

# Earlsferry House Care Home Care Home Service

Williamsburgh  
Elie  
Leven  
KY9 1BA

Telephone: 01333 330 124

**Type of inspection:**  
Unannounced

**Completed on:**  
19 April 2024

**Service provided by:**  
Earlsferry House Care Limited

**Service provider number:**  
SP2020013472

**Service no:**  
CS2020378969

## About the service

Earlsferry House Care Home is situated in the small seaside village of Elie and overlooks Elie Bay. Local amenities are available a short distance away. The home offers 24-hour nursing care for older people, people with dementia and respite care, on a bed availability basis.

Earlsferry House Care Home provides accommodation on two floors and has 26 rooms, 17 with en suite facilities. There were 22 people living in the service at the time of the inspection. There is an attractive landscaped garden and decking area to the rear of the home, accessible directly from the downstairs lounge. There is adequate parking for visitors to the front of the building.

## About the inspection

This was an unannounced inspection which took place on 16 and 17 April 2024. 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 five people using the service and five of their family and friends
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People's healthcare needs were well attended to.
- Management and leadership were strong but further attention to gathering feedback was necessary.
- Staff worked well together and staffing levels were good.
- The environment was undergoing a number of changes and developments which were not yet complete.
- Care plans provided good information with which to guide 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

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	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?

**5 - Very Good**

We evaluated this key question as 'very good', where there are major strengths in supporting positive outcomes for people.

People's health and wellbeing should benefit from their care and support. We found that health assessments were comprehensive and were regularly updated as people's needs changed. The service used recognised and established tools to assess people's health, and these were completed accurately. Nursing care was comprehensive, and staff ensured that issues and concerns were clearly passed on when shifts changed. Good attention was paid to skincare, fluid intake, nutrition and continence. Documents to support these aspects of care were completed accurately. Staff took a pro-active and person-centred approach to skin integrity and shared information effectively. This meant that people could be confident that they had continuity of health care throughout the week and across the staff team.

Medication management was efficient, and processes were robust. People could be assured that they were receiving the correct medication at the correct time. Referrals to other health professionals were prompt and information to guide care was updated with the relevant advice. People could be confident that, should additional healthcare input be needed, the service would ensure that this was received.

Feedback around meals was positive, both from people living in the service and their families. People were offered choice, and fresh food and home baking was available daily. A weight tracker was in place so that the senior team could be alert to changes in people's weight and attend to concerns promptly. Mealtimes were unhurried and people who required assistance with their meal were attended to with dignity. Further consideration could be given to the timing of meals and snacks as these were somewhat close together at times. This meant that people were not always fully ready for their main meal in the early evening.

## How good is our leadership?

**4 - Good**

We evaluated this key question as 'good', where strengths clearly outweighed areas for improvement.

The management team were undertaking a broad range of comprehensive audits and overviews. Clinical governance of the service was strong and quality assurance processes were robust. People could be assured that the manager had good systems and processes in place to monitor the service.

Staff feedback about leadership was overwhelmingly positive. Staff felt supported in their roles and received regular supervisions and appraisals. Observations of practice and competency checks were being completed regularly. This gave confidence that staff were working to the standards which the management team expected, and any issues would be picked up and addressed promptly. Families felt confident that the home was being well run and that any concerns would be promptly addressed.

Staff training was generally up to date and staff reported that they had access to both online training and face to face experiences. Staff were confident that their training needs would be addressed and that they could seek support and guidance at any time.

The needs, outcomes and wishes of people living in the service should be the primary drivers for change. Although there had been some attempts to gather feedback these had not been fully effective. Relatives reported that they were not involved or consulted in recent changes. There were missed opportunities for

people to contribute to choices about where they might wish to spend their time and about the interior decoration of the home. Feedback about meals and mealtimes had been gathered but this could be further developed to be more meaningful. The manager was receptive to input on this topic and planned to address engagement with people and their families as a priority.

### How good is our staff team?

#### 4 - Good

We evaluated this key question as 'good', where strengths clearly outweighed areas for improvement.

It is important that staffing arrangements are right, and staff work well together. The service was using a dependency tool and staffing levels reflected the assessed needs of those living in the service. Staff were confident that the staffing levels were sufficient to provide more than basic care. Care was generally unhurried and staff had time to engage in meaningful conversations and small activities with people during the day. The service adopted a whole team approach to care, with additional care support provided at times by the domestic and activity staff. Staff worked well together to ensure that people's needs were met.

Some relatives felt that staffing levels did not fully allow for more than basic care to be provided. One relative commented 'staffing levels are sufficient, but only just'. A large proportion of people living in the service required significant assistance with many aspects of their daily life. The manager was aware of the ongoing need to consider staffing, skill mix, the environment and the organisation of the day to ensure that all aspects of care and support continue to be achieved.

The service benefits from an experienced staff team who know people well. Care was observed to be compassionate and warm relationships existed within the home. Nursing care was provided by a consistent staff team who fully supported the care staff. Both the manager and deputy manager worked closely with staff and were involved in all aspects of care. This meant that people could be reassured that those looking after them would be known to them and provide supportive and professional care.

The service had recently employed a new activities co-ordinator and were beginning to see the positive effects of the enhanced focus on meaningful activity. Further development in planning and evaluating activities was required to ensure that these reflected people's interests and wishes. A previous area for improvement is not yet met. **(Please see 'What the service has done to meet outstanding areas for improvement'.)**

### How good is our setting?

#### 3 - Adequate

We evaluated this key question as 'adequate', where strengths just outweigh weaknesses. Performance evaluated as 'adequate' can reflect circumstances where the service is in the process of transition.

