

AllCare HomeCare Support Service

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Type of inspection:
Announced (short notice)

Completed on:
9 January 2026

Service provided by:
Rhema Healthcare Solutions Limited

Service provider number:
SP2019013318

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 follow up inspection which took place on 8 January 2026. 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:

- Spoke with one person using the service
- Spoke with one relative
- Spoke with four staff and management
- Reviewed documents.

Key messages

- The service had improved how they observed, evaluated, discussed and recorded staff practice. However, the majority of staff had not yet had a formal supervision meeting in line with the service's own timescales.
- The service had improved their recruitment processes and procedures.
- The service had improved their quality assurance processes and procedures.

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
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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: 3.1 Staff have been recruited well

It is important that staff are recruited safely. The service had improved the organisation of their recruitment files. There were clear checklists in place and these corresponded to appropriate documents within the files. The service had retrospectively checked all recruitment files and had made efforts to seek additional information where this had not been in place. This included obtaining additional references and identity checks. Although the service had made significant improvements in this area, there were some areas where best practice was not being followed. This included investigating gaps in employment history and ensuring that two staff conducted interviews.

We acknowledged that the service had not recruited any new staff since our last inspection, however we were pleased to see that the service had taken steps to ensure that best practice guidance will be followed in future. We will check progress at next inspection. (See Area for Improvement 1).

Areas for improvement

1. To ensure that people using the service are kept safe, the provider should ensure that staff are recruited safely.

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 satisfactory employment references and, if necessary, character references are received prior to employees commencing work.
- b) Ensuring any gaps in employment history are explored.

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).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 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).

This requirement was made on 26 September 2025.

Action taken on previous requirement

Regular staff support is an important process for supporting staff in their roles and helps to improve outcomes for people. Staff told us they felt supported by management. We were told that "they are very supportive" and "they really listen." Staff felt able to contact the manager at any time and informal supervision continued to take place regularly. We looked at formal supervision documents which showed that staff performance and development needs were being discussed in detail. We were pleased to see that additional training was being arranged for staff where this had been agreed at supervision. Regular observations of practice were taking place and highlighted areas of good practice. We suggested that the views of service users could be taken into account during this process. We were confident that staff practice was being observed and discussed, meaning that any practice issues could be identified and resolved quickly.

Some formal supervision meetings had taken place but the majority were yet to happen, meaning the organisation target was not being met. The service told us all outstanding meetings had all been planned for the next four weeks and supervisions for the rest of the year would then be scheduled. We agreed to extend this requirement and will check on progress in due course.

This requirement had not been met and we have agreed an extension until 20 February 2026.

Not met

Requirement 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.

Inspection report

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).

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This requirement was made on 26 September 2025.

Action taken on previous requirement

It is important that staff are recruited safely. The service had improved the organisation of their recruitment files. There were clear checklists in place and these corresponded to appropriate documents within the files. The service had retrospectively checked all recruitment files and had made efforts to seek additional information where this had not been in place. This included obtaining additional references and identity checks. Although the service had made significant improvements in this area, there were some areas where best practice was not being followed. This included investigating gaps in employment history and ensuring that two staff conducted interviews.

We acknowledged that the service had not recruited any new staff since our last inspection, however we were pleased to see that the service had taken steps to ensure that best practice guidance will be followed in future. We will check progress at next inspection.

See Area for Improvement 1 in the 'How good is our staff team?' 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'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).

This area for improvement was made on 26 September 2025.

Action taken since then

People should benefit from a culture of continuous improvement. The service had introduced a range of audits which were well organised and had clear timescales. Areas for improvements had already been identified and actioned, particularly around the quality and content of visit notes. Areas of strength had been identified and fed back to staff including hand hygiene and support with medication. The service had also introduced a well detailed service development plan. This included seeking the views of service users and relatives. Progress will be checked at next inspection.

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
3.1 Staff have been recruited well	3 - Adequate

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