

# Tayem Care Services Support Service

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

**Completed on:**  
31 October 2025

**Service provided by:**  
Tayem Care Services Ltd

**Service provider number:**  
SP2023000525

**Service no:**  
CS2024000408

## About the service

The service is registered to provide a care at home service to adults and older people living in Fife. At the time of our inspection, the service was supporting 50 people.

## About the inspection

This was a short notice announced inspection which took place between 27 and 31 October 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 registration information, information submitted by the service and intelligence gathered since the service was registered.

In making our evaluations of the service we:

- received the views of five people experiencing care, or their relatives, via questionnaire before our inspection
- visited six people experiencing care in their homes
- spoke with eight people experiencing care, or their relative, on the telephone
- spoke with ten staff and leaders
- carried out shadow visits with three staff
- reviewed documents.

**Key messages**

- People felt respected and treated with kindness by care staff.
- People expressed confidence in the service and trust in the delivery of care.
- People's experiences were compromised by a lack of consistency in both the timings of visits and the staff who provided their care.
- Improvements were needed in how significant events were recognised, escalated and reported.
- Staff felt appreciated, valued and supported by the leadership team.
- Recruitment practices needed to be strengthened to ensure they consistently complied with safer recruitment guidance and best practice.
- Records of support and safety planning needed to be improved to ensure staff consistently had access to person-centred guidance in sufficient detail to deliver safe and responsive care.
- Whilst complaint handling procedures needed to improve, people had confidence their concerns would be listened to respectfully and fully resolved.

**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?	3 - Adequate
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?

### 3 - Adequate

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

People shared that, overall, they were happy with the care and support provided by Tayem Care Services. They felt they were treated with respect and kindness, and appreciated the care team's commitment to checking all their needs were met before each visit ended. Feedback included comments such as: "They are extremely helpful and kind," and "They can't do enough for you - always so respectful."

We observed staff delivering care in a person-centred way, demonstrating an understanding of people's personal preferences and supporting them in line with those preferences. Receiving care from staff who know people well contributes to positive health and wellbeing outcomes, as it enables staff to notice and respond to changes. One person highlighted this experience with the service by telling us, "The carers mostly know me well. Especially (carer's name) - she knows by looking at me that I am not feeling myself." This familiarity gave people confidence that health changes would be recognised and reported quickly.

However, some people's experiences and outcomes were compromised by a lack of consistency in both the carers supporting them and the timing of visits. One person told us they had been unable to shower for a week because the service had been unable to provide a female carer. A relative commented, "Care from staff has been excellent. Only one criticism - too many staff visiting my dad, not getting familiar with staff or them with him. It is important for him to have a routine and the same carers to build a relationship." The provider acknowledged the lack of consistency in care and recognised the negative impact this had on people's experiences. We heard that a high turnover of staff had significantly contributed to the issue. However, we were assured that the provider was actively seeking ways to improve staff retention, with the aim of enhancing the continuity and quality of care people received.

People should be informed in advance about who will be carrying out their care visits and when these are scheduled. We heard that this was not currently happening. This lack of information could lead to feelings of anxiety and uncertainty for those using the service. We have asked the provider to introduce a system that makes sure people are made aware of who will be attending each visit alongside the expected timing (**see area for improvement 1**). These improvements will help people feel more in control of their support and reflects the values of respectful, person-centred care.

Care staff demonstrated confidence in their role to escalate concerns. We saw examples where staff had appropriately and quickly notified the leadership team about issues identified during visits. However, we were not assured that the leadership team fully understood their responsibilities to record, escalate and report significant events. This gap in understanding could place people at risk of poor outcomes or harm (**see How Good is our Leadership, requirement 1**).

Records about people's care and support didn't always give staff enough detail to guide how they should provide care. While we saw some examples of clear and personalised information; this wasn't consistent. With high staff turnover and the issues around consistency of care, this lack of clear guidance could lead to people having poor experiences (**see How Well is our Care and Support Planned, requirement 1**).

