

**EAST AYRSHIRE COUNCIL**  
**CABINET – 5 NOVEMBER 2008**  
**EAST AYRSHIRE WOMEN'S AID**

**Report by Director of Educational and Social Services**

**1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to advise Cabinet of the outcomes of the annual review of East Ayrshire Women's Aid and to approve future funding recommendations.

**2. BACKGROUND**

- 2.1 At Social Work Committee on 23 May 2002, it was agreed to transfer the funding of Women's Aid from Section 10 grant aid to mainline funding supported by the development of a Service Level Agreement.
- 2.2 In January 2003, Women's Aid received funding from the Scottish Executive to replace their refuge in Kilmarnock with a new facility offering 8 self contained flats for families fleeing domestic violence.
- 2.3 In February 2004, it was agreed at Education Committee to approve the findings of the Review of Women's Aid Services in East Ayrshire. This saw the Kilmarnock and Cumnock co-operatives merge their resources into one group to become East Ayrshire Women's Aid.
- 2.4 The responsibility for the supervision and monitoring of Women's Aid lies with Community Learning and Development.

**3. PROGRESS**

- 3.1 In 2007/08, 56 women and 85 children were admitted to East Ayrshire Women's Aid refuges. In addition to this a further 206 women have been supported by the organisation.
- 3.2 East Ayrshire Women's Aid is currently in discussions with Housing regarding the possibility of additional flats or houses being made available in the Cumnock and Doon Valley Area as alternative refuge accommodation.
- 3.3 Domestic Abuse Training in the past year has been delivered to 372 people from a wide range of organisation focussing on domestic, financial, elderly and single sex abuse.
- 3.4 Partnership working remains a strong element of the organisation with a number of partner's signposting to Women's Aid.

**3.5** A Care Commission Inspection Report in August 2008 noted that the six requirements set out in an earlier report had all been met. It also reported that East Ayrshire Women's Aid had achieved a very good grade in relation to the Quality Themes of; care and support, staffing, leadership and management.

#### **4. FINANCIAL IMPLICATIONS**

**4.1** In 2007/2008, East Ayrshire Women's Aid was awarded £288,840 through the Service Level Agreement.

**4.2** The funding recommended for 2008/09 which includes an inflationary uplift is £297,505

**4.3** In addition to the funding awarded through the Service Level Agreement, the organisation received £17,959 from the Scottish Government Women's Aid Fund for an Outreach Worker in Cumnock and Doon Valley. They also received £23,121 to deliver domestic abuse training through the Ayrshire and Arran Training Consortium.

**4.4** The organisation received Housing Benefit of £141,969 during 2007/8. Their Housing Benefit income varies with the occupancy levels of the accommodation that they provide. They also received Supporting People Funding of £168,310 during 2007/8. The 2008/9 housing support service budget allocation for Women's Aid is unchanged at £168,310 as no providers have received an inflationary uplift.

**4.5** It is recommended that a new Service Level Agreement for the period 1 April 2008 to 31 March 2011 is established with East Ayrshire Women's Aid.

#### **5. PERSONNEL IMPLICATIONS**

**5.1** Nil

#### **6. RISK MANAGEMENT IMPLICATIONS**

**6.1** A Service Level Agreement established with Women's Aid would clearly identify both the Council's and Women's Aid responsibilities.

#### **7. COMMUNITY PLANNING IMPLICATIONS**

**7.1** The aims and objectives of the organisations are compatible with East Ayrshire's Community Plan.

#### **8. LEGAL/POLICY IMPLICATIONS**

**8.1** The Service Level Agreement regulates the relationship between the Council and the voluntary/community organisation during the period for which funding is approved.

## **9. RECOMMENDATIONS**

**9.1** It is recommended that Members of Cabinet are asked to:

- (i) agree the development of a new Service Level Agreement with East Ayrshire Women's Aid;
- (ii) agree the recommendations for an annual award with inflationary uplift for 2008/09; and
- (iii) otherwise note the content of the report.

Graham Short  
Executive Director of Educational and Social Services

9 October 2008  
TW/DG

### **LIST OF BACKGROUND PAPERS**

1. East Ayrshire Women's Aid Service Level Agreement Annual Evaluation Report.
2. Care Commission Report – East Ayrshire Women's Aid, August 2008.

Members wishing further information should contact Tom Williams, Acting Head of Service: Community Support, Tel: 01563 576104.

**IMPLEMENTATION OFFICER: TOM WILLIAMS**



Department of Educational & Social Services  
Community Learning and Development

# East Ayrshire Women's Aid Annual Evaluation 2008

October 2008

## **EAST AYRSHIRE WOMEN'S AID** **ANNUAL EVALUATION REPORT**

### **Background Information**

East Ayrshire Women's Aid was formed in 2004 when Kilmarnock and Cumnock Women's Aid merged their operations. The organisation is managed by a collective and supported and supervised by Educational and Social Services Community Learning and Development. Although the organisation merged, both office bases and refuge facilities remained open to ensure that the services delivered to women and families suffering from domestic abuse were in no way diluted.

