

Shakti Women's Aid - Housing Support Service Housing Support Service

Edinburgh

Type of inspection:
Unannounced

Completed on:
27 June 2025

Service provided by:
Shakti Women's Aid

Service provider number:
SP2004006510

Service no:
CS2004068972

About the service

Shakti Women's Aid is a voluntary organisation providing a service for black and minority ethnic women and their children experiencing domestic abuse; empowering them to make informed choices about their lives.

This is a housing support service, with an office base in Edinburgh. The service has been registered since 2004, and is provided to women in the wider community and within dedicated temporary accommodation. The refuge accommodation has four flats, and the service is also able to access temporary accommodation in partnership with Edinburgh City Council.

Additionally, outreach support is provided to black and minority ethnic women experiencing domestic abuse within the following local authority areas - Dundee, Falkirk, Fife, Lothians and Edinburgh. The Shakti children's support service is registered separately.

About the inspection

This was an unannounced inspection which took place on 18 June 2025 from 10:00 to 16:30, 19 June 2025 from 10:00 to 18:00, 20 June 2025 from 09:30 to 15:45 and 23 June 2025 from 09:30 to 17:00. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information from the service. This included registration information, information submitted by the service, and intelligence.

To inform the inspection we:

- spent time and spoke with women and children using Shakti services
- spoke with 13 members of staff including managers and the Chair of the Board
- reviewed documents
- spoke with three external professionals
- considered responses to Care Inspectorate questionnaires.

Key messages

- Women's individual cultures and experiences were fully considered
- Staff were aware of an impressive variety of community resources to support women
- The service should establish an effective method to record and document decisions regarding safeguarding concerns
- Robust quality assurance and oversight has not been established and change has been slow paced
- The service should develop a more effective overview of staff training
- Staffing arrangements were flexible and reliable
- Women benefitted from trusting, compassionate relationships with staff
- The organisation must continue to undertake work to promote an open and trusting culture.

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?	3 - Adequate
How good is our staff team?	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 made an evaluation of good for this key question as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Quality Indicator: 1.2 People get the most out of life

The service fully recognised that women and children were experts in their own experiences, needs and wishes. It was a strength of the service that women were signposted to an impressive variety of other organisations and services within their local areas, including health, police, counselling, housing, legal and immigration services and charities to access funding. This ensured women were being supported emotionally and to make choices regarding their future.

Support considered individual culture, experiences and sexuality within an environment that was non judgemental. Additionally, the impressive range of languages spoken by staff contributed to women being able to communicate their needs and views effectively. One woman commented "the staff are compassionate and culturally sensitive, and they create a nurturing environment that promotes healing and confidence."

Women were enabled to get the most out of life through a variety of available opportunities. Group sessions enhanced social connections, strengthened relationships and introduced fun activities. This increased involvement in the community helped reduce feelings of isolation. Women were also accessing opportunities for education, training and employment; supporting them to build on their confidence and general wellbeing.

Risk assessments were used to prioritise services and to ensure that those most in need, or at the point of crisis, were being supported in a timely and effective manner. Additionally, there was flexibility in the levels of support intensity available to women reflecting individual circumstances/needs/risks and preferences.

Shakti was supporting women to enhance their feelings of safety and one woman commented "I'm grateful that there is a safe place like this for families in crisis."

Staff were collaborating with other agencies to share risks and concerns and to explore additional supports, however this process should be strengthened to ensure that decision making, sharing of information and outcomes are being documented for all adult and child protection matters. **(See Area for Improvement 1).**

Areas for improvement

1. To enhance safeguarding and support wellbeing, the provider should establish an effective method to record and document decisions regarding welfare concerns - including child and adult protection matters.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

How good is our leadership?

3 - Adequate

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

Quality Indicator: 2.2 Quality assurance and improvement is led well

Shakti importantly contributes to raising awareness of black and minority ethnic women's experiences of domestic abuse in the wider community through campaigning work, presentations and training opportunities.

Leaders within the organisation, including managers and the Board, acknowledged the need for some comprehensive changes to support further development of the service. Shakti was working towards this and it will take time for future implemented changes to generate results to outcomes. As a result, requirements and areas for improvement from the previous inspection will be repeated.

There were systems in place to monitor aspects of service delivery, however management governance, quality assurance and auditing were not consistently being undertaken. Due to a variety of factors, the pace of change in this area had been slow with management roles not always being used as effectively as required. Developing this structure within the management team and using the Improvement Plan to measure progress would ensure the needs of the service were being prioritised; maximising the experiences of women using the services and supporting the growth of staff practice. The inspection also highlighted that the service may benefit from the increased awareness and use of the Care Inspectorate's quality framework to support self evaluation, whilst supporting staff to feel included in improvement work. **(See Requirement 1).**

The organisation had no consistent, formal incident process in place. This should be established to promote learning, support staff and ultimately improve outcomes for women supported by Shakti. It is also crucial that relevant incidents are shared with the Care Inspectorate. **(See Area for Improvement 1).**

Improvements were needed to ensure that the planning and monitoring of staff training, development and support were being prioritised. This included the need to effectively identify team and individual learning. The inspection identified some gaps in staff mandatory training across the organisation. Additionally, leaders should develop a more effective way of recording formal staff support and supervision. **(See Requirement 1).**

Shakti's previous inspection set a requirement to review and update key policies within the organisation. Several policies continue to refer to outdated standards, codes of practice and legislation. It is critical that policies remain relevant and effectively guide staff practice. The organisation had recently made plans to address this, however the requirement will be continued. **(See Requirement 2).**

Women using the service were confident in raising issues and highlighted opportunities to share feedback regarding the service they received. Processes were in place to gather views from staff, however not all staff were confident in raising concerns or making improvement suggestions. We did however consider that staff complaints and misconduct were being effectively dealt with; including oversight by the Board.

