

## Love Housing Support - Fife Housing Support Service

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Unannounced

**Completed on:**  
9 July 2025

**Service provided by:**  
Love @ Care Ltd

**Service provider number:**  
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**Service no:**  
CS2021000037

## About the service

Love Housing Support - Fife is a combined housing support and care at home service based in Rosyth, Fife.

The service is registered to provide support to adults with physical and/or learning disabilities, and to older people in their own home, in the community and on holiday. The service is also registered to support children with physical and/or learning disabilities.

At the time of the inspection, the service was supporting six adults and 22 children and young people.

## About the inspection

This was an unannounced inspection which took place between 2 July and 9 July 2025. The inspection was carried out by two 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 five people using the service
- spoke with 10 relatives
- spoke with eight staff and management
- reviewed feedback from questionnaires
- spoke with external professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- Feedback from people using the service, and their relatives, was generally very positive.
- Care and support was warm, kind, and meaningful.
- Quality assurance systems should be improved in order to avoid slipping standards of care and support.
- There was some inconsistency in staffing and timings of support visits. Some visits had been missed altogether.
- The quality and detail of support plans was inconsistent.

## 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?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

## How well do we support people's wellbeing?

## 4 - Good

We made an evaluation of Good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Adults received support which was kind and caring from a staff group who knew them well. We found that people receiving support were at ease with their support workers and spoke highly of them. People told us, "She's amazing" and "She's like one of the family." Feedback from relatives was also positive. One relative told us, "They've been a really positive influence" and another said, "They can't do enough for my dad." We were confident that relationships between staff and adults receiving support were positive, consistent, and stable.

People should expect to experience warmth, kindness, and compassion. We observed interactions between people and support workers which were good natured, kind, and often humorous. It was clear that support workers knew the people they were supporting very well and had often supported them for a long period of time. This meant that interactions were personal and meaningful, and that support workers knew how to meet people's needs. We could be confident that people's dignity was respected, and their day-to-day needs were met.

People should expect to be able to direct their own support so that they spend their time doing things which are meaningful to them. This is particularly important for adult support services where the person is supported for multiple hours every day. We found that where this was the case, people were supported to undertake a range of activities. These were planned in partnership with the person receiving the service and they gave us very positive feedback about this. We saw good examples of people being supported to eat out at different restaurants, go swimming, and plan holidays. We were confident that people were enjoying a range of activities in line with their personal preferences and wishes.

Where people were prescribed 'as required' medication, there was clear guidance and instructions on when this can be used, how often, and what other factors must be considered when supporting someone to use this medication. This promotes people's health and wellbeing. We found that protocols could be more detailed. We were encouraged to hear that the provider was actively working to improve this across their services.

Where required, people should be supported to manage their finances safely and efficiently. Appropriate processes and procedures were not in place for this. During our inspection, a senior member of staff was undertaking an audit of someone's finances and had found that this had not been done for several months. Although we did not find any evidence of any adverse impact on the person or their finances, we were concerned that there was a risk of spending not being properly accounted for. **(See Area for Improvement 1)**

Children and young people were supported by a small staff group that understood their needs. Family members told us, "My child loves the girls to bits" and "He really enjoys his time out with staff." We were confident that when support visits were consistently delivered, the relationships between staff and young people was positive.

Young people should be actively involved in decisions regarding their supported time. During discussions with parents, and through staff observation, we heard of young people participating in swimming, Autism Rocks, trips to the beach, and soft play. During observations of staff practice, young people were engaged in creating activity planners for the month, being encouraged to make independent decisions on activities of interest to them. This meant young people were supported to have their wishes heard.

Young people should be encouraged to have a healthy attitude to food and drink. We suggested obtaining feedback from young people and families as to their preferred choices. This would provide useful insight into opening up food choices for young people.

### Areas for improvement

1. To support people to manage their finances safely, the provider should ensure that they undertake regular audits and checks to ensure that processes and procedures are working effectively.

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

'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

### How good is our leadership?

### 3 - Adequate

We made an evaluation of Adequate for this key question. An evaluation of Adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but key areas of performance need to improve.

