

Tayem Care Services Support Service

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Type of inspection:
Unannounced

Completed on:
28 January 2026

Service provided by:
Tayem Care Services Ltd

Service provider number:
SP2023000525

Service no:
CS2024000408

About the service

The service is registered to provide a care at home service to adults and older people living in Fife. At the time of our inspection, the service was supporting 53 people.

About the inspection

This was an unannounced inspection which took place between 27 January and 28 January 2026. The inspection was carried out by one inspector from the Care Inspectorate.

This was a follow-up inspection to evaluate the progress made to meet the improvements we had told the provider to make at our inspection of 31 October 2025.

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 four staff and leaders
- Evaluated records

Key messages

- Improvements were still required to ensure that significant events were escalated and reported consistently and in a timely manner.
- Structured improvements were still needed to ensure that safer recruitment practices were carried out consistently.
- While some support and safety records demonstrated person-centred and safe care, further time was needed to ensure this practice was embedded across the service.
- The provider must improve how concerns and complaints are recorded, investigated, and followed up.
- The provider should strengthen leadership systems to drive forward the actions within their improvement plan and enhance outcomes for people experiencing 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

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| How good is our leadership? | 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 leadership?

3 - Adequate

At our last inspection of 31 October 2025, we asked the provider to improve record-keeping in relation to how concerns and complaints were managed.

During this inspection, we continued to find inconsistencies in how concerns and complaints were recorded and addressed. It is essential that the provider takes structured and planned action to improve how concerns and complaints are received, recorded, and investigated. Without such action, people were placed at risk of poor experiences. As such, a requirement has been made (**see requirement 1**).

Requirements

1. By 01 April 2026, To ensure people experience care from an organisation which demonstrates transparency, accountability and continuous improvement, the provider should maintain accurate and comprehensive records of all complaints and concerns. To do this, the provider must, at a minimum, ensure:

- a. a comprehensive account of all concerns and complaints is gathered, recorded, and agreed with the complainant.
- b. all concerns and complaints are fully investigated, and accurate records of each investigation are maintained, stored appropriately, and retained.
- c. the outcome of the investigation, together with any recommendations for improvement, is recorded and shared with the complainant.
- d. where appropriate, recommendations are followed up to confirm that improvements have been embedded and sustained.

This is in order to comply with regulations 4(1)(a) and 18(3)(4)(7) 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:

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19).

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

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

Requirements

Requirement 1

By 26 January 2026, the provider must ensure that service users receive care that meets their health, safety and wellbeing needs and enables them to experience care which protects them from harm. To do this, the provider must, at a minimum, ensure:

- a. all staff are aware of their role in recognising, reporting and escalating incidents, accidents and other significant events
- b. appropriate and timely referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to social work services, and Care Inspectorate
- c. full and accurate incident and accident records are maintained and
- d. there is a clear analysis and lessons learned approach to significant events which works to protect people from further harm.

This is in order to comply with regulations 4(1)(a) 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:

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

This requirement was made on 31 October 2025.

Action taken on previous requirement

During this inspection, we found improvements in the escalation, recording, and reporting of significant events. These improvements had supported people to experience safer outcomes and enhanced their health and wellbeing. However, this was not always consistent. We identified occasions where concerns had not been fully recorded or escalated in a timely manner. We concluded that further time was required to ensure improvements in this area were fully embedded across the leadership and staff team.

This requirement has not been met, and we have agreed an extension until 01 April 2026."

Not met

Requirement 2

By 26 January 2026, 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 that records consistently evidence satisfactory employment references are received prior to employees commencing work
- b. ensuring that, where necessary, risk assessments are completed and recorded to support an employees suitability to work with vulnerable people and
- c. ensuring that all organisational processes consistently reflect the safer recruitment practices outlined within 'Safer Recruitment Through Better Recruitment (2023)' guidance document.

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).

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)

This requirement was made on 31 October 2025.

Action taken on previous requirement

Whilst some improvements were evident, we could not be assured that safer recruitment practices had been fully embedded in practice at the time of this inspection. This could place people at risk of poor experiences or outcomes.

This requirement had not been met, and we have agreed an extension until 01 April 2026.