The collective consists of 16 members of staff and the breakdown of staff is as follows:

- Women's Aid Cumnock office has 4 full-time staff and 1 part-time member of staff and Women's Aid.
- Kilmarnock office has 7 full-time and 4 part-time members of staff. These figures include refuge workers, children's workers and staff in the Women's Centre.

The refuge in Kilmarnock offers 8 self contained flats for families fleeing domestic violence and in Auchinleck the refuge currently offers 8 bedrooms. There are currently discussions with housing on the possibility of Women's Aid renting additional houses/flats in the Cumnock and Doon Valley area as an alternative to refuge accommodation.

### **Service Level Agreement**

The organisation has fulfilled the requirements laid out in the existing SLA schedule. The organisation have recognised changing needs in society and to this end in conjunction with Community Learning and Development adapted the schedule to address current needs.

### **Service Usage**

The number of women/families using the centre is outlined in the following chart. The chart shows the development statistics over the past four years where evidence was gathered. The number of women using the service was not gathered in 2004/05 – 2005/06 the only numbers recorded at this time were contacts. A more robust method of counting service users was put in place for the year 2006/07.

	2004/5	2005/6	2006/7	2007/8
Number of women	-	-	229	262
Number of contacts*	4798	3976	2658	3549
Number of requests for refuge accommodation	288	260	213	170
Number admitted to own refuge	103	66	72	56
Number turned away due to lack of space	72	90	69	76

	2004/5	2005/6	2006/7	2007/8
Number offered space who did not take up space	22	41	51	6
Number for whom refuge is inappropriate	19	15	4	3
Other/don't know	72	48	17	29
Children admitted to refuge	135	99	103	85
Number of children turned away due to lack of space	67	65	62	60
Information and support only	2867	2677	2445	3379

\* included refuge, Women's Centre and on-call contacts from 2004 – 2006

### **Data Collection**

Whilst carrying out this evaluation it was recognised by both the organisation and by Community Learning and Development that the statistics collated were presented in a confusing manner. The organisation, with support, will examine ways in which the information may be better presented.

The information available highlights the fact that the demand for refuge places cannot always be met. The organisation would in such cases link to other providers out with East Ayrshire.

### **Training**

Domestic Abuse Training is offered to a wide range of agencies and the following table reflects the take-up of these opportunities. The training is funded through the Domestic Abuse Training Consortium. The training offered covers all aspects of domestic abuse training including financial abuse, elderly abuse, and single sex abuse.

### **Domestic Abuse Awareness Training**

Department/Agency	Numbers Attending 2007/08
Educational & Social Services E.A.C.	162
Neighbourhood Service E.A.C.	24
E.A.C. (other)	60
Ayrshire & Arran Health Board	89
Strathclyde Police	2
Community Organisations	35
<b>Total Trained</b>	<b>372</b>

### **Partnership Working**

East Ayrshire Women's Aid work in Partnership with a wide range of agencies and organisations including East Ayrshire Council, Strathclyde Police, Ayrshire & Arran Health Board, Community Organisations, Victim Support, East Ayrshire Volunteer Centre, The Rape Counselling and Resource Centre, Domestic Abuse Unit and the

Domestic Abuse Forum. In addition to this partnership working the project; through the Domestic Abuse Forum, also work in Partnership with the Procurator Fiscal office and the Children’s Reporters Administration.

Council departments working with Women’s Aid on a regular basis include:

- Community Learning & Development staff and groups.
- Social Work staff and clients
- Community Safety Staff
- Housing Staff
- Leisure and Recreation staff

The project offers training opportunities to all partners and many council departments refer service users to Women’s Aid.

### **Service Objectives**

Apart from offering the local support services to women suffering domestic violence the group also adhere to national guidelines as laid out by the Scottish Women’s Aid. The group have and continue to meet the requirements of the National Standards, and have achieved Investors in People recognition.

The aims and objectives of the project have been developed through consultation with service users, and currently have a draft participation strategy out for consultation with service users.

### **Funding**

Women’s Aid has a Service Level Agreement with the Council and has continued to develop services in line with the agreed schedule.

The following grid outlines all grant contributions over the past year and projected expenditure is:

Employee Costs	£411084.45
Property Costs	£120035.02
Supplies and Services	£ 54,052.87
Administration Costs	£ 19,169.71

All other monies are ring fenced for specific areas e.g. Training, Children’s Workers etc.

Funding Body	Amount Received
East Ayrshire Council	£288,840.00
Housing Benefit	£141,969.36
Supporting People Funding	£168,310.56
Scottish Government Women’s Aid Funding (Outreach Children’s Worker Cumnock & Doon Valley)	£17,959.46

Ayrshire and Arran Training Consortium Domestic Abuse Training	£23,121.00
<b>TOTAL</b>	<b>£640,200.38</b>

The organisation continue to attract funding from other sources to provide activities and services not laid out in the schedule e.g. play schemes and equipment for children living in the refuge.

