

Short Term Assessment and Review Team (START) Support Service

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Type of inspection:
Announced (short notice)

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Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2018368190

About the service

Short Term Assessment and Review Team (START) is a care at home service which provides a service to people living in their own home in Fife. The provider is Fife Council and the service has an office base in Kirkcaldy. At the time of inspection the service supported around 300 people. The service provides short term assessment and review, mainly to people who have recently been discharged from hospital, with the aim of promoting independence and preventing re-admission to hospital.

About the inspection

This was a short notice announced inspection which took place between 2 - 18 February 2026. The inspection was carried out by two 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 28 people using the service
- spoke with 21 relatives
- spoke with 30 staff and management
- observed practice and daily life
- reviewed documents
- reviewed questionnaire feedback.

Key messages

- People experienced care and support which was kind, dignified and person-centred. The majority of people were happy with the service.
- 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.
- Some people experienced inconsistency in who visited them and in the times of their visits. We asked the service to improve consistency as much as possible and inform people quickly where there is to be a change.
- Care plans were generally of good quality but we asked the service to improve the detail of some risk assessments.

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?	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

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

We evaluated this key question as good, as several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

People should expect to experience care and support which is kind and compassionate. We observed interactions between people and staff which were friendly, good natured, and often humorous. We saw numerous examples of staff chatting to people about things which were meaningful to them, including their families, pets, interests and work history. We saw staff laughing and joking with people who felt comfortable welcoming them into their home. People were at ease with their staff. The visits we observed were calm and friendly. This helped create a relaxed and caring atmosphere during visits. We were confident that people's dignity was respected.

Staff had knowledge and skills which allowed them to respond to the specific needs of the people they were supporting. We saw staff communicate with, and care for, people with a range of different needs. In most cases staff 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 "I've been so grateful" and "Everyone is very friendly and that means a lot to me." Another person said "Everybody has been very accommodating and kind." Most feedback from relatives was also positive. One relative told us "We couldn't do without them" and another said "I cannae fault them." We were confident that people were generally happy with their care and support.

The service had a significant impact on some people's lives. In particular, we heard that the service had supported people to get home from hospital, to be able to continue living at home and to reduce carer's stress. One person told us "It got me back on my feet" and another said "I feel at ease now." A relative told us "it takes a weight off my shoulders." We were confident that the service was supporting people to continue living in the community.

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. Staff had undertaken training on supporting people with medication and they were confident in providing this support. This was also underpinned by regular competency checks and monthly reviewing of records. Body maps directed the application of topical creams and provided clear instructions and guidance to staff. We were confident that people's health was being promoted.

How good is our leadership?

4 - Good

Quality Indicator: 2.2 Quality assurance and improvement is led well

We evaluated this key question as good, as several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

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 and support including competency checks, staff supervision and care reviews. These were mostly up-to-date and we saw that where issues or themes had been identified, these were appropriately communicated individually to staff or to the whole staff team via team 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 staff member told us "they really care." A relative told us "they are so supportive" and another said "the team is great." 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.

Complaints, accidents and incidents were followed up in line with the policies and protocols of the provider. Staff had good awareness of their roles and responsibilities in keeping people safe if they had any concerns. However, some accidents and incidents had not been reported to the Care Inspectorate when they had met this threshold. Although we did not have any concerns about how these accidents and incidents had been dealt with, reporting them to the relevant agencies promotes openness, accountability and ensures that the right agencies are involved in keeping people safe from harm. (See Area for Improvement 1).

Staff should feel confident to give feedback and feel that they are listened to and valued. Staff we spoke with were mostly positive about their experience working for the service and felt supported to carry out their role. Several staff 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 staff 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 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. 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 2).

Areas for improvement

1. To support a culture of improvement, responsiveness and transparency, the provider should ensure that the Care Inspectorate are informed of accidents and incidents.

This should be in accordance with the guidance given in the Care Inspectorate document 'Adult care services: Guidance on records you must keep and notifications you must make'.

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).

2. 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 and accurate 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?

4 - Good

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

We evaluated this key question as good, as several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

It is important that staffing arrangements are right, and staff work well together. At visits which required two staff to meet people's needs, staff communicated well with each other and with the person using the service. One staff member always took the lead role and this helped ensure care and support was delivered calmly and professionally. The service was in the process of training all staff in additional moving and handling skills so that some visits could be reduced from two staff to one. Although some staff were apprehensive about this change, the service had shown willingness to adapt or revert to two staff if new arrangements were not working for people or their staff. We were confident that people were supported by the right number of staff.

Providing regular support to staff is important in promoting positive outcomes for people using the service. One staff member told us "My manager is fantastic!" and another said "I think we work well together." This support was underpinned by regular supervision, competency checks and team meetings. These were well documented and well received by staff. 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.

Staff generally felt they had enough time to complete visits but could contact their manager if they were running very late. This could result in some later visits being rescheduled.

The visits we observed were calm and friendly. This helped create a relaxed and caring atmosphere during visits.

