

Frontline Fife Homelessness Services Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
30 July 2025

Service provided by:
Frontline Fife Homelessness Services

Service provider number:
SP2004006594

Service no:
CS2004071634

About the service

Frontline Fife Homelessness Services is registered to provide a housing support service to adults. The service provides short term housing support to people living in their own homes and an accommodation based tenancy support service. The service operates across Fife.

At the time of our inspection, the service was supporting 68 people.

About the inspection

This was a short notice announced inspection which took place between 21 July and 30 July 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 15 people experiencing support by telephone or in person
- spoke with seven staff and leaders
- received views from three partner agencies
- observed four staff during support visits
- reviewed documents

We also sent electronic and paper questionnaires to the service in advance of our inspection. However, none were returned to us.

Key messages

- People had been supported to make significant life changes.
- Staff worked with kindness and compassion and in a person-centred way.
- Improvements must be made to support and safety planning.
- Leaders were held in high regard and led by positive example.
- Improvements were still needed to quality assurance and managerial oversight.
- People were protected because staff escalated and reported concerns in the right way.
- Training opportunities for new staff needed to be reviewed.
- Learning records for all staff needed to be up to date.

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?	4 - Good
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 evaluated this key question as good, where several strengths positively impacted outcomes for people and clearly outweighed areas for improvement.

Staff and leaders were clear about their roles in protecting people. We found that concerns had been recognised, escalated and reported appropriately, leading to safe outcomes for those receiving support. People's lives had improved because of the protective actions taken by staff and leaders.

Staff we spoke with were compassionate, kind and committed to delivering good outcomes. They worked hard to support people in making positive changes in their lives. These values were echoed by people experiencing support, who described staff as respectful, supportive and understanding. Specific comments included:

"They are respectful and knowledgeable. They know their stuff and they're professional but you're still able to have a laugh and feel like their equal."

"I've got anxiety and depression - I don't just open up to anyone. But she made me feel so relaxed right from the start. It was like talking to one of your family. Someone I could really trust."

We were confident that the support people received was making a meaningful difference in their lives. People shared how their support worker had helped them achieve significant changes, such as securing stable housing, improving their financial situation and accessing services like addiction support. People told us:

"I've gone from homeless to being ready to move into my new flat and they've been by my side at every step."

"They have helped me with forms, food, clothes, shoes - everything. I was starting life from scratch. They are such a good team and I've been put right back on my feet."

"They've managed to help me with so many things. (My support worker) is just always there for me. Having a new house is stressful but knowing she's there makes it easier."

People we spoke with had confidence in their support worker and highlighted their knowledge in areas such as housing, finance and community resources. We heard that people appreciated having "someone in their corner" to help them navigate systems and agencies. This demonstrated how staff worked with people to advocate on their behalf. One person told us:

"Before I got put in touch with Frontline Fife I was going round in circles. Other agencies were just messing me around. But (my support worker) has got my money sorted out and I have a house now. It's been amazing."

All staff had completed trauma-informed training. Leaders told us staff were now more aware of the impact of trauma and were regularly reflecting on this during conversations and practice. This awareness supported staff to better understand the effects of trauma and to work in more compassionate ways.

Other organisations spoke positively about their experiences of joint working with Frontline Fife. Staff were described as collaborative, trustworthy and reliable, with a strong understanding of people's vulnerabilities and needs. We heard and saw very good examples of how staff were working with other agencies to improve people's experiences, in some cases using their positive relationships to help people connect with other services.

To support consistently good outcomes, it's important that staff use support and safety planning records correctly and consistently. During this inspection, we found that previous improvements in this area had not been sustained, which could affect the quality of people's experiences. This was taken into account when evaluating key question five.

We were also unable to fully confirm that all staff had completed the training expected of them. This issue is addressed under key question two and was considered in our evaluation of this key question.

How good is our leadership?

3 - Adequate

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

Staff understood their roles well, and a statement of service aims and objectives had now been developed. The provider should make sure these aims and objectives are clearly reflected in the information given to people using the service. This will help people to be clear about the support they can expect to receive.

Leaders had systems in place to stay up to date with changes in the social care sector. They were consistently open and willing to learn from others. We were confident that the previous area for improvement in this area had been met, but leaders should be aware of the limited resources available and the challenge of keeping knowledge current.

Staff spoke very positively about the leadership of the service. They described the manager as supportive, approachable and caring. It was clear the manager led with compassion and kindness. Other organisations also shared good experiences of joint working, describing the leadership team as "consistently open." Working in this way supports a culture of trust.

The manager carried out regular observations of staff practice. These were thorough and considered, helping ensure staff were working in line with expected standards and codes. This was especially important given the high level of lone working across the service.

The organisation had good oversight of incidents, accidents and protection concerns. This helped ensure lessons were learned from significant events and that concerns were followed up properly, leading to safer outcomes for people.

