

Adult Services, Resources - Housing Support and Care At Home Service Housing Support Service

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About the service

Adult Services, Resources - Housing Support and Care at Home provides a combined housing support and care at home service for people living in their own tenancies. The service is provided by Fife Health and Social Care Partnership.

The service is registered to provide care and support to adults with learning disabilities, adults with mental health problems, adults with physical disabilities and to other vulnerable adults. People using the service are supported for up to 24 hours per day depending upon an assessment of their needs.

The service is provided to people living across West and Central Fife. We visited people using the service in Dunfermline, Cowdenbeath, Kirkcaldy and Glenrothes during the inspection.

About the inspection

This was a full inspection which took place between 24 June and 10 July 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and one of their relatives;
- spoke with 14 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People were supported with dignity, respect, kindness and compassion
- Quality assurance and improvement was led well. This improved people's outcomes
- Staff had access to a wide range of learning resources which ensured people's changing needs were met.
- People were being supported to take positive risks. This led to a reduction in restraint and restrictive practice
- People and/ or the representatives should be involved in developing and reviewing their personal plan.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

In order to evaluate whether people's health and wellbeing benefitted from their care and support, we took people's physical, emotional and psychological health into account.

We spent time with people using the service during the inspection. People were supported by staff during our visits. This provided opportunities to observe the interactions between people and the staff supporting them. This included frontline support staff and members of the leadership team. We observed staff supporting people with kindness and compassion. It was apparent that warm and trusting relationships had been formed. We noted the enabling and empowering language and approaches used by staff who ensured people spoke for themselves whilst advocating for people as necessary.

People told us they were treated with dignity and respect. Staff asked permission to open cupboards and doors and supported people to make as many choices and decisions as they could. People told us they felt "in charge" in their own homes during support.

People told us they were supported to keep in touch with important relatives and friends in ways that they preferred. People's representatives told us they were kept up to date with plans, changes or concerns. They said staff were approachable and supportive. This provided them with peace of mind.

People had access to all relevant health and social work professionals with ongoing input from Fife's community learning disability team as required. Staff knew people well. This meant staff picked up changes or concerns quickly. As a result, referrals to professionals were both proactive and reactive as appropriate. Professionals were very positive about the service people received. They told us staff were knowledgeable and implemented their advice and guidance whilst being confident to provide feedback and make suggestions.

People were supported to maintain existing skills and develop new skills and strategies. Step by step approaches were used to ensure support was consistent and person-centred. People met with staff to discuss and plan outcomes they wanted to achieve. People we met with had been supported to manage their own medication, enjoy holidays and have increased unsupported time. This strengths based approach increased people's independence, self esteem and self-confidence. This had a positive impact on people's social, emotional and physical health.

People received safe support with medication. Policies and procedures were in place to guide staff's practice. Staff carried out daily, weekly and monthly checks and audits to ensure people received their medication as prescribed. Some people were supported to self-medicate which improved people's outcomes. Staff recorded the administration of medication and end of shift checks ensured medication was not missed. This ensured people's health, safety and wellbeing. The provider should ensure people's medication is stored safely in their space rather than in staff areas.

People told us there was a reduction in the restraint and restrictions they were subject to. This was confirmed by the restraint reduction statements and plans that had been developed since the last inspection. The provider developed learning resources and support to increase staff's awareness and understanding of restraint, restrictive practice and people's rights. The provider had also developed their approach to identifying and managing risk. People were supported to take positive risks and this enabled them to make achievements and future plans. This was a real move forward and the reduction in restraint and restrictive practice would not have been possible without these improvements. People told us they felt they were moving forward with their lives. People were shopping independently or moving towards this which helped people build relationships and a valued community presence in their local area. People told us their outcomes and quality of life had improved.

People supported to spend their time in ways that were meaningful and purposeful for them. Support was both person-centred and person-led. This meant people could enjoy social and leisure activities in their homes or in their communities. People were happy to live their lives at their own pace.

