

# East Fife Care at Home Support Service

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KY7 6GH

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
3 February 2026

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2004086043

## About the service

East Fife Care at Home is a care at home service which provides a service to people living in their own home in East Fife. The provider is Fife Council and the service has an office base in Glenrothes. At the time of inspection the service supported around 550 people across five areas - Kirkcaldy, Glenrothes, Levenmouth and North East Fife.

## About the inspection

This was a short notice announced inspection which took place between 12 - 29 January 2026. The inspection was carried out by four 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 53 people using the service
- Spoke with 35 relatives
- Spoke with 41 staff and management
- Reviewed questionnaire feedback
- Observed practice
- Reviewed documents.

**Key messages**

- People experienced care and support which was kind, dignified and person-centred.
- Some people experienced inconsistency in who visited them and in the times of their visits. At times this impacted negatively on people's outcomes.
- 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 compassionate 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?	3 - Adequate
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, hobbies and interests. We saw carers laughing and joking with people who felt comfortable welcoming them into their home. People were at ease with their carers. The visits we observed were calm and friendly. This helped create a relaxed and caring atmosphere during visits. 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 "They're wonderful" and "The girls are spot on." Another person said, "The service I've had has been fantastic." Most feedback from relatives was also positive. One relative told us "The staff are excellent" and another said "I don't know where we'd be without them." We were confident that most people were happy with their care and support.

Although feedback about the visits themselves was very positive, many people told us that there was a lack of consistency in the times of their care and support visits. See the 'How good is our staff team?' section of this report for further information.

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. Carers 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.

## 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 "The manager is really there for you, she listens." A relative told us "They're very helpful" and another said "I know who to call if there's any issues." 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.

Accidents and incidents were followed up in line with the policies and protocols of the provider. Carers had good awareness of their roles and responsibilities in keeping people safe and were knowledgeable about when to report concerns and who to. Several complaints had been received by the service since our last inspection, these mainly related to some people experiencing inconsistency in their visit times and carers. Although complaints had been followed up appropriately, this remained an issue for the service. See the 'How good is our staff team?' section of this report for further information.

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 of 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 all 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. The provider had begun developing a new system to provide managers with further oversight, but this was not yet fully established. 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 1).

## Areas for improvement

1. 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?

### 3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but key areas of performance need to improve.

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

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. One carer always took the lead role and this helped ensure tasks were completed calmly and professionally. The service was in the process of training all carers in additional moving and handling skills so that some visits could be reduced from two carers to one. Although some carers 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 "My manager is excellent. If you raise a problem with her she has it sorted within the hour!" and another said "It's definitely a supportive organisation and my manager is really good." 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.

The service must improve the consistency of carers and visit times. Many of the people we spoke to said they did not know when to expect their carers and that this was often at different times on different days. At times this had a significant impact. We heard about people not being able to plan their days because they did not know when carers would arrive and that family members sometimes had to provide care if the carer had not arrived by late morning. Although the service reported that they attended the vast majority of their visits within 15 minutes of the scheduled start time, we found that people and their relatives were often unaware of what this scheduled time was. We also found that short notice changes to visit times had an impact on people. One person told us they had a tea time visit at 18:00 and an evening visit at 19:00 recently and described it as "useless." Another person who was supported to use the toilet told us they had an evening visit at 20:00 and the next morning did not have a visit until 10:30. This had a negative impact on their dignity. (See Requirement 1).

People had differing experiences of the consistency of their carers. Some people told us that although they saw different carers, it was usually from the same small group.

This meant that they usually saw a familiar face. Others did not have this experience. One person told us "I see all sorts of different people" and another said "We have to explain the routine every time there's someone new." This meant that some people did not receive consistent and stable support. We asked the service to make improvements in this area. (See Requirement 1).

## Requirements

1. By 28 April 2026, the provider must ensure people using the service receive consistent and stable care and support.

To do this, the provider must, at a minimum:

- a) ensure that people using the service are informed of the planned timings of their visits
- b) ensure that people using the service are informed if there is to be a significant change to their planned visit time
- c) ensure that people using the service are informed are informed if there is to be a significant change to their preferred carers
- d) engage with people using the service to support the planning of their visit times
- e) engage with people using the service to support the planning of their preferred carers.

This is in order to comply with Regulations 4(1)(a), 4(1)(b), 5(1) and 5(2) 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 state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

## 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 to information which was informative 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. Some people told us they had to explain some preferences and routines to new staff. We asked the service to ensure that all relevant information relating to care tasks be included in care plans. Although care and support tasks were accurately recorded, we found some background information in care plans which people and their relatives told us was out of date or 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 appropriately so that people do not experience poor outcomes. Appropriate care plan items, risk assessments and other documents were in place where this was required. These included detailed moving and handling plans, risk management plans 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 there was a risk 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 have 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 "I do feel involved" and a relative told us "the office is really responsive." 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).