We had previously asked the service to develop a quality assurance framework. Although support had been received from another provider to introduce a self-evaluation approach, this hadn't yet been put into practice. People's experiences need to be at the heart of quality assurance and leaders should consider how to gather feedback more meaningfully and use it to make improvements. This includes feedback from direct observations, exit questionnaires and random sample surveys. We also found that other aspects of self-evaluation and quality assurance were not working in the right way, and we did not have assurance that these processes were supporting improvement and oversight across the service. This area for improvement has not been met (**see area for improvement 1**).

A learning framework had been created to show what training each staff member needed. We signposted the manager to the Knowledge and Skills Framework for the drugs and alcohol workforce, which may be useful when reviewing the current training expectations.

It is important that leaders have full oversight of the learning needs of staff. This helps ensure staff knowledge is current and their learning matches the training expectations that have been set. We found that leaders did not have this oversight and, as a result, we could not be confident that staff had completed the learning expected of them. The system used to record staff training was not working in the right way and should be reviewed and improved to ensure a skilled and competent workforce (**see area for improvement 2**).

People we spoke with consistently told us they were aware of their right to complain and felt confident their concerns would be heard. We were assured that staff consistently made people aware of this right at the start of their support journey.

Areas for improvement

1. To support a service which drives continuous improvement and positive outcomes for people, the provider should develop a quality framework which provides assurance, governance and places the experiences of people at the centre.

This is in order 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, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

2. To ensure people experience care from staff who are skilled and knowledgeable, the provider should;

- a. ensure they have up-to-date training records for each staff member
- b. take action to address any learning gaps.

This is to ensure care 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)

How good is our staff team?

4 - Good

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

Staff had consistently been recruited following safer staffing guidance, which helped keep people safe. Leaders understood their responsibilities around safer staffing and had developed a policy since the last inspection to outline how these legal responsibilities would be met. We heard that safer staffing training would be introduced to help staff understand this legislation more clearly. A cultural review was carried out in February 2025, gathering staff views and showing the provider's commitment to staff wellbeing.

People we spoke with felt confident in the knowledge and skills of staff. We heard that staff were available at the right times, which helped build trust and a sense of safety. One person told us; "I can phone her (my support worker) about anything at any time and she makes time for me". This flexible and responsive approach to supporting people was echoed by staff we spoke with, who told us they had time to spend with people and didn't feel rushed. They described a person-led approach where support was flexible and guided by the individual.

Leaders confirmed they only accepted referrals when they had enough staff to provide safe support. Although there were currently high vacancy levels, exit interviews were being carried out and leaders were satisfied there were no systemic issues causing staff to leave. However, they should remain aware of the impact of turnover, including extra responsibilities for existing staff and the time needed to recruit and support new team members.

After training, staff were expected to complete reflective accounts to show how their learning would influence their work. Reflective practice was also supported through direct observations, wellbeing days and team meetings. The manager is planning to build on this and create a more structured approach to reflective practice. This way of working supports a team who learn from experience, improving their future skills and practice.

Staff felt skilled and confident in their roles and believed leaders would support any unmet learning needs. New staff spoke positively to us about their early learning experiences. Staff felt well-supported by their manager and the organisation. They described a positive culture where they felt heard, valued and motivated. Support was provided both formally through one-to-one supervision and informally. Annual appraisals were in place, giving staff the chance to set personal learning and development goals. Regular opportunities to meet with colleagues helped build strong relationships and shared learning across the organisation. We had confidence the organisational culture was working in the right way to support a motivated and values-led workforce.

While staff spoke positively about their induction and improvements were noted, some key areas were still missing. These included the Health and Social Care Standards (HSCS), Scottish Social Services Council (SSSC), trauma and human rights-based care. There was also no system to check staff understanding through reflective practice. We recommended a further review of the induction programme to make sure all essential topics were included and staff had opportunities to show what they'd learned. We signposted the service to the SSSC Induction Passport to support this review (**see area for improvement 1**).

Areas for improvement

1. To ensure people experience care and support from staff who are skilled and competent, the provider should;
 - a. review induction training to ensure it covers all key learning objectives for new staff
 - b. ensure there are regular opportunities to reflect on induction learning to demonstrate competency and understanding.

This is in order 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)

How well is our care and support planned?

3 - Adequate

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

The service used Outcome Stars to support people. This visual tool helps individuals identify what is working and not working in their lives and tracks their recovery journey over time. Some people also had action plans which outlined their personal goals, and most had safety plans that identified potential risks and ways to reduce harm. We saw good examples of staff using these tools to support good outcomes for people. Records were respectful and showed that people had choice and were directing the support they received.

While there were examples of good support and safety planning, this was not consistent. Case notes showed that people were achieving significant outcomes, but these were not always reflected in their action plans, meaning important progress was being missed. We also found that a significant number of people did not have a completed Outcome Star or action plan detailing their support needs. In several cases, safety plans had not been reviewed recently or after significant events, or they did not reflect known risks. In addition, information about people's support was not always stored in the correct place, which made it difficult to find key details when needed.

