

# Accommodation with Care and Housing Support (Fife) Housing Support Service

Fife Council  
Fife House  
North Street  
GLENROTHES  
KY7 5LT

Telephone: 03451 000 000-

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**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2004084435

## About the service

The Accommodation with Care and Housing Support Service currently provides a combined housing support/care at home service to adults with learning disabilities, physical disabilities and to adults with other support needs living in their own homes across Fife.

Support can range from a few hours per week to a person in their own tenancy to 24 hour support each day to individuals living in a shared house. The service is provided by Fife Health and Social Care Partnership.

The day to day running of the service is managed by senior social care workers and overseen by lead officers. The team manager has overall management responsibility for the service.

## About the inspection

This was a full inspection which took place between 11 and 25 February 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 four of their representatives;
- spoke with 19 staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

## Key messages

- There was a culture of promoting people's independence throughout the service.
- People received kind, caring and respectful care and support.
- Staff were well led and supported but people and/or their representative's involvement in improving their services and the service as a whole needed to improve.
- The provider had provided additional learning opportunities for staff including identifying and reducing restraint and restrictive practice. This improved people's outcomes.
- Personal plans continued to develop in person-centred ways.

## 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?	4 - Good
How well is our care and support planned?	5 - Very 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 evaluated the support for people's wellbeing as very good. The service demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

We had the opportunity to visit several people using the service in their homes. We observed interactions between people using the service and staff supporting them. Staff demonstrated good values in their practice. Staff knew people well including their likes, dislikes and choices. It was good to see the comfort people got from giving and receiving appropriate affection. Where people did not communicate verbally, this was important in expressing their feelings and outcomes. It was apparent that trusting, and valued relationships had been built.

Staff supported people with respect, kindness, warmth and compassion. People were supported to make choices and decisions and person-specific communication tools enabled this.

Staff understood the importance of maintaining relationships with family and other people who were significant to them. People had access to advocacy and befriender services as required. This provided opportunities to enjoy social, emotional and leisure support and had a positive impact on their self-esteem and self-image.

We spoke with people using the service and their representatives on their behalf, where appropriate. People were happy with the care and support they received. People were generally supported by a core group of staff which included bank staff. This provided consistency and continuity. Representatives told us communication with staff was good. They were kept up-to-date and felt informed and involved.

People's homes were comfortable and contemporary. Where people lived in shared accommodation, they or their representatives were involved in choosing furniture and décor. People's bedrooms reflected their interests and personality. People appeared relaxed and comfortable and told us they felt "at home". People's environments had a positive impact on their wellbeing.

People were supported to identify and enjoy spending their time in ways that were purposeful and meaningful for them. People had a wide range of hobbies and interests including attending discos, karaoke and going to the pub. This enabled people to build relationships with people in their local communities.

People were encouraged to participate in managing and maintaining their home. They were supported to take part in all aspects of maintaining their homes. People told us they enjoyed being involved in shopping, cooking and keeping their bedrooms clean and tidy. This helped build and maintain skills, abilities and independence.

People using the service told us they were "in charge" in their home. This assured us that the power balance between people using the service and staff was weighted in favour of people.

People's health and wellbeing benefited from the care and support they received.

People had access to all relevant health professionals including members of the community learning disability team such as nurses, psychologists and psychiatrists. Adults with Incapacity documentation was in place where people had been assessed as not having the capacity to make decisions about their health and care. Referrals to health professionals were both proactive and reactive. Staff's knowledge and understanding of people's presentation and communication methods ensured changes to people's needs were quickly identified and acted upon. Where people could not verbalise that they were experiencing pain, tools had been developed to assess signs of pain or distress. This enabled staff to take appropriate action to address this.

Speech and language therapy supported people with safe eating and drinking and communication. Person-specific support and tools improved people's outcomes and quality of life. People used communication tools, such as Talking Mats, on their iPad and phones. One person filmed the activities they enjoyed. This enabled her to talk about her day and experiences with staff and others.

Staff implemented guidance from professionals and provided further person-specific support including activities planners and staff rota in formats that were accessible for individuals. This helped people feel in-control, safe and secure.

People were supported to make healthy eating choices and take regular exercise to maximise their health and wellbeing. Health monitoring checks were carried out as appropriate including monitoring people's weights and fluid intake. People were also supported to participate in national health screening programmes such as bowel and breast screening. Where people did not participate, the rationale for these decisions was recorded.