### **Monitoring & Evaluation**

The project submits an Annual Report to the Care Commission and to East Ayrshire Council, including a full audited statement of accounts. The accounts are currently being audited for presentation to the collective this is expected to take place in early November.

Community Learning and Development are the supervising department for the organisation, and meet with the collective on a regular basis. The organisation have participated in joint training events with the department and are currently developing a pack on domestic abuse which will be delivered to youth clubs throughout East Ayrshire.

The project monitors service users on an ongoing basis the results of which are used in Strategic Planning on an annual basis.

The project have recently been inspected by the Care Commission, this was an announced inspection which took place during a short period in July and August 2008. This report was very positive in relation to both policy and practice within Women's Aid and is available to view on [www.carecommission.com](http://www.carecommission.com) under section 'The Law'.

The inspection reported on how this service was performing in relation to the Quality themes. The organisation received a score of 5 – very good in each inspected area.

- Quality of Care and Support
- Quality of Staffing
- Quality of Leadership and Management

Within the above themes the relevant National Care standards were also considered.

During the last Care Commission inspection in 2007 6 requirements were made and during this inspection it was found that all six requirements have been met. Three recommendations have been made by the Care Commission to enhance and develop the organisation in relation to quality. Women's Aid will submit an action plan to take forward the recommendations contained in the report.

## **CONCLUSION AND RECOMMENDATIONS**

East Ayrshire Women's Aid continues to provide a valuable service to vulnerable women and children in East Ayrshire. The Care Commission Report recognises the work down by the organisation in relation to quality, staffing, leadership and management, and this is reflected in the Care Commission Report.

The organisation has achieved the aims set out in the previous Service Level Agreement and it is therefore recommended that:

- A new Service Level Agreement is established with East Ayrshire Women's Aid.
- An award of £297,505 is made to allow the organisation to continue to deliver services within East Ayrshire.
- An Action Plan be prepared to take forward the recommendations highlighted by the Care Commission.



**Janice Harrison  
Team Leader  
Community Learning and Development  
Kilmarnock North & Northern Area Team  
North West Area Centre  
Western Road  
Kilmarnock  
KA3 1NQ**

**Department of Educational & Social Services:  
Community Learning and Development**

# East Ayrshire Womens Aid

**Service name**

East Ayrshire Womens Aid

**Service address**

10 Croft Street  
Kilmarnock  
KA1 1JB

**Type of care service**

Housing Support Service

**Provider name**

East Ayrshire Womens Aid

**Service number**

CS2004057265

**Date Inspection Completed**

01/08/2008

**Type of inspection**

Announced

**Care Commission Office**

South West Region  
Sovereign House  
Academy Road  
Irvine  
KA12 8RL

**Period since last inspection**

11 months

## Introduction

East Ayrshire Women's Aid was registered as a Housing Support Service by the Care Commission on 20 December 2004. They provide support, information and refuge to women, children and young people who have experienced or are experiencing domestic abuse. The service is provided by a collective group who also work directly as staff with service users. The main office base is in the town of Kilmarnock. An advice centre is also provided. The service is affiliated to Scottish Women's Aid. Additional services for children were provided for refuge support, follow on and outreach. At the time of the inspection an interim manager had been appointed and was still in place.

East Ayrshire Women's Aid say about their aims and objectives:

- 'Our aims & objectives have been developed from listening to you the service user and what you feel is most important to you. East Ayrshire Women's Aid understands the importance of being listened to, being believed and not being judged. We also understand that it is crucial that you know that there is a way out of abuse and that you do have choices. East Ayrshire Women's Aid has a philosophy of empowerment as we recognise that a major aspect of abuse results from loss of control. That is why we will give you support for what your wishes are and to allow you to regain autonomy of your life. The core values under which we work have developed from what service users have told us would be most helpful to them'.

Service users and their families can access the housing support service in various locations. An 'out of hours' emergency on call service is available.

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

Quality of Care and Support - Grade 5 – Very Good

Quality of Environment – Not applicable.

Quality of Staffing - Grade 5 – Very Good

Quality of Management and Leadership - Grade 5 – Very Good

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website ([www.carecommission.com](http://www.carecommission.com)) for the most up-to-date grades for this service.

## Basis of Report

This report was written following an announced inspection which took place during two weekday visits to the service's office base from 10.00am till 3.00pm on 23 July 2008 and 10.00am till 2.00pm on 1 August 2008.

## **Before the Inspection**

### **The Annual Return**

The service submitted a completed Annual Return as requested by the Care Commission.

### **The Self-Assessment Form**

The service submitted a self-assessment form as requested by the Care Commission.