People should benefit from a culture of continuous improvement. Whilst the quality assurance systems were well established in adult services, we found that audits were not undertaken within organisational timeframes. Within children and young people's services, quality assurance checks were not consistently carried out. This included audits of care planning, risk assessments, and behaviour support plans. This meant we could not be confident that outcomes for young people were being fully assessed. This could affect the quality of care experienced by young people in the service. **(See Requirement 1)**

People should be well informed about the service and have their views heard. Whilst families were informed about supported visits, we found that young people and families were not routinely asked for feedback about the service. Some families told us they did not have input into care planning reviews or to wider organisational improvement. This meant people were not encouraged to be involved in evaluating the quality of the service provided.

Overall, professionals told us that communication from management was positive. We were told they were approachable and responsive regarding requests for information. However, we heard of inconsistent communication from families of children and young people. This meant that families were not fully informed of what to expect from the service.

Staff training was tracked appropriately. Some staff told us they had suggested moving and handling training, and managers had, during our inspection, identified that this would now be mandatory for all staff working with children and younger people. This is important for supporting children and young people with complex needs. We identified training in recording for staff as being a skill necessary for their role. We found some support visit recordings contained incidents that had not been notified to managers or the Care Inspectorate. This meant that learning did not occur and care planning and risk assessments were not reviewed. Staff told us they had requested training in communication systems for people with complex needs. We were assured by senior service managers that a full audit of training for staff was underway.

Incidents investigated by managers did not always highlight areas to help the service to identify areas for development, or enhance the quality and safety of support. Where care plans or risk assessments were identified to be updated, we found this difficult to track. **(See Requirement 1)**

Most staff we spoke to were confident about offering feedback to the service. In some cases, this was proactively managed. Staff did not always receive feedback from managers regarding issues raised in service. This meant that some staff lacked trust in managers to action their concerns.

Leaders at all levels stated their commitment to service improvement. Senior leaders have stated that a new quality assurance team were in place to support the service moving forward. This gives us some assurance that there will be the capacity to make the improvements required.

## Requirements

1. By 1 October 2025, the provider must ensure there are effective quality assurance processes in place.

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

- a) ensure timely audits of care plans and risk assessments to enable outcomes to be effectively measured;
- b) ensure supervisions are held within the three month organisational timeframe;
- c) ensure audits are in place for support visit recordings in order to assess the quantity and quality of content; and
- d) ensure there is a system in place to track incidents in order to identify areas for service improvement.

This is 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 the Health and Social Care Standards (HSCS) which states:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## How good is our staff team?

## 3 - Adequate

We made an evaluation of Adequate for this key question. An evaluation of Adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but key areas of performance need to improve.

People should be supported by the correct number of staff, with the right skills, at the right time. The service had a combined staffing needs assessment for adults and young people. The robust system for adults meant that staffing was stable and provided by skilled, consistent, and attuned staff. Observations of staff practice were positive. Interactions were warm and caring, with visits being unhurried to allow for meaningful relationships to be established. This meant people were being supported by staff that had the right knowledge and skills for their role.

Staffing should be deployed effectively across the service. We were told that the service did not have contingency plans in place for unmet staffing numbers. We asked the service to establish these plans to ensure that the correct number of staff, with the correct skills, support people.

The service should benefit from staff who work well together. We found that staff spoke highly of one another and were happy to co-work where ratios required. This meant people benefitted from a staff team that positively supported one another.

A staffing needs assessment should support a service to identify suitable staffing levels. The service now supports an increasing number of young people, all of whom have complex needs. We heard from families and professionals of support visits cancelled at short notice. We were told of staff changes made without notifying families. This meant that some young people did not receive consistent care and support. **(See Requirement 1)**

The current staffing assessment did not review the changing needs of the young people's service. We found the service did not have a stable staff team to carry out the increasing number of planned support visits. We found inconsistencies within levels of support visit recordings. This meant the service could not track outcomes over time and support assessment of adult's and young people's care plans. We highlighted to leaders that staff should have time to accurately record visits. The service must develop a clearer overview of staffing, taking account of the highly complex needs of young people. **(See Requirement 1)**

## Requirements

1. By 1 October 2025, the provider must ensure that children and young people are supported by the right number of staff, with appropriate skill levels, to meet their needs.