People received safe and robust support with their medication. Staff practice was informed by detailed policies and procedures. People's medication was stored in lockable facilities in their bedrooms. Assessments were carried out to establish the level of support people required. No one using the service was self-medicating or working towards self-medicating. We asked the service to act on this during feedback. Staff carried out medication/ Mar chart audits on a weekly basis as well as checks at the start of shifts to ensure medication had been administered as prescribed. Stock records and checks were also carried out daily.

A controlled medication error was reported to the Care Inspectorate. This did not involve any risk to the person or effect their outcomes. We followed this up during the inspection. The error had been fully investigated. However, the conclusion of the investigation was not signed off by a senior manager or health and safety advisor and no recommendations were made. We asked the team manager to address the gaps in the process to reduce the risk of similar incidents occurring in future.

Protocols were in place to guide staff's practice in the administration of medication prescribed on an "as required" basis. The provider should ensure protocols are provided by relevant health professionals and contain sufficient detail to ensure medication is administered safely, effectively and consistently.

Where risks to people were identified, person-specific support plans were developed to mitigate risks as much as possible. We saw little evidence of a supporting, positive, risk taking approach. However, we were confident that further developments are planned. We look forward to evaluating this at the next inspection..

The service was working towards reducing the restraint and restrictive practice people were subject to. We were pleased to find that several improvements had been made. This had a positive impact on people's outcomes. However, further support was needed to raise staff's understanding and practice. Blanket restrictions were used regarding locking bedroom doors, and access to kitchens was restricted at times. Where these measures are necessary, details of the rationale used to make these decisions should be recorded and regularly reviewed. People should be supported to develop skills, abilities and coping strategies to reduce restrictions. The provider confirmed that restraint reduction plans were to be introduced. These would target the reduction of restrictions in systematic ways.

This was a very positive inspection. The provider had engaged with the feedback from the previous inspection and remained committed to improving people's quality of life. We were assured that people experienced very good outcomes as a result of using the service. We noted the commitment to continuous improvement from staff and members of the leadership team.

## How good is our leadership?

**5 - Very Good**

The service demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

Senior social care workers were responsible for the day-to-day management of one or more services, with lead officers overseeing their "patch" of services.

A wide range of audits and quality assurance checks were carried out throughout the month. These included daily medication and finance checks by frontline staff and checks by senior social care workers and lead officers.

Monthly service audits were carried out by support workers, senior support workers and lead officer. The audits collected quantitative data which was useful in checking compliance. However, qualitative information was needed to evaluate people's experiences and outcomes and how these could be improved.

We were satisfied that senior social care workers and lead officers had oversight of the service with involvement and support from the team manager as required.

Staff told us they were led well. Systems were in place to facilitate clear and consistent communication between staff in people's homes and with members of the leadership team. This included handover and shift guidance and procedures and people's important routines. This ensured the health, safety and wellbeing of people using the service. Staff support was available at all times via on-call services provided by senior social care workers and lead officers. This provided assurance for staff. Private WhatsApp groups enabled staff on shift to support each other and give and receive information.

Staff had access to regular supervision. Members of the leadership team were committed to providing support and supervision for staff every six to eight weeks. In most cases this was being achieved. Formal supervision was recorded and provided opportunities for staff to discuss their work practice and reflect on their practice to identify areas for improvement. Staff's learning and development needs were also discussed and planned.

Senior support workers spent time in services on a very regular basis. This meant staff could access informal support whilst on shift. We suggested that informal support should also be recorded.

Staff told us managers were approachable and available. Flexible approaches enabled staff to manage their personal commitments by making reasonable adjustments and temporary changes. Staff said this enabled them to continue to be at work.

Team meetings took place on a regular basis. Meetings were important to staff as they provided opportunities for peer support. Staff felt involved and contributed to making choices and decisions about services. Staff felt valued and appreciated. If staff were unable to attend meetings, minutes were available to ensure staff were kept informed about changes and developments.

Team development days took place on a regular basis. These meetings involved staff from one or more services and were facilitated by senior support workers and lead officers. The aim of the meetings was to improve staff practice and people's outcomes. Staff were involved in deciding the focus and topics that would be discussed. Staff said the meetings provided opportunities for learning and development.