### **Views of service users**

The inspector spoke with three service users and seven Care Commission service user questionnaires were returned prior to the inspection. The manager also provided access to information from questionnaires issued by the service to service users which commented on the quality of the care and support for service users.

### **Regulation Support Assessment**

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA. This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

## **During the inspection process**

### **Staff at inspection**

The inspection was conducted by one Care Commission Officer, Nancy Syme.

### **Evidence**

During the inspection visits evidence was sampled from a number of sources including a review of a range of policies, procedures, records and other documentation:

- draft participation strategy
- quality assurance audit – 'Planning for Quality'
- quality assurance audit - 'Improving outcomes for children and young people experiencing domestic abuse'
- 'Investors in People Scotland' - Report April 2008
- East Ayrshire Women's Aid Annual Report 2005-2006
- 'Quality of Service' statements for service users
- policy questionnaire – staff February 2008
- collated evaluations by service users – housing support - adults and children
- collated evaluations by service users – office services
- accommodation proposals - changes
- child protection policy
- protection from abuse policy for adults

- risk assessments
- registration and insurance certificates
- staff training and induction programmes
- service information pack
- staff and service user meeting minutes
- personal planning
- East Ayrshire Women's Aid questionnaires from service users
- Care Commission questionnaires returned by staff
- Care Commission questionnaires returned by service users
- complaints procedure
- complaints records
- staff monitoring
- incident reports

Discussion took place with the interim manager and 3 staff members. All of the above information was taken into account during the inspection process and was reported on.

#### **Inspection Focus Areas and links to Quality Themes and Statements for 2008/09**

The Care Commission Officer took all of the above into account and reported on how this service was performing in the Quality Themes:

- Quality of Care and Support
- Quality of Staffing
- Quality of Management and Leadership

Within the above Quality Themes relevant National Care standards for National Care Standards for housing support and the Inspection Focus Area of Notifications to the Scottish Social Services Council was considered. The inspection also took account of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at: <http://www.carecommission.com/>

#### **Fire Safety Issues**

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

## Action taken on requirements in last Inspection Report

Six requirements were made at the last inspection, all relating to the 2007 Inspection Focus Area of Adult Protection and changes in the legislation associated with this:

1. Individualised Risk Assessments related to restraint should be developed to ensure service users' needs are met.  
This is in order to comply with SSI 2002/114 Regulation 4(1)(a)(c) – a requirement that providers shall make proper provision for the health and welfare of service users and ensure that no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances. . Timescale agreed: 3 months from the receipt of this report.

Progress made by this inspection: The initial assessments for every service user accessing the refuge services had been revised. These now include an assessment of risk related to behaviour where this is needed. This requirement is met.

2. The provider must ensure that service users' initial assessments and reviews in relation to restraint detail their abilities and needs in consideration of the use of compulsory powers, (Mental Health (Care and Treatment) (Scotland) Act 2003) and the ability of the individual to consent (Adults with Incapacity (Scotland) Act 2000).  
This is in order to comply with SSI 2002/114 Regulation 4(1)(a) – a requirement that providers shall make proper provision for the health and welfare of service users. Timescale agreed: 3 months from the receipt of this report.

Progress made by this inspection: Any issues related to this legislation and service users' mental health and wellbeing were addressed as needed. This requirement is met.

3. Staff must receive appropriate training, assessment and record keeping associated with restraint.  
This is in order to comply with SSI 2002/114 Regulation 13 – a requirement that a provider shall, having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of the service and ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform. Timescale agreed: 3 months from the receipt of this report the provider will have investigated sources of training and negotiated access to a programme of staff training in restraint, assessment and record keeping.

Progress made by this inspection: Staff had been trained in the use of service's procedures for assessment and recording. This requirement is met.

4. Staff must receive appropriate training in safe techniques of physical restraint.  
This is in order to comply with SSI 2002/114 Regulation 13 – a requirement that a provider shall, having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of the service and ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.

Timescale agreed: 3 months from the receipt of this report the provider will have investigated sources of training and negotiated access to a programme of staff training in direct physical restraint.

Progress made by this inspection: All staff had completed 'Non violent crisis intervention' training. The service had amended their challenging behaviour policy in that should any service user present with behaviour needing physical restraint, then training in these techniques will be provided for staff who will be working with this service user. This requirement is met.

5. The provider must develop an Adult Protection/Adult Abuse policy to meet the needs of its service users.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) – a requirement that providers shall make proper provision for the health and welfare of service users. Timescale agreed: 4 months from the receipt of this report.

Progress made by this inspection: This policy is being developed at a national level by Scottish Women's Aid and will be adopted by East Ayrshire Women's Aid when the policy is finalised. This requirement is met.

6. The provider must ensure access to appropriate training in adult abuse issues and use of associated policy and procedures to all staff with access to service users.