## 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

In order to ensure good outcomes for people experiencing care, the manager should improve the service response to concerns. Concerns should be taken seriously, fully recorded and acted upon appropriately. Outcomes and actions from concerns should be clearly documented and followed up to ensure improvement has been achieved.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.'

**This area for improvement was made on 7 October 2024.**

#### Action taken since then

We reviewed complaints received by the Care Inspectorate and by the service. The service had responded appropriately to these complaints and had recorded actions taken. These included reviews, meetings, phone calls and action plans. We were assured that complaints had been dealt with in line with the policies and procedures of the provider. The service continued to receive complaints about consistency.

See the 'How good is our staff team?' section of this report for further information.

This Area for Improvement has been Met.

## Previous area for improvement 2

In order to support good outcomes for people experiencing care, management should ensure that staff are fully aware of the needs of the people they visit. When changes have to be made to rota, people should be informed of this.

This is to ensure care and support is consistent with Health and Social Care Standard 3.4: 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me.'

**This area for improvement was made on 7 October 2024.**

### Action taken since then

The service must improve the consistency of carers and visit times. Many of the people we spoke to said they did not know when to expect their carers and that this was often at different times on different days. At times this had a significant impact. We heard about people not being able to plan their days because they did not know when carers would arrive and that family members sometimes had to provide care if the carer had not arrived by late morning. Although the service reported that they attended the vast majority of their visits within 15 minutes of the scheduled start time, we found that people and their relatives were often unaware of what this scheduled time was. We also found that short notice changes to visit times had an impact on people. One person told us they had a tea visit at 18:00 and a tuck visit at 19:00 recently and described it as "useless." Another person who was supported to use the toilet told us they had a tuck visit at 20:00 and the next morning did not have a visit until 10:30.

This had a negative impact on their dignity. See Requirement 1 in the 'How good is our staff team?' section of this report for further information.

People had differing experiences of the consistency of their carers. Some people told us that although they saw different carers, it was usually from the same small group so it was always a familiar face. Others did not have this experience. One person told us "I see all sorts of different people" and another said "We have to explain the routine every time there's someone new." This meant that some people did not receive consistent and stable support. We asked the service to make improvements in this area. See Requirement 1 in the 'How good is our staff team?' section of this report for further information.

This Area for Improvement is no longer in place and has been incorporated into a new requirement under key question 3.

## Previous area for improvement 3

To support people's health and wellbeing, the service should appropriately review the timing of visits to ensure that the needs of the person experiencing care are being met. This should be done with the involvement of this person and, where appropriate, their family and/or representatives.

This is to ensure care and support is consistent with Health and Social Care Standard 1.9: 'I am recognised as an expert in my own experiences, needs and wishes.'

**This area for improvement was made on 14 August 2025.**

### Action taken since then

The service must improve the consistency of carers and visit times. Many of the people we spoke to said they did not know when to expect their carers and that this was often at different times on different days. At times this had a significant impact.

We heard about people not being able to plan their days because they did not know when carers would arrive and that family members sometimes had to provide care if the carer had not arrived by late morning. Although the service reported that they attended the vast majority of their visits within 15 minutes of the scheduled start time, we found that people and their relatives were often unaware of what this scheduled time was. We also found that short notice changes to visit times had an impact on people. One person told us they had a tea visit at 18:00 and a tuck visit at 19:00 recently and described it as "useless." Another person who was supported to use the toilet told us they had a tuck visit at 20:00 and the next morning did not have a visit until 10:30. This had a negative impact on their dignity. See Requirement 1 in the 'How good is our staff team?' section of this report for further information.

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This Area for Improvement is no longer in place and has been incorporated into a new requirement under key question 3.

### Previous area for improvement 4

To support people's health and wellbeing and to improve the quality of their day, the service should ensure that people are supported by a consistent staff team who know them well.

This is to ensure care and support is consistent with Health and Social Care Standard 4.15: '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.'

**This area for improvement was made on 14 August 2025.**

### Action taken since then

The service must improve the consistency of carers and visit times. Many of the people we spoke to said they did not know when to expect their carers and that this was often at different times on different days. At times this had a significant impact. We heard about people not being able to plan their days because they did not know when carers would arrive and that family members sometimes had to provide care if the carer had not arrived by late morning. Although the service reported that they attended the vast majority of their visits within 15 minutes of the scheduled start time, we found that people and their relatives were often unaware of what this scheduled time was. We also found that short notice changes to visit times had an impact on people. One person told us they had a tea visit at 18:00 and a tuck visit at 19:00 recently and described it as "useless." Another person who was supported to use the toilet told us they had a tuck visit at 20:00 and the next morning did not have a visit until 10:30. This had a negative impact on their dignity. See Requirement 1 in the 'How good is our staff team?' section of this report for further information.

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This Area for Improvement is no longer in place and has been incorporated into a new requirement under key question 3.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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