

# Matthew Fyfe Care Home Care Home Service

Broomhead Drive  
Dunfermline  
KY12 9AQ

Telephone: 01383 602 333

**Type of inspection:**  
Unannounced

**Completed on:**  
1 November 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, 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 29 and 30 October 2024 between 10:30 and 18:30. 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 seven people using the service and five of their family
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents.

**Key messages**

- People experienced good care and support.
- Staff were knowledgeable, caring and respectful.
- Agency and relief staff contributed significantly to staffing.
- Staff felt well supported and had access to training and development.
- Care plans provided good information.
- The home was welcoming and clean and facilities were good.
- Quality assurance systems were being re-established.

**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 staff team?	3 - Adequate

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, where the service demonstrated major strengths in supporting positive outcomes for people.

Despite challenges with staffing, we found everyone working well together to support good 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 treated with care and respect. This was supported by comments received from relatives which included, "Staff have empathy" and "staff are fantastic and really approachable".

People's health and wellbeing should benefit from their care and support. Senior care staff were aware of changes to people's physical health and continued to monitor these appropriately.

We found good oversight of people's likes and dislikes as well as health needs. Prompt referrals were made to health professionals meaning that people had the most appropriate health care at the correct time. This alongside the way staffing was arranged meant people generally experienced responsive care and support. One relative commented that they had confidence in arrangements with the local GP practice. Others described their loved one as, "thriving" and "in good physical health".

It is important people benefit from prescribed treatments. We found good management and administration of medication. There was regular audit which provided oversight and assurance that any discrepancies could be easily identified and addressed. We observed safe administration, proper storage and good record keeping, all of which meant medication was generally well managed and people were kept safe. As required protocols were in place to guide staff manage pain and distress. We found some inconsistencies in how staff recorded the effectiveness of treatments and care. **(See Area for improvement 1)**

There were systems in place for recording and analysis of accidents and incidents including, appropriate actions taken to mitigate risk and keep people safe. Management used information about falls and other indicators such as, weight loss to assess outcomes experienced by people and take action if needed.

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 busy but a calm and pleasant part of the day. People chatted to each other and enjoyed their meals together. Providing room service for people who chose to remain in their own rooms was well organised. People were encouraged and enabled to eat their meals independently, with just the right level of support from staff, where needed. They appeared to enjoy their meal but opinion was mixed. One person said the evening meal, "could be better" others said they, "liked the food".

People should expect to be supported to get the most out of life. Activities records provided evidence of a variety of group and individual activities that had taken place and had been thoroughly enjoyed. These records could be used when reviewing care plans to guide staff practice, ensure a meaningful day is experienced as a result of all care and support.

We observed interactions between people and staff which were kind and caring. People told us they felt treated with dignity and respect. People and relatives told us staff knew them well. Comments from residents included, "I feel well looked after" and relatives described feeling involved and supported. Comments from relatives included, "we are encouraged to be involved".

We found care plans and supporting documentation well written, relevant and generally complete. Plans were clearly individualised and had involved people and their families in their development. Plans showed that key professionals from the multi-disciplinary team were involved in people's care. Referrals were made promptly and care was adapted on the advice which was received. This gave assurance that personal plans could guide and support staff meet people's needs and wishes. Management recognised the need to ensure records were regularly reviewed to guide and support staff in the delivery and evaluation of care and support. **(See Area for improvement 1)**

We found people were supported to maintain contact with family and friends. Visiting was unrestricted and staff understood the opportunities they had for meaningful activity and the benefits associated with maintaining relationships. Feedback from relatives was positive and comments included, "we are always made welcome".

The home was clean, tidy and generally well looked after, with no evidence of intrusive noise or smells. We found that the service upheld very good standards of infection prevention and control. There were systems in place to monitor and maintain cleaning standards. This meant the risk of infection was reduced and contributed to keeping people safe.

## Areas for improvement

1.  
To support people's wellbeing, the provider should ensure people's support plans contain sufficient information about the effectiveness of all aspects of prescribed or planned care and support to guide staff and measure outcomes experienced by people using the service.

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).

## How good is our staff team?

**3 - Adequate**

Staffing arrangements should be right and staff should work well together. We evaluated this key question as adequate. We recognise ongoing efforts to recruit and retain staff. Our evaluation reflects the significant reliance on agency care staff and the risks associated with this. **(See Area for improvement 1)**

We found people using the service were protected by safer recruitment checks in place before staff took up post. Permanent staff had been supported through induction. Agency staff and relief staff described feeling very well supported. All of which meant they could be confident with their roles and responsibilities. We observed good team working over the course of the inspection. Staff were confident in their roles and this contributed to a positive atmosphere within the home. Relatives and residents held staff in high regard and their comments included, "Staff are kind, caring and welcoming".

The provider's risk register was a measure of people's dependency and based upon their individual and regular assessments of physical, social, psychological and recreational needs. We found staffing levels and deployment took into consideration lay out of the home and the demands of the day-to-day routine service delivery as well as the dependency needs of those living in the home. We found staff had the skills needed to do their job and work well as a team.

The home had staff vacancies which they were actively recruiting for. The risk of being short staffed was mitigated by staff working extra, using regular relief and agency staff where possible. We found good risk management systems included sister homes working together to support adequate numbers of staff and skill mix. The need to address slippage in staff supervision had been identified by the temporary manager and they had begun to re-establish systems in place to provide an overview of staffing. Staff told us they felt part of a good team which benefitted from those agency carers who were regular attenders. Staffing was an area that relatives identified as needing to improve to increase the number of permanent staff and support continuity. One relative said, "The staff do their best". Staff reported an ongoing reliance on agency carers as having a direct impact on people's experience of continuity which was especially evident where people were living with dementia. **(See Area for improvement 1)**

We observed a motivated staff team who demonstrated care with kindness. This was confirmed by people and feedback from relatives was positive. Staff were held in high regard and comments included, "we get on well with all staff" and "staff are very supportive".

## Areas for improvement

1. To support good outcomes for people the provider should evidence that continuity is considered when planning staff deployment and while staffing relies significantly on relief and agency care staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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