Although care staff were not responsible for administering medication, they did provide reminders to individuals when needed. We signposted the provider to Care Inspectorate guidance to support consistent understanding and practice around the distinctions between administering, prompting and assisting with medication. This will help ensure care staff do not take on responsibilities they are not trained to do.

### Areas for improvement

1. To ensure people experience care which is respectful, person-centred and recognises people's right to be involved in their care, the provider should implement a system to ensure people are fully informed as to who will be visiting and when. Any changes to planned visit time or staff should be communicated to the person as soon as is practicable.

This is 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 know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support." (HSCS 3.11)

### How good is our leadership?

### 3 - Adequate

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

People told us they had confidence in the service and felt reassured that their care needs would be met each day. One person shared, "They really are a very good company. I have trust in them."

The provider had invested in an online software platform which worked to support safe service delivery. This system alerted the leadership team to missed visits or gaps in care, allowing them to respond quickly and ensure people's needs were met. This supported both good health and wellbeing outcomes for people alongside building trust in the reliability of the service.

People experiencing care said they felt confident raising concerns with the leadership team. One person described how an issue they had raised was handled respectfully and fully resolved, which gave them confidence that any future concerns would also be addressed.

However, it is important that leaders maintain accurate records of all complaints and concerns. These records should include full details of the issue raised, how it was investigated, and what areas for improvements were identified. This way of working supports a lessons-learned approach to managing complaints and helps services evolve in response to feedback. During this inspection, we found that records did not provide assurance that complaints had been fully investigated and addressed. Procedures for managing complaints needed to improve to support transparency, accountability and continuous improvement (**see area for improvement 1**).

To ensure people are consistently protected from harm, it is essential that clear processes are in place to record and escalate significant events, including protection concerns.

During this inspection, we found that such events had not always been recorded or escalated appropriately. In some instances, concerns were not reported in the right way to the relevant agencies, such as social work services or the Care Inspectorate. This lack of consistent reporting could place people at risk and highlighted the need for stronger systems and clearer leadership understanding of these responsibilities (**see requirement 1**).

Whilst we saw some assurance systems in place, such as spot checks, there was no clear framework to consistently monitor quality or drive improvement across the service. To support an organisation that continues to develop and places people's experiences at the centre of its processes, the provider should develop a more robust and structured approach to quality assurance (**see area for improvement 2**). We signposted the leadership team to Care Inspectorate resources to help build their understanding of self-evaluation. This will support them to reflect on current practice, identify what is working well, and recognise areas where improvements are needed.

Staff spoke very highly of the support and guidance they received from the leadership team. They felt appreciated and connected to the organisation, which helped foster a motivated and committed workforce. This positive working environment contributed to the delivery of compassionate and person-centred care.

## Requirements

1. By 26 January 2026, the provider must ensure that service users receive care that meets their health, safety and wellbeing needs and enables them to experience care which protects them from harm. To do this, the provider must, at a minimum, ensure:

- a. all staff are aware of their role in recognising, reporting and escalating incidents, accidents and other significant events
- b. appropriate and timely referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to social work services, and Care Inspectorate
- c. full and accurate incident and accident records are maintained and
- d. there is a clear analysis and lessons learned approach to significant events which works to protect people from further harm.

This is in order to comply with regulations 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 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)

## Areas for improvement

1. To ensure people experience care from an organisation which demonstrates transparency, accountability and continuous improvement, the provider should maintain accurate and comprehensive records of all complaints and concerns. These records must clearly document the nature of the issue, the steps taken to investigate it, and any actions or improvements identified as a result.

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) and

"I use a service and organisation that are well led and managed." (HSCS 4.23)

2. To support a service which drives continuous improvement and positive outcomes for people experiencing care, 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)

## How good is our staff team?

### 3 - Adequate

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

People told us the service was reliable. While there could be variations in visit times, they remained confident that scheduled visits would take place as planned. Leaders explained that the service only accepted new referrals when staffing levels were sufficient to meet people's needs safely and effectively. This gave assurance that staffing was being planned and managed in a way that supported safe, consistent care and positive outcomes for people.

