

# East Fife Care at Home Support Service

Bankhead Central  
Glenrothes  
Fife  
KY7 6GH

Telephone: 03451 551 503

**Type of inspection:**  
Announced (short notice)

**Completed on:**  
9 October 2024

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2004086043

## About the service

East Fife Care at Home is a support service delivering care to people in their own homes. The provider is Fife Council. The service has an office base in Glenrothes and provides support to people living in Kirkcaldy and everywhere east of there in Fife. With the agreement of the two services and the provider, we inspected West Fife Care at Home at the same time, as services have the same provider and operate in a similar way.

## About the inspection

This was an announced (short notice) inspection which took place between 16 September 2024 and 9 October 2024. The inspection was carried out by three inspectors 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 39 people using the service
- spoke with 16 relatives of people using the service
- reviewed questionnaire responses from 14 people using the service and 16 of their relatives
- spoke with 14 staff and management
- reviewed questionnaire responses from 23 staff
- observed practice and daily life
- reviewed documents
- spoke with other professionals.

## Key messages

- People were treated with kindness, dignity and respect.
- Many people experienced consistency of visit times and carers, but many did not. For some people this had a negative impact on their experience of care.
- Service leaders had good oversight of the service through clear processes for training, reviews, staff supervision and staff competency checks.
- Care staff were skilled, competent and confident.
- Care plans provided clear guidance and direction to staff.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

## 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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
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?

## 3 - Adequate

We evaluated this key question as adequate, where strengths outweighed weaknesses.

People should expect to experience warmth and kindness in how they are supported and cared for. We observed compassionate interactions between people and carers which were friendly, good natured and humorous. Although this was more evident where there were established relationships, carers also demonstrated the same warmth and kindness to people they were meeting for the first time. We could be confident that people's dignity was respected.

Feedback from people using the service was generally positive. One person told us, "I'm very happy with my care" another said, "they cannae do enough for you." We also heard positive feedback from relatives. One relative told us "there is a real sense of wanting to do everything they can to help" and another said, "I don't know how I'd manage without them."

Carers were skilled in working and communicating with people with a variety of needs. We saw that carers took the opportunity to start meaningful conversations with people or ask if there was anything else they could do to help before the visit concluded. There was a level of flexibility within visits so that people were able to choose which order they would like to be supported with tasks and choose their meals and drinks. We also observed carers asking people how they would like things to be done, meaning they were recognised as experts in their own care.

The service was responsive to changing needs and reviewed care packages to reflect this in a timely manner. The service was also proactive in making referrals to other professionals when a change had been noted. There were well established links with Occupational Therapists and Social Work. The service also communicated quickly with families if changes had been noted.

Carers promoted choice and independence as much as possible during their visits. People were supported to maintain independence, where possible, during personal care tasks and were also supported to prepare drinks and meals where they were able. Where carers were required to prepare meals, they always checked with the people receiving the service exactly what they would like. This meant that people were involved in their care and support.

There was a clear process for the application of topical creams. There were body map diagrams in place to instruct staff on where to apply creams and how much. There was also a clear process for recording that this had been done. **An outstanding Area for Improvement has been met.**

There was a clear procedure for prompting and assisting with medication and the recording of this. However, the lack of consistent visit times for some people meant that their experiences were variable. We heard that some people had to wait longer than they would like to be assisted to take medication for pain relief. Others were visited too quickly following the previous visit to allow carers to assist with medication, as not enough time had passed.

We also found inconsistencies between the expectations of some people using the service and what was stated in their care plan with regard to their ability to take medication independently. This meant that some people were waiting for a care visit to be supported to take their medication while the service believed they were able to do this independently. This meant that people were not always taking their medication in line with guidance from prescribers. We have asked the provider to address these issues as soon as possible. **(See Requirement 1)**

## Requirements

1. By 17 January 2025, the provider must ensure that people using the service experience safe and effective support with medication.

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

- a) ensure that all medication is administered in accordance with the instructions of the person authorised to prescribe and/or dispense that medicine;
- b) ensure that there is complete clarity and agreement between the service and people using the service as to what the support being provided entails; and
- c) ensure that people using the service who require support with medication at specific times and for specific reasons, receive that support.

This is in order to comply with Regulations 4(1)(a), 4(1)(b) and 5(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

## How good is our leadership?

**4 - Good**

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

Quality assurance should be led well and be used to monitor and improve the quality of the service people receive. We saw a range of systems in place to check standards of care including spot checks, staff supervision and reviews. There were examples where these checks had resulted in positive changes being made in record keeping, care planning and risk assessment. This meant that staff had good awareness of people's needs. We were confident that the management team had good oversight of the service and their staff.

