

Kingdom Housing Support - James Bank Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
20 August 2025

Service provided by:
Kingdom Support and Care CIC

Service provider number:
SP2016012806

Service no:
CS2016351141

About the service

The service is registered with the Care Inspectorate to provide a housing support service to people who are experiencing homelessness. The service provides temporary accommodation across four sites in West and Central Fife. An assertive outreach team provides visiting support to people who may be without housing or at risk of homelessness.

At the time of our inspection the service was actively supporting 41 people.

About the inspection

This was a short notice announced inspection which took place between 13 and 20 August 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:

- received the views of four people via a questionnaire and spoke with nine people during our visits
- spoke with 12 staff and leaders
- received the views of three visiting professionals
- sampled records.

Key messages

- People experienced support from staff who worked with kindness and compassion.
- People had made significant life changes because of the support they received.
- Support and safety records had significantly improved since our last inspection.
- Staff were clear about their role in protecting people from harm.
- Procedures needed to be reviewed to make sure the Care Inspectorate were consistently notified about significant events.
- Staff were confident in their roles because they had the right training and support.
- Quality assurance continued to evolve within the organisation, supporting better oversight and driving improvements.

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?	4 - Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - 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 found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People had been supported to make meaningful and lasting changes in their lives. Many spoke about gaining independence, growing in confidence, overcoming addiction and reconnecting with family. Their health and wellbeing had improved as a direct result of the care and support they received. One person shared that the service had changed their life, while another said it had saved them from returning to prison or hospital. For some, moving into the service had been the turning point giving them purpose, routine and the skills to stay healthy and fit.

Staff worked in a person-centred and trauma-informed way, and people consistently described feeling accepted and never judged for their past. Even when they experienced setbacks, they felt supported rather than criticised. One person reflected that they had "gone backwards" at times, but never felt judged. Another spoke about the stigma faced by people with addictions, and how being accepted without prejudice had made a profound difference.

Visiting professionals spoke highly of the staff, praising their communication with other agencies and their commitment to escalating concerns and sharing information in the right way. The support was described as "second to none," with staff regularly going "above and beyond" in their care. The positive relationships with other agencies clearly supported positive and safer outcomes for people using the service.

Staff understood their role in protecting people from harm, and records showed they consistently took the right action to support safe outcomes. Improvements in record-keeping were evident, and there was confidence that systems were now working effectively to support safe experiences.

Training had been tailored to both mandatory requirements and the specific needs of each service, ensuring staff had the right skills to support people successfully. This contributed to better outcomes and more effective support. Throughout the inspection, respectful and positive relationships were observed between staff and people they supported. Staff clearly knew people well and had built strong connections based on trust. Everyone we spoke with highlighted the kindness and respect and the genuine care shown by staff.

There remained opportunities to strengthen support and safety planning and to use quality improvement tools more effectively, as discussed in key questions two and five.

How good is our leadership?

4 - Good

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

There was clear evidence of progress in quality assurance and improvement across the organisation. The expansion of the quality improvement team reflected a strong and ongoing commitment to developing self-evaluation processes and driving service-wide improvement. Audits carried out by the quality team had been thoughtful and effective, particularly in strengthening support and safety planning. This gave confidence that the organisation's approach to improvement was moving in the right direction.

'Connecting You' boards were in the early stages of implementation. While full staff teams had not yet been involved, leaders were taking time to build confidence in their purpose and use. These boards were intended to bring together key performance indicators, survey results and service improvement plans, creating a space to celebrate success, identify barriers and set goals. This was seen as a positive step toward involving whole teams in the quality journey.

Oversight of staff training had significantly improved. Leaders were now able to identify learning gaps and take action to address them. This level of planning and monitoring supported a workforce that continued to grow in skill and confidence.

Incident and accident analysis was being carried out effectively by the registered manager, helping to identify trends and respond quickly. This proactive approach supported safer outcomes for people.

Despite these strengths, there were areas where improvement was needed. The Care Inspectorate had not consistently been notified of significant events. Several incidents reviewed during the inspection had not been reported to us, despite staff taking the correct action to escalate concerns. While safeguarding had not been compromised, this highlighted a procedural gap. Leaders were advised to review current practices to ensure compliance with legal notification requirements (**see area for improvement 1**).

Monthly quality assurance checks were not consistently effective in providing oversight or driving change. In some cases, audits were incomplete or lacked evidence of follow-up actions. There were instances where audits relied on assumptions rather than direct evidence; for example, assuming someone had been encouraged to stay healthy without confirming how this was demonstrated. This raised questions about who was conducting the reviews and whether peer or managerial audits might offer more objectivity.