Members of the leadership team provided support and debriefing following incidents. This provided space and time for staff to discuss the incident, identify good practice and if appropriate, what they could have done differently. This information was also used to identify learning and development needs. This reflection contributed to reducing the likelihood of similar incidents occurring.

Incidents and accidents were well managed. The provider's systems demonstrated oversight of incidents and accidents by specialist staff such as behaviour specialists and health and safety advisors. This reduced the risk of similar incidents and accidents reoccurring and ensured the health, safety and wellbeing of people using the service and staff.

The provider had taken action to provide opportunities for people to share their views and make choices and decisions about their care and support. Keyworker meetings between people using the service and staff took place on a regular basis. However, we did not see evidence of involvement from people's representatives acting on their behalf. People using the service and their representatives told us service quality surveys did not take place on a regular basis. Plans were in place to include people using the service in quality assurance and development groups. This should be addressed as a priority.

Whilst improvements had taken place, further developments were necessary to support better outcomes for people. We identified these issues as an area for improvement at the previous inspection. This will remain in place. The service quality assurance site continued to develop and provided information, guidance and support for staff. The site demonstrated the provider's commitment and attitude to continuous improvement. We were confident that the provider will take the necessary action.

## How good is our staff team?

4 - Good

We evaluated this key question as good. The service demonstrated a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on people's experiences and outcomes. However improvements were required to maximise wellbeing and ensure that people consistently had experiences and outcomes which were as positive as possible.

Staff recruitment continued to be challenging. This reflects the experience of social care services across Scotland. The provider developed and implemented innovative schemes to improve recruitment. This included a career ready scheme which supports school pupils interested in a career in social care to undertake an internship in the service. We met a member of staff who had completed an internship and was now employed as a social care worker.

Staff wellbeing was a priority and measures such as shortening the length of sleepover shifts were implemented to improve the balance between staff work and personal lives. Wellbeing support was available both in-house and from external agencies.

A wide range of learning and development resources were available for staff. Whilst the majority of resources were delivered online, face-to-face training was provided such as moving and handling, administering medication and epilepsy awareness. Members of the community learning disabilities team could also provide person-specific training for staff. This improved people's outcomes and experiences.

We were pleased to find that staff had undertaken training in identifying and reducing restraint and restrictive practice. A staff workbook had been developed to assess staff's knowledge and understanding of restraint and restrictive practice and supporting positive risk taking. Staff we spoke with demonstrated an increased understanding and were keen to continue reducing the restrictions people were subject to.

Competency tools such as workbooks assessed staff's knowledge and understanding. Direct observations were used to assess staff's competency in areas such as moving and handling and the administration of medication. This was to ensure people's health, safety and wellbeing. The provider continues to develop competency tools as appropriate.

People using the service and their representatives were confident that staff had the knowledge, skills and abilities to provide safe, effective and consistent support.

Staff were responsible for completing online training and refresher courses in line with the provider's timescales and keeping training records up-to-date. Training completion and record keeping was monitored by senior social care workers and lead officers. Staff learning and development was addressed during supervision. Staff were confident that resources would be made available if gaps were identified in their learning. Staff told us additional training in autism was made available in response to feedback.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This includes ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high quality care. Service providers must also support staff wellbeing to ensure people's care and support is not adversely affected.

Some people using the service were supported on a one-to one or two-to-one basis. We were confident that in these cases, staffing levels met people's assessed needs. Other people lived in small group settings where aspects of their care and support was shared. The provider should develop tools that clearly detail the rationale for staffing levels in these services. Tools that assessed the level of people's care and support needs had been in place for some time. However, they did not explain how the assessments informed staffing levels.



People using the service, their representatives and staff should be consulted regarding staffing levels with appropriate action taken to address feedback. Factors taken into account to ensure staff on shift have a mix of skills to meet the range of people's care and support needs and work well together.

## How well is our care and support planned?

**5 - Very Good**

The service demonstrated major strengths in supporting positive outcomes for people. There were very few areas for improvement. Those that existed had minimal adverse impact on people's experiences and outcomes.

We noted improvements in the provider's personal planning systems and processes. People using the service and their representatives were involved in developing and reviewing their personal plans. People or their representatives signed the personal plans. This signified their agreement with the content of the plans. The provider should ensure people or their representatives are consulted and involved in changes to care plans.