The setting people live in should promote their independence. People should be able to access all parts of the premises they use, including the outdoors.

The service was in the middle of a major reorganisation and refurbishment of the downstairs environment. The service aimed to improve access and enjoyment of the garden grounds and to increase the size of the dining area. This would enable people from both floors of the home to dine together if they chose to. Work was ongoing throughout the inspection. The upstairs environment had been partially redecorated and repurposed in order to provide a variety of seating and dining areas. Further plans had not yet been finalised. Opportunities existed to consider the specific needs of those living on the first floor. Discussions with the leadership team focused on ensuring that people's needs and wishes were the key drivers for

change. This would ensure that people's changing social and psychological needs continue to be fully met.

People should be involved, where possible, in decisions about the space in which they live. Although many people were unable to give direct views, we found that there had been very limited engagement with those who could contribute, or their families and representatives. This was a missed opportunity for people to feel involved and included in matters which affected them. A previous area for improvement had not been met and will be incorporated into a requirement. A requirement is made. **(See requirement 1.)**

Families reported that they found the environment to be clean and well presented. This included both private and communal areas. There were no concerns about infection prevention and control during the inspection. Domestic staff were working throughout the day and the home was free of intrusive smells. Care equipment was clean and maintained regularly.

## Requirements

1. By 15 July 2024 you must ensure that the care service is led and managed in a manner that results in the health, safety and wellbeing needs of people experiencing care being met through a culture of continuous improvement. In particular you must ensure that the needs of people experiencing care, and the environment they live in, are continuously assessed by knowledgeable and skilled staff using a range of methods. This should include seeking the views of people experiencing care and observation of the care they receive. It should also include the observation of staff practice, gathering staff and relative's views and reviewing care documentation, to establish the effect of change on people's outcomes.

This is in order to comply with Regulations 4(1)(a) and 7(1)(c) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

## How well is our care and support planned?

**4 - Good**

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

Assessment and personal planning should reflect people's needs and wishes. We found that the service had developed good care plans which contained a consistent level of detail. Assessment tools were being used effectively to guide care and highlight areas of concern. People could be assured that staff had clear guidance in order to meet their needs.

Care plans were updated as needs changed and we could see that families were contacted regularly with new or changing information. Families reported that communication from the home was good. Some formal reviews were out of date and the service were working towards addressing this issue over the coming weeks.

Families had been involved in making decisions about their loved one's care. At times this had involved consenting to specific restraints and restrictions, put in place to keep people safe. The service was advised

to ensure that discussions around risk were documented and added to consent forms. This would ensure that all parties were fully aware of the benefits and limitations of the proposed actions and that consents were meaningful and clear.

Anticipatory care plans outlining people's care needs at the end of their life were in place but lacked detail. Further detail would ensure that end of life experiences were individual and fully reflective of people's wishes and preferences. The service was currently reviewing documentation around end of life and had provided relatives with new paperwork to complete. The process of updating care plans had begun but was not yet complete.

Stress and distress care plans contained a good level of detail but could be further enhanced by more clearly outlining people's presentation. This would enable staff to be clearly guided to specific interventions at the correct time. Staff knew people well and provided compassionate care. Further resources and sensory equipment would broaden the range of options staff could draw on in their efforts to reduce stress and distress responses. The service had already begun discussions about the use of sensory equipment by the end of the inspection.

## 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 that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time, both indoors and outdoors, in ways that are meaningful and meet their outcomes.

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

'I can choose to have an active life and participate in a range of recreational , social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

**This area for improvement was made on 26 June 2023.**

#### Action taken since then

The service had recently employed a new activities co-ordinator who was working hard to establish themselves within the service. Relatives reported that the range of meaningful activity had 'slumped' during the period between practitioners. Feedback also indicated that relatives did not always feel that people's hobbies and interests were fully reflected in the activities on offer. Care staff made efforts to engage people in one-to-one activities such as nail painting and some group activities, as their time permitted. Overall, this aspect of care required further development, including planning and evaluation. We will continue to monitor progress in this area.

**This area for improvement is not met.**

## Previous area for improvement 2

To promote people's nutritional health, the provider should regularly review menu choices, the mealtime experience and weight monitoring. The provider should consider all available opportunities to promote nutritional health, consulting with people and their representatives throughout.

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 meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 26 June 2023.**

### Action taken since then

The service had a strong overview of weight gain and loss and any concerns were addressed on an individual basis. Weights were being monitored regularly and paperwork was being completed well. There had been some efforts to gather people's views about their meals and mealtimes. A mealtime audit was being undertaken regularly. People reported being happy with the meals which they received and families felt that food choices and quality were satisfactory.

**This area for improvement is met.**

## Previous area for improvement 3

In order to promote activity and independence for people with dementia and other cognitive impairments, the provider should make appropriate changes to the internal environment. People living in the home and their representatives should be involved in designing the environment to ensure their needs and wishes are taken into account.

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

'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

**This area for improvement was made on 26 June 2023.**

### Action taken since then

The service had begun significant rearrangement and redecoration of the internal environment. Plans were in place to reassign the current dining room and lounge and quiet room and conservatory. There had also been some development of the upper floor and further plans were in place. Although people's needs were the drivers for change there was very limited evidence that people or their families had been involved. Opportunities existed to address this issue and the manager informed us of additional plans to engage with people.

**This area for improvement is not met but will be incorporated into a requirement. (See requirement 1 within the report under 'How good is our setting?')**



## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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 good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.