This is in order to comply with SSI 2002/114 Regulation 13(c) – a requirement to ensure that person employed in the provision of the care service receive – (i) training appropriate to the work they are to perform. Timescale agreed: 4 months from the receipt of this report the provider will have investigated sources of training and negotiated access to a programme of staff training in adult abuse issues and use of associated policy and procedures

Progress made by this inspection: A programme of training was being delivered at the time of the inspection. This requirement is met.

### **Comment on Self-Assessment**

The service undertook a self assessment based on three Quality Themes, each of which had a range of statements which were referenced to the National Care Standards for care at home. The self assessment was fully completed to a very good standard and provided a wide range of evidence to support and validate the self assessment. This evidence was indicative of the service's performance in each of the Quality Themes and Statements sampled for this inspection.

### **Views of Service Users**

Three service users spoke with the inspector during the inspection visits. They gave very positive comments on the way that staff had supported them during their contact with the service. These service users were happy for their comments to be used. Extracts can be found in the relevant sections of this report.

Seven Care Commission questionnaires were returned for this inspection from service users. The results were collated and gave the following results:

- Six service users confirmed that they were either satisfied or very satisfied overall with the quality of the service.
- Five service users were satisfied or very satisfied that staff treated them with respect. One service user was very dissatisfied.
- Five service users were satisfied or very satisfied that staff have skills and experience to meet their needs. One service user was very dissatisfied.
- Six service users confirmed that they had a written personal plan from the service and nine service users agreed that these plans detailed the agreed care and support.
- Five service users confirmed that they were either satisfied or very satisfied that they got the agreed care and support. One service user was very dissatisfied.
- All service users confirmed that they knew that service had a complaints procedure.
- Six service users confirmed that they would feel comfortable about making a complaint or raising a concern about the service if they needed to.
- Three service users confirmed that they were either satisfied or very satisfied with how a complaint was handled.

Evidence of service users' written feedback either given directly to the service or to the Care Commission is included in the relevant sections of this report.

### **Views of Carers**

Carers include parents, guardians, relatives, friends and advocates etc.

Not applicable for this inspection.

### **Quality Assessment Framework Themes and Statements**

#### **Theme - Quality of Care and Support**

#### **Overall CCO Theme Grade - 5 - Very Good**

**Quality Statement 1.1**      **We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.**

#### **Strengths:**

Sampling for this statement provided very good evidence that participation by service users and their families was established as a regular component of care and support. The service had all the structures of an effective participation strategy in operation. There had been a very thorough programme of canvassing the views of all service users and their children who were accessing all areas of the organisation. They had been asked to evaluate all aspects of the care and support that they received. Responses to

the service's own questionnaires had been very positive. All adults who responded to the service confirmed that they considered their care and support to have been good, very good or excellent with the majority scoring towards excellence. These service users wrote:

- 'Made to feel very welcome and relaxed'.
- 'We have had no problems at all and have a good time living here'.
- 'Coming in to see someone without an appointment is good'.

Parents were asked by the provider about the quality of care and support for their children. They said:

- 'I think the service is great and it's good for young children to have this group'.
- 'I think all the family have benefited from my child going to the group, we have all learned to talk to one another and express our feelings and I think that's been a huge benefit'.

Children's feedback to the service confirmed that they were comfortable with the staff and the support they received. They felt safe and enjoyed their activities:

- 'I enjoy going to the group because we can talk to other people about my experiences'.
- 'I also have made new friends here'.
- 'I think the group is fab'.
- 'The only thing I want to improve is that we obey the rules more'.

The existing opportunities for service users to voice their views had been further improved. Evaluations had been increased in frequency. An annual 'Focus Group Meeting' was a recent innovation whereby service users who were using or had used the service could reflect on their experiences and discuss how improvements could be made. Advocacy was very well supported and focussed on empowering service users to fully participate in the planning, delivery and review of their care and support. External agencies such as health, education, housing and benefit services were closely involved, where wished by service users, in these processes. Information, both written and verbal, was very good and ensured that all service users knew their rights and responsibilities whilst using the service. The right to complain or to make comment was promoted. At each stage of their support process, service users were encouraged to participate in ongoing evaluation of the quality of their care. Service users in refuge had weekly house meetings.

The Care Commission questionnaire returns had been mainly very positive. Service users also commented to the inspector about how they participated in improving their care and support and how they felt included:

- 'We have a meeting with the staff and are asked if there is anything they can do better'.
- 'They offer - you don't need to ask. This is just like a big family. We always include new people and support each other'.
- 'I am very glad that there are people to support me through the hard time I have had. It is much appreciated, thanks to everyone'.
- 'Thank you so much for the great support I receive'.

**Areas for Improvement:**

Improvements had been identified by the service for this Quality Statement:  
'In addition to the yearly evaluation, carry out two random snapshot evaluations. Include service users in the production of Annual Report'

Written information was not yet available on the participation strategy for service users (see recommendation 1).