People, their relatives and staff told us they felt comfortable in approaching leaders within the service to discuss any queries or concerns. One relative told us, "they are very helpful" and another told us, "the availability of the coordinator is terrific." The service regularly sought people's views through reviews, surveys and phone calls. This meant that people using the service could expect a responsive service who took their feedback into account.

Staff told us that they felt the organisation provided a supportive environment and that both informal and formal supervision took place frequently. We were told, "I feel very supported." Supervisions were up-to-date and ensured that the performance and learning needs of staff were discussed on a regular basis. This meant that the service could identify issues quickly and ensure staff were given additional support and training as necessary.

We highlighted some issues with the recording of medication prompting and assisting which had not been picked up on audits of medication administration records and daily recording sheets. The service were very responsive to the feedback and had already made efforts to enhance their audit systems by the time the inspection concluded. The management team had also recently sent out a survey to people and their relatives to ensure their views were gathered formally. This promoted accountability and openness.

Staff should feel confident to give feedback and feel that they are listened to and valued. Carers we spoke with were all positive about their experience working for the service and felt supported to carry out their role to the best of their ability. More than one carer told us, "I love my job." Regular team meetings took place with opportunities for carers to share their views and ideas. We were told that the management team are visible and approachable and that feedback from them is constructive and helpful. We were confident that staff were led well.

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses.

Induction training was thorough and included a range of mandatory topics which were completed both online and in person. Shadow shifts were undertaken before staff worked alone with people. Staff told us that induction training was very detailed and helped them to feel confident about starting work. Carers completed refresher training in key topics annually. Following discussions with staff and observations of their practice we were confident that they were skilled in key areas including moving and handling, nutrition and communication.

Staff also demonstrated skill in safely managing risk. We observed carers supporting people who were at risk of falls using manual handling equipment in accordance with written care plans. Competency checks were carried out regularly to ensure training was being used in practice. We could be confident that people were supported by carers who were trained, competent and skilled.

It is important that staffing arrangements are right and that staff work well together. Some people commented that consistent visit times and staff gives them a sense of comfort and wellbeing. One relative told us, "the consistency is so helpful for my mother as she has dementia." However, not everyone experienced this consistency. One person told us, "I never know who is going to come through my door" and another said, "I never know what time my visits will be."

This had an impact on the outcomes of some people using the service. For example, people with diabetes receiving support with eating and drinking told us the inconsistencies made it difficult to manage their blood sugar levels. Other people who preferred an early night told us they often had to wait to be able to go to bed.

We acknowledged the difficulties which staffing shortages and short notice absences pose and were confident that the service were constantly trying to recruit to fill vacant posts. We were also pleased to see robust contingency plans in place to ensure the service would be able to provide some level of support during challenging situations such as bad weather or the pandemic. We have asked the service to create a robust action plan to demonstrate how they will use the feedback from people about inconsistencies in times and carers to prioritise consistency for people with specific health needs and preferences. **(See Requirement 1)**

## Requirements

1. By 17 January 2025, the provider must ensure people using the service receive consistent and stable care and support.

To do this, the provider must create a robust action plan which includes, at a minimum:

- a) how the service will assess and prioritise time sensitive needs;
- b) how the service will deploy staff to meet the most critical needs; and
- c) how the service will engage with people using the service to support the analysis and prioritising of needs.

This is in order to comply with Regulations 4(1)(a), 4(1)(b), 5(1) and 5(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

## 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.

Care plans and risk assessments were appropriately detailed according to the complexity of care required. They gave clear guidance to staff. We saw good examples of thorough risk assessments and care plans to support carers to manage risks including choking, skin breakdown and falls. **An outstanding Area for Improvement has been met.**

Care plans struck a balance between providing the task based requirements of a care at home visit, as well as providing wider detail which was tailored to the person's outcomes and preferences. Personal preferences were clearly stated in care plans and we saw evidence of carer knowledge of these at visits, including food and drink preferences. Daily recordings were clear and concise and these confirmed that people were receiving care as per their agreed care plan.

Reviews were undertaken regularly and any updates or changes needed were made as soon as possible. We suggested that some reviews could be completed in more detail to include the supported person's views and evaluation of their care, rather than just whether it was to continue or not. However, we were confident that people were able to give regular feedback on how they experience care and support.

