

# Care service inspection report

Full inspection

## Falkirk & District Women's Aid Refuge Provision Housing Support Service

Falkirk

Service provided by: Falkirk & District Women's Aid

Service provider number: SP2004005383

Care service number: CS2004062530

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of care and support	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

The service works in partnership with local agencies to deliver person centred support to service users.

Service users told us that they felt included and respected at Falkirk & District Women's Aid. The support provided had a positive impact on services' users wellbeing.

The staff group was committed to continuous improvement.

### What the service could do better

The service should continue to raise awareness of the service and the work they do to ensure that all potential users have an awareness of the service.

The service should continue to develop their monitoring and evaluation systems.

### What the service has done since the last inspection

Since the last inspection, the service has continued to develop their use of outcomes measure (Outcomes Star) across all areas of service delivery.

One Children and Young Person's Worker is trained in Child and Adolescent Counselling whilst two Crisis Support Workers, one Counsellor and the Counselling Psychologist have counselling training.

The service continues to promote awareness of the service and their work.

### Conclusion

Falkirk & District Women's Aid delivers person centred support to service users to help them establish safe lifestyles, free from domestic abuse.

The staff were highly motivated in their work and were committed to continuing to develop the service they deliver.

The service users we spoke with told us that the support they received from the service had made a positive impact on their lives.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com). Previously, this service was registered with the Care Commission and was transferred to the Care Inspectorate on 1 April 2011.

## Requirements and recommendations

Falkirk and District Women's Aid is registered to provide a housing support service to adults and children affected by domestic abuse. The service has a staffed office where service users can make contact for advice and support during office hours.

The aim of Falkirk and District Women's Aid is to advocate for adults and children affected by domestic abuse and to ensure their safety by providing information and support to people.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people

using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

**Quality of care and support - Grade 5 - Very Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by a Care Inspectorate Inspector. The inspection took place on Friday 29 April 2015.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

During this inspection process, we gathered evidence from various sources, including the following:

We spoke with:

- The Manager/Director of the service
- Five staff
- Four people currently using the service

We looked at:

- Information, including the service's plan for how they will involve people who use the service and how they can have their say including feedback
- The service development plan

- Meeting minutes
- Individual support plans
- Evidence of meetings with outside health professionals
- Accident and incident records
- Staff training and supervision records
- Health and safety records and reports
- A range of quality and monitoring reports

We took all of the above evidence into consideration when writing this report. We also took into account the Public Services Reform (Scotland) Act 2010 and its associated statutory instruments, the National Care Standards for Housing Support Services and the Scottish Social Services Council (SSSC) Codes of Practice for Social Service Workers and Employers.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become



apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firescotland.gov.uk](http://www.firescotland.gov.uk)

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the Provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self assessment process.

## Taking the views of people using the care service into account

We found that the people we spoke with were extremely happy with the service they received and they told us that staff were understanding and listened to them when they had a concern or problem. Individual comments included;

"The service has helped me so much, they see me when I need support".

"I have a great relationship with my allocated worker but I can speak to most staff".

"I wish more people knew about the support and guidance they could get from the service".

"I really never thought Women's Aid could help so many different people in so many ways".

"They have given me the self-confidence to recognise I was not in the wrong and what was happening to me was not normal".

"I really like the tailored approach to support".

### **Taking carers' views into account**

N/A.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

#### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.”

#### Service Strengths

The service performed to a very good standard in relation to this statement. The service had its own service user Information Pack which people could access to find out about the service. This outlined what the service can offer and information about raising a concern.

Falkirk & District Women's Aid had a service user participation strategy in place and staff use this to guide their practice in involving those who use the service to give their views systematically.

The service also had its own website which had been designed to support information sharing for service users and professionals. Service users could access the website to find out about the service.

Service users we spoke with were aware of the complaints procedure and knew how to make a complaint. The people we spoke to told us they could raise any concerns with the staff and manager at any time and felt able to do so.

The service was person centred in their approach and people we spoke with told us the level of support they received at any given time could be flexible and took account of their situation at that time. One person described the input they had received from staff as "always being the right level that I need at that time"

Service users were able to express their views through a range of ways including focus groups, a suggestions box, one to one discussions and group work activities. The manager follows up any concerns raised and meets individually with service users who wish to make comment or provide feedback.

