

Ostlers House Care Home Service

9 Wellington Crescent
Kirkcaldy
KY2 6GH

Telephone: 01592 583 442

Type of inspection:
Unannounced

Completed on:
21 November 2025

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2015337334

About the service

Ostlers House is registered to provide care for up to 60 people. It is a purpose-built care home located in Kirkcaldy. The home is situated close to parks, shops and other local amenities. Accommodation is provided within five living areas and over two floors. There is ample communal space and access to a garden. The service is provided by Fife's Health and Social Care Partnership.

The aims and objectives of the service reflect the principles of the Health and Social Care Standards, specifically with a focus on maintaining people's independence and connection with the community.

At the time of our inspection, there were 52 people living here, including four accommodated within the designated Short Term Assessment and Rehabilitation unit.

About the inspection

This was an unannounced follow up inspection type which took place on 18 and 19 November 2025 and between 09:30 - 18:00. 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 10 people using the service and five of their family
- spoke with 19 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Required improvements had been made.
- Visitors and residents held staff in high regard.
- People enjoyed a safe, clean and well-maintained environment.
- People were highly satisfied with the care and support experienced.

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 good is our leadership?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

4 - Good

This was a follow up inspection to examine progress towards requirements and areas for improvement recorded at the last inspection. Please see 'What the service has done to meet requirements and areas for improvement made at or since the last inspection' for details.

As a result of improvements made, we re-evaluated Quality Indicator 2.2 'Quality assurance and improvement is led well' as good.

How good is our staff team?

4 - Good

This was a follow up inspection to examine progress towards requirements and areas for improvement recorded at the last inspection. Please see 'What the service has done to meet requirements and areas for improvement made at or since the last inspection' for details.

As a result of improvements made, we re-evaluated Quality Indicator 3.3 'Staffing arrangements are right and staff work well together' as good.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 4 July 2025, the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) ensure service users and their representatives are afforded the opportunity to discuss and agree their future needs wishes and choices for end of life care at an early stage, with regular and consistent review
- b) ensure end of life care planning takes into account the physical, social, psychological and spiritual needs of the service user and how these needs are to be met
- c) ensure end of life care planning takes into account pain assessment, pain management and additional symptom control, care and comfort
- d) ensure advice and guidance from Other Healthcare Professionals is fully recorded in the End of Life Care Plan and effectively delivered to the service user
- e) ensure symptoms of end of life are fully addressed, including those for nutrition, pain management, skin integrity and oral care
- f) ensure those representatives with Power of Attorney are afforded access to other healthcare professionals during professional visits
- g) ensure the care team have a good understanding of the terms -Life Limiting Illness, End of Life Care, Palliative Care and the powers held by Powers of Attorney.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210).

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: 'My future care and support needs are anticipated as part of my assessment.'

This requirement was made on 10 June 2025.

Action taken on previous requirement

We received an action plan on 23 June 2025 in response to our complaint findings. We monitored this requirement at our last inspection. At that time, we recognised action taken to support improvements had been at an early stage.

At this inspection, we found that end of life training and end of life record keeping had been well established. Staff described the training as informative and useful. The training being delivered face to face rather than via e-learning had encouraged discussion, led to greater awareness around gathering information to support people's wishes and increased their knowledge regarding legal powers held by people's representatives.

Records sampled confirmed good progress with the level of detail recorded in support of people's future care.

Relatives reported feeling involved in planning for their loved one's future care. We found staff were encouraged and supported to have difficult conversations, and that record keeping was seen to play a significant part in ensuring people's wishes were known and carried out, as well as supporting the involvement of family and legal representatives.

We found that the action taken to meet this requirement had been well established and was ongoing. There was enough evidence to suggest that the process had been successful to date. The provider had also started to assess the impact of training and service development. As a result, this requirement was met.

