

Matthew Fyfe Care Home Care Home Service

Broomhead Drive
Dunfermline
KY12 9AQ

Telephone: 01383 602 333

Type of inspection:
Unannounced

Completed on:
27 June 2025

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.

There had been a change of manager since our last inspection and 29 people were at home when we visited.

About the inspection

This was an unannounced which took place on 24 and 25 June 2025, between 11:00 and 18:00. 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 four people using the service and three of their family
- five people and five relatives returned questionnaires
- spoke with 10 staff and management and 10 staff returned questionnaires
- observed practice and daily life
- reviewed documents
- two healthcare professionals returned questionnaires.

Key messages

- People enjoyed very good care and support.
- Staff were knowledgeable, caring and respectful.
- Quality assurance systems were in place and contributed to high standards.
- Management demonstrated effective leadership and communication.
- The home was clean and well maintained.
- Relatives felt welcomed and involved.
- Agency staff continue to provide significant support.
- The provider could increase people's involvement in driving improvements.

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?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	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?

5 - Very Good

We evaluated this key question as very good, as the service demonstrated major strengths in supporting positive 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. Staff clearly knew residents and their families well and communicated effectively. This meant any areas for improvement could be highlighted and acted on.

Residents and family told us how much they enjoyed planned group activities and entertainment. Meaningful activity was embedded into most aspects of care and support but was impacted by staffing and could be further developed to support more one to one time. (Please see Area for improvement recorded under 'How good is our staff team?')

Relatives described a warm and welcoming climate of care and staff, including agency carers, who worked hard to ensure everyone's needs were met. It was evident from our observations and discussions with residents, visitors and staff, that regular and permanent staff know the people in their care very well and that this helped mitigate the risk of isolation and distress while supporting high standards and effective communication. All of which contributed to people experiencing positive outcomes. Comments from relatives included, "they keep me in the loop" and "the care is seamless".

Medication was well managed and as a result, people benefitted from prescribed treatments. There was good clinical oversight of people's health needs. Prompt referrals were made to other health professionals meaning that people had the most appropriate health care at the correct time. Relatives described the health gains their loved ones had experienced because the staff got the right help from community healthcare professionals. They described quick and effective action taken where infection was suspected saying staff were, "on it" and "right on top of it". All of which meant relatives felt they could, "sleep at night knowing their loved one was being well looked after".

Mealtimes appeared to be calm and pleasant. Some people chatted to each other and enjoyed their meals together others preferred to remain in their own rooms. People were encouraged and supported to eat their meals independently with just the right level of assistance from staff where needed. That said, food was an area for improvement highlighted by residents, staff and family. Meals were described as, "repetitive". (Please see Area for improvement recorded under 'How good is our leadership?')

We found care plans and supporting documentation up to date, well written, relevant and complete. Improving record keeping was ongoing and our findings benefitted from a recent focus on improving the standard of record keeping and catching up with reviews. This meant record keeping could guide and support staff to meet people's needs and wishes. Relatives confirmed their involvement in reviews and reported very good communication which meant they felt confident about their loved ones experience of care and support.

The home was clean, uncluttered and well maintained with no evidence of intrusive noise or smells. Visitors confirmed the home was, "very, very clean".

We found that the service upheld very good standards of infection prevention and control and that planned improvements included, redecoration and refurbishment. As a result, people were protected and Matthew Fyfe Care Home continued to provide a pleasant place to live.

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 very good leadership that clearly demonstrated the principles supporting the Health and Social Care Standards and resulted in very good care and support being experienced.

Despite recent changes, management within the home was effective and there was strong leadership. Information gathered from a variety of audits and overviews had been used to sustain improvement within the service. The service had an active improvement plan which reflected their self evaluation, their aim to involve everyone with an interest in the home and continually improve standards. The outcomes for people living in the service were positively affected as a result. One area for improvement suggested by people we spoke to was in regard to the menu. It was described as, "repetitive". Catering does not fall under the remit of the home manager but unlike housekeeping, there was a disconnect between the kitchen and people using the service. The provider should consider ways to ensure such an important element of people's experience reflects effective participation. **(See Area for improvement 1)**

Staff told us they felt confident giving feedback and voicing their opinion. They felt comfortable communicating with management. They benefitted from support and guidance in regard to their training and development.

Relatives reported having confidence in staff and the benefits of good communication. People benefitted from visible leadership from senior care staff. Although the service was subject to the same workforce pressures as experienced throughout the sector, there was a good level of continuity and staff were confident about their role and responsibilities. Management's approach supported the wellbeing of staff, person centred care and a strong 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 were reassured by the capacity of senior members of the regular care staff to manage any aspect of the service associated with their role and responsibilities. They demonstrated a commitment to ensuring standards were maintained and improving the quality of life for people living here.

