

West Fife Care at Home Support Service

Fife Council
Brunton House
Cowdenbeath
KY4 9QU

Telephone: 03451 555 555

Type of inspection:
Announced (short notice)

Completed on:
27 November 2025

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2010274026

About the service

West Fife Care at Home is a care at home service which provides a service to people living in their own home in West Fife. The provider is Fife Council and the service has an office base in Cowdenbeath. At the time of inspection the service supported around 330 people across three areas - Dunfermline, Cowdenbeath and South West Fife. The service also encompasses Nightlink (care visits at night time) and The Mobile Emergency Care Service (MECS), which is linked to Fife Council's community alarm facility and supports hundreds of people every month.

About the inspection

This was a short notice announced inspection which took place between 11 - 27 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 43 people using the service
- Spoke with 24 relatives
- Spoke with 23 staff and management
- Spoke with external professionals
- Reviewed questionnaire feedback
- Observed practice and daily life
- Reviewed documents.

Key messages

- People experienced care and support which was kind, dignified and person-centred. The majority of people were very happy with the service.
- Some people experienced inconsistency in the times of their visits which impacted their ability to plan their days.
- There were strong quality assurance systems in place but we asked the service to improve their oversight of staff training.
- Care and support was delivered by staff who were friendly and skilled. Staff felt well supported by leaders in the service.
- Care plans were generally of good quality but we asked the service to improve the detail of some risk assessments and reviews.

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?	4 - Good
How good is our staff team?	4 - 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?

4 - Good

We evaluated this key question as good, as several strengths impacted positively on outcomes for people, and 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 care and support which is kind and compassionate. We observed interactions between people and carers which were friendly, good natured, and often humorous. We saw numerous examples of carers chatting to people about things which were meaningful to them, including their families and their plans for the day. We saw carers laughing and joking with people who felt comfortable welcoming them into their home. People were at ease with their carers. We could be confident that people's dignity was respected.

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. In most cases carers had a good understanding of people's wishes and preferences but still made sure people were able to retain some level of independence, for example in choosing clothing, drinks and meals. We were confident that people were recognised as experts in their own care.

The majority of feedback from people using the service was positive. One person told us "I'm very lucky to have such good carers" and "I don't know where I'd be without them." Another person said, "They're brilliant, I can't say enough about them." Feedback from relatives was also positive. One relative told us "I wouldn't change a thing" and another said "We have a lot of laughs!" We were confident that most people were happy with their care and support.

Although feedback about the visits themselves was very positive, some people told us that there was a lack of consistency in the times of their care and support visits. This was particularly the case for visits in the morning and during the night. One person told us "you cannae plan anything", because she did not know when carers would arrive. This uncertainty meant that some people could not organise their days as they would like to. We asked the service to consider people's needs and preferences regarding the timing of visits at all stages of assessment and review, and deliver this as much as possible. (See Area for Improvement 1).

It is important that people receive the right support at the right time. Support with medication was well managed. We found that care plans were clear on the level of support required and this was carried out and recorded in the care visits we observed. Support was documented clearly on relevant paperwork although we did highlight to the service some examples of recordings not being completed in full. All staff had undertaken training on supporting people with medication and they were confident in providing this support. This was also supported by regular competency checks and monthly reviewing of records. Body maps supported the application of topical creams and provided clear instructions and guidance to carers. We were confident that people's health was being promoted.

It is important that appropriate support is provided if there is an emergency or unexpected event. We observed contact centre staff who responded to community alarm calls. Communication was calm, clear and reassuring. Staff quickly identified the reason for alarm activations and requested support from the Mobile Emergency Care Service (MECS) where risks, particularly of illness or injury, were identified.

We spoke to people who had been supported by this team and feedback was mostly positive. One person told us "It's very reassuring" and a relative told us "It's a life saver." Most people told us that help had arrived promptly, but there were examples of people having to wait for some time. The service told us that they were in the process of increasing staff levels and establishing timescale targets for call out responses. We were reassured by this and will check progress at the next inspection.

Areas for improvement

1. To support people's wellbeing, the provider should ensure people using the service receive consistent and stable care and support.

