

# Argyll and Bute Women's Aid SCIO Housing Support Service

Dunoon

## Type of inspection:

Announced (short notice)

## Completed on:

7 July 2025

## Service provided by:

Argyll and Bute Women's Aid a Scottish Charitable Incorporated Organisation

## Service no:

CS2020378675

Service provider number:

SP2020013454



## Inspection report

#### About the service

Argyll and Bute Women's Aid SCIO is a registered as a housing support service, providing refuge, crisis response and outreach support to women and children who have been affected by domestic abuse.

This charitable organisation provides free and confidential support to women and children about their right to live life free from domestic abuse.

This is the first inspection of the service.

## About the inspection

This was an unannounced inspection which took place on 27 & 28 May 2025. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since becoming registered. In making our evaluations of the service we:

- Spoke with women using the service.
- Spoke with members of staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Considered feedback from visiting professionals.

## Key messages

- The provider should review ways in which it communicates with women arriving at the service.
- The wellbeing of women and children was central to supports.
- Feedback from partner agencies was very positive.
- The provider should continue to develop active links with community projects in Dunoon.
- The service had responded positively to significant changes in provision.
- Workers were supportive of one another and conveyed positivity about their roles.
- The service should review the approach to personal planning.

## 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?	4 - 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 evaluated this key question as good, where several strengths impacted positively on outcomes for women and their children, and clearly outweighed areas for improvement.

It was evident that variable levels of involvement with women and children, aimed to provide a balance between support and enablement. Workers signposted women to services and resources and when consent was given, referred them to partner agencies to access supports suited to their needs. When women arrived at the service, they were given information about what they should expect from Argyll and Bute Women's Aid (ABWA). We found that in some instances, women were not clear about the level of service available and for some this created uncertainty and anxiety. So whilst we acknowledged that an initial process for sharing information was in place, we advised that this should be reviewed to consider how, in each instance, this information is received by women, in support of their expectations. (Area for improvement 1).

Records sampled during this inspection process, evidenced that women were supported to access local services, including specialist advocacy provision and a range of supports for their children. For some women, connections with local groups, helped them to integrate into the community, make new friends and create friendships for their children.

The service encouraged women to have control over decisions affecting their wellbeing and for some, those decisions meant that they spent time visiting family and friends. Safety planning provided the framework to promote their safety and wellbeing on an every day basis, whilst in the refuge and in the community. The expectations for their own safety and that of others, was explained to them and compliance with these expectations was essential to everyone's safety and wellbeing in the refuge. Various safety measures for support, out with day time hours, were provided in addition to clear advice, in line with occupancy agreements. Where reminders were issued, women were respectful about the safety of others.

The health and wellbeing of women and their children was central to their supports. Workers encouraged the use of walk and talk opportunities to spend time women and help them to benefit from being outdoors. Gym passes were available to those who wished to extend opportunities to exercise and improve their wellbeing, and cooking facilities meant that women could prepare meals and snacks for themselves and their children. Where plans to travel for leisure had been pre-arranged, monies were given to facilitate this along with vouchers for food, where needed. While we don't evaluate the quality of the physical environment, games, books and other play resources were well stocked and available to the women and their children.

Access to health services was an important aspect of support and assessment of the impact of counselling and other therapies, was considered on an individual basis. Working alongside partner agencies was an important aspect of this provision. Partners told us, 'Staff work well with social work and other staff groups', and 'Every service could do a better job if they had more resources, but ABWA do a really good job with what they have and provide a very necessary service'. Where children's workers provided invaluable support to young people, partners said, 'I can tell by the way the worker operates that they have a child centred approach and are very informed on their work and how it impacts young people. Demand for this service has been high and I would like to see it have more resources to meet that demand and improve the wellbeing of children'.

We acknowledged that community links enabled the service to deliver on various projects, including youth engagement sessions in Campbeltown and training events for other domestic abuse groups. We felt that more could be done to develop active links with community projects in Dunoon, to further develop the range of provision for women and children (Area for improvement 2).

#### Areas for improvement

1. To ensure that people using the service understand what supports are available, the provider should review ways in which information is shared and understood. This will help to clarify expectations of what the service can deliver.

This is to ensure that care and support is consistent with Health and Social Care Standards which state, 'My care and support meets my needs and is right for me' (1.19) and 'I receive and understand information and advice in a format or language that is right for me' (2.9).

2. To ensure that provision for women and children is optimised, the provider should further develop active links with local community projects. This will enhance social connections and encourage engagement in meaningful activities, to promote a positive impact on people's health and wellbeing.

