

Care Partners Health Care Support Service

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Type of inspection:
Announced (short notice)

Completed on:
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Service provided by:
Care Partners Healthcare Ltd

Service provider number:
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Service no:
CS2021000280

About the service

Care Partners Health Care is a care at home and housing support service operating in the Dunfermline and west areas of Fife. The service is owned and ran by Care Partners Health Care Ltd.

At the time of this inspection, the service had four carers providing care to seven people.

About the inspection

This was an short notice announced inspection, which took place from 12 January 2026 to 16 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 and five of their representatives
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People experienced support from a consistent staff team, who knew their needs well.

Leaders of the service had a clear vision for improvement.

Support plans were detailed and directed person-centred care.

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?	5 - Very 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?

5 - Very Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that impacted positively on outcomes for people.

People should have access to the right health care at the right times. We found examples of where the service had made proactive and reactive changes to how they delivered people's care service, following changes to needs. This included communication with people's next of kin (NOK) to discuss referrals to GP or social work to ensure people had the right care and support.

Feedback from people and their NOK included:

"Nothing but praise and gratitude for them".

"I would recommend them".

"First class".

"Very impressed with the communication".

We observed positive promotion of nutrition in practice and documented through care records. Relatives told us that their loved one's health had improved due to the services promotion of eating and drinking and that any concerns with nutritional intake were reported without delay. This evidences that people's wellbeing benefits from the care and support provided by the Care Partners Health Care team.

Feedback gathered and our review of care records evidenced that the service was committed to ensuring people received the full time they are allotted, prioritising meaningful interactions. People knew what time to expect their carers to arrive, and who was coming. This supported people to experience positive outcomes as care was unhurried and consistent.

The care and support people receive should be based on best practice standards and guidance. We found some gaps in training for care staff where people had specific health conditions or needs, for example epilepsy or stress and distress. Although we found supports in place to help mitigate risks, improvement is required to ensure staff have the skills and knowledge to recognise changes in people's health without delay and take appropriate action. See area for improvement 1.

Areas for improvement

1. To promote positive outcomes for people who are using the service, the provider should ensure that staff have the right knowledge and skills to meet their needs. This should include service user needs led training and or development opportunities.

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 leadership?

4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that impacted positively on outcomes for people.

People should expect the leaders to be responsive to feedback and use learning to improve. The nature of this small, family run service meant that the owners were fully involved, providing direct care to people. Efforts were made to regularly seek feedback from people using the service, and their relatives. Comments made to us by people and staff included:

"Can't say anything bad about the company".

"I find them excellent".

"I have always found them valuable and helpful".

We also saw examples of how regular spot checks (also referred to as observations of practice) carried out by the leaders of the service had supported improvement. Members of the staff team commented that the use of spot checks and shadow opportunities had developed their skills, knowledge and confidence.

We saw that the service had developed its staff supervision policy to include regular 1:1 supervision and team meetings. We found good use of feedback from people being used during these forums to inform any areas for development. This helps to keep the experiences of people, central to service delivery.

Quality assurance, self-evaluation and improvement planning helps to drive change and improvement. We saw a robust and thorough service development plan was in place, that reflected current and future service goals. Quality assurance of medication, spot checks, care plan audits and feedback from people had been used to inform service improvement planning. Our review of post falls incident recording found gaps in detail around decisions not to seek medical advice for people. We discussed with the service the importance of recording clear rational for decisions made during incidents and accidents. This promotes practice that is responsive and uses learning to improve. See area for improvement 1.

The services self-evaluation reflected gaps in the consistency of quality assurance checks, impacted by the leaders of the service providing most of the direct care to people. The service shared with us their goals around service development, and we were confident that the leaders had the skills to drive improvement.

A previous area for improvement around making relevant notifications remains in place. Please see section 'what we have done to meet any areas for improvement made at or since our last inspection' section of this report.

Areas for improvement

1. To promote safe practice that meets people's health safety and wellbeing needs, and follows best practice guidance, the service must ensure that post fall incident records provide a clear record of any decision not to pursue medical advice or support.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13).

How good is our staff team?

4 - Good

We evaluated this key question as 'good,' where several strengths impacted positively on outcomes for people.

We saw evidence of a staff team that worked well together. The small nature of this service supported effective lines of communication. People using the service benefited from interactions that were positive, provided by people who knew them well. People we spoke with told us staff were on time and reliable. Staff told us they felt well supported. This evidenced a staff team who were effective in building positive relationships with people.

We saw systems were in place to ensure that all care staff had the required basic training, with the additional benefit of occasional face-to-face clinical care training provided by the leaders in the service. Improvement could be made to ensuring that staff have access to person specific training that is out with the mandatory expectations. See area for improvement in section 'How good is our wellbeing?' of this report. This encourages staff to have the right skills and knowledge, to meet people's needs.

At the time of this inspection, the service had three full time and one part time carers, supporting seven people. The service was actively recruiting to build on their pool of carers, recognising the need to promote the wellbeing of the current staff team, increase flexibility and have a robust staffing contingency. This promotes care and support that is sustainable.

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good,' where several strengths impacted positively on outcomes for people.

Care plans and risk assessments should be in place and used to guide care and support effectively. All supported people had care plans and risk assessments in place. Plans and assessments were available to people, their NOK and care staff via a care recording app and in paper formats. Plans we reviewed held essential information about people's specific health conditions and how this impacted them. People's preferences, strengths and communication needs were clearly reflected. Narrative within care plans about people's needs, for example continence care, were written delicately and respectfully.

We saw that care plans were reviewed and updated, in response to changing needs. The service should develop ways to ensure that people and where relevant their NOK are given the opportunity to be involved in developing and reviewing their care plans, as part of the care review. The service should also seek ways to ensure that plans are shared in ways that are accessible to people. This keeps people central to how their care is planned and delivered. See area for improvement 1.

Areas for improvement

1. People and their representatives should be included in care planning and reviews. The service should provide support where necessary to ensure people can contribute in a way that is meaningful to them.

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).

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

The provider should ensure robust and transparent systems are in place for making the required notifications to relevant professional bodies.

This is in order to ensure that care and support is consistent with 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) and '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 11 November 2024.

Action taken since then

Notifications received by the Care Inspectorate from the service were appropriate and contained sufficient detail. The service also evidenced seeking advice around how to report medication errors. Discussion with the leaders of the service during this inspection confirmed that they were fully aware of incident and accident types that are notifiable to the local partnership and the Care Inspectorate.

However, we identified a protection concern involving the service that met the criteria for notification to the Care Inspectorate but was not reported. To support robust and fully embedded practice around safeguarding people from harm, this area for improvement remains in place.

NOT MET

Previous area for improvement 2

To promote people having choice and control over who provides their care, people's preferences as to whether they are supported by male or female carers, should be respected and accommodate, where possible.

This promotes Health and Social Care Standards (HSCS), which state that: '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).

This area for improvement was made on 27 June 2024.

Action taken since then

We found that no further recruitment had taken place since our last inspection. Care Partners Health Care currently operates with one female and three male carers. During the inspection, supported people and their relatives consistently reported that they had no concerns regarding the mix of carers delivering their care.

The service advised that they share their current staffing provision with any potential new supported people, and the local commissioning team.

The service was actively seeking to expand their staffing provision, including the mix of male and female carers, to allow peoples preferences to be fully respected.

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 well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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

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