

Eidyn Care (Fife) Limited Support Service

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Unannounced

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Service provided by:
Eidyn Care (Fife)Ltd

Service provider number:
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Service no:
CS2011288100

About the service

Eidyn Care (Fife) is a care at home service provided by Eidyn Care Limited. The service has approximately 100 clients within Fife and operates three geographical staff teams. The service is currently providing 1500 hours of care.

About the inspection

This was an unannounced inspection which took place on 2, 3 and 4 December 2025. 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 six people using the service and seven of their family members
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals. We also received 24 responses to our care service questionnaire.

Key messages

People benefitted from the care and support they received.

Management had recently changed but had made some good initial improvements.

The staff team were very well liked and professional.

Care plans contained a good level of detail.

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

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

People should expect to experience warmth, kindness and compassion. We observed interactions between people and carers which were good natured, kind and often humorous. It was clear that carers knew the people they were supporting very well. People using the service made many positive comments about the staff. Comments included, 'I cannot fault them', 'They've been the best we've had by far' and 'They're all lovely'. This meant that interactions were personal and meaningful, and that carers knew how to meet people's needs. We could be confident that people's dignity was respected, and their day-to-day needs were met.

Carers had knowledge and skills which allowed them to respond to the specific needs of the people they were supporting. We saw carers communicate with, and care for people with a range of different needs. We observed very specific communication needs being managed with great patience and skill. Once essential tasks were completed, carers then took the opportunity to start meaningful conversations with people, or ask if there was anything else they would like to do for the rest of the visit time. It was clear that carers had a good understanding of people's wishes and preferences and took time to make sure that things were exactly as people wanted them to be.

Although most people reported that they had a steady group of care staff who visited them, others felt that there was a lack of continuity. This meant that some people experienced multiple different carers and found this difficult. People described feeling that they had to explain their needs multiple times and this was tiring. The service were aware of the issues which some people were facing and were taking steps to address these. An area for improvement is made. See area for improvement one.

It is important that people receive the right support at the right time. Support with medication was improving after some issues had been identified. We found that care plans were clear on the level of support required and this was carried out and recorded in the care visits we observed. All staff had undertaken training on supporting people with medication and they were confident in providing this support. We were confident that people's health was being promoted.

Overall people were happy with the care and support they received. They were able to reflect on improvements which had taken place recently and were optimistic about the impact that these would have.

Areas for improvement

1. To support people's wellbeing, the provider should ensure people using the service receive consistent and stable care and support.

To do this the provider should, at a minimum:

- a) provide care and support at consistent times, in line with people's assessed needs and preferences.
- b) provide morning care and support at consistent times, to allow those who wish to plan day time activities, to do so.
- c) ensure reviews consider people's needs and preferences for visit times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

How good is our leadership?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

Management and leadership of the service had undergone some changes over recent weeks, with a new manager in place and some staffing changes. Positive change had already been noted by both staff and people receiving the service. One person said, 'If you phone they're right on it', another said (referencing the new manager), 'What she's done has helped'. This gave confidence that the service were working towards improvement and that some early changes had already been effective. Staff reported that they found the leadership team supportive and that, although recent changes had been initially disruptive, they appreciated the difference these were now making.

Quality assurance should be led well and be used to monitor and improve the quality of the service people receive. We saw a range of systems in place to check standards of care including spot checks, staff supervision and care reviews. These were not all fully up to date, but a schedule of completion was in place and being worked towards. Further time will be required before all the systems being used are fully