

Earlsferry House Care Home Care Home Service

Williamsburgh
Elie
Leven
KY9 1BA

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Type of inspection:
Unannounced

Completed on:
19 September 2025

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 20 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 dining room and from the conservatory. There is adequate parking for visitors to the front of the building.

About the inspection

This was an unannounced inspection which took place on 15 and 16 September 2025. 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 five people using the service and four of their family members
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents
- received four responses via a care service questionnaire.

Key messages

Care and support was delivered by a team who knew people well.

People and their relatives were happy with the care provided.

Staffing levels and deployment required attention.

The cleanliness of the service required attention.

Clinical oversight was in place and provided assurance.

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
How good is our setting?	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 there are a number of important strengths which clearly outweigh areas for improvement.

People were cared for by a staff team who knew them well. Although there had been a number of staffing changes, the team were all permanent staff members and the service did not use agency staff. It was evident that relationships were warm, caring and, in some cases, longstanding. All interactions were kind and polite. When asked about whether they were treated respectfully, one person said 'Yes, absolutely'. Relatives felt well known and welcomed and described the communication with staff members as 'very good'.

There had been a recent recruitment of an activities co-ordinator, which was welcomed by those living in the service. People were able to reflect that there had not been as many activities to get involved with of late. One person said, 'We get out onto the decking, but we don't get 'out, out'. Staff had made efforts to spend as much time with people as possible, but this had been affected by staffing levels at times.

Mealtimes were calm and unhurried and made use of the large communal spaces to encourage social contact. People were offered choice and were encouraged to give their feedback when able. When people required assistance with their meal this was done respectfully. Change and development of the menu was ongoing to ensure that people's needs and wishes were met. Staff should be aware of which foods are included in any modified diets being provided to people. This information was not readily available to them. This would enable staff to pass on this information to the people receiving the meal and promote a dignified experience.

At times staffing numbers or deployment had an impact on care. When numbers were low people could experience delays to receiving personal care and reduced engagement with staff. Staff were conscious that they were not always achieving the level of care that they desired. Please see key question three for detail.

Medication management was robust, with good oversight of the medication process providing reassurance. We could be confident that people were receiving the right medication at the right time.

Wound care required further attention. Records indicated that dressing changes were not always being completed at the required frequency. Documentation could further improve by following best practice guidance, with accurate measuring within photographs of wounds. This would ensure that healing progress, or deterioration, can be easily monitored. An area for improvement is made. See area for improvement 1.

Areas for improvement

1. To ensure positive outcomes for people who use this service the provider should ensure that documentation and records are accurate, sufficiently detailed and reflect the care/support provided. The provider should be able to show evidence of regular on-going monitoring and evaluation of records to demonstrate that appropriate actions are taken, or changes to care are made, as a result of the information being recorded.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS), which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

How good is our staff team?**3 - Adequate**

This key question was evaluated as 'adequate'. Some strengths were observed, but key areas of performance required improvement.

There was a dedicated permanent staff team who were caring and committed to those living in the service. Staff worked hard to ensure that people's basic care needs were met. However, staffing levels were variable, and there were periods when both the care and domestic teams were not fully resourced. This had an impact on the quality of care and support. When staff were not deployed to domestic tasks, there were issues with the cleanliness of private bedrooms and bathrooms. This led to infection prevention and control concerns. Further detail is provided under key question four.

When care staffing levels were lower than expected, there were reduced opportunities for staff to engage with people living in the service, and personal care was sometimes delayed. This created a risk of reduced social, physical, and emotional support. Staff felt a sense of overwhelm and that they were not achieving the standards they wanted to. This caused concern. When the laundry was not fully staffed, there were issues with the supply of clothes protectors, bedding, and, at times, people's clothing. This impacted on care staff's time to attend to people's needs. This also presented a risk to people's dignity and potentially to hygiene.

At other times, the service was well staffed, but the deployment and organisation of staff were not consistently effective. Further development of the way that tasks are allocated and how the workday is organised would be beneficial. Overall, the inconsistent staffing level, issues with staff deployment and organisation caused concern. A requirement was made. See requirement 1.

Requirements

1. By 10 November 2025, to ensure that people's care and support needs are met, the provider must ensure staffing arrangements are safe and effective. To do this, the provider must, at a minimum:

- a) Regularly assess and review people's care and support needs.
- b) Demonstrate how the outcome of people's assessments are used to inform staffing number and arrangements.
- c) Ensure that ancillary staff arrangements are sufficient to support positive outcomes for people.
- d) Implement quality assurance systems to evaluate care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15).

How good is our setting?

3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths which just outweigh weaknesses. Key areas of performance need to improve.

People should benefit from high quality facilities which are kept to a high standard. The service was well presented in the communal areas and benefited from attractive areas where people could spend their time. Families were seen to enjoy the café style area on the ground floor and were able to contribute and comment on the environment during regular relatives' meetings. Redecoration was planned for the upper floor and residents had been included in these decisions where possible. The home was free of intrusive smells and dinette/servery areas were clean and clear.

Maintenance issues were addressed promptly, and all necessary maintenance records were accurately kept.

There were, however, several areas of concern in some private bedrooms and ensuites. Walls and doors in a number of rooms were marked with visible staining from bodily substances. Sinks and toilets in some bathrooms required cleaning. These issues presented a clear infection prevention and control risk. We brought this to the immediate attention of the manager. Additionally, cleanliness within some bedrooms required improvement. Surfaces within some private bedrooms were not clean, showing signs of accumulated dirt and marks. This included tabletops and floors. This presentation indicated that these had not been recently attended to. Some items of furniture and bedding were marked or unclean. Over recent weeks domestic services had not been consistently provided by a dedicated staff member throughout the week. As a result, the overall standard within a number of bedrooms was not reflective of a respectful or hygienic environment for the people living in the service. A requirement is made. See requirement 1.

Requirements

1. By 10 November 2025, the provider must:

- a) Ensure that the internal premises, furnishings, bathrooms and equipment are clean and safe.
- b) Ensure that processes such as cleaning schedules and regular quality assurance checks of cleaning are in place and are effective.
- c) Ensure that safe infection control practices are adhered to by all staff at all times.

This is in order to comply with Regulation 4(1)(a) and (d) (Welfare of Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

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 19 April 2024.

Action taken since then

An activities co-ordinator had very recently been recruited to the service and was making initial introductions and engagements with people. This was observed to be well received by people living in the service. People were able to reflect that there had been more limited engagement recently and they looked forward to this increasing. Care staff took time, whenever possible, to engage with those in their care. At times this was limited by staffing levels and other demands.

This area for improvement is not 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
1.3 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
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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