

AllCare HomeCare Support Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Rhema Healthcare Solutions Limited

Service provider number:
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Service no:
CS2024000411

About the service

AllCare HomeCare is a support service providing care at home to people living in Fife. The service registered with the Care Inspectorate in October 2024 and operates from an office base in Dunfermline, Fife. At the time of inspection the service was supporting around 40 people with a staff group of around 20.

About the inspection

This was a short notice announced inspection which took place between 23 to 26 September 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 nine people using the service
- Spoke with five relatives
- Spoke with six staff and management
- Reviewed questionnaire responses
- Observed practice and daily life
- Reviewed documents.

Key messages

- People were treated with kindness, dignity and respect.
- Staff were skilled and delivered care and support which was relaxed, unrushed and person-centred.
- Care plans were instructive and contained sufficient detail.
- The service should develop robust quality assurance systems to ensure standards of care remain high.
- Staff recruitment procedures did not always follow best practice guidance and recruitment files were disorganised.

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?	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?

4 - Good

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

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People should expect to experience warmth, kindness and compassion. We observed interactions between people and their carers which were good natured, kind and often humorous. Carers were always upbeat and friendly when supporting people. It was clear that carers knew the people they were supporting well and had often cared for them for a sustained period of time. This meant that interactions were personal and meaningful, and that carers knew how to meet people's needs. We could be confident that people's dignity was respected, and their needs were met.

Feedback from people using the service was positive. One person told us "I think it's terrific". Another person said "They brighten my day." Feedback from relatives was also positive. One relative told us "The service has been amazing" and another said "They are all very kind." We were confident that people were happy with their care and support.

Carers had knowledge and skills which allowed them to respond to the specific needs of the people they were supporting. We saw carers communicate with, and care for, people with a range of different needs. When supporting people with moving and handling, carers knew how to operate equipment safely and talked people through what they were doing. People told us they felt safe and comfortable. Carers supported people with medication appropriately. Carers promoted choice throughout visits. It was clear that carers had a good understanding of people's wishes and preferences but still made sure people were able to choose clothing, drinks and meals themselves. We were confident that people were experiencing support which met their assessed needs.

There was some inconsistency in carers use of time during visits. Sometimes, when essential tasks were completed, carers took the opportunity to start meaningful conversations with people, or ask if there was anything else they would like to do for the rest of the visit time. We observed meaningful conversations about people's interests, plans and families. However, at other visits, we saw carers leave as soon as they had completed essential tasks. We asked the service to ensure that carers stay for the full allocated visit time or if they don't, to record why this is, including that the service user has agreed for the visit to end early. This would support people to direct their own support.

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.

Quality Indicator: 2.2 Quality assurance and improvement is led well

People should benefit from a culture of continuous improvement. Some quality assurance systems were in place, but further work was needed to fully establish these. Although some audits and checks were taking place, there was no clear schedule for these and they were not always recorded.

We also found some record keeping was disorganised and missing key information. This could affect the quality of care experienced by people using the service. We asked the service to improve the organisation and implementation of their quality assurance systems. (See Area for Improvement 1).

All stakeholders should be involved in improving the service. Team meetings took place regularly and staff told us they felt confident to share their views with service leaders. There was little evidence that service users and relatives had been able to contribute to improvement, however we acknowledged that the service has not been operating for long. There was no service improvement plan in place. We asked the service to establish one as soon as possible. This would promote a whole team approach to improvement. (See Area for Improvement 1).

Oversight and evaluation of staff performance and learning needs required improvement. This is important in ensuring people are supported by a confident and competent staff group. See the 'How good is our staff team?' section of this report for further information.

Staff told us that the manager of the service was helpful and proactive. Communication with service users and their relatives was good. People told us they were kept up-to-date about changes in the service. There was a good level of oversight of staff training and registration with professional bodies. Staff told us they had found the organisation supportive in helping them to access and complete training. This gave us assurance that there will be the capacity to make the improvements required.

Areas for improvement

1. To support people's wellbeing, the provider should ensure that quality assurance processes are effective in identifying and planning areas for improvement.

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

- a) Implement a range of regular audits and checks to monitor and improve the quality of the service.
- b) Create a service development plan which includes input from all relevant stakeholders, gives clear timescales and responsibilities for each item and states how success will be evaluated.

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).

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.

Quality Indicator: 3.1 Staff have been recruited well

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

Most people using the service enjoyed a good level of consistency in terms of the carers they saw and the times of visits. Service users were always introduced to new staff and we heard that regular familiarisation visits took place to ensure staff knew how to provide care and support before they worked with people. Some people told us they had some preferences which were not currently being met, for example the time of visits or the gender of carers. This meant that people's wishes were not always being adhered to. The service told us they were aware of all requests and were working to meet these as soon as possible.