To do this the provider should, at a minimum:

- a) provide night time care and support at consistent times, in line with people's assessed needs and preferences.
- b) provide morning care and support at consistent times, to allow those who wish to plan day time activities, to do so.
- c) ensure reviews consider people's needs and preferences for visit times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well.' (HSCS 3.19).

How good is our leadership?

4 - Good

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

Quality Indicator: 2.2 Quality assurance and improvement is led well

Quality assurance should be led well and be used to monitor and improve the quality of the service people receive. We saw a range of systems in place to check standards of care including spot checks, staff supervision and care reviews. These were up-to-date and we saw that where issues or themes had been identified, these were appropriately communicated individually to carers or to the whole care team via teams meetings or online groups. We saw that positive changes had been made to the quality of visit notes and the detail of care plans. We were confident that the management team had good oversight of the service and their staff.

People, their relatives and staff told us they felt comfortable in approaching leaders within the service to discuss any queries or concerns. One carer told us "they really care." A relative told us, "communications is good" and another said "I feel I can go to the coordinator with any queries." People told us that home care coordinators always tried to accommodate requests for changes, even if this was not possible immediately. This meant that people could expect a responsive service who took their feedback into account. We suggested the service could implement more formal processes to use feedback to promote service improvement, including the creation of a service improvement plan. This would promote a whole team approach to improvement and development.

Complaints, accidents and incidents were followed up in line with the policies and protocols of the provider. Staff had good awareness of their roles and responsibilities in keeping people safe if they had any concerns. However, some accidents and incidents had not been reported to the Care Inspectorate when they had met this threshold. Although we did not have any concerns about how these accidents and incidents had been dealt with, reporting them to the relevant agencies promotes openness, accountability and ensures that the right agencies are involved in keeping people safe from harm. (See Area for Improvement 1).

Staff should feel confident to give feedback and feel that they are listened to and valued. Carers we spoke with were all positive about their experience working for the service and felt supported to carry out their role to the best of their ability. Several carers told us "I love my job." Some staff told us that they had raised concerns in the past about not having access to people's care plans prior to visiting them. This feedback had been taken on board and a new system was in place which allowed carers to access care plans electronically before visits. This showed that the service valued staff feedback.

It is important that services can demonstrate that they have a well trained staff group. There was good oversight of staff induction and new staff members were not signed off until they had completed mandatory training both in person and online. The service told us that oversight of ongoing staff training was more challenging as the provider's systems did not allow for simple oversight for a large staff group. The service had taken measures to overcome this challenge by looking at training levels during supervision and highlighting where any training was outstanding. However, this was not discussed in much detail. This meant that there was a risk that the service would not be able to easily identify possible trends, themes or issues relating to staff training. We asked the service to improve their oversight of staff training. (See Area for Improvement 2).

Areas for improvement

1. To support a culture of improvement, responsiveness and transparency, the provider should ensure that the Care Inspectorate are informed of accidents and incidents. This should be in accordance with the guidance given in the Care Inspectorate document 'Adult care services: Guidance on records you must keep and notifications you must make'.

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. To support people's wellbeing, the provider should ensure that care and support is delivered by a staff group who are appropriately trained and skilled.

To do this the provider should, at a minimum:

- a) ensure an up-to-date staff training record is maintained.
- b) identify, through monitoring of training records and consultation with staff, any unmet training needs and take steps to address this.

This is 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 good is our staff team?**4 - Good**

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

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

Staff felt they had enough time to complete visits without feeling rushed and generally had enough time to travel between visits. The visits we observed were calm and friendly. This helped create a relaxed and caring atmosphere during visits. The service had expanded their 'preferred worker' system so that up to eight carers could be designated as 'preferred' where previously this had only been one or two. This meant that although people tended to see different carers, it was usually someone they had seen regularly before. Although most people were happy with the consistency of carers, some people told us they felt they saw too many new faces and did not have enough continuity. One person said "there's no regulars, I see lots of different people." This meant that some people did not receive consistent and stable support. The service acknowledged that there were ongoing challenges with staffing in some areas of the service but were trying to address this through recruitment and scheduling. We were encouraged to hear that the service would soon be introducing an electronic system which would allow people using the services and their relatives to see who would be visiting them and when.

