

# Fidra House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
1 March 2024

**Service provided by:**  
Randolph Hill Nursing Homes  
(Scotland) Ltd

**Service provider number:**  
SP2003002451

**Service no:**  
CS2008179811

## About the service

Fidra House provides care and support for up to 60 older people in a purpose-built building located in the coastal town of North Berwick, in East Lothian. The provider is Randolph Hill Nursing Homes (Scotland) Ltd.

The service is provided over three floors which are easily accessible by public lift or stairs. People using the service have an individual bedroom with full en-suite facilities. There are communal lounges and a dining room on each floor.

There is a well maintained, secure garden area with several seating spaces and a summerhouse accessible to all people who use the service directly from the ground floor lounge. There is also a balcony area on the first floor.

Visitors have access to car parking facilities at the front and side of the building.

At the time of the inspection there were 56 people experiencing care in Fidra House.

## About the inspection

This was an unannounced inspection which took place on 22, 26 and 27 February 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
- intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with eight people using the service and nine of their family members
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- sent questionnaires to people, families, staff and involved professionals and reviewed all 50 responses.

## Key messages

- People experienced care and support that was compassionate, dignified and respectful.
- People were supported by staff who knew them well, including their likes, dislikes and preferences.
- The home was clean, bright and had a relaxed, homely atmosphere.
- The management team were approachable and responsive.
- The home were actively developing their activities programme and now had a full activities team in place to do so.
- The home worked within a culture of continuous improvement in the spirit of genuine partnership.
- The management team were clear on their priorities for improvement.

## 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

There was a warm, welcoming and homely atmosphere within the care home. People were happy and told us that staff treated them with dignity, respect and kindness. We observed caring and compassionate interactions between residents and their care staff. Family members were able to visit freely and had built positive relationships with staff and the management team. Comments included "staff have always been consistent with their care and love", "management are good at listening and feeding back", "they've been brilliant" and "I'm delighted with the care, they've transformed my life". This meant that people experienced warmth, compassion, dignity and respect in how they were supported and cared for.

People had access to a range of activities within and outwith the home, however the programme needed to be expanded and developed. The home now had a full, dedicated activities team in place who were motivated, creative and keen to improve the programme on offer. The team placed people and families at the heart of this development, spending time with people individually and in a group, finding out what people enjoyed and what they would like to try. The team had also linked in with sister care homes and community resources. People and families told us they were pleased with the plans in place. This meant that people had access to a variety of meaningful activities however the works in progress would ensure people could consistently maintain and develop their interests, activities and what matters to them according to their preferences.

People's health and wellbeing benefitted from their care and support. Medication systems were in place on each floor. Medication was held for each person in a locked trolley in the treatment room. We observed the trolley to be clean and tidy. The trolley did not have an anchor point in the treatment room or corridor. We asked the provider to review this. For people who needed wound care, the supplies were held in the treatment room. Internal and external medication audits took place. There had been some recent issues with stock control, which the provider was aware of and taking action to address. We received positive feedback from external professionals that the service were attentive to people's health and wellbeing support needs and made timely, appropriate referrals when needed. This meant that people received good support with medication and health monitoring however further work was needed to ensure all treatments and interventions were consistently safe and effective.

People's mealtime experiences were generally positive. People told us they enjoyed the food and felt that the portions were about right. People had access to alternatives including vegetarian dishes. Family members were encouraged to be involved in mealtimes, if they wished to do so. Staff took time to set tables in advance and ensure choices were offered. Whilst the experiences were generally positive, we discussed improvements that could be made. We observed some people waiting longer than others to receive their meal, particularly where they needed support or prompting to eat. We asked the provider to review the table settings to ensure a menu and condiments were available. The provider was responsive and made a number of improvements throughout the course of the inspection. The provider was keen to take action to further improve the mealtime experience. This meant that people experienced meal times in as relaxed an atmosphere as possible, however further improvements would ensure consistent positive experiences for all.

People had care plans in place that were detailed and personalised. We observed staff delivering care and support that was consistent with people's agreed plans. Care plans captured people's likes, dislikes and preferences well. People, families and involved professionals were invited to develop and review care plans and did so regularly. The service was in the process of making improvements to care plans, ensuring they were written in the first person and were more outcomes focussed. This meant that people benefitted from having care plans that were accurate, detailed and up to date, which supported positive outcomes for people.

The care home was generally clean and well maintained, although some harder to reach areas needed some attention. The service were working through a schedule of planned refurbishments and many areas had already been completed. People and families commented positively on the improvements made and planned. Laundry was generally well managed and people's belongings were appropriately labelled and stored. There were improvements that could be made to the laundry systems to ensure continuity across afternoons and evenings. The provider was keen to review the systems and make adjustments to improve outcomes for people.

### How good is our leadership?

### 5 - Very Good

We made an evaluation of very good for this key question. The service had major strengths in supporting positive outcomes for people. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes. The service worked within a culture of continuous improvement to strive for excellence.

The management team undertook numerous quality assurance audits throughout the service. These audits checked that health screening records, medication, finance records, accident and incident records and other monitoring tools were being completed to the expected standard. Managers were using the audits to identify strengths, spot errors or areas for improvement and identify necessary actions. The management team were progressing any areas identified for improvement at the time of inspection. This meant that people benefitted from a culture of continuous improvement, with the service having robust and transparent quality assurance processes.

The service had focussed on recruitment and retention and had achieved a more stable staff team. Staff were complimentary about the learning and development on offer and felt that the management team were approachable and responsive. We spoke to new staff who were complimentary of the induction and shadowing programme and felt welcomed to the team and service. There was some work to be done to raise compliance with key training courses throughout the team. The service was aware of this and were taking action to address it. This meant that people could rely on their care and support being provided by skilled, trained staff.

Staff supervision, team meetings and practice observations had not been taking place regularly. The service were aware of this and demonstrated the steps they were taking to address this. We asked the service to ensure there were trackers in place to record upcoming and completed supervisions, team meetings and practice observations. The management team were committed to improving staff guidance and support. This meant that people could rely on a service that was responsive to areas of improvement to ensure staff had sufficient and appropriate support to provide high quality care and support.

People and their families were involved in the development of the service. We sampled records of meetings held that demonstrated good information sharing and encouraged feedback and new ideas. Family members commented they appreciated the level of involvement and felt listened to and contributions

respected. This meant that people and their families were recognised as experts in their own experiences, needs and wishes.

The service had a robust self-evaluation in place where strengths and areas for improvements had been identified. The service had utilised the quality framework and Health and Social Care Standards (HSCS) throughout the self-evaluation. The service produced regular reports to their senior management teams that detailed progress on identified areas for improvement, however not all areas were listed. We asked the service to produce a service improvement plan from the information in their management reports, self-evaluation and feedback from people and families. This would capture all planned improvements and provide a clear overview of priorities and progress. This meant that the service operated within a culture of continuous improvement.

## 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
1.1 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	4 - 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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