It is important that care plans are easily accessible to supported people, staff and where appropriate, relatives. The service used paper copies of care plans and daily notes which were held within people's homes. They were therefore accessible to people and their relatives. This promoted openness and transparency.

We found that when visiting someone for the first time, carers did not have access to care plans before they had entered someone's home. This meant that they had to spend time familiarising themselves with care plans and risk assessments during the visit. We saw examples where people had to wait for the carer to read the care plan in front of them before they could communicate effectively with that person. This meant that carers could not adhere to people's preferences and needs immediately. **(See Area for Improvement 1)**

## Areas for improvement

1. To support people's dignity and wellbeing, the provider should ensure that care staff have access to people's care plans before visiting them for the first time.

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

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

### Requirements

#### Requirement 1

People should experience care and support that meets their needs and is right for them. The provider must further develop robust procedures to include information about how planned changes to support arrangements will be managed, so that people know what to expect.



This must include, but is not limited to:

- a) people must be made fully aware of the purpose of any planned meetings to allow them to have a representative/family member with them;
- b) prior to any changes to support arrangements, a full assessment of needs must be carried out by an appropriately skilled and qualified person;
- c) any decisions reached following the assessment of needs must be fully discussed and a copy of the assessment document shared with them;
- d) people must be given sufficient time and the necessary assistance to understand decisions reached and to plan for any changes to their visits; and
- e) support plan documentation must be updated timeously to inform and guide staff practice.

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

To be completed by 30 October 2023.

**This requirement was made on 31 July 2023.**

#### **Action taken on previous requirement**

We found that people using the service received regular reviews, at least six monthly or sooner, if required. We sampled a range of documentation which confirmed that people's representatives had also been invited to review meetings and attended where they could. The service were quick to update care plans where this was necessary and told people when this was happening.

We saw evidence of assessments and reviews being undertaken by a range of professionals including those with expertise in moving and handling and complex care. Care plans were concise and gave clear instructions to care staff.

We found that some issues around consistency of care remained outstanding, therefore, we have chosen to mark this requirement as 'met' and will ensure that outstanding areas are considered under a new requirement. **(See Requirement 1 in the 'How good is our staff team?' section of this report)**

**Met - within timescales**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support the health, welfare and safety of people who use the service, the provider should ensure that all personal plans have up-to-date risk assessments and care plans in place. These should accurately reflect risks that have been identified, the assessment of these, and steps to be taken to reduce and/or mitigate the risks.

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

'My personal plan (sometimes referred to as a care plan), is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 7 February 2023.**

#### Action taken since then

We found that care plans were up-to-date and provided clear and concise instructions to staff. Where necessary, risk assessments were in place to guide staff on how best to support people to manage these risks.

**(For more information, see the 'How well is our care and support planned?' section of this report)**

**This area for improvement has been met.**

#### Previous area for improvement 2

To support people's wellbeing, the provider should ensure people's support plans contain sufficient information to guide staff on how to best meet their needs. This should include accurate information on the application of topical preparations including the name of preparation and the exact body part it is to be applied to.

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

'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This area for improvement was made on 7 February 2023.**

#### Action taken since then

Where people were being supported with the application of topical creams, clear guidance was provided to staff. Body maps were in place in care plans showing where cream was to be applied and how much. Applications of topical creams were also recorded in a medication administration record sheet. We could be confident that people's care plans contained sufficient detail in this respect.

**This area for improvement has been met.**

### Previous area for improvement 3

To support people's wellbeing, the provider should ensure the management has good communication processes in operation so people are being kept up-to-date with any changes in service delivery.

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

'I use a service and organisation that are well led and managed' (HSCS 1.15).

**This area for improvement was made on 29 April 2024.**

#### Action taken since then

We found that inconsistent service delivery in respect of the times of visits and the carers visiting was having a negative impact on people in some cases. As a result, this area for improvement is no longer in place and has been incorporated into a new requirement under Key Question 3.

**(See Requirement 1 in the 'How good is our staff team?' section of this report)**

### Previous area for improvement 4

To support people's health and wellbeing and to improve the quality of their day, the service should ensure that people are supported by a consistent staff team who know them well.

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

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

**This area for improvement was made on 29 April 2024.**

#### Action taken since then

We found that inconsistent service delivery in respect of the times of visits and the carers visiting was having a negative impact on people in some cases. As a result, this area for improvement is no longer in place and has been incorporated into a new requirement under Key Question 3.

**(See Requirement 1 in the 'How good is our staff team?' section of this report)**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.