Requirements

1. By 21 November 2025 the provider must consistently adopt effective quality assurance and auditing processes to support improvement.

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

- a. strengthen roles and responsibilities, ensuring comprehensive oversight at all levels
- b. ensure internal quality assurance processes including regular audits are being undertaken and formally documented by managers to promote wellbeing and positive outcomes for people
- c. ensure effective management oversight of staff training and support and supervision

This is in order 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

2. By 21 November 2025, the provider must support staff to ensure they are following best practice and guidelines.

To do this, the provider must at a minimum:

- a. review and update their policies and procedures to reflect current best practice guidance - this includes, but is not limited to child protection, vulnerable adults, recruitment and complaints
- b. ensure that all staff are supported to understand any changes to the policies and procedures, including those with lead responsibilities for safeguarding and protection.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

Areas for improvement

1. To support people's wellbeing, the provider should ensure a consistent approach to the recording and oversight of incidents, including reporting notifiable incidents to the Care Inspectorate.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

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. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

Women were benefitting from flexible staffing arrangements, with crisis and high risk situations being prioritised, providing women in refuge or the community with reliable support. Staff also supported each other to meet a variety of language needs. One woman commented "my decisions are respected and I can speak to them if there's anything I need to ask their advice or help."

Shakti staff had established trusting relationships with women; demonstrating compassion and understanding. This positively impacted on women's wellbeing and sense of connection. This included women's group workers who also importantly contributed to the overall quality of service that people were receiving, playing key roles in the staff team as a whole.

As previously highlighted, some mandatory training had not been undertaken by all staff, however the team highlighted the wide range of learning opportunities available, including support to undertake Scottish Vocational Qualifications (SVQ) to enhance their knowledge and skills within their role. Additionally, external professionals were confident that the staff team were knowledgeable and effectively supported women.

Despite attempts by the organisation, some staff were not always clear regarding their individual roles; perhaps compounded by the more recent absence of a team leader post. We were told "clearer communication....could reduce confusion and help staff feel more confident in their roles." Additionally, there was some complexity of staff dynamics, generating an absence of cohesion and trust within the organisation at times. These dynamics could potentially risk positive outcomes for people and delay staff raising issues of poor practice. It is important that the organisation ensures there is an open culture and effective joint working. **(See Area for Improvement 1).**

Areas for improvement

1. To support people to achieve the best outcomes, the provider must continue to undertake work to promote an open and trusting culture.

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

'My care and support is consistent and stable because people work together well.' (HSCS 3.19).

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

Requirements

Requirement 1

By 16 August 2024, the provider must consistently adopt effective quality assurance and auditing processes to support improvement.

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

- a. strengthen roles and responsibilities, ensuring comprehensive oversight at all levels
- b. ensure internal quality assurance processes including regular audits are being undertaken by managers to promote wellbeing and positive outcomes for people.

This is in order 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement was made on 26 April 2024.

Action taken on previous requirement

Management governance, quality assurance and auditing were not consistently being undertaken so an amended requirement in relation to quality assurance has been put in place for this inspection.

Not met

Requirement 2

By 16 August 2024, the provider must support staff to ensure they are following best practice and guidelines.

To do this, the provider must at a minimum:

- a. review and update their policies and procedures to reflect current best practice guidance - this includes, but is not limited to child protection, vulnerable adults, recruitment and complaints
- b. ensure that all staff are supported to understand any changes to the policies and procedures, including those with lead responsibilities for safeguarding and protection.

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

This requirement was made on 26 April 2024.

Action taken on previous requirement

Although the organisation has plans in place to have policies and procedures reviewed and updated, this has not been achieved and this requirement has been renewed.

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 enhance safeguarding and support wellbeing, the provider should establish an effective method to record, assess and document decisions regarding welfare concerns - including child and adult protection matters.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

This area for improvement was made on 26 April 2024.

Action taken since then

This process required to be strengthened to ensure that decision making, sharing of information and outcomes were being documented for all adult and child protection matters.

The organisation should also ensure they are effectively recording safeguarding training for all staff, relevant to their role. This area for improvement has been renewed.

Previous area for improvement 2

To support people's wellbeing, the provider should ensure a consistent approach to the recording and oversight of incidents, including reporting notifiable incidents to the Care Inspectorate.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20).

This area for improvement was made on 26 April 2024.

Action taken since then

This area for improvement has been included as part of this inspection as an appropriate process has not been established.

Previous area for improvement 3

To support people's development and ongoing wellbeing, the provider should ensure there is an effective method to collate staff training to ensure staff are undertaking the required training for their role, with management having oversight of this.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This area for improvement was made on 26 April 2024.

Action taken since then

This inspection highlighted that this should be strengthened, and managerial oversight of this has been included into a requirement.

Previous area for improvement 4

To ensure people are being supported effectively, the provider should ensure all women have a personal plan - including outcome plans and safety plans - that are current, take account of the individual's wishes and are consistently reviewed on an agreed basis.

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

'My personal 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 26 April 2024.

Action taken since then

These were in place for the cases reviewed, and the inspection highlighted that improved quality assurance processes will ensure that all reviews and plans are being completed in a timely manner.

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
1.2 People get the most out of life	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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