

Love Housing Support - Fife Housing Support Service

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Telephone: 01313374202

Type of inspection:
Unannounced

Completed on:
6 November 2025

Service provided by:
Love @ Care Ltd

Service provider number:
SP2018013216

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 follow up inspection, the service was supporting eight adults and 27 children and young people.

About the inspection

This was an unannounced follow up inspection which took place on 4 and 5 November 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 three people using the service
- Spoke with four relatives
- Spoke with eight staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- The service had established new quality assurance systems.
- We asked the service to ensure that rota systems are effective in providing consistent care and support to children and young people.
- Planning of support for people, children and young people had improved.
- People were being supported to manage their money safely.

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 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 good is our staff team?

3 - Adequate

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

Children and young people should be supported by the right number of staff, with appropriate skill levels to meet their needs. We found that there was a new staffing needs assessment in place. This contained information related to training qualifications of staff, ratios of staff to young people, contingency planning and an overview of young people's needs. This allowed the service to correctly match the right staff with the right skills to support young people. This had been in place since September but will take further time to embed as a live working document.

Through speaking to families, staff and reviewing documents, we were confident that ratios for supporting children and young people were being consistently met. Some families noted that staff were gaining a good understanding of their young person's needs.

We heard from families that support visits had been more consistent over the last few months in terms of the staff who supported their relatives. Families told us communication with the manager of the service had improved and concerns were addressed in a timely manner. However, staff told us that there continued to be changes to staffing at short notice. This meant that staff lacked confidence in the rota system to be accurate in identifying which staff were providing support and at what times. This meant that young people and their families were sometimes uncertain about who would be providing their support. Despite progress in this area, we have asked the service to make improvements to ensure that children and young people are provided with consistent care from staff who know them well, in order to support their needs. (See Requirement 1).

Requirements

1. By 30 January 2026, the provider must ensure that people receive consistent support from staff. To do this the provider must, at a minimum:

- a) ensure that any changes to staffing are fully communicated with the staff team and those using the service
- b) ensure that any changes to staffing is assessed through the staffing needs assessment to ensure people are supported by the right staff with the right skills to meet their needs.

This is 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

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

It is important that people are able to choose and direct their own support. We found that adults using the service were assisted to plan their support effectively.

People told us they had undertaken a range of activities and outings in line with their personal preferences, interests and wishes. Children and young people using the service were supported along with their families to plan their support. Young people were actively engaged in activities such as swimming, soft play and trips to the park.

Recording of support visits had been improved. We found that recordings provided a good level of detail about support visits. We saw that the service's own audit system had picked up on some missing or inadequately detailed recordings and this had been fed back to staff. Audits had also identified good practice and this too had been shared with staff. We encouraged the service to continue considering people's goals, aspirations and outcomes when recording their support visits.

All six monthly reviews were up-to-date and showed consideration of people's goals, aspirations and outcomes. We saw good examples of goals being achieved, including people being supported to book holidays and access public transport where they had not been able to do this previously. We were confident that people's goals, aspirations and outcomes were being considered and encouraged the service to continue to make this a focus of their care and support.

The level of detail of support plans and risk assessments was inconsistent, although it had improved since our last inspection. Whilst some were sufficiently detailed, others were not. We observed support visits where staff clearly understood people's needs and outcomes because they knew them well, however this information was not always noted in support plans. Important instructions should be documented in more detail, particularly people's moving and handling needs. We saw that the service's new audit systems had also picked up on this and there was a plan to renew support plans in more detail. Key information about what support visits could or should look like was also sometimes missing. This meant that staff may not have all the information they need to support people, should regularly scheduled support workers not be available for any reason. (See Area for Improvement 1).

Areas for improvement

1. To support people, children and young people's wellbeing, the provider should ensure that support plans and risk assessments are sufficiently detailed in line with the complexity of care and support being provided.

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 requirements we made at or since the last inspection

Requirements

Requirement 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).

This requirement was made on 9 July 2025.

Action taken on previous requirement

Quality assurance processes should be in place to identify areas of service improvement and development. A new and clear audit system had been established since our last inspection. Auditing had been transferred to another part of the organisation and overseen by the head of quality and compliance. We saw areas for development had been identified including where greater detail was required or where any updates to risk assessments should be actioned. We saw evidence that the manager had then addressed these and ensured that all documents accurately reflected the needs of the people using the service. Staff who worked with adults told us they felt the service had become more stable since our last inspection. Feedback from people and their relatives was positive. One person told us "they're absolutely brilliant" and a relative said "they go above and beyond." Feedback from relatives of children and younger people was that the service was improving but still required more consistency. The service were aware of this and have developed new systems to address this.