The staff working with children and young people would find it useful to review their assessment, recording and planning in line with the latest Scottish Government strategies. 'Getting it right for every child' (GIRFEC) is a national approach to help all professionals supporting children and young people in Scotland. Assessment is For Learning (AIFL) provides resources for children and young people to participate in improving the quality of their experiences.

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>1</b>

**Theme - Quality of Care and Support**

**Overall CCO Theme Grade - 5 - Very Good**

**Quality Statement 1.2      We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential**

**Strengths:**

Sampling for this statement provided very good evidence of the service's commitment to ensuring that their service users had the necessary support to make sure their choices were known and acted upon. The system of support planning had been further revised and improved since the last inspection. The manager and staff demonstrated a very good understanding of the changing needs of women and families seeking their services. Staff recognised the increasing role that external agencies had in support planning and delivery. Clear information was provided on confidentiality and the limits placed upon this by any child protection concerns. Service users were well informed about other support agencies and organisations that may assist in their care or provide assistance. Advocacy and other information were available in languages other than English. Written service and occupancy agreements were in place. The welcome pack advised of local resources and services. Staff took the time to find out about the preferences, interests and needs of each service user and their children. Time was preserved for each service user and their key workers to have 'one to one link up'. The 'Women's Centre' and other follow on and outreach services provided a continuing support for service users and their families beyond their housing support. Feedback to the service about the support given to service users in making choices was very positive. Service users overwhelmingly considered that their needs had been met for information about available choices, they had been made welcome, had time to discuss issues and knew the terms of service use.

- 'I can't fault the follow on service as I couldn't have had any better support from (named) and everyone at Women's Aid'.
- '(Named) went out of her way to help me with what I needed to get done'.
- 'The service offered was what I needed and it was most welcome'.
- 'My child knows they can talk to the children's worker without any problems'.
- 'The staff were very knowledgeable'.
- 'Very helpful to talk to, really listened to me'.
- 'Made to feel very comfortable in the office'.
- 'A great deal of help for my physical and emotional needs'.

**Areas for Improvement:**

Improvement had been identified by the service for this Quality Statement:

'Gather specific information on places of worship and information on where specialist food can be sourced, add into welcome pack'.

Feedback from the service's own questionnaires from users of the Women's Centre had identified the development of a crèche service as desirable.

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>0</b>

**Theme - Quality of Staffing**

**Overall CCO Theme Grade - 5 - Very Good**

**Quality Statement 3.1**      **We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.**

**Strengths:**

Sampling for this statement provided very good evidence that service users and their families could participate in improving the quality of staffing. Service users and their families were encouraged and assisted to make comments or complaints about staffing. Staff were accessible to service users and details of their roles, responsibilities and duties were published weekly. Service users could make direct verbal comments about their experiences to staff either individually or in group meetings. The service was responsive to complaints. Written feedback via the service's own service questionnaires confirmed that staff were well regarded and met the expectations of service users (see Quality Statement 1.1). An example of the service acting on feedback resulted in staff making improvements to resources available for mothers with very young children. Training for staff had been consistently improved in response to the needs of service users and their children. Staff delivered training on the work of their service to other local organisations such as health and police. Access to qualifications was ongoing and staff were preparing for registration with the Scottish Social Services Council when appropriate. The current staff team had a wide range of qualifications and skills appropriate to

their work remits. Very good evidence was provided that staff contributed, via their feedback, to improving the quality of their work with service users. Staff were well informed on new legislation and best practice. Service users spoke warmly about the staff with the inspector and wrote in the service's own questionnaires:

- 'I am confident in the abilities of the staff. We all feel safe. Measures are taken to protect us'.
- 'I have heard the staff talk about training - they get SVQ's'.
- 'Staff very helpful and I could take my kids into the chat'.
- Staff put me at ease immediately and I felt relaxed enough to talk and explain what was happening to a sympathetic person'.
- 'The staff have been excellent, they have made me come back to the person I used to be'.
- Children found the staff friendly and wrote about them in their questionnaires:
- 'Everything is fine but I wish one of the (children's) workers could stay in refuge'.
- 'The people are really nice'.

One recommendation was made at the last inspection in relation to staff training:

- The provider should develop a training needs analysis which reflects the aims and objectives of the service and takes account of service users' needs.

National Care Standards for housing support: Standard 3: Management and staffing arrangements.

The provider had acted on all this recommendation and compiled an appropriate training needs analysis.

#### **Areas for Improvement:**

The service had not yet developed structures to involve service users in staff recruitment. This was seen as a desirable improvement by the service and should be taken forward: 'East Ayrshire Women's Aid will look at ways to involve service users in the recruitment of staff. We will investigate other models of recruitment with the aim of implementing procedures which give service users the opportunity to engage with the service during the recruitment process'.