This is to ensure that care and support is consistent with Health and Social Care Standards which state, 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (2.22) and 'I know how different organisations can support my health and wellbeing and I am helped to contact them if I wish' (2.26).

## How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for women and children, and clearly outweighed areas for improvement.

The service had experienced significant change in the year leading up to this inspection and this had necessitated review of the overall provision. Operating from Dunoon and Campbeltown, the registered manager and the recently appointed team leader, were in the process of establishing management and staffing arrangements. Whilst we wished to give the provider time to establish team reformation, including how much of a management presence was required in each location, and how roles and responsibilities are delegated, robust staffing and management arrangements must be in place and we will assess the impact of these, at the next inspection.

Due to challenges the previous year, a considerable amount of management time had been spent working through the basis of complaints, submitted anonymously to the Care Inspectorate. The nature of these complaints had focused to some extent on views relating to the quality of the provision for women and their children. The Care Inspectorate requested additional information at the time of these submissions and met with the provider to gain assurance of the safety and wellbeing of people using the service. The provider had investigated these claims thoroughly. It was acknowledged that changes in the service had resulted in reduced provision, however we were satisfied that the provider had taken necessary action to minimise risk and consider alternative supports, which were within their capacity to provide at that time. None of the complaints received by the Care Inspectorate were upheld.

Trust and transparency about how decisions are taken and how workers can influence improvements, should feature highly in leadership practices.

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The team leader felt empowered and valued and had a voice and level of autonomy to contribute toward service developments. We advised the provider that by optimising talent in the team, this would likely generate new ideas and promote inclusive practices to build on existing capacity to deliver an improved service.

Quality assurance and auditing created clear expectations and standards of practice expected within the team. Feedback from workers highlighted supportive and professional approaches from managers and colleagues. Where some felt that decision making, was at times too rigid, there was acknowledgement and reflection on where decisions could be more supportive of improved experiences and outcomes for women and children using the service. There was commitment to ensuring the best outcomes for those using the service, but it was also accepted that in moving forward, a culture of openness and transparency would benefit the development of the service.

#### How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for women and children and clearly outweighed areas for improvement.

At the time of this inspection, staffing arrangements were decided by a process of continuous assessment, including an understanding of current capacity, to support women and children.

Clear job roles helped to outline the range of supports available across the service, including within the refuge. We reviewed records of people using the service to determine the frequency and quality of supports. These showed that regular communication, both informally, at different times of the day and through arranged discussions with women, that there was consistent information about what could be provided, including the range of external supports and resources, which may support them now and in future.

Given the extensive changes in the staff team over the past year, we were encouraged by the clarity and enthusiasm that workers brought to their roles. We found that resilience, positivity and desire to improve, were fundamental qualities of individual team members. They worked well together, to the benefit of women and children. This was in the context of staff shortages, where we found that flexibility and commitment offered solutions, where needed.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for women and children and clearly outweighed areas for improvement.

We spoke with women currently using the service and those who continued to be supported after moving on in their lives, to their own accommodation. Those women told us that workers had, 'been incredible and so supportive in helping me with everything, even now I know I can pick up the phone'. Another said the support had been 'meaningful' in helping them to navigate an extremely difficult time in their life.

Women using the service at the time of this inspection expressed some difficulty with their experience of the service. Examples included, limited access to use of the outdoor space, causing dissatisfaction, particularly during fine weather, and challenges relating to the accommodation.

The provider was responsive and where possible, decisions were reviewed and specialist contractors were sourced, to try to identify and address the issues affecting women's wellbeing.

Support planning was an essential component for women and their children. We found that plans could have been more personalised. We discussed this with the provider and asked that they consider an alternative approach to capturing and recording people's needs and wishes. This should focus on the benefits of personal planning, including promoting increased self awareness of individual strengths and encouraging women to develop a greater sense of control over their lives. Despite this, support plans sampled during this inspection, offered practical inputs, demonstrating attentiveness to supports available to women and their children. While reviewing these plans, it was clear that where advocacy and social work support had been sought, this had contributed to improved outcomes.

The active participation of women and children is required to produce outcome focused support plans. We reviewed records to assess their level of involvement and noted persistent attempts by workers to engage and meet up with women, to progress their support. Due to a range of circumstances for individual women, this was not always possible. This led to some women feeling that the support they received was not enough, to help them move on in their lives. It will be important to review and re-establish what is deliverable and what level of participation will support all women to achieve good outcomes.

Where there was evidence of good outcomes, women felt safer and more enabled to lead their lives as they chose. In some instances, practical assistance from the service, such as, purchasing smaller household items to support women in their new home and through access to national funding, additional supports offered assurance to women about their future prospects beyond the service.

## 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
How good is our leadership:	4 - 0000
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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