

Matthew Fyfe Care Home Care Home Service

Broomhead Drive
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Telephone: 01383 602 333

Type of inspection:
Unannounced

Completed on:
28 March 2024

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003006834

About the service

Matthew Fyfe Care Home is provided by Fife Local Authority and is registered to provide 24 hour residential care to a maximum of 32 older people and within four units. Accommodation is provided across two floors. Each of the four interconnected units benefit from a communal living/dining area as well as a small kitchen/servery. A large, bright entrance hallway provides additional seating and people can access a covered seating area to the front of the building. The home is situated in large grounds in a residential area of Dunfermline, close to local shops and amenities. Plentiful parking is available to the front and side of the building.

About the inspection

This was an unannounced inspection which took place on 25 March 2024 between 10:00 - 17:00. 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 three people using the service, five of their family and four people via electronic questionnaires.
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents

Key messages

- People experienced good care and support.
- Staff were knowledgeable, caring and respectful.
- Quality assurance systems were in place and supported improvements.
- The home was welcoming and clean and facilities were good.

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?	5 - Very 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 overall, as good. There were significant strengths which impacted positively on outcomes for people.

It is important that people experience warm, nurturing relationships with the staff who support them. We observed numerous examples of kind, compassionate and warm interactions which meant people were happy. Relatives described feeling supported and involved. Comments included: "It's all very good and they all listen to what we say."

We found people were supported to maintain contact with family and friends. Visiting was unrestricted. Staff understood the opportunities they had for meaningful activity and the benefits associated with maintaining relationships. Relatives said they were always made to feel welcome and that staff knew their loved ones very well. Comments included: "they are very welcoming."

People should expect to be given help with eating and drinking in a dignified way and have their personal preferences respected. Mealtimes appeared to be a calm and pleasant part of the day which many people looked forward to. People chatted to each other and enjoyed their meals together. People were encouraged and enabled to eat their meals independently with the just the right level of support from staff where needed. There was good oversight of people's weight and their level of satisfaction with food which was described by one as "excellent."

We found prompt referrals were made to other health professionals meaning that people had the most appropriate health care at the correct time. Relatives confirmed they were well informed about any illness, incidents or changes in wellbeing and were confident in action taken by staff to keep their loved ones safe and comfortable. One person described how their parent had "thrived" since admission.

We found the management of medication was subject to regular audit and monitoring staff performance. As a result issues identified in medication administration records were being identified quickly. This could support safer medication administration, accurate records and effective treatments.

There were organised group activities and people's involvement was recorded. Photos showed people enjoying themselves. Staff said staffing had been difficult at times which had resulted in activities being curtailed. Although this is reflected in our overall evaluation of the service, we were confident that management were considering how best to further develop the provision of meaningful activity and manage workforce pressures to ensure people could participate in a range of activities, both indoors and outdoors.

People benefitted from detailed assessments of their needs both prior to and on admission to the home. Full care plans were then developed in the immediate weeks following admission. The care plans were clear to read and understand. There was a good level of detail within the care and support plan to guide staff about how best to care for and support each person.

Risk assessments were carried out regularly and then used to inform the care plan. The service carried out regular reviews with residents and their relatives. Although recording could be more evaluative, those we sampled showed that people were encouraged to give their views and people told us that they were listened to by staff and management. Comments included: "It's easy to approach staff and my opinion is valued."

How good is our leadership?**5 - Very Good**

We evaluated this key question as Very Good, as the service demonstrates major strengths in supporting positive outcomes for people.

We found effective temporary management arrangements in place which meant a high standard of service was maintained and people experienced high quality care and support. People also benefited from visible leadership from senior care staff.

We found very good day to day management and leadership that clearly demonstrated the principles behind the Health and Social Care Standards and could support high quality care and support. As a result, the risks associated with a reliance on relief and agency staff did not greatly impact on people's experiences.

There were systems in place to monitor aspects of service delivery and staff had a clear understanding of their roles and responsibilities.

We recognised the provider's own systems of quality assurance and control had identified areas for improvement including the provision of activities, record keeping and maintaining the environment.

We found good evidence of self evaluation and measurement of performance against planned improvements which meant future actions could be put in place to support ongoing improvement and sustain standards.

Staff told us they felt confident giving feedback and voicing their opinion. They felt comfortable communicating with management. They benefited from support and guidance in regard to their training and development. Relatives told us they had no concerns or complaints but could easily approach staff and management with any issues. Staff communicated well and supported individualised care as well as a sense of community.

There were systems in place for recording and analysis of accidents and incidents, including appropriate actions taken to mitigate risk and keep people safe. We found relatives felt well informed, held staff in high regard and had confidence their loved ones would be cared for with respect and compassion. More than one said that they were "so glad they are in Matthew Fyfe."

We were reassured by the capacity of senior members of the care staff to manage any aspect of the service associated with their role and responsibilities. They demonstrated a commitment to ensuring standards are maintained and improving the quality of life for people living here. This was evident in the way staff were deployed throughout the four units and the observed teamwork. As a result ongoing temporary management arrangements continued to support improvements and sustain standards.

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 positive outcomes for people who use this service, the service should further develop robust systems to ensure that company policy is followed, and that staff can demonstrate through their practice that they have a clear understanding about their role and responsibilities when a resident has passed away.

This is to ensure care and support is consistent with Health and Social Care Standards, which state that: 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.' (HSCS 1.7).

This area for improvement was made on 18 March 2021.

Action taken since then

From staff interviews we found they had a clear understanding about their role and responsibilities regarding care for someone who has died. Newer recruits felt well supported by those with experience and management.

From discussion with relatives, we found family were confident that their loved one would receive care according to their wishes as a result of their involvement in care planning and their current experience of care and support.

This area for improvement is 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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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