The staff working with children and young people should investigate resources and training linked to the latest childcare strategies from the Scottish Government. This would include 'Getting it right for every child' (GIRFEC): a national approach to help all professionals supporting children and young people in Scotland and Assessment is for Learning (AIFL): an evaluation of quality in services for young children (see recommendation 2).

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>0</b>

## Theme - Quality of Staffing

### Overall CCO Theme Grade - 5 - Very Good

**Quality Statement 3.4** We ensure that everyone working in the service has an ethos of respect towards service users and each other.

#### Strengths:

Sampling for this statement provided very good evidence that staff were encouraged and expected to respect service users and each other. The underpinning policies of the service, both national and service specific confirmed their commitment to their 'philosophy of empowerment' (see the 'Introduction' section of this report). Staff had received training in the protection of vulnerable adults and service policies and procedures relating to this were being finalised (see the section 'Action taken on requirements in last Inspection Report'). Appropriate risk assessment and care planning procedures were used to identify where service users needed additional support. Service users and staff who spoke with the inspector were well informed on the National Care Standards. Induction for new staff was very good. Staff who spoke with the inspector confirmed that this had included time to familiarise themselves with the service's policies and procedures. Staff and service users had very good opportunities to meet together and discuss day to day or specific issues. Time was given to staff for building relationships with service users and 'shadowing' experienced staff. One staff member said:

- 'The interagency child protection training was the best I had ever had. This has improved the way I work with my families. My reports are accepted and I am listened to'.

Service users spoke about how they were treated by the staff with the inspector:

- 'We trust the staff here with our confidentiality; we are protected and can speak freely'.
- 'We are given personal support and confidence'.
- 'Everyone is treated fairly- never judged'.
- 'I had an advocate but now I go to the staff directly'.
- 'Staff are great, they know me as a person.'

Four recommendations were made at the last inspection in relation to service user protection in response to changes in legislation such as the Adult Support and Protection (Scotland) Act 2007:

- The provider should establish a distinct restraint policy, procedures and records.
- The provider should include reference in the Adult Protection Policy that concerns will be referred in line with East Ayrshire Inter-Agency Adult Protection procedures.
- The provider should use the documents 'Children's Charter' and the 'Framework Standards for Child Protection' to enhance evaluation processes of the effectiveness of interagency and multi agency work in protection of children and young people.
- The provider should update the child protection statement to inform of the service's intention to report serious concerns via the appropriate

interagency guidelines.

National Care Standards for housing support: Standard 3: Management and staffing arrangements.

These recommendations had all been actioned by the provider. The service's challenging behaviour policy had been updated to include reference to the restraint policy, procedures and records. Staff who worked with children and young people were well informed about all aspects of good practice in child protection. The child and adult protection policies had been amended to include additional information on including the local authority in any concerns or action.

**Areas for Improvement:**

An improvement was identified by the service to be progressed for this quality statement:

'Staff to undertake equality and diversity training. Develop staff questionnaire in relation to both care standards and codes of practice (see recommendation 2).

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>1</b>

**Theme - Quality of Management and Leadership**

**Overall CCO Theme Grade - 5 - Very Good**

**Quality Statement 4.1**      **We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.**

**Strengths:**

Sampling for this statement provided very good evidence that service users and carers were central to the service's quality assurance processes. For example improvements to some refuge accommodation were prompted by changes in legislation for Houses in Multiple Occupation (HMO). Service users had very good input to the development of these improvements. A specific consultation on refuge accommodation had identified improvements both necessitated by legislation and seen as desirable by service users. The service was undertaking an investigation on the cost and benefits to progress these improvements. Analysis of day to day practice and interaction with service users was used to inform improvement, training priorities and outcomes. A system of peer review was being developed to help staff improve the way they worked with service users and each other. Feedback from service users confirmed their satisfaction with the way their care and support was delivered and managed (see Quality Statements 1.1 and 3.1). The majority of service users who had responded with Care Commission

questionnaires were either happy or very happy overall with the quality of the service (see 'Views of Service Users' section of this report). Staff had a very positive view of their service (see 'Other Information' section of this report). The service was proactive in enabling service users' involvement in the inspection processes of the Care Commission. Access was provided to current and past inspection reports. Service users were able to contribute to the management of the service. This was confirmed via discussion between the inspector and service users and in the service's own questionnaires:

- 'We have a users' group with a voice and a vote'.
- 'There are house meetings - once a week. We get updates on what's happening and can discuss activities and how problems will be solved. I was a surprise how much they can help'.
- 'There is always someone there to listen and help with any problems. Staff give a first class service which would be hard to improve'.
- 'I find it hard to see how the service can be improved, the children's worker is fantastic with the kids and notices immediately if something is wrong and helps them deal with it'.
- 'I have found it excellent, Women's Aid have been a lifeline to me'.
- 'Found the staff and the service very useful, everything was explained clearly'.

