would be addressed. The document was extensive and reflective of the commitment to improve the service. It should be extremely helpful to successfully moving forward - providing there are enough people with the right skills, and time, to develop the areas identified.

The board of trustees had some oversight of the service and the challenges ahead. They had also been working with reduced numbers and were actively recruiting additional members and a new chairperson. Additional members would allow greater attention to the identified tasks, and possibly a level of specialism in some areas.

All of the women we spoke with had been made aware of how to complain, and who to. Details were also available in communal areas of the house. We viewed one complaint which had been managed and recorded appropriately. The women we spoke with were positive about the support they received.

Exit interviews and written testimonials were completed by staff and women moving on from the service. It was unclear how this information was used to further improvement, however, it was clear there had been a time of significant uncertainty and change. Testimonials provided evidence of positive experiences.

Ross-shire Women's Aid are affiliated with Scottish Women's Aid (SWA) and therefore they benefit of access to assistance and training.

We were unable to access all of the recruitment records and checks we would expect to see. Changes in the personnel who had completed these (and had since left) did not allow robust quality assurance of safe recruitment procedures, or in some cases appropriately qualified staff. We were satisfied that all of the new staff currently working at the service did have appropriate recruitment records and checks. **(See Requirement 1.)**

Requirements

1. By 2 June 2025 the provider must follow safer recruitment principles to ensure the safety of service users.

To do this, the provider must:

- ensure that there are robust recording, monitoring and quality assurances processes which demonstrate that safe recruitment procedures have been followed - including but not solely, references, qualifications and PVG checks.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019 and 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 good is our staff team?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. For this service we have made limited areas for improvement (for a grade of adequate) as we recognised that the provider had clear plans to address the areas of improvement we had identified. We will assess this progress further at the next inspection

Staffing levels were low. There had been changes to the staff team, including support workers and management and leadership positions. Prior to the recruitment of the new manager a decision had been made not to recruit to vacant positions, however, this had changed and recruitment for five new staff was ongoing at the time of the inspection. Despite staffing changes, and vacancies, the remaining members of the team were committed to the women they supported and to Ross-shire Women's Aid. All had identified roles but described their willingness and commitment to contribute to other tasks to ensure the women got the best support they could offer.

Staff training records indicated that the team had completed mandatory training and focussed specialised training from Scottish Women's Aid. Staff had child protection, adult protection and trauma training with a particular focus on domestic abuse. An induction tracker was effectively used to ensure the training and competence levels of new staff.

Staff confirmed they had regular 1-1 support, supervision and case management from their line manager which was supportive, helpful and reflective. External supervision was also available to all staff and was financially supported by the organisation. Team members spoken with generally felt that this was an extremely helpful and additional support to what they received internally. The team reflected that peer support was also positive and that despite vacancies and significant changes they were a strong and supportive team.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. For this service we have made limited areas for improvement (for a grade of adequate) as we recognised that the provider had clear plans to address the areas of improvement we had identified. We will assess this progress further at the next inspection.

From the point of referral women were involved in developing plans about their own safety and wellbeing. They were encouraged to identify the support they needed and agree how this would be provided. Plans and agreements gave a structure to the support that was provided, though women spoken with confirmed this could change at any time if there was something more immediate they needed. This demonstrated an ethos which valued women as having choice and control over the support they wanted and how this was offered.

Safety planning and risk assessment ensured early identification of women at risk. A recognised risk assessment tool for women experiencing domestic abuse was used to identify women at significant risk of harm. Where this was evident an identified and specifically trained worker was part of a multi-agency team which ensured that all agencies worked together to safeguard those identified.

There were good examples of person-centred decisions which considered the views and requests of women. Support workers were open to listening to what women needed and wanted and being sensitive to individual circumstances. This ensured women were empowered to seek support, the support that was right for them.

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

Requirements

Requirement 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 in 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).

This requirement was made on 30 October 2024.

Action taken on previous requirement

An electronic tracker had been developed which recorded and monitored induction, including clear timescales for application and registration with the Scottish Social Services Council. It evidenced that all staff were either registered or that applications had been submitted within the required timescales.

Met - within timescales

Requirement 2

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 in 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).

This requirement was made on 30 October 2024.

Action taken on previous requirement

This requirement had not been fully met and has been amended and revised within this inspection report.

Not met

Requirement 3

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).

This requirement was made on 30 October 2024.

Action taken on previous requirement

Support plans were developed in conjunction with women using the service and were appropriately reviewed. The use of electronic systems to review and record information had improved significantly.

Met - within timescales

Requirement 4

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).

This requirement was made on 30 October 2024.

Action taken on previous requirement

Risk assessments were developed in conjunction with women using the service and were appropriately reviewed. The use of electronic systems to review and record information had improved significantly. Other agencies were involved if necessary to respond to risk.

Met - within timescales

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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