It is important that staffing arrangements are right, and staff work well together. At visits which required two carers to meet people's needs, staff communicated well with each other and with the person using the service. The service was in the process of training all staff in moving and handling so that some visits could be reduced from two carers to one. Although some staff were apprehensive about this change, the service had shown willingness to adapt or revert to two carers if new arrangements were not working for people or their carers. We were confident that people were supported by the right number of people.

Providing regular support to staff is important in promoting positive outcomes for people using the service. One carer told us "I have an amazing manager" and another said "I can raise any issues and they listen." This support was underpinned by regular supervision, competency checks and team meetings. These were well documented and well received by carers. We suggested that the views of people using the service and relatives could be included in this process, to ensure that their voices are heard at every opportunity. Staff spoke positively of training and were able to discuss and demonstrate competency in key areas including moving and handling, communication and medication. We were assured that staff were confident and competent, meaning they could meet people's needs.

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

We evaluated this key question as good, as several strengths impacted positively on outcomes for people, and 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 needs, outcomes, wishes and preferences. Care plans gave clear guidance and instructions to staff and 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 in initiating meaningful conversations. We saw carers using this information to discuss things with people that were important to them, including their families, interests and work history. We were confident that carers had access information which was instructive and meaningful.

Visit notes were sufficiently detailed and showed that people were receiving care and support in line with their care plans. We were therefore confident that people were experiencing support which met their assessed needs. We observed carers asking people using the service if there was anything else they could do before leaving, when the full visit time had not elapsed. However, this was not always recorded on visit notes. We suggested carers should highlight when they have left a visit early and why, along with confirmation that the person using the service agreed to this. This would support ongoing assessment, review and planning.

It is important that care plans are easily accessible to people using the service, staff, and where appropriate, relatives. The service used paper copies of care plans and daily notes which were held within people's homes. They were therefore accessible to people and their relatives. This promoted openness and transparency. Copies of plans held within people's homes were not always the most up-to-date versions. Although care and support tasks were accurately recorded, we found some background information which people and their relatives told us was out-of-date and no longer relevant. This meant that carers did not always have the right information to support meaningful conversations with people. (See Area for Improvement 1).

It is important that risks are managed so that people do not experience poor outcomes. Additional care plans, risk assessments and other documents were in place where this was required. These included detailed moving and handling plans, risk assessments and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) certificates. It was clearly stated in care plans where these additional items were stored and when they should be referred to. The detail of some risk assessments was inconsistent across the service, particularly in relation to diabetes and Chronic Obstructive Pulmonary Disease (COPD). This meant that some people may not receive the right care and support at the right time. We asked the service to improve the level of detail of risk assessments across the service so that staff always had clear guidance on how to minimise, mitigate and respond to risks. (See Area for Improvement 2).

Care plans should be reviewed regularly to ensure that they are meeting people's needs and outcomes. The service had good oversight of reviews and these were up-to-date. People told us they felt involved in discussions about their care and support. One person said "We discuss everything" and a relative told us "It all runs smoothly." Records of review meetings sometimes lacked detail and simply stated that care and support should continue. It was not always clear where changes had been made as a result of review meetings. Some people's most up-to-date review was not in their care plan in their home, meaning they did not have the most up-to-date information immediately available to them. (See Area for Improvement 3).

Areas for improvement

1. To support people's wellbeing, the provider should ensure that care plans and assessments are up-to-date and accessible to people who use the service, and their representatives.

To do this the provider should, at a minimum:

- a) Ensure that information held within people's home is the most up-to-date available.
- b) Ensure that when changes are made, this is reflected across all care planning documentation including care plans, risk assessments and reviews.

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).

2. To support people's wellbeing, the provider should ensure that risk assessments contain sufficient detail to allow care staff to prevent and manage risk. This applies to all assessed risks, including stress and distress, diabetes and COPD.

To do this the provider should, at a minimum, ensure that risk assessments include sufficient detail about contributing factors to risk, strategies to prevent risk, strategies to manage risk and what to do if the risk occurs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

3. To support people's wellbeing, the provider should ensure that reviews consider all aspects of people's care and support and result in care plans being fully updated where necessary.

To do this the provider should, at a minimum:

- a) Ensure that people's experiences and outcomes are evaluated and recorded at review meetings.
- b) Ensure that people and their representatives have access to the most up to date review documents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.