We recognised that risks were reduced because people had consistency in the staff supporting them. However, each person should have an up-to-date, outcome-focused action plan and a safety plan which clearly identifies potential risks and how these are being managed. We were disappointed that previous improvements in this area had not been maintained. Although the manager was carrying out quarterly audits and individually coaching staff, these efforts hadn't led to lasting improvements.

To ensure people consistently experience safe and positive outcomes that reflect their preferences and wishes, it is important that support records are improved as a priority (**see requirement 1**).

Requirements

1. By 13 October 2025, to ensure people experience person-centred support which works to promote safety and positive outcomes, the provider must ensure that each person has plans and agreements in place which clearly sets out how each their support needs will be met. To achieve this the provider must ensure every person experiencing support:
 - a. has a plan in place, which has been co-produced with the supported person, which sets out their personal goals and how these will be met
 - b. has all risks identified which lead to clear, co-produced safety plans which set out risk mitigations
 - c. has regular opportunities to review support and safety plans.

This is in order to comply with 4 (1)(a)(Welfare of Users) and 5 (1), (2)(a),(b),(c),(d)(Personal plans) 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 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

The provider should review policies and procedures to ensure people experience respectful care and support from an organisation which consistently works to reduce the impact of trauma.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice/" (HSCS 4.11)

This area for improvement was made on 14 February 2024.

Action taken since then

From the policies and procedures we looked at, it was clear they had been updated to include trauma-informed and human rights-based approaches. We are confident that the provider is committed to building a trauma-informed culture, and that future updates will continue to follow this way of thinking.

This area for improvement was met.

Previous area for improvement 2

To support a service which drives continuous improvement and positive outcomes for people, the provider should develop a quality framework which provides assurance, governance and places the experiences of people at the centre.

This is in order 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, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

This area for improvement was made on 14 February 2024.

Action taken since then

Although we could see emerging strengths, we were not satisfied that quality assurance was working in the right way to drive improvements.

This area for improvement has not been met and has been restated in this report (**see key question 2, area for improvement 1**).

Previous area for improvement 3

To support consistently safe experiences for people using the service the provider should;

- a. ensure staff and leaders have regular learning and reflection opportunities in relation to their duties in protecting people from harm
- b. ensure organisational procedures provide leaders with the right oversight to ensure significant events are consistently escalated, reported and concluded in a timely manner
- c. embed systems to ensure a culture of organisational learning in how significant events are managed.

This is in order 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 4.23) 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 area for improvement was made on 26 November 2024.

Action taken since then

The records we looked at showed that the organisation shared learning to help staff and leaders improve protection procedures. The protection concerns we looked at were all handled properly - they were raised, reported and followed through as they should be. We're confident that staff are now more aware of how to deal with protection issues, and that this has helped keep people safer.

This area for improvement was met.

Previous area for improvement 4

To ensure people are fully informed of the service they can expect to receive, the provider should develop a clear statement of aims and objectives which is shared with people experiencing support.

This is in order 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 4.23)

This area for improvement was made on 26 November 2024.

Action taken since then

The service had a clear statement explaining what people can expect from their support. Leaders should make sure this information is always shared with people when their support begins.

This area for improvement was met.

Previous area for improvement 5

To ensure people experience good outcomes, the provider should develop processes to ensure the organisation delivers care and support in line with best practice and legislation and responds appropriately to sector changes.

This is in order 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 4.23)

This area for improvement was made on 26 November 2024.

Action taken since then

Leaders had taken steps to improve how they received information about important changes within health and social care. They were better informed about important changes that had taken place within the sector because of this.

This area for improvement was met.

Previous area for improvement 6

To ensure people experience care and support from staff who are skilled and competent, the provider should;

- a. review induction training to ensure it covers all key learning objectives for new staff
- b. ensure there are regular opportunities to reflect on induction learning to demonstrate competency and understanding.

This is in order 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 26 November 2024.

Action taken since then

Staff spoke positively about their induction. However, we still found some important topics missing such as the Health and Social Care Standards (HSCS), Scottish Social Services Council (SSSC), trauma and human rights-based care. There was also no system in place to check staff understanding through reflective practice.

We suggested the induction programme should be reviewed again to make sure all key areas are covered and staff have chances to show what they've learned. We directed the service to the SSSC Induction Passport as a helpful resource.

This area for improvement had not been met and has been restated in this report (**see key question 3, area for improvement 1**).

Previous area for improvement 7

To ensure people consistently benefit from personal planning which supports good health and wellbeing outcomes, the provider should:

- a. provide staff with further training in personal planning and risk management
- b. develop meaningful tools for leadership audits of support planning and risk management
- c. conduct audits of support planning and risk management records to ensure they are accessible and fully reflective of the support people should experience.

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 26 November 2024.

Action taken since then

While we saw some good examples of support planning, this wasn't consistent across the service. We identified some significant gaps in support and safety planning records. We recognised that staff were receiving ongoing coaching and mentoring, and that quarterly audits of support plans were taking place. However, these efforts hadn't led to lasting improvements.

This area for improvement had not been met. A requirement in relation to support and safety planning has now been made (**see key question 5, requirement 1**).

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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