

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

Inverness

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
19 May 2025

**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 support offered by the service includes refuge and outreach support. The service is affiliated with Scottish Women's Aid

The service states their aim is to:

- support our clients to become truly re-empowered and independent as survivors of domestic abuse
- provide effective and innovative support on a strong ethos which promotes equality and justice
- treat, women, children and young people with dignity and respect
- listen to them without prejudice or judgement
- work in partnership to assist clients and improve their safety.

## About the inspection

This was a short notice inspection which took place on Monday 12 and Tuesday 13 May 2025. The inspection was carried out by two inspectors on the first day of the inspection, and one on the second.

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 women using the service
- spoke with members of staff and management
- met with the Chair of the Board and the external consultant
- observed practice and daily life
- reviewed documents
- reviewed questionnaire responses returned to the Care Inspectorate from staff and women using the service.

## Key messages

- Women were recognised as experts in their own lives and supported to identify their own goals and aspirations.
- Women felt listened to, respected and supported by staff. They felt very safe in refuge.
- There had been significant focus on improvement and development of the service which had led to a more cohesive team who were enthusiastic about the future of the service.
- The service were about to reintroduce focussed group work with women and had recruited a children's worker who would support and educate children and young people.

## 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?	4 - Good
How well is our care and support planned?	5 - Very Good

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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

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

On making contact with the service, women were made aware of the range of support which was available, which included practical and emotional support, advice and accommodation.

There was a clear focus on safety within the refuge, with everyone understanding their responsibility to maintain this. This could mean some expectations were difficult for some families, however, everyone we spoke with, or who returned questionnaires, stated that they felt very safe.

Onsite support, including from a designated refuge worker, was available during core office hours. On call arrangements ensured that staff could be contacted outwith these times in the case of an emergency.

Access to appropriate healthcare was prioritised. For all women, support was individual to their needs, but could involve support to attend appointments or to register with relevant healthcare providers. An onsite counsellor was available, in addition to external services which supported people's mental health and overall wellbeing. The team were keen to extend their relationships with partner providers to ensure women could access the best possible support.

Staffing changes meant there had been inconsistent specialist support for children. At the time of the inspection a children's worker had been recruited and was about to take up post. 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.

Formal and informal groupwork had paused but was about to restart. This included groups which provided 'informal' opportunities for women to get together in refuge and build peer support. The 'in person' 'Own my Life' (OML) course was about to be offered (a research-based model which helped women have a greater understanding of domestic abuse and trauma and move forward with hope and positivity). Plans were also in place to train a further two workers so the online version of the course could also be offered - providing greater opportunity and choice for women to be involved.

All staff had completed safeguarding training (for adults and children) and were aware of their responsibilities. Policies and procedures were in place, however, were lengthy and could be shortened to ensure they were fully accessible to the people who use them.

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. We have made no areas for improvement 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.

Input from an external consultant, and a newly appointed operations manager, had made a significant improvement to structure, focus, quality assurance and future improvement of Inverness Women's Aid.

Staff reflected a leadership and structure that they did not previously experience, with much greater clarity about their own roles and responsibilities. The team were more cohesive and support and training had led to confidence and enthusiasm for the future of the service.

There was a significantly improved framework of demonstrable quality assurance. 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.

A comprehensive action plan had been developed to ensure the requirements and areas for improvement from the last inspection were met. A 'funding strategy and development plan' identified a range of ways in which the service intended to grow and improve in the future. There were clearly identified goals and timescales to ensure the identified areas would be reviewed. It was unclear how feedback from women and staff had shaped this initial plan, however, both staff and women certainly felt that everyone was very open to listening to their views and opinions.

Exit interviews had not consistently been completed when staff left the service, which was a missed opportunity for potential service development. The service were committed that the already improved quality assurance processes would ensure this happened in the future.

The Board of Trustees were both involved and committed to the service. They provided oversight and guidance and had a range of skills they contributed. Additional members would be joining the Board which would further enhance the range of skills they could offer to support the service.

Concerns were taken seriously and managed appropriately. All of the women we spoke with knew how to raise any concerns. They also had the opportunity to provide feedback via questionnaires they were asked to complete and which helped influence service provision.

Inverness Women's Aid were affiliated with Scottish Women's Aid (SWA) and had the benefit of access to assistance and training.

## How good is our staff team?

**4 - Good**

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Input from the external consultant had resulted in much greater clarity for the team about their role, and about expectations. Training had resulted in a far better use of the electronic recording system which had raised the confidence of the team, who felt that better recording also highlighted important aspects of the support they offered. As stated earlier effective quality assurance processes also supported learning and development across the team.

There was a range of accessible, good quality relevant training. Staff training records evidenced mandatory training, and focussed specialist training, including safeguarding and trauma training with a particular focus on domestic abuse. An induction tracker was effectively used to ensure the competence levels of new staff.

There were a range of ways by which the team were supported and encouraged to reflect on their practice and be confident in their role. Staff had regular 1-1 support and supervision, and case management, from their line manager, which was helpful and reflective. The team also benefitted from peer support and mutual respect between colleagues. External supervision was available to all staff and was financially supported by the organisation. The manager and operations manager were visible and accessible. The team were committed and enthusiastic about their common goal of supporting women (and their children) who had experienced domestic abuse.

Records evidenced robust recruitment procedures which confirmed staff were vetted and had the right skills and knowledge. A comprehensive (13 week) induction for new staff ensured they understood the values of the service and had the necessary knowledge, and core training.

## How well is our care and support planned?

**5 - Very Good**

We found significant strengths and how these supported positive outcomes for women, therefore we evaluated this key question as very good.

From the point of referral to Inverness Women's Aid 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. Women spoken with confirmed this could change at any time if there was something more immediate they needed. Staff ensured that women knew that they were in control of decisions. 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 supported all women and allowed staff to identify wider support needs based on women's own evaluation of their circumstances. Recognised risk assessment tools were used to identify women at significant risk of harm. Where this was evident the team were part of a very specific multi-agency team which ensured that all agencies worked together to safeguard those identified. An identified worker within the team had a specific role in representing women at this meeting.

Support plans recorded the support women themselves felt they most needed and were reviewed to ensure progress. Information was shared only with women's consent and knowledge (except where this has to be overridden for risk reasons).

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

### Requirements

#### Requirement 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).

**This requirement was made on 2 December 2024.**

#### Action taken on previous requirement

All aspects of this requirement had been met.

**Met - outwith timescales**

#### Requirement 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).

**This requirement was made on 2 December 2024.**

## Action taken on previous requirement

All aspects of this requirement had been met.

**Met - within timescales**

### Requirement 3

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).

**This requirement was made on 2 December 2024.**

## Action taken on previous requirement

All aspects of this requirement had been met.

**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 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).

**This area for improvement was made on 2 December 2024.**

## Action taken since then

As stated within the report women had support plans which considered their views and which were reviewed.

**This area for improvement has been 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 2 December 2024.**

## Action taken since then

As stated in the report the service had a development plan which identified their plans for the future, with identified timescales.

**This area for improvement has been met.**

## Previous area for improvement 3

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).

**This area for improvement was made on 2 December 2024.**

## Action taken since then

The service had dealt with any complaints appropriately, with recording systems in place to demonstrate how these had been managed.

**This area for improvement has been met.**

## Previous area for improvement 4

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).

**This area for improvement was made on 2 December 2024.**

## Action taken since then

The service had developed a staff agreement which detailed where and when they would work and how the rest of the team would know where they would be. This was not an assessment of need which they need to develop.

**This area for improvement has been met.**

## Complaints

## 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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