Although feedback about the visits themselves was very positive, some people told us that there was a lack of consistency in the times of their care and support visits. Most people told us they were informed of changes or disruption to their service and were generally kept up-to-date. One person told us "I do think they've kept us up to date" and a relative told us "communication has been very good." However, this was not always the case. One person told us "It would be better if we got a call from the office if the visit is going to be later than usual." We asked the service to consider people's needs and preferences regarding the timing of visits at all stages of assessment and review, and to deliver this as much as possible. We also asked the service to keep people informed about changes to their service delivery. (See Area for Improvement 1).

Most people were happy with the consistency of their staff, but some people told us they felt they saw too many new faces and did not have enough continuity. This meant that some people did not receive consistent and stable support. The service told us their aim was for the same small group of staff to always provide care and support to people, but this was not always possible. The service acknowledged that there were ongoing challenges with staffing in some areas of the service but were trying to address this through recruitment and scheduling. We were encouraged to hear that the service would soon be introducing an electronic system which would allow people using the services and their relatives to see who would be visiting them and when. We will check progress in this area at our next inspection. (See Area for Improvement 1).

Areas for improvement

1. To support people's wellbeing, the provider should ensure people using the service receive consistent and stable care and support.

To do this the provider should, 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 if there is to be a significant change to their preferred staff
- 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 staff.

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

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

We evaluated this key question as good, as several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

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 staff using this information to discuss things with people that were important to them, including their families, interests and work history. We were confident that staff 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 staff 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 staff 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 in sufficient detail. 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 staff did not always have the most up-to-date 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, seizures and other complex health conditions. 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).

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 complex health conditions.

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).

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 the health, welfare and safety of people who use the service, the provider should ensure that all personal plans have up-to-date risk assessments and care plans in place. These should accurately reflect risks that have been identified, the assessment of these, and steps to be taken to reduce and/or mitigate the risks.

This is to ensure 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 area for improvement was made on 7 February 2023.

Action taken since then

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 in sufficient detail. 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 staff did not always have the most up-to-date information to support meaningful conversations with people.

(See Area for Improvement 1 in the 'How well is our care and support planned?' section of this report).

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, seizures and other complex health conditions. 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 in the 'How well is our care and support planned?' section of this report).

This Area for Improvement is no longer in place and has been incorporated into two new areas for improvement under key question 5.

Previous area for improvement 2

To support people's wellbeing, the provider should ensure people's support plans contain sufficient information to guide staff on how to best meet their needs. This should include accurate information on the application of topical preparations including the name of preparation and the exact body part it is to be applied to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as my 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 area for improvement was made on 7 February 2023.

Action taken since then

Where people were being supported with the application of topical creams, clear guidance was provided to staff. Body maps were in place in care plans showing where cream was to be applied and how much. Applications of topical creams were also recorded in a medication record sheet. We were confident that people's care plans contained sufficient detail in this respect.

This Area for Improvement has been Met.

Previous area for improvement 3

To support people's wellbeing, the provider should ensure the management has good communication processes in operation so people are being kept up-to-date with any changes in service delivery.

This is to ensure 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 1.15).

This area for improvement was made on 7 February 2023.

Action taken since then

Although feedback about the visits themselves was very positive, some people told us that there was a lack of consistency in the times of their care and support visits. Most people were told us they were informed of changes or disruption to their service and were generally kept up-to-date. One person told us "I do think they've kept us up to date" and a relative told us "communication has been very good." However, this was not always the case. One person told us "It would be better if we got a call from the office if the visit is going to be later than usual."

We asked the service to consider people's needs and preferences regarding the timing of visits at all stages of assessment and review, and to deliver this as much as possible. We also asked the service to keep people informed about changes to their service delivery.

(See Area for Improvement 1 in the 'How good is our staff team?' section of this report).

Most people were happy with the consistency of their staff, but some people told us they felt they saw too many new faces and did not have enough continuity. This meant that some people did not receive consistent and stable support. The service told us their aim was for the same small group of staff to always provide care and support to people, but this was not always possible. The service acknowledged that there were ongoing challenges with staffing in some areas of the service but were trying to address this through recruitment and scheduling. We were encouraged to hear that the service would soon be introducing an electronic system which would allow people using the services and their relatives to see who would be visiting them and when. We will check progress in this area at our next inspection.

(See Area for Improvement 1 in the 'How good is our staff team?' section of this report).

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

Previous area for improvement 4

The provider should ensure that there are robust systems in place, with sufficient guidance for staff, to provide medication support for people in line with their assessed needs in their personal support plan. Any errors or incidents should be reviewed and investigated in accordance with the service's medication policy.

This is in order to comply with: Health and Social Care Standard 3.14: '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'.

This area for improvement was made on 11 February 2025.

Action taken since then

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. Staff had undertaken training on supporting people with medication and they were confident in providing this support. This was also underpinned by regular competency checks and monthly reviewing of records. Body maps supported the application of topical creams and provided clear instructions and guidance to staff. We were confident that people's health was being promoted.

This Area for Improvement has been Met.

Complaints

Please see Care Inspectorate website (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?	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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