The provider should continue to develop understanding and practice in reducing restraint and restrictive practice. This should include evidence of regular review and the impact on people's outcomes.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People using the service and their representatives were very positive about the service's leadership team. People told us service leaders were visible in local offices. This meant they were available to provide support and guidance. People enjoyed visits from members of the leadership team. This also helped maintain relationships. People's representatives found members of the leadership team approachable and supportive. They were confident that any issues or concerns they raised would be addressed quickly and effectively.

Staff were equally positive about the support they received from the leadership team who were always ready to listen. Staff appreciated the flexible approaches that tried to accommodate staff's personal commitments and requests where possible. Staff felt the leadership team understood the complexities of frontline worker's roles and displayed empathy and provided solutions based support.

Support for staff wellbeing was a key focus and was one of the providers strengths. Examples included the provision of debriefing sessions following incidents, regular development days for teams and access to specialist support. Staff told us they felt valued and in some instances, this support had enabled individual members of staff to continue in their roles.

Quality assurance and improvement was led well and was the responsibility of staff members and the quality assurance team. Audits were carried out by social care workers and senior social care workers including support with medication, support with finances and health and safety. Audits were informed by comprehensive policies, procedures and guidance. We noted areas for improvement were identified and addressed promptly. Senior social care worker audits continued to focus on quantity driven information as opposed to ensuring people using the service experienced good outcomes. We were satisfied that work was underway to make the necessary improvements.

We met with the quality assurance team during the inspection. This is a growing team, which provided evidence of the importance of quality assurance and improvement to the provider. We acknowledged the improvement in quality assurance in the service which was largely driven by the quality assurance team. The focus on improving people's outcomes was apparent and we look forward to evaluating the impact of further and future developments.

A quality assurance online site was available for staff. This provided access to resources, guidance and support to inform staff's practice and knowledge and improve people's experiences.

A comprehensive service improvement plan was developed. This was a live document that was kept up to date. We noted that progress was being made across the majority of areas which were prioritised. For example, improving the involvement and participation of people using the service and/ or their representatives. People told us they met with their key workers to discuss their service. However, records of meetings should be kept as evidence of meetings, discussions and decisions made. The provider should also ensure people are asked how their service can be improved.

Staff had completed a survey regarding the experience and effectiveness of supervision. This was to improve the process and ensure staff had maximum opportunities for learning, reflection and support. The team manager led the quality assurance team and this assured us that they had oversight of all key systems, processes, risks and how they were being mitigated across the service.

The provider continued to experience challenges recruiting and retaining staff. This is reflected across the social care sector in Scotland. Approaches to address this included identifying different ways of providing overnight support. This was to enhance staff wellbeing and ensure safe staffing levels.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People using the service and/or their representatives were confident that staff had the skills, knowledge and training to provide them with safe and person-centred care and support.

Professionals we spoke with said staff were knowledgeable about the people they supported and understood and implement the guidance and interventions they provided. Staff kept appropriate records to enable professionals to evaluate the impact and effectiveness of the interventions. This ensured the health, safety and wellbeing of people using the service.

Staff had access to a wide range of learning and development resources that were provided in a variety of ways including online and in-person. In-house training resources, including adult support and protection, were developed to meet the needs of people using the service.

Health professionals including psychology and speech and language therapy professionals provided person-focused learning for staff. This was valuable in improving staff's understanding and awareness in areas such as people's individual communication needs and person-centred support strategies.

Regular training needs analysis and reviews ensured staff had the knowledge and skills to meet the full range of people's needs. Staff told us they did not have any gaps in their training and were confident that requests for additional training would be provided. This improved people's health, safety and wellbeing.

Whilst staff were responsible for their own learning and development, members of the leadership team had oversight. This ensured training, including refresher training, was completed as required.