#### **Areas for Improvement:**

An improvement was identified by the service to be progressed for this quality statement: 'Develop participation strategy'.

Service users had very good involvement in the process of inspection. Their feedback on inspection reports could be used in quality assurance and give a basis for comment on management and leadership (see recommendation 3).

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>1</b>

#### **Theme - Quality of Management and Leadership**

#### **Overall CCO Theme Grading - 5 - Very Good**

**Quality Statement 4.4**      **We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.**

#### **Strengths:**

Sampling for this statement provided very good evidence that effective quality assurance systems were being implemented. Active participation by service users and their children in assessing the quality of their care was well established and evidencing processes had been developed. Monitoring, assessment and evaluation processes had all been reviewed and improved since the last inspection. The involvement of service users and their children

in improving quality was clearly evidenced. Internal and external quality assessment tools had been used. The service successfully continued to meet the required standard for 'Investors in People Scotland', a business improvement framework. Their report (April 2008) praised the service and found significant strengths in their management and quality assurance. The 'increased professionalism of management' was identified and their effective learning and development strategies. Financial audits and reports were regularly submitted for funding streams. Self-audits had been completed on 'Improving outcomes for children and young people experiencing domestic abuse', 'Planning for Quality', training and staff knowledge of National Care Standards, the regulations associated with the Regulation of Care Act (Scotland 2001), other relevant legislation and the service's own policies. Scottish Women's Aid, the service's national support organisation, also contributed to monitoring and audit processes. The outcomes of all these audits clearly evidenced a strong commitment to continuous improvement. A comprehensive action plan for the next year of operation had been devised to continue building on current very good practice. The service demonstrated a very good awareness of current resources available to voluntary organisations for quality development and assurance. Exit evaluations by service users were also conducted as part of quality evaluation. A sampling of these confirmed satisfaction with all elements of the service provided to those service users. The service had engaged fully with the Care Commission's aim to drive quality improvement via their Quality Assessment Framework. Preparation for this inspection was thorough and a wide range of evidence had been collated. The manager understood the terms and processes associated with making appropriate notifications to both the Scottish Social Services Council and the Care Commission. The service understood and was planning for how recent changes in the legislation for voluntary organisations will affect the structure of their organisation.

#### **Areas for Improvement:**

An improvement was identified by the service to be progressed for this quality statement: 'Develop quality assurance system for service users. Use annual focus group in August 08 as tool for developing service user forum'.

<b>CCO Grading</b>	<b>5 - Very Good</b>
<b>Number of Requirements</b>	<b>0</b>
<b>Number of Recommendations</b>	<b>0</b>

#### **Enforcement**

There has been no enforcement action against this service since the last inspection.

#### **Other Information**

Three staff were interviewed by the inspector. Their feedback on the service and the support they received in their professional development was positive.

Eight staff had returned Care Commission questionnaires giving their views on

aspects of the service. Staff confirmed knowledge of policies and procedures and that training was available. Opportunity to meet up with other staff was provided and supervision formed part of staff development. Staff confirmed their involvement in support planning and that they had the necessary materials for the job. Staff who responded all felt safe at work. They had all been provided with a copy of the Scottish Social Services Council code of conduct. Service users were considered by staff to receive a good standard of support. Written comments included information about training and support for staff and service users:

- 'Training is available to all staff members'.
- 'Updated First Aid'.
- 'To attend non violent intervention'.
- 'Accessing training on addictions'.
- 'Any training identified by either myself or the collective will be considered'.
- 'Domestic abuse training, child protection, 1st Aid at work, prevention education'.
- 'Great support for staff and users. There are lots of training opportunities for a variety of qualifications. We have mentoring days, support and supervision and appraisals. There are weekly workers' meetings and monthly full collective meetings'.
- 'East Ayrshire Women's Aid works hard to provide staff with tools required for the job. I believe service users are provided with good support'.

## Requirements

A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

None

## Recommendations

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, codes of practice and recognised good practice.

1. Ongoing development of the participation strategy should include a written policy or statement for service users to clarify how they can influence and improve the service.  
National Care Standards for housing support: Standard 8: Expressing your views
2. The areas for development noted in this report and in the service's self-assessment document should be progressed to build on the existing very

good practice. The provider should continue developing the planned quality assurance system.

National Care Standards for housing support: Standard 4.4: Management and staffing arrangements

3. An effective method should be devised whereby service users and carers can comment on the results of the service's inspection to contribute to self assessment and quality improvement processes.

National Care Standards for housing support: Standard 8: Expressing your views

### **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension where requirements and recommendations have been made, will result in the Care Commission re-grading the Quality Statement within the Management and Leadership Theme as Unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

This report was written by Nancy Syme, Care Commission Officer

Date: 04/09/2008

Further information about the Regulation of Care (Scotland) Act 2001, can be found on the Care Commission web-site, under the section 'The Law'.  
[www.carecommission.com](http://www.carecommission.com)

