

Wheatley Care Fife Supported Living Service Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
13 January 2026

Service provided by:
Wheatley Care

Service provider number:
SP2006008236

Service no:
CS2019378290

About the service

Wheatley Care Fife Supported Living Service is a combined housing support and care at home service. The service provides support to people who may have mental health issues, learning disabilities, substance and alcohol use issues and physical disabilities living in their own home. At the time of our inspection, support was provided to eight people within a shared home with 24-hour staff availability.

About the inspection

This was a short notice announced inspection which took place on 12 and 13 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 five people who experienced support.
- Spoke with seven staff and leaders and received the views of two staff via a questionnaire.
- Received the views of two visiting professionals via a questionnaire.

Key messages

- People experienced compassionate, thoughtful support from staff who knew them well.
- People felt respected and understood, with staff consistently placing their wellbeing at the centre of decisions.
- Staff worked well with other agencies, identifying concerns early and supporting people to stay healthy and safe.
- A goal-focused approach had supported people to build confidence and develop new skills.
- Significant events were escalated in the right way, though some areas of practice needed further strengthening.
- People were protected by robust organisational policies and procedures, but records showed that expected financial checks were not always completed consistently.
- Support and safety records needed to improve to consistently evidence a least restrictive and enabling approach.

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 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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People continued to receive compassionate, thoughtful support from staff who knew them well. People told us they felt respected and understood, and it was clear that staff consistently placed their wellbeing at the centre of every decision. We observed interactions that were familiar, kind, and reflective of the depth of knowledge staff had about each person and what mattered to them. This insight, combined with flexible staffing arrangements, ensured people experienced truly person centred support. Leadership which had developed innovative ideas to support staff to reflect daily on the principles of the Health and Social Care Standards had clearly supported a culture of inclusion, compassion and respect.

A Life Star is a practical tool that helps people understand and track their recovery journey. It covers key areas of daily life and supports people to rate where they feel they are now and where they would like to be. Staff worked alongside people to review their Life Star regularly, using it to support conversations, identify goals, and agree on the help needed. This approach helped make sure that support remained focused on what was most important to the person. This goal focused approach to each person's support had enabled people to grow in confidence, develop new skills, and feel ready to take the next step towards managing their own home. One person shared; "I do everything myself now. I cook, clean and do my laundry. I feel like I'm ready to move on from here, get my own place".

At our last inspection, we asked the provider to improve aspects of support and safety planning records. We found that these records now contained greater depth of information, reflecting the knowledge staff had about each person. However, we continued to identify language which was outdated and which required improvement. We were also not always assured that records consistently demonstrated a least restrictive, positive approach to risk. Without improvement, people may not consistently be supported to achieve their full potential (**see key question 5, area for improvement 1**).

People were protected by robust organisational procedures, such as those for recruitment, infection control and finance, which helped safeguard them from harm. However, records did not always demonstrate that all staff had consistently followed the correct financial procedures such as some daily and weekly checks. Whilst we had confidence in the overall procedure, we felt supported improvements were needed to make sure these organisational processes were applied reliably and consistently (**see area for improvement 1**).

While most significant events, including incidents and accidents, were escalated and reported in the right way, we identified areas where practice should be strengthened. Although staff had received adult protection training and felt confident in their responsibilities, further work was required to make sure everyone had a clear understanding of local protection procedures, the records that should be completed, and when notifications should be made to the Care Inspectorate. This would make sure the correct procedures continued to be followed in the absence of the registered manager (**see area for improvement 2**). However, we had confidence staff worked well with other agencies and professionals, supporting people to stay healthy and safe. One professional commented; "the support staff are very attentive to residents' needs and identify any issues at an early stage". This supported the depth of knowledge staff had about people, and how this enabled them to quickly recognise change. We therefore had confidence that people were receiving the right support, from the right people, at the right time.

Areas for improvement

1. To ensure people experiencing support are fully protected from financial harm the provider should ensure that organisation policy and procedure are consistently adhered to. Where expected procedure has not been followed, records should clearly demonstrate the actions taken to support improvement.

This is to remain consistent with the Health and Social Care Standards (HSCS) which state that:

"I am safeguarded from harm, neglect, abuse, bullying and exploitation." (HSCS 2.2); and

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

2. To ensure people experiencing support are fully protected from harm, the provider must ensure that all staff have a comprehensive and up-to-date understanding of local procedures and the legal requirements for escalating and reporting of concerns.

This is to remain consistent with the Health and Social Care Standards (HSCS) which state that:

"I am safeguarded from harm, neglect, abuse, bullying and exploitation." (HSCS 2.2); and

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

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 and clearly outweighed areas for improvement.

As detailed in key question one, people were supported to identify personal goals through Life Star. This meant people directed their own support based on what was important to them. Records were detailed and fully reflected the voice and experiences of the person receiving support. We recognised the improvements made in this area since our last inspection. A feature of Life Star is a visual representation of what is working and not working in the person's life and represents their recovery journey. One person told us, "I enjoy doing my star every few months with [staff member]. It lets me see my progress and boosts my confidence".

Where people were subject to legal orders, such as a welfare guardianship, we saw that staff had access to the correct documentation and understood the powers granted within the order. However, records did not always demonstrate that people were consistently supported to take positive, life enhancing risks and to live with least restriction. Without improvement, there was a risk that people may not always reach their full potential (**see area for improvement 1**).

During our last inspection, we asked the provider to improve the legacy language we identified during our visit. While we recognised the progress that had been made, we continued to find examples of language that were not fully aligned with the values and culture we would expect. The use of language in this way could act as a barrier to people achieving their full potential. The outstanding area for improvement in relation to record-keeping has been amended and restated in this report (**see area for improvement 1**).

We were confident that staff had a clear understanding of how to manage people's information in the right way. This supported people's rights to privacy and respect. Records clearly evidenced the regular conversations staff had with people experiencing support to identify what information they wished to be shared, and with whom. Where a guardianship order was in place, records would be strengthened by clearly evidencing the guardian's involvement in the areas where powers had been legally granted.

Areas for improvement

1. To make sure people experience an enabling support service which works to maximise autonomy and consistently upholds least restrictive practice, the provider should;

a. address written and verbal legacy language which is not in keeping with an enabling and positive risk-taking culture.

b. clearly evidence a positive risk management culture where any restrictions are agreed within a legal framework and where records consistently evidence a least restrictive and enabling approach.

This is to remain 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) and;

"If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively." (HSCS 1.3)

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 make sure people experience an enabling support service which works to maximise autonomy, choice and independence, the provider should;

a. address written and verbal legacy language which is not in keeping with an enabling and positive risk-taking culture

b. ensure plans contain sufficient information to drive positive change

c. ensure risk management plans are co-produced and reflect positive risk management strategies.

This is to remain 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) and;

"I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" (HSCS 1.6).

This area for improvement was made on 30 May 2024.

Action taken since then

Please refer to key question five for information relating to this area for improvement.

This area for improvement had not been fully met and has been amended and restated in this report (**see key question 5, area for improvement 1**).

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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
5.2 Carers, friends and family members are encouraged to be involved	5 - Very Good

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