The service employed various approaches to evaluate staff's understanding and ability to put their learning into practice. These included practice observations e.g. medication administration and moving and assisting people. Workbooks were developed and completed by staff to evidence their understanding and implementation of learning in practice. A restraint and restrictive practice workbook was developed and implemented. Gaps in staff's knowledge and understanding were identified and addressed. This was instrumental in improving staff's practice and people's outcomes. The quality assurance team was committed to developing additional competency tools and approaches.

Staff were supported by regular access to supervision. This provided opportunities for learning and reflection. Formal supervision sessions were recorded. However, we were aware that informal supervision took place on a responsive, supportive basis. We suggested these sessions should also be recorded to reflect the full picture of learning opportunities provided for staff.

Staff had access to regular team meetings and development days. Staff regarded these as opportunities for learning in relation to current concerns and priorities.

The provider was fully informed regarding their responsibilities under the Health and Care (Staffing) (Scotland) Act 2019. As previously discussed, ongoing issues recruiting staff meant ensuring safe staffing levels were challenging. Staff's commitment to ensuring people's health, safety and wellbeing meant they were willing to work additional hours to "help out". The provider was aware that long term this could have a detrimental impact on staff's wellbeing. Therefore, opportunities to identify and implement innovative approaches and solutions were explored on an ongoing basis.

The services people received were commissioned on an individual basis to meet their assessed needs. People using the service did not share their support so tools to identify safe staffing levels were not required. There was no guidance or rationale in place to evidence the factors the provider considered to ensure that staff worked well together. However, information and guidance was developed and provided promptly after the conclusion of the inspection.

How well is our care and support planned?

4 - Good

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

Personal plans were person-centred and reflected people in a positive light. We felt we "knew" people even before we met them. This approach was useful in supporting interactions between staff and the people they supported and helped new staff to build positive relationships with people. Personal plans were developed in formats that were accessible for individuals.

Personal plans were strengths based. This focused on what people could do rather than what they could not do. This preserved people's dignity and sense of identity and increased their independence.

We noted real improvements in identifying and mitigating risk. We saw examples of supporting positive risk taking for several people using the service. People told us they were moving forward and were positive and hopeful about their future. These improved approaches enabled restraint and restrictive practices to be identified and restraint reduction plans were developed. People's rights were understood and supported. We noted staff's enthusiasm to continue this work to further improve people's outcomes.

Where risks or support needs were identified, individual plans of support were developed. Support plans provided person-centred guidance to inform staff's practice and ensure consistent care and support. Step by step approaches were important in supporting people to build new skills, abilities and independence.

Where people experienced stress and distress a traffic light based tool provided guidance that informed staff's practice. This ensured the health, safety and wellbeing of people using the service, staff and members of the public.

People's care and support was reviewed on a regular basis with input from social workers and health professionals as appropriate. This assured us that people's care and support continued to meet their current needs. People were supported to prepare and participate in reviews of legal orders. This provided opportunities for people to share the progress they felt they had made and state their wishes for the future.

People had opportunities to meet with their keyworker. However, we could not be sure of their regularity as there were few records of the meetings. We expected to see records of discussions, decisions and action plans. This should be improved.

People and/ or their representatives should be involved in developing and reviewing their personal plan. There was little evidence of people's involvement or agreement to the contents of their plan. The provider should take appropriate action to address this issue ensuring people and/ or their representatives lead on their plan (see area for improvement 1).

Areas for improvement

1. People using the service and/or their representatives should be involved in developing and reviewing their personal plan. Personal plans should record people's agreement with the plan and its contents.

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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

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

The provider should continue to develop their systems and processes to reduce the restraint and restrictions people are subject to. This should include developing tools that plan and evidence the regular review of restrictions, measures to reduce restrictions and how progress toward reducing restrictions are monitored and measured. The service should also evidence the impact of reducing restrictions on people's outcomes and human rights.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.' (HSCS 1.3).

This area for improvement was made on 17 June 2024.

Action taken since then

This area for improvement was met. Please see the "How well do we support people's wellbeing" section of this report.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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