Met - within timescales

Requirement 2

By 4 July 2025, the provider must make improvements to systems of communication between the service and service user's representatives and between the care team. In particular, the provider must:

- a) ensure all staff are fully aware of the powers held by Powers of Attorney and their roles and responsibilities in effective communication
- b) ensure improvements to systems of internal communication to ensure all staff, including relief and agency staff are fully aware of service users' needs and how their needs are to be met
- c) ensure the circumstances under which representatives wish to be contacted and consulted with are agreed and recorded in the personal support plan and fully shared with the care team.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210).

This is to ensure care and support is consistent with Health and Social Care Standard 3.19: 'My care and support is consistent and stable because people work together well'.

This requirement was made on 10 June 2025.

Action taken on previous requirement

We received an action plan on 23 June 2025 in response to our complaint findings. We monitored this requirement at our last inspection. At that time, we recognised action taken to support improvements had been at an early stage.

At this inspection, we found staff were aware of the powers held by Powers of Attorney and their roles and responsibilities in effective communication. Systems had been considered and staff told us there was effective day-to-day communication. This meant staff, including relief and agency staff, were aware of peoples' needs and how their needs were to be met.

We found staffing still relied significantly on relief and agency staff. Our observations were of very good interactions between staff, the people in their care, and visitors. There was good information available for the agency and relief staff about people's day-to-day needs and wishes. There was a good level of continuity among agency staff in terms of length of time and frequency of attendance. Their deployment was also considered in terms of distribution and impact on people and the home's own staff. This provided people with confidence and supported effective communication.

Care records sampled, contained details regarding the circumstances under which representatives wished to be contacted. Relatives confirmed they had been consulted and were happy with the way staff communicated with them and their loved ones.

This requirement was met.

Met - within timescales

Requirement 3

By 17 October 2025, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must evidence that quality assurance systems:

- a) support improvements, as demonstrated by feedback from people and the outcomes they experience
- b) result in effective remedial action and or risk management when areas for improvement have been identified.

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

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure.' (HSCS 5.17)

This requirement was made on 14 July 2025.

Action taken on previous requirement

We found quality assurance systems had supported improvements needed to address outstanding requirements and areas for improvement. Remedial action including repair and redecoration, staff training and record keeping, had been effective. The support from the provider's Quality Assurance Team had been significant and we were reassured by their on-going efforts to support effective audit.

The provider had yet to demonstrate they included feedback from people in their assessment of service improvement. This was discussed with management at feedback and will be followed up at our next inspection. We were reassured by direct feedback from residents and their visitors regarding their involvement and level of satisfaction regarding their experience of all aspects of the service.

This requirement was met.

Met - within timescales

Requirement 4

By 17 October 2025, the provider must ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for:

- a) the health, welfare and safety of service users
- b) service aims and objectives
- c) role specific workload.

This is to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 7 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)

This requirement was made on 14 July 2025.

Action taken on previous requirement

We found staffing was sufficient to ensure suitably qualified and competent staff were available to support people's assessed needs. Staff worked well together. Recruitment was on-going but there was a well-established experienced team of senior care staff.

There remained a significant number of carer vacancies which meant staffing still relied significantly on relief and agency staff. Our observations were of very good interactions between staff, the people in their care and visitors. There was good information available for agency and relief staff regarding to people's day-to-day needs and wishes. There was a good level of continuity in agency staff in terms of length of time and frequency in attendance. Their deployment was also considered in terms of distribution and impact on service users and the home's own staff.

This requirement was met.

Met - within timescales

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 to ensure service users and their representatives experience a service with a culture of continuous improvement with a robust and transparent quality assurance process, the service should make improvements complaints handling to ensure outcomes drive service improvement.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 10 June 2025.

Action taken since then

There was information about how to make a complaint displayed at the entry to the home. There was a complaint policy and procedures available to support staff to respond to concerns. Staff demonstrated a clear understanding of their role and responsibility regarding any concerns they might have, or that may be raised directly with them. Service users and visitors we spoke to confirmed they had confidence that their concerns were listened to. Some described their frustration where ideal outcomes had not always been achieved or may be impacted by staffing. However, it was clear that learning took place as a result of complaints as seen with the improvements associated with end-of-life care.