Not met

Requirement 3

By 26 January 2026, to ensure people experience person-centred support which works to promote safety and positive outcomes, the provider must ensure that each person has plans and agreements in place which clearly sets out how each their support needs will be met. To achieve this the provider must ensure every person experiencing support:

- a. has a plan in place which sets out how their support needs will be met in sufficient detail so as to ensure person-centred care
- b. has all risks assessed and identified which lead to management plans which clearly set out risk mitigations
- c. has these plans reviewed, at a minimum six monthly or following any changes in health and wellbeing.

This is in order to comply with 4(1)(a) and 5 (1), (2)(a),(b),(c),(d) 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 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)

This requirement was made on 31 October 2025.

Action taken on previous requirement

Support and safety records we sampled, which had been reviewed and updated since our inspection of 31 October 2025, had significantly improved. These records were detailed and provided rich, person-centred information to guide staff practice and supported good experiences for people. Progress to review these records had been delayed by staffing constraints and a lack of clarity about where information should be recorded. We concluded that further time was needed to ensure that all support and safety records were reviewed and updated by staff who were clear on the correct record-keeping processes and expectations.

This requirement had not been met, and we have agreed an extension until 01 April 2026.

Not met

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 ensure people experience care which is respectful, person-centred and recognises people's right to be involved in their care, the provider should implement a system to ensure people are fully informed as to who will be visiting and when. Any changes to planned visit time or staff should be communicated to the person as soon as is practicable.

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

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

"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 31 October 2025.

Action taken since then

During this inspection we found progress had not been made to meet this area for improvement. Following our last inspection of 31 October 2025, the provider had submitted an action plan to us which detailed how this area for improvement would be met. We encouraged the provider to develop leadership systems to drive forward these actions, and enhance outcomes for people experiencing care.

Previous area for improvement 2

To ensure people experience care from an organisation which demonstrates transparency, accountability and continuous improvement, the provider should maintain accurate and comprehensive records of all complaints and concerns. These records must clearly document the nature of the issue, the steps taken to investigate it, and any actions or improvements identified as a result.

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) and

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

This area for improvement was made on 31 October 2025.

Action taken since then

We were not satisfied that current processes demonstrated a consistent and robust approach to addressing concerns and complaints. This could place people at risk of poor experiences and outcomes. As a result, a requirement has been made (**see key question 2, requirement 1**).

Previous area for improvement 3

To support a service which drives continuous improvement and positive outcomes for people experiencing care, the provider should develop a quality framework which provides assurance, governance and places the experiences of people at the centre.

This is in order 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 area for improvement was made on 31 October 2025.

Action taken since then

During this inspection we found progress had not been made to meet this area for improvement. Following our last inspection of 31 October 2025, the provider had submitted an action plan to us which detailed how this area for improvement would be met. We encouraged the provider to develop leadership systems to drive forward these actions, and enhance outcomes for people experiencing care.

Previous area for improvement 4

To ensure people experience good outcomes, the provider should develop processes to ensure the organisation delivers care and support in line with best practice and legislation and responds appropriately

to sector changes.

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

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

This area for improvement was made on 31 October 2025.

Action taken since then

During this inspection we found progress had not been made to meet this area for improvement. Following our last inspection of 31 October 2025, the provider had submitted an action plan to us which detailed how this area for improvement would be met. We encouraged the provider to develop leadership systems to drive forward these actions, and enhance outcomes for people experiencing care.

Previous area for improvement 5

To ensure people experience care and support from staff who are skilled and competent, the provider should;

- a. review induction training to ensure it covers all key learning objectives for new staff
- b. develop a training plan which details the ongoing learning and development expectations for staff
- c. maintain up-to-date training records for each staff member and take action to address any learning gaps.

This is in order 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)

This area for improvement was made on 31 October 2025.

Action taken since then

During this inspection we found progress had not been made to meet this area for improvement. Following our last inspection of 31 October 2025, the provider had submitted an action plan to us which detailed how this area for improvement would be met. We encouraged the provider to develop leadership systems to drive forward these actions, and enhance outcomes for people experiencing care.

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

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| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |

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