It is important that staffing arrangements are right and staff work well together. Where two carers were needed at a visit, there was always at least one experienced staff member. Carers communicated well with each other and completed tasks professionally and compassionately. Staff told us they had enough time to complete visits without feeling rushed and had time to travel between visits. The visits we observed were calm and friendly. This helped create a relaxed and caring atmosphere. There were daily handover meetings so that key information could be shared and carers knew what to expect at their visits. If visits took longer than anticipated, office staff were able to redeploy staff so that no one missed out. We could be confident that staff deployment was well considered.

Regular staff support is an important process for supporting staff in their roles and helps to improve outcomes for people. Carers told us they felt supported by management. We were told that "I definitely feel supported" and "the manager is very good." Regular meetings took place between carers and the management team, as well as numerous observations of practice. However, there was no formal process to record these. It was therefore not clear which staff had received formal one-to-one support and observations of practice. It is important that staff have access to regular formal supervision in order to identify learning and development needs and to address any practice issues or concerns. We asked the service to formalise these processes and procedures as soon as possible. (See Requirement 1).

Induction training was thorough and included a range of mandatory topics which were completed both online and in person. Shadow shifts were undertaken before carers worked alone with people and people were always introduced to new carers before they received care and support from them. Staff told us that training was helpful and supported them to do their jobs well. We could be confident that people were being supported by a knowledgeable and skilful staff group.

It is important that staff are recruited safely. We were not assured that the service always followed the 'Safer Recruitment Through Better Recruitment (2023)' best practice guidance document. This had the potential to put people at risk of being supported by unsuitable staff. Recruitment files were disorganised and were missing key documentation relating to identity checks, references and Protection of Vulnerable Group (PVG) checks. Although the service were able to locate these documents before the end of the inspection, we asked them to improve their organisation and record keeping in relation to recruitment. We were concerned that some recruitment procedures were not robust enough as records showed some staff had started work before PVG certificates had been received. Although these examples predated new legislation, and certificates were in place by the time of inspection, we reminded the service that as of 1 July 2025 it is an offence for anyone carrying out a regulated role to do so whilst not a member of the PVG scheme. We also highlighted the importance of receiving two satisfactory references before a new employee starts work. (See Requirement 2).

Requirements

1. By 22 December 2025, the provider must support the wellbeing of service users and staff by ensuring that staff practice is observed, evaluated, discussed and recorded.

This should include, but is not limited to:

- a) Formal supervision meetings which take place in line with organisational timescales.
- b) Observations of practice and competency checks.

This is in order to comply with Section 8 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 state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 22 December 2025, the provider must ensure that staff are recruited safely, to ensure that people using the service are kept safe.

To do this, the provider should follow the 'Safer Recruitment Through Better Recruitment (2023)' guidance document.

This includes, but is not limited to:

- a) Ensuring right to work checks, Protection of Vulnerable Groups checks and, if necessary, overseas Police checks have been completed prior to employees commencing work.
- b) Ensuring satisfactory employment references and, if necessary, character references are received prior to employees commencing work.

This is to comply with Regulation 9(1) 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: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned?

4 - Good

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

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

Care plans should be up-to-date and reviewed regularly to ensure they reflect people's outcomes. Care plans gave clear guidance and instructions to staff. They struck a balance between containing the necessary task based information required for care at home support, as well as details about the person which would support staff in initiating meaningful conversations and providing additional support. Risk assessments were appropriately detailed according to the complexity of care being delivered. We discussed with the service the need to undertake more comprehensive risk assessments should they decide to support people with more complex care and support needs. Staff told us they found care plans to be helpful and accessible. Daily notes were sufficiently detailed and showed that people were receiving care and support in line with their care plans. We could be confident that people were experiencing support which met their assessed needs.

Some people's planned care and support included the application of topical creams. Although there was some level of guidance within care plans about this, we suggested the use of body maps. This would help guide staff on the specific area where cream is to be applied and the amount of cream required.

It is important that care plans are easily accessible to people, staff and, where appropriate, relatives. The service used a combination of paper and electronic systems. Paper copies of assessments, plans and notes were in people's homes so they could easily access them. The same information was also stored electronically and was accessible to people and their relatives if they wished. We heard about relatives being kept up-to-date about anything which may be required through daily notes. This supported people and their relatives to be involved in leading and directing their care.

Auditing of care plans was taking place but these were basic checks which lacked detail or information on how they could be improved. We also told the service we would like to see regular audits of the quality and detail of visit notes. See Area for Improvement 1 in the 'How good is our leadership?' section of this report. Although most care plans were not due for a routine six month review for some time, we were pleased to see the service had good oversight of when these would be due. We emphasised the importance of arranging these in good time and ensuring that reviews evaluate people's experiences and outcomes.

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?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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