

## East Fife Care at Home Support Service

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

**Completed on:**  
4 February 2025

**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 a follow up inspection which took place between 15 January to 4 February 2025. The inspection was carried out by one inspector.

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 five people using the service and four of their relatives
- spoke with two staff and management
- reviewed documents.

## Key messages

- The service had improved their quality assurance processes to ensure people received the right support with their medication.
- There had been improved consistency of visit times and consistency of carers since our last inspection.
- Carers had access to care plans before they visited someone for the first time.
- Most people we spoke to were happy with the service they or their relative received.

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

### Requirements

#### Requirement 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 support with medication is 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).

**This requirement was made on 9 October 2024.**

## Action taken on previous requirement

We found that the service had improved their quality assurance processes to ensure people were supported with medication. Following our last inspection, the service had reminded all staff of the importance of checking to ensure support was being provided in line with timescale instructions on medication packs. Medication record sheets were being checked monthly to identify and rectify any issues. These records showed that people were receiving support with medication in line with their care plans. No issues had been identified at audit. We looked at some of these records and did not identify any issues. In addition, all staff were required to undertake competency checks. This included ensuring staff were checking medication instructions and recording appropriately.

Feedback from people who received support with medication was generally positive. One person told us, "I get my tablets when I need them." Another told us, "I just need a reminder to take my medication but they're very good with that." One person told us that support with medication ensured their relative wouldn't be in pain. We were confident that people's care and support was having a positive impact on their health and wellbeing.

We looked at care plans and reviews which showed that people's preferences and needs around their medication were discussed regularly. They also provided clear guidance and instructions to staff. Proactive efforts were made to provide visits at times which suited the person receiving care. We were confident that people using the service were receiving safe and effective support with medication.

We suggested the service could add a section to their medication record sheet or recording system, to allow carers to confirm they had checked enough time had passed from one visit to the next, to support with medication safely. This would add an additional layer of quality assurance in addition to ongoing competency checks and training.

## Met - within timescales

### Requirement 2

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).

**This requirement was made on 9 October 2024.**

### Action taken on previous requirement

Following our initial inspection, the service submitted an action plan to promote more consistent and stable support for people using the service. The service was undertaking an ongoing process of assessment and review which included considering how they could meet the needs of people who required or preferred visits at particular times. We found that these preferences were discussed with people using the service regularly and proactive changes were often made. One person told us, "They try really hard to accommodate any changes or requests." We were confident that people's needs and preferences were being discussed with them regularly.

There were systems in place which provided data to show how effectively staff were being deployed across the service. We compared data from the time of our initial inspection against the most recent data and found that around 75% of visits were being completed on time, which was an improvement. The service had processes in place to ensure that those with the most complex and time sensitive needs were prioritised to ensure their visit times were consistent. If systems showed this time was in danger of not being fulfilled, the service were able to react and change staff deployment to ensure the visit took place with minimum disruption.

We also found that consistency of carers was improving when compared to our last inspection. This meant that people tended to see the same group of carers. One person told us their relative had seen much fewer carers since Christmas. Another person using the service told us, "consistency has improved and the staff are excellent."

We acknowledged that the service had experienced a challenging Christmas period with increased sickness and annual leave which affected consistency of visit times and consistency of carers visiting. Appropriate contingency plans were in place to ensure that essential care was being delivered and the data we looked at for January suggested a much improved situation.

### 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 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).

**This area for improvement was made on 9 October 2024.**

## Action taken since then

Following our initial inspection, the service had implemented a new system where carers were emailed abbreviated care plans prior to visiting someone for the first time. This allowed them to familiarise themselves with people's needs, wishes and preferences before meeting them for the first time. They were then able to read the care plan in full during the visit. The service planned to further streamline this process in the future.

We looked at some of these abbreviated care plans and were confident that they provided carers with a good level of basic information. One person told us that new carers "always seem to know what to do." We were confident people's dignity and wellbeing was being supported.

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

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

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