See 'Requirement 2' in this section of the report for further detail.

This told us that the service was working towards a more robust system of quality assurance by ensuring outcomes can be effectively measured.

There was a clear tracker in place to accurately record supervision and appraisals. We were confident that these were now up-to-date and planned, in keeping with the organisational timeframe targets. Staff told us that discussions were taking place with regard to training and gaining feedback from those using the service. This was reflected in the records we looked at. This assured us that managers were clear about the quality of staff performance.

The organisation had a system for auditing support visit recordings. We found these audits to be comprehensive and identified key improvements, such as including reflections and adding greater detail to recordings. We were told by managers that further training in this area will be actioned through team meetings and supervision. This told us that the provider had established clear oversight of how people's outcomes were being met at support visits.

The service had developed an incident tracker in order to clearly identify when an incident had taken place. We were told by senior managers that this system is to be renewed, and a live tracker of incidents will be in place for both managers and external managers. This will further develop the ability to identify areas for service improvement.

Met - within timescales

Requirement 2

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).

This requirement was made on 9 July 2025.

Action taken on previous requirement

People, children and young people should be supported by the right number of staff, with appropriate skill levels to meet their needs. We found that there was a new staffing needs assessment in place. This contained information related to training qualifications of staff, ratios of staff to young people, contingency planning and an overview of young people's needs. This allowed the service to correctly match the right staff with the right skills to support young people. This had been in place since September but will take further time to embed as a live working document.

Through speaking to families, staff and reviewing documents, we were confident that ratios for supporting children and young people were being consistently met.

Some families noted that staff were gaining a good understanding of their young person's needs.

We heard from families that support visits had been more consistent over the last few months in terms of the staff who supported their relatives. Families told us communication with the manager of the service had improved and concerns were addressed in a timely manner. However, staff told us that there continued to be changes to staffing at short notice. This meant that staff lacked confidence in the rota system to be accurate in identifying which staff were providing support and at what times. This meant that young people and their families were sometimes uncertain about who would be providing their support. Despite progress in this area, we have asked the service to make improvements to ensure that children and young people are provided with consistent care from staff who know them well, in order to support their needs. We have issued a new requirement in the 'How good is our staff team?' section of this report.

Met - within timescales

Requirement 3

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).

This requirement was made on 9 July 2025.

Action taken on previous requirement

It is important that people are able to choose and direct their own support. We found that adults using the service were assisted to plan their support effectively. People told us they had undertaken a range of activities and outings in line with their personal preferences, interests and wishes. Children and young people using the service were supported along with their families to plan their support. Young people were actively engaged in activities such as swimming, soft play and trips to the park.

Recording of support visits had been improved. We found that recordings provided a good level of detail about support visits. We saw that the service's own audit system had picked up on some missing or inadequately detailed recordings and this had been fed back to staff.

Audits had also identified good practice and this too had been shared with staff. We encouraged the service to continue considering people's goals, aspirations and outcomes when recording their support visits.

All six monthly reviews were up-to-date and showed consideration of people's goals, aspirations and outcomes. We saw good examples of goals being achieved, including people being supported to book holidays and access public transport where they had not been able to do this previously. We were confident that people's goals, aspirations and outcomes were being considered and encouraged the service to continue to make this a focus of their care and support.

The level of detail of support plans and risk assessments was inconsistent, although it had improved since our last inspection. Whilst some were sufficiently detailed, others were not. We observed support visits where staff clearly understood people's needs and outcomes because they knew them well, however this information was not always noted in support plans. Important instructions should be documented in more detail, particularly people's moving and handling needs. We saw that the service's new audit systems had also picked up on this and there was a plan to renew support plans in more detail. Key information about what support visits could or should look like was also sometimes missing. This meant that staff may not have all the information they need to support people, should regularly scheduled support workers not be available for any reason. We have issued a new area for improvement in the 'How well is our care and support planned?' section of this report.

Met - within timescales

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 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).

This area for improvement was made on 9 July 2025.

Action taken since then

Where required, people should be supported to manage their finances safely and effectively. Appropriate processes and procedures were in place. There was a clear system for staff to document spending and match this up with receipts. Paper trails were audited weekly and cash counts were undertaken daily. People told us they were happy for the service to support them to manage their money. We were confident that people were being supported to manage their money safely.

This Area for Improvement has been 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 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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