

## Assisted Services Fife Ltd Support Service

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

**Completed on:**  
27 March 2025

**Service provided by:**  
AssistedvServices Fife Ltd

**Service provider number:**  
SP2016987961

**Service no:**  
CS2016346581

## About the service

Assisted Services is a privately owned care at home provider working in central Fife. They provide care and support to people with a range of needs in their own homes.

## About the inspection

This was a short notice announced inspection which took place on 25 and 28 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 staff and management
- reviewed documents

## Key messages

The service had taken steps to develop recruitment practices

Staff compliance with training had improved

Managers had further work to do to ensure the service is meeting its legal obligations to notify the Care Inspectorate of specific accidents and incidents

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

### Requirements

#### Requirement 1

By 1 November 2024, the provider must ensure they understand their roles and responsibilities in making required notifications to relevant bodies. This must include but is not limited to:

a) ensuring appropriate and timely referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to, adult protection referrals, health and social care partnership, police, and Care Inspectorate.

b) a clear system to ensure notifications are submitted within timescales, when the registered manager is not present and or during out of hours.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 15(b)(i)(Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

This requirement was made on 30 August 2024.

This requirement was made on 30 August 2024.

#### Action taken on previous requirement

The service reported they made referrals to Social work. We viewed these notifications, including who else was notified by the service. People could be reassured Social Work and relevant health professionals were being notified of any concerns or significant changes to their health and wellbeing. The service had not

submitted these notifications to the Care Inspectorate.

We gave the service further guidance about the submission of notifications to the Care Inspectorate. We asked the service to familiarise themselves with the guidance and submit notifications as required.

As a result this requirement was not met. We extended the timescale until 11 June 2025.

## Not met

### Requirement 2

By 1 November 2024 the provider must ensure that they have clear, legible policies and procedures in place which are informed by best practice guidance and relevant legislation. The provider must familiarise themselves with these policies and ensure they are consistently implemented in practice. The provider should pay particular attention to their recruitment policy and practices.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 9(1)(Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities (HSCS 3.20).

This requirement was made on 30 August 2024.

This requirement was made on 30 August 2024.

#### Action taken on previous requirement

The service had taken initial steps to improve procedures associated with recruitment and assure safe recruitment in future. The service have developed a risk assessment checklist to assess risk where someone has been unable to provide 2 references. This checklist also included safeguards which would be put in place where 2 references have not been able to be obtained.

The service had not recently employed any member of staff therefor the service could not provide an example of this having been used in practice. However we were assured the service had consider potential risks and developed a risk assessment to use as a result. The service had not directly reviewed its recruitment policy to reflect procedures which had been developed. However given the service had taken steps to assure improved practice in future this requirement was partially met.

We have removed this requirement. There is an outstanding area for improvement which captures the unmet aspect of this requirement.

## Met - outwith timescales

### Requirement 3

By 1 November 2024 the provider must ensure that people receiving care experience a service with well trained staff. In particular, you must ensure that all relevant staff receive and record completion of training

in relation to: moving and handling and other relevant training, including refreshers where it is appropriate to the role performed by the staff member to meet the assessed care and support needs of people receiving care.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 15(b)(i)(Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with 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 requirement was made on 30 August 2024.

This requirement was made on 30 August 2024.

#### Action taken on previous requirement

The service have made progress towards ensuring all staff have up to date moving and handling training and other refresher training as required for their role.

The service have developed a competency assessment which staff complete after training to support understanding of the training and how this can be implemented into practice.

As a result this requirement had been met. Managers should continue to ensure training is kept up to date for all staff working in the service. We will assess whether compliance with training has been maintained at the next inspection.

#### Met - outwith timescales

### Requirement 4

By 1 November 2024 the provider must ensure staff are being recruited safely. The provider should ensure they have followed good practice guidance for safe recruitment at all times.

This is in order to comply with regulations 9(1)(Fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 30 August 2024.

This requirement was made on 30 August 2024.

#### Action taken on previous requirement

The service have developed a risk assessment checklist to assess risk where someone has been unable to provide 2 references. This checklist also included safeguards which would be put in place where 2 references have not been able to be obtained.

The service had not recently employed any member of staff therefore the service could not provide an example of this having been used in practice. However we were assured the service had consider potential risks and developed a risk assessment to use as a result.

As a result this requirement will be removed. The service should continue to develop and review its policies and procedures to ensure they are in line with safer recruitment guidance. There is an outstanding area for improvement associated with employer references. This will remain in place to direct the service to ensure developments in procedure are implimented in practice.

**Met - outwith 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

Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should develop systems to support oversight of when supervision and appraisals have taken place and when they should be undertaken again.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 30 August 2024**

**This area for improvement was made on 30 August 2024.**

#### Action taken since then

We did not assess this area for improvement at this inspection. This area for improvement remains.

#### Previous area for improvement 2

The provider should ensure that audit processes are effective and fully utilised to support the identification of areas for improvement. The provider should then take action to ensure improvements are made within a timely manner, to support positive outcomes for people.

**This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)**

**This area for improvement was made on 30 August 2024.**

**This area for improvement was made on 30 August 2024.**

**Action taken since then**

We did not assess the area for improvement at this inspection. This area for improvement remains.

**Previous area for improvement 3**

In order to reduce the risk of harm to people and staff the service should ensure identified risks are consistently documented, assessed and plans put in place to minimise the risk of future harm.

**This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (1.19).**

**This area for improvement was made on 30 August 2024**

**This area for improvement was made on 30 August 2024.**

**Action taken since then**

We did not assess this area for improvement at this inspection. This area for improvement remains.

**Previous area for improvement 4**

The service provider should ensure that they develop an improvement plan which is informed by the views of people consulted. Identified improvements should follow SMART (specific, measurable, achievable, realistic, time-bound) principles by detailing which individuals have been tasked to take forward, reflect clear timescales for achievement and have a process of regular review and evaluation.

**This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).**

**This area for improvement was made on 16 May 2023.**

**This area for improvement was made on 16 May 2023.**

**Action taken since then**

We did not assess this area for improvement at this inspection. This area for improvement remains.

**Previous area for improvement 5**

As an area for improvement the service could further develop the contingency plan. To maintain a record to ensure that people who use the service and or their relative/representative are being notified in advance of any changes to their care schedule. To maintain a record to ensure that up-to-date essential information is being shared with the provider who will be visiting.

**This is in order to comply with: Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.**

**This area for improvement was made on 6 November 2023.**

**This area for improvement was made on 6 November 2023.**

**Action taken since then**

We did not assess this area for improvement at this inspection. This area for improvement remains.

## Previous area for improvement 6

To help keep people safe the provider should ensure that last employer references are received. If this is not possible the reason for this should be recorded on file and alternative references sought.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that states: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24)

This area for improvement was made on 16 May 2023.

This area for improvement was made on 16 May 2023.

### Action taken since then

The service have developed a risk assessment checklist to assess risk where someone has been unable to provide 2 references. This checklist also included safeguards which would be put in place where 2 references have not been able to be obtained.

The service had not recently employed any member of staff therefor the service could not provide an example of this having been used in practice. We were assured the service had consider potential risks and developed a risk assessment to use as a result. The service requires more time to evidence the effective use of risk assessments in practice.

This area for improvement remains.

## Complaints

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



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