To keep people's voices central to quality assurance, we suggested several improvements. Although a customer satisfaction survey had been completed, it was not tailored to individual services, meaning feedback hadn't led to specific changes. Going forward, leaders should gather more targeted feedback and ensure it informs service improvement planning. Involving people in quality audits was still at an early stage, and further development was encouraged to ensure people's views were meaningfully included.

Oversight of annual planners also required attention. Direct observations of practice were not happening regularly, and some staff had not had equal opportunities to receive quarterly supervision and support. These gaps suggested a need for stronger oversight to ensure consistent staff development and accountability.

Finally, while people knew how to make a complaint and were confident to do so, some were not aware of their right to raise concerns directly with the Care Inspectorate. This indicated a need for clearer communication and awareness-raising around people's rights.

Areas for improvement

1. To support safe health and wellbeing outcomes for people experiencing support, the provider should review internal procedures to ensure the Care Inspectorate is consistently notified, within required timescales, of significant events which occur within the service.

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

"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).

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The Health and Care (Staffing) (Scotland) Act 2019 came into effect on 1 April 2024. It applies to everyone working in health and care services in Scotland. The purpose of the Act is to make sure people get safe, high-quality support. To do this, services must have enough staff with the right skills, in the right place, at the right time.

We found that leaders and staff understood their responsibilities under the Act because they had completed specialised training. Each part of the service had its own staffing plan, which explained how staff were organised and how their wellbeing was supported. We were confident that the organisation was committed to meeting its responsibilities and provided flexible staffing with the right skills to give people good support experiences.

People shared that they had very good relationships with staff and felt the support they received was flexible and matched their individual needs. One person said, "It's been unbelievable for me. There's nothing they won't help you with. Everyone here is amazing." This feedback, along with what we saw during our visits, gave us confidence that support was focused on each person and was provided when they needed it most.

People can be confident that the organisation recruited people safely. Since our last inspection, induction training for new staff had been reviewed. The new format was now delivered over a two week period and supported by both the learning and development team and service leaders. One person, who had completed this way of learning, spoke positively about their experience and it was clear this had given them confidence in the support worker role.

Kingdom Support and Carer showed a strong commitment to helping staff grow and be involved in how the service evolved. Staff told us they felt appreciated and confident in their support roles. They also spoke positively about chances to connect with the wider organisation, such as through conferences and surveys. New 'Connecting You' boards were being introduced to help staff play a bigger role in shaping how the service developed. These were still in the early stages, and we're keen to see how they grow and help everyone take part in improving the service.

How well is our care and support planned?**4 - Good**

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

At our last inspection, we asked the provider to improve support and safety planning records as a priority. To support this, we made an area for improvement. During this inspection, we looked at a sample of these records and found significant improvements had been made. We had confidence the outstanding area for improvement had been fully met.

Senior support staff told us they had received support and mentoring from the organisational quality team. This had improved their knowledge and confidence in support and safety planning and also developed bespoke documents for both the assertive outreach and direct access services. Designing records around the specific needs of people meant these plans were working in the right way to support good outcomes for people.

We found support and safety planning were both strengths-based and goal-focused. This meant they recognised the skills and ambitions of each person, supporting them to achieve good health and wellbeing and to realise personal goals. Records we saw were up-to-date and had mostly been reviewed following significant events. This meant staff always had current guidance to support them in their daily work. We had confidence support records were now working in the right way to support good outcomes for people.

During our feedback, we highlighted opportunities to improve which we identified during our sampling of records. This included opportunities to address issues of legacy language which did not always reflect trauma-informed and positive ways of working. We also highlighted the importance of considering people's history when developing plans which support safe outcomes.

Looking ahead, we will check to see how improvements have been built upon and maintained during future inspections. Leaders should consider our feedback in relation to quality improvement tools to make sure these consistently work in the right way to drive improvements within support and safety planning.

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 ensure people are consistently supported to achieve good health and wellbeing outcomes, the provider should ensure;

- a. that each person experiencing care has support and risk management plans in place which are co-produced and contain the right information to guide staff practice and support good conversations
- b. that these plans are reviewed in partnership with the supported person at regular intervals and following significant events and
- c. that an auditing tool is developed and used regularly to support ongoing record-keeping improvements.

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

"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 22 August 2024.

Action taken since then

Please refer to key question five.

This area for improvement was considered fully met.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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