Personal plans were developed in formats that were accessible for individuals including pictorial formats. This enabled people to engage with their personal plans in ways that were meaningful for them.

Personal plans were person-centred and detailed. These provided a positive picture of people. Strengths and asset based approaches supported people to maintain and increase independence, skills and abilities. This increased people's self esteem and sense of identity.

Risk questionnaires were used to identify risks to people. Care plans were then developed to mitigate the risks identified. Person specific care plans included reducing the risk of choking, swimming and using electronic devices. Where physical intervention techniques were used to ensure the safety of people using the service, staff and members of the public, assessments should be developed to identify and mitigate the risks of using these techniques.

People's personal plans provided the information and guidance staff required to ensure people received safe, effective and consistent care and support. We noted several examples of good practice including details of people's important routines and the importance of the structured routines to people's wellbeing.

Where people could experience stress and distress, behaviour guidelines were developed to inform staff's practice. Traffic light system care plans provided guidance regarding triggers for stress and distress and staff responses to deescalate rising levels of distress. This helped reduce the use of restrictive practices. The provider should ensure staff guidance is clear. For example, one plan said staff needed to have confident body language with no detail about how this would be achieved or what it would look like in practice.

We were assured that people's personal plans continued to develop in increasingly person-focused ways. This was crucial in achieving and improving people's outcomes and experiences.

## 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

In order to ensure people, experience optimum outcomes and quality of life, the provider should promote people's choices, independence and rights through opportunities to take positive, life-enhancing risks. In order to achieve this, the provider should foster a risk enablement culture by developing and implementing supporting positive risk-taking tools and processes.

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

'I get the most out of life because the people and organisation who support and care for me have an enabling approach and believe in my potential.' (HSCS 1.6).

**This area for improvement was made on 11 October 2023.**

#### Action taken since then

Progress had been made towards meeting this area for improvement. However, supporting positive risk tools and procedures continue to be developed. We have confidence that the provider will continue to make the necessary improvements to ensure people's experiences and outcomes are maximised. On balance, we concluded that this area for improvement was met. Please see the "How well do we support people's wellbeing" section of this report for further details.

#### Previous area for improvement 2

The provider should protect the health, wellbeing, and rights of people using the service. In order to achieve this, the provider should ensure people are not subject to restraint or restrictive practices unless:

- a) their health and safety cannot be protected by any other means and restraint or restrictive practice is used as a last resort;
- b) consent to use restraint or restrictive practices is given by welfare guardians or attorneys with appropriate legal powers;
- c) restraint reduction plans are in place;
- d) the need for and use of restraint and restrictive practice is reviewed on a regular basis; and
- e) Mental Welfare Commission good practice guidance "Rights, Risks and Limits to Freedom is available to staff and fully complied with.

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

**This area for improvement was made on 11 October 2023.**

**Action taken since then**

The provider had made significant progress towards meeting this area for improvement. This increased people's human rights and promoted independence, dignity and self-esteem. Restraint reduction plans are yet to be put in place. However, tools have been developed and will be implemented shortly. This area for improvement was met. Please see the "How well do we support people's wellbeing" section of this report for further details.

**Previous area for improvement 3**

People should be supported to make choices and decisions about the care and support they receive and drive improvements to their service and that of the wider organisation. In order to achieve this, the provider should provide opportunities for people to regularly share their views in meaningful and person-centred ways. Managers and staff should undertake relevant training to ensure people benefit from effective quality assurance and improvement processes.

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

'I benefit from a culture of continuous improvement

**This area for improvement was made on 11 October 2023.**

**Action taken since then**

Several improvements in the leadership of the service had taken place. However, further work should take place to enable people and/or their representative's involvement in driving care and support they receive and drive improvements to their service and that of the wider organisation. This area for improvement will remain in place. Please see the "How good is our leadership" section of this report for further details.

**Previous area for improvement 4**

In order that people experience good outcomes, the provider should ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority should be given to restraint and restrictive practice, positive behaviour support, and supporting positive risk-taking.

The provider should also develop systems to ensure staff's learning is understood and transferred into practice and ensure staff's knowledge, skills and understanding remains current and meets best practice standards.

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

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

**This area for improvement was made on 11 October 2023.**

**Action taken since then**

This area for improvement was met. Please see the "How good is our staff team" section of this report for further details.

## 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).

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	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
2.4 Staff are led well	5 - Very Good

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

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