The leadership team acknowledged the challenges they had faced in retaining staff and recognised the impact this had on people receiving care. We were assured that they were taking proactive steps to improve recruitment and had introduced initiatives to help staff feel more connected to the organisation.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 01 April 2024 and applies to all health and care staff in Scotland. The aims of the Act are to enable safe and high quality care and improved outcomes for those experiencing support, through the provision of appropriate staffing. This means having the right people, in the right place, with the right skills, at the right time.

The provider was not aware of their responsibilities under this legislation. We signposted leaders to relevant resources and training to ensure everyone working within the registered service understands the requirements of the Act and their individual responsibilities.

Leaders should review current procedures to ensure they have the right systems in place to receive and share information. This will help the service to improve and adapt in line with national expectations and best practice (**see area for improvement 1**).

The provider worked in partnership with the Fife Care at Home Collaborative. This is a recognised group of organisations that work together under a shared agreement to improve how care at home services are planned, delivered and maintained across Fife. As part of this arrangement, the collaborative could offer staffing support if the provider was unable to carry out scheduled visits. The provider must, on each occasion, formally notify the Care Inspectorate if they are experiencing serious staffing issues that affect their ability to deliver care (**see How Good is our Leadership, requirement 1**). We also recommended that people receiving care are given information about this arrangement. This would help people understand what support is available if the provider is unable to deliver care as planned, and how their information would be shared safely.

While we observed some examples of good practice, recruitment records did not consistently demonstrate that the provider was following safer recruitment procedures. To protect people from poor experiences and potential harm, it is essential that the provider strengthens their recruitment practices and maintains accurate records (**see requirement 1**).

Staff were positive about their early learning experiences, feeling it supported them to have confidence in providing safe, person-centred care. However, we highlighted important gaps in the learning currently offered to new staff, such as adult support and protection and trauma informed care. In addition, there was no clear training plan which outlined the ongoing learning needs of staff. This could result in staff lacking the knowledge and skills needed to deliver safe, high-quality care (**see area for improvement 2**).

## Requirements

1. By 26 January 2026, 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 that records consistently evidence satisfactory employment references are received prior to employees commencing work
- b. ensuring that, where necessary, risk assessments are completed and recorded to support an employees suitability to work with vulnerable people and
- c. ensuring that all organisational processes consistently reflect the safer recruitment practices outlined within 'Safer Recruitment Through Better Recruitment (2023)' guidance document.

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)

### Areas for improvement

1. 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)

2. 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. develop a training plan which details the ongoing learning and development expectations for staff
- c. maintain up-to-date training records for each staff member and take action to address any learning gaps.

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.

Prior to receiving care, individuals were offered a familiarisation meeting with the leadership team. People told us this gave them an opportunity to share their preferences and how they wished their care to be delivered. This approach supported person-centred care by recognising and responding to individual needs and preferences, contributing to positive experiences.

It is essential that each person has a care plan in place that clearly outlines their needs, preferences, and any risks that staff should be aware of. Clear and detailed guidance supports staff to consistently deliver person-centred and safe care.

While we saw some positive examples of person-centred and well-documented care plans, this was not consistent across the service. Many plans lacked sufficient detail, and we were not confident that all potential risks had been identified and discussed to ensure appropriate safety measures were in place. In addition, some individuals had not received a recent review of their care needs. The lack of consistently detailed and up-to-date care planning records placed people at greater risk of poor experiences and harm (see requirement 1).

## Requirements

1. By 26 January 2026, 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 sets out how their support needs will be met in sufficient detail so as to ensure person-centred care
- b. has all risks assessed and identified which lead to management plans which clearly set out risk mitigations
- c. has these plans reviewed, at a minimum six monthly or following any changes in health and wellbeing.

This is in order to comply with 4(1)(a) and 5 (1), (2)(a),(b),(c),(d) 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)

## Complaints

There have been no complaints upheld since registration. Details of any upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
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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