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

- a) ensure there is an effective system for assessing and reviewing the number of staff or staff hours that are required throughout the day;
- b) ensure that assessed staffing ratios are maintained, taking into account the complexity of needs; and

c) ensure that any changes in staffing are clearly assessed and communicated with families and relevant professionals.

This is in order to comply with Section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'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).

## How well is our care and support planned?

## 3 - Adequate

We made an evaluation of Adequate for this key question. An evaluation of Adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but key areas of performance need to improve.

Support plans contained a good level of person-centred detail including health information, personal preferences, and wishes. This helped support workers to have meaningful conversations with people, children and young people, and recognise any changes to their health and wellbeing. We saw positive examples where people had been involved in their assessments and had signed these to show they were in agreement. We heard about instances where people and their families had wanted to change how they received their support and this was arranged quickly. People who were supported to access the community were involved in planning this. We could be confident that people were involved in planning their own care and support.

Support plans were not always instructive to staff. Whilst we observed support visits, where staff clearly understood people's needs and outcomes because they knew them well, this information was not always noted in support plans. We suggested that important instructions should be documented in more detail, particularly moving and handling needs. Key information about what support visits could or should look like was sometimes missing. This meant the service was vulnerable to slipping standards of care and support, should regularly scheduled support workers not be available for any reason. This vulnerability was also increased due to some quality assurance processes not being completed regularly, including support plan audits and the documentation of reviews. We could not be confident that care plans always provided clear guidance to staff. **(See Requirement 1)**

While visits and day to day support was recorded, this was done inconsistently. Although some contained good descriptive detail, others did not, and we found little evidence that people's experiences were being measured or evaluated. This meant that it was difficult for the service to evaluate whether people, children and young people were achieving their outcomes and goals. We asked the service to improve this aspect of their care planning and were told that planning is already underway to provide additional training to staff.

**An Area for Improvement is no longer in place and has been incorporated into Requirement 1.**

Regular reviews were being undertaken and some people we spoke to told us they had been involved in this process. The way the service was using their electronic support planning system meant that it was not obvious to see any changes which had been agreed, when this had been agreed, and how the impact of changes would be measured. Review documents we did see often contained little evaluation of the service, although they did highlight that people were generally very happy with their service.

Although people reported to us that they felt involved and were happy with their care and support, this was not always reflected in documentation. We could therefore not always be confident that people's support was being effectively assessed and reviewed. **(See Requirement 1)**

## Requirements

1. By 1 October 2025, the provider must protect the health and wellbeing of adults, children and young people who use the service, by planning their care and support effectively.

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

- a) ensure support plans and risk assessments are sufficiently detailed in line with the complexity of care and support being provided;
- b) ensure that support visits are sufficiently planned so that people using the service, their relatives and staff know what to expect;
- c) ensure that support visits are recorded in sufficient detail and using appropriate language so that people's outcomes, goals, and experiences can be measured; and
- d) ensure that six monthly reviews consider progress in meeting outcomes and goals, whether changes need to be made and if so, what these changes are.

This is to comply with Regulation 5(1), (2) and (3) 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 states:

'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).

## 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 promote the health and wellbeing of people using the service, the provider should ensure that activities and other ways to achieve a meaningful day are planned, recorded, and evaluated on a regular basis.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25)

and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 4 July 2024.**

## Action taken since then

People should expect to be able to direct their own support in order that they spend their time doing things that are meaningful to them. This is particularly important for large support services where the person is supported for multiple hours every day. We found that where this was the case, people were supported to undertake a range of activities. These were planned in partnership with the person receiving the service and had been very successful. We saw good examples of people being supported to eat out at different restaurants, go swimming, and plan holidays. We were confident that people were enjoying a range of activities in line with their personal preferences and wishes. While these activities were recorded, this was often in little detail. This meant that it was difficult for the service to evaluate whether people were achieving their outcomes and goals. We have asked the service to improve this aspect of their care planning.

**This Area For Improvement is no longer in place and has been incorporated into a new Requirement under Key Question 5.**

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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