This area for improvement was met.

Previous area for improvement 2

In order to support good outcomes for people accessing the Short Term Assessment and Rehabilitation service, the manager should ensure staff have the skills and knowledge required to carry out an appropriate pre-admission assessment and develop, in consultation with people experiencing care, meaningful support plans which are specific to their individual needs.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14)

This area for improvement was made on 20 September 2024.

Action taken since then

There was a dedicated senior member of staff and experienced care staff supporting all aspects of the service. Agency and relief staff were found to be regular attendees, which meant staffing was sufficient in terms of numbers and provided some level of continuity. They all clearly understood their role and responsibilities. They knew the people in their care well and we observed very positive interactions which meant people felt very well supported. There was a clear enablement model of care that was supporting people to recover skills and develop the confidence needed to look forward to getting home. Others were being supported while waiting for community arrangements to be in place or where long term residential or nursing care was needed. As a result, we found staff had the skills and knowledge required to support the service aims and objectives including care designed to meet people's individually assessed needs and wishes.

This area for improvement was met.

Previous area for improvement 3

To support people's wellbeing and dignity, and mitigate the risk of lost property, the provider should continue to develop a responsive inventory records and laundry system to identify ownership of clothes, protect and return them in a timely manner.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

This area for improvement was made on 20 September 2024.

Action taken since then

Systems to support the management of people's laundry had improved. Laundry staff focused on the direct laundering process, while domestic staff were responsible for returning clothing items to residents' rooms. This provided an additional check to ensure items were correctly placed. Staff understood their roles and responsibilities and reported that the process worked well. Residents also expressed satisfaction, one person said, "I'm very particular with my clothes and there's been no problem".

Inventories of residents' clothing were included in the care files we sampled. The service should continue to develop communication with relatives prior to people moving in, to clarify expectations around labelling, new clothing, and procedures for missing items. Overall, we were confident the service paid good attention to laundry management.

This area for improvement was met.

Previous area for improvement 4

To support people's health and wellbeing and mitigate the risk to the effectiveness of medication, the service should ensure that medication is stored at the appropriate temperature and immediate action taken where routine checks identify where this has been compromised.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

This area for improvement was made on 14 July 2025.

Action taken since then

The service recorded medication room temperatures daily and set clear parameters for the acceptable temperature range. These parameters had been consistently achieved over a lengthy period and were not a concern. The temperature of medication refrigerators was also recorded daily, and documents showed that the acceptable range was being maintained. Guidance on the necessary actions to take if temperatures fell outside the acceptable range was included in the available documentation. We found no issues with medication storage and were confident that robust systems were in place to provide ongoing assurance.

This area for improvement was met.

Previous area for improvement 5

To maintain effective infection control and a safe and hygienic environment for residents, staff and visitors, the provider should ensure equipment coverings and frequently touched areas are intact and do not compromise the effectiveness of cleaning.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.24)

This area for improvement was made on 14 July 2025.

Action taken since then

The provider had started to redecorate throughout the home. Staff were working hard to minimise the disruption to day-to-day care and support people needed. Management had ensured handrails had been replaced as a priority which meant effective cleaning was no longer compromised. There was good housekeeping and domestic staff were highly regarded for their teamwork and standards. We found the service was clean, tidy and free from unpleasant smells. Equipment and furniture were clean, well maintained and available to meet people's needs. Staff clearly demonstrated their understanding of the principals of infection prevention and control. Quality assurance processes included monitoring all aspects of the environment. As a result, people could be kept safe, and the service was prepared should there be an outbreak.

This area for improvement was met.

Previous area for improvement 6

To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have detailed person-centred care plans in place. These should: be audited to support sustained improvement in record keeping and high quality outcomes for people living here include anticipatory care, symptom control, promoting continence, safer mobilising and all aspects of personal care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a 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 14 July 2025.