Areas for improvement

1. The provider should ensure that the needs and wishes of people are the primary drivers for change and review the current provision of meals to ensure people can participate in menu planning and enjoy a tasty, varied and well balanced diet.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. Despite an ongoing reliance on agency staff, we found staffing arrangements were sufficient and staff worked well together. People held staff in high regard describing them as, "kind" and "hard working".

We found people using the service were protected by safer recruitment checks in place before staff took up post. Agency staff were given sufficient orientation in order to support the people in their care. There remains an opportunity for the manager to involve residents and families in the recruitment and induction process and as part of their ongoing development of a participation strategy.

We sampled staff rotas and spoke with staff. Most staff said that staffing levels were good and that they could safely support people. Staff were visible throughout the home and quickly responded to people's support needs. Although people enjoyed group activity and entertainment, the reliance on agency staff could undermine the provision of meaningful activity being integral to care and support. This was evident during our discussions with staff and from feedback from relatives. Although some agency staff were regular attenders and held in very high regard, the risk of task orientated practice and missed opportunities for one on one meaningful activity was reported. One relative said, "there's a risk of things being done to her rather than with her" and staff described delegating tasks while they had to perhaps spend more time one on one with poorly residents. **(See Area for improvement 1)**

The provider's risk register had regular assessments of physical, social, psychological and recreational needs recorded to inform the direct care hours for the individual and inform staffing levels. The duty roster provided the information needed to plan for and manage known shortfall or absence. The daily handover sheet was completed by the senior in charge and clearly recorded the number and deployment of staff. This provided an overview of numbers and skill mix and could be adjusted in response to any changes throughout the shift but reliance on agency staff did present risks. **(See Area for improvement 1)**

Staff worked well as a team and felt supported by each other and by the leadership team. Regular handover meetings provided an opportunity to share concerns and ideas. More formal staff meetings took place, to address specific issues and receive staff feedback. As a result, people living in the service could be confident that they were being cared for by staff who were well supported.

The manager had a good overview of staff training, including induction. As a result, the manager had a clear view of staff training needs and had made good progress with local priorities to ensure staff could practice safely.

Areas for improvement

1. The provider should ensure that staffing allows for meaningful conversations and interactions with people and review how positive interactions and one on one activity can be evidenced and enjoyed, including with staff who are not involved in providing direct care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which states that: 'People have the time to support and care for me and speak with me' (HSCS 3.16).

How good is our setting?**4 - Good**

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. People benefit from a modern, comfortable, welcoming environment with plenty of natural light and space. The home was clean, tidy and generally well looked after, with no evidence of intrusive noise or smells.

The home had a relaxed welcoming atmosphere. People had a choice of where they wanted to spend their time. Some people enjoyed company in sitting areas, whilst others preferred to be in their own rooms.

Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively. Care equipment such as, bed mattresses, bed rails and shower chair were cleaned regularly and following current practice guidance.

Equipment was maintained well, with safety checks being carried out at planned intervals. This helped to ensure people were safe and enjoyed a pleasant home environment.

The former day centre area provided space for larger group activity, church services and organised entertainment.

How well is our care and support planned?**4 - Good**

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

Overall, risk assessments to assess resident's care needs were carried out regularly and then used to inform the care plan. The service had re-established regular reviews with residents and their relatives. 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.

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.

We found care records contained sufficient detail to guide permanent and regular staff in delivering day to day care.

The way records were designed, care was predominantly generic with prepopulated options for staff to consider. There were clearly efforts to ensure records were completed consistently and that person-centred care was being delivered. This meant records could guide staff in delivering and recording care and support that met people's wishes and assessed needs.

Although improvements in record keeping were identified as ongoing, we were satisfied that remedial work to improve all aspects of record keeping was sufficient to support good communication and guide staff practice. Further assurance was drawn from the recognition and action taken to address learning from sister homes and any implications for staff training.

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 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).

This area for improvement was made on 1 November 2024.

Action taken since then

The manager had set improving care records in terms of proforma and content as a priority since their arrival a few weeks prior to our inspection. We found reviews were up to date and relatives confirmed their involvement in these and in decision making as appropriate where legal arrangements were in place. Although work was ongoing, we found 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 area for improvement has been met.

Previous area for improvement 2

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).

This area for improvement was made on 1 November 2024.

Action taken since then

Although we found staffing numbers continued to rely on agency and relief staff, there was evidence of block booking and regular attenders. This was verified by sampling duty rosters and discussions with staff. They described good teamwork and orientation. Although risks remain for residents who may be unsettled by unfamiliar staff, we found that continuity is considered when planning staff deployment and while staffing relies significantly on relief and agency care staff.

This area for improvement has been 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good

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

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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