Board members attend the focus groups and meet with service users and the manager to explore their views. Service users have the opportunity to meet with Board members privately if they wish to do so.

We were told by the service users we spoke with that staff interacted with them in a manner which demonstrated respect and this made service users feel more at ease communicating with staff.

Service users told us that their experience with Women's Aid had helped to build their self-belief and self-confidence. They described how support to attend meetings and appointments help them to engage in things that they sometimes lacked the confidence to do on their own.

### **Areas for improvement**

Despite the fact that the service had a website service users told us they wished that the support that people get from Women's Aid was more widely publicised. They described how people might not consider using the service due to a lack of understanding about what it provides.

The service should continue to ensure that what they have to offer is as widely know as possible within the local area. This will support further opportunities for those who may require a service.

A minority of people told us that some staff can at times promote appropriate action which they lack the confidence to act on. This was in relation to keeping

them safe, however, they said that staff always acted in their best interest and were only trying to support them to do what they felt was most appropriate.

We spoke to the manager about these comments and discussed how they could take these areas forward given the sensitive nature of the support they provide. However, we identified that the service had concerns about creating further demand that may lead to a waiting list.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 3

“We ensure that service users' health and wellbeing needs are met.”

### Service Strengths

The service performed to an excellent standard in relation to this statement. Assessment of health and wellbeing needs commenced at the referral stage. This meant that the service could make effective decisions about what support service users would require.

All people who receive a service have individual support plans which are developed in conjunction with service users. They cover areas such as housing, safety, wellbeing and risks.

These are updated in conjunction with service users so that they can indicate the direction of travel. Reviews are carried out every 6 weeks or every 4 weeks for high risk clients.

Some examples of how service users have influenced the quality of care and support include:

- Moving to a more centrally based office premises.
- Establishing a court support service.
- Establishing a diversity lead and employing a Black and Minority Ethnic (BME) outreach worker and increasing BME group activities

All service users are contacted 6 weeks after case closure and again after 6 months and complete a telephone questionnaire with an independent volunteer to review their experience of the service and to give feedback.

The service was using an electronic case management system which allowed them to compile a reliable record of service users' needs. All staff were able to access these records at any time, which helped to ensure they were able to

offer the appropriate support.

Staff also shared updates of ongoing work at team meetings. Service users were supported to access the necessary health care services. Individual risk assessments were carried out in keeping with service policy.

There was a system in place to review service user support plans regularly and this included a review of risk assessments.

Staff had been trained in risk reduction strategies, so they were able to intervene appropriately when they encountered service users at risk in this regard.

Service users were given practical help, for example with filling in forms or attending appointments. Service users we spoke to told us this was beneficial.

Staff accessed the relevant training which ensured that they kept up to date with changes in the benefit system. The service had established links with local organisations and groups which helped service users to access local recreational facilities.

Service users were encouraged to make suggestions for any other therapeutic or recreational activities which interested them.

The service practiced a three stage intervention model and there was the opportunity to attend individual support and group programmes. Service users told us that they benefitted from the emotional support they received from Falkirk & District Women's Aid.

Service users we spoke with told us that having the opportunity to meet and speak with staff and other service users at Women's Aid helped them to gain insight into the wider impact of domestic abuse on not only them but the wider family.

Staff had undertaken training in counselling skills and the service employed a trained Counsellor in order to provide the required support to service users.



In order to support service users' wellbeing, the service facilitates regular coffee mornings. This enables people to meet with others, establish networks and begin to develop opportunities within their local communities. The aim is to promote independence and reduce reliance on professional involvement.

The service had recently employed a Psychologist to take forward individual and group work with service users and to lead particular areas of work within their staged model of interventions.

### Areas for improvement

The service should continue to perform to the very good standard of practice it has established in relation to this statement. They should ensure they continue to adapt service delivery to meet the needs of the people who use the service and remain sensitive to individuals ability to make changes whilst faced with difficult situations.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of staffing in the service."

#### Service Strengths

See comments under Quality Theme 1 Statement 1 which are also relevant in relation to this statement.

Service users are involved in staff appointments and participate in the recruitment process by having risk assessments carried out by candidates.

A psychologist has been appointed and a counselling service has been established, both as a result of service user feedback.