Action taken since then

We found care plans are being audited and that elements of the audits were mostly being actioned and signed off which meant they were generally complete and up to date. Ongoing work was needed to ensure records clearly reflected when remedial action was complete. This was discussed with management at feedback and will be routinely monitored as part of our next inspection.

There were care plans in place to support all activities of living in line with people's assessed needs and wishes. Again, ongoing work is needed to ensure records reflect a consistent level of detail and the effectiveness of care delivered. This was discussed with management at feedback and will be routinely monitored as part of our next inspection.

Support plans included multiple assessments in place to manage risk and indicate change. These included supporting safer mobility, continence and maintaining weight.

We found stress and distress information was well presented but again, could be more detailed in regard to the agreed actions and guidance for staff. Overall, care records held a good level of information around managing stress and distress.

We found action taken to improve staff understanding and records regarding end-of-life care had supported improvements in anticipatory care.

It was clear that families had felt supported by staff from their cards and letters expressing their gratitude for the way staff had supported them and their loved one.

Visitors confirmed all aspects of personal care were well supported by hardworking, caring staff and we found staff responded promptly to people's support needs, throughout our visit.

This area for improvement was met.

Previous area for improvement 7

To ensure positive outcomes for people who use this service the provider should be able to demonstrate that personal care documentation and records are accurate, sufficiently detailed and reflect the care/support planned and provided. Also be able to show evidence of regular on-going monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities to meet peoples' personal and continence care needs and can demonstrate this through their practice.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

This area for improvement was made on 17 June 2025.

Action taken since then

From our sample of care records, we found some good detail about people's pattern for the day. The, "My life now and my daily routines" were recognised as a strength in record keeping and this alongside the "at a glance" information available to all staff, could guide staff in delivering individualised personal care, including continence management.

As recorded within area for improvement 6:

We found care plans are being audited and that elements of the audits were mostly being actioned and signed off which meant they were generally complete and up to date. Ongoing work was needed to ensure records clearly reflected when remedial action was complete. This was discussed with management at feedback and will be routinely monitored as part of our next inspection.

Support plans included multiple assessments in place to manage risk and indicate change. These included supporting safer mobility, continence and maintaining weight.

Visitors confirmed all aspects of personal care were well supported by hardworking, caring staff and we found staff responded promptly to people's support needs, throughout our visit.

This area for improvement was met.

Previous area for improvement 8

To reduce the risks of falls for people living in the care home, the provider should use current good practice guidance to further develop effective falls prevention strategies. The provider should be able to demonstrate adequate monitoring and supervision when people are identified as at risk in the environment.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

This area for improvement was made on 17 June 2025.

Action taken since then

We found support plans included multiple assessments in place to manage risk and indicate change. These included supporting safer mobility.

We found staffing supported adequate monitoring and supervision when people are identified as at risk in the environment. The "at a glance" information available to all staff, could guide staff in delivering individualised personal care, including any mobility needs.

We found staff responded promptly to people's support needs, throughout our visit, including safe moving and assistance.

This area for improvement was met.

Previous area for improvement 9

To ensure positive outcomes for people who use this service the provider should further develop a robust system to make sure all clothing and personal property is clearly labelled and returned to the owners in a timeous manner.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

This area for improvement was made on 17 June 2025.

Action taken since then

As recorded under area for improvement 3:

Systems to support the management of people's laundry had improved. Laundry staff focused on the direct laundering process, while domestic staff were responsible for returning clothing items to residents' rooms. This provided an additional check to ensure items were correctly placed. Staff understood their roles and responsibilities and reported that the process worked well. Residents also expressed satisfaction, one person said, "I'm very particular with my clothes and there's been no problem".

Inventories of residents' clothing were included in the care files we sampled. The service should continue to develop communication with relatives prior to people moving in, to clarify expectations around labelling, new clothing and procedures for missing items. Overall, we were confident the service paid good attention to laundry management.

This area for improvement was met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

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

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