#### Areas for improvement

See comments under Quality Theme 1 Statement 1 in relation to this statement.

#### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

“We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.”

#### Service Strengths

The service performed to a very good standard in relation to this statement. The staff group consisted of individuals who were enthusiastic and committed to their work.

The induction process for new staff involved getting a full understanding of the work carried out before offering one to one support. We saw this benefited new staff.

We saw that the service had a staff training plan in place. This plan identified training requirements, timeframes for completion and outlined who was required to undertake which training.

The training plan included mandatory training requirements, such as child and adult protection. The staff had come from a range of professional backgrounds and shared their knowledge with each other.

The service had a supervision policy in place. Staff received formal supervision as well as performance appraisals. Supervision was used to discuss practice as well as to review on-going professional development. Ad hoc supervision was available to staff as required.

The staff held regular meetings to ensure effective information sharing. We were told that there were good communication systems in place and that there was an effective system of peer support.

Staff felt comfortable challenging issues which caused them concern. Staff told us that they enjoyed their work and gained job satisfaction from observing service users making progress towards their identified goals.

Staff worked in close partnership with local agencies to ensure that service provision delivered across agencies was streamlined and that risks to service users and their children were kept to a minimum.

Staff had access to copies of the National Care Standards and to copies of the Scottish Social Services Council's (SSSC) Codes of Practice. All staff who were required to be were registered with the SSSC registration dates and timescales were something all the staff were aware of.

### Areas for improvement

The service should continue to operate at the very good standard of practice it has established in relation to this statement. They should ensure that training continues to respond to requirements as set out in their own objectives and that all mandatory/essential training is renewed when necessary.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

### Service Strengths

See comments under Quality Theme 1 Statement 1 in relation to this statement.

### Areas for improvement

See comments under Quality Theme 1 Statement 1 in relation to this statement.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

### Service Strengths

The service was performing to a very good standard in relation to this Quality Statement. As detailed in Quality Theme 1. Statement 1, service users had a range of opportunities to assess the quality of the service provided.

We saw that the service monitored incident and accident logs through the service's log books. We noted that there had been no complaints since the last inspection. The service co-operated with performance monitoring by Falkirk Council.

The service had a policy framework in place to which staff had access. We noted that the service regularly reviewed its policy documents to ensure that they reflected any relevant changes in guidance or legislation.

The policy documents we sampled had been recently reviewed. Following review, revised policy documents were circulated to staff to ensure that they were aware of changes impacting on practice. This provided an opportunity to effectively guide practice and therefore contribute to quality assuring service provision.

Staff supervision, appraisal and induction, as discussed under Quality Theme 3 Statement .3, were all used as opportunities for the service to monitor staff performance and quality assure service provision. All staff were encouraged to identify any training which might improve performance within their role.

Training options were then discussed either at appraisal or supervision. The service was registered with the Protection of Vulnerable Groups Scheme which helped to ensure that staff were fit to practice.

The service was supported by a Board who had responsibility for overseeing the performance of the service. The members came from a range of professional

backgrounds, which allowed the service to benefit from the wealth of knowledge the members brought to the role.

The service compiled an Annual Report which reported on a range of performance issues including budgets.

The service was co-operative with the Care Inspectorate and supported us in carrying out our regulatory role.

### **Areas for improvement**

The service should continue to perform to the very good standard of practice it has established in relation to this statement. When reviewing any accidents or incidents they should refer to the Care Inspectorate notification system.

The service should continue to develop their monitoring and evaluation systems so that they can show how the support they offer has a positive impact on people who access the service.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## **5 What the service has done to meet any requirements we made at our last inspection**

### **Previous requirements**

There are no outstanding requirements.

## 6 What the service has done to meet any recommendations we made at our last inspection

### Previous recommendations

There are no outstanding recommendations.

## 7 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

## 8 Enforcements

We have taken no enforcement action against this care service since the last inspection.

## 9 Additional Information

## 10 Inspection and grading history

Date	Type	Gradings
17 Jul 2013	Announced (Short Notice)	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
19 Aug 2011	Unannounced	Care and support 4 - Good



		Environment Staffing Management and Leadership	Not Assessed Not Assessed 4 - Good
29 Apr 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
9 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 3 - Adequate 3 - Adequate
9 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 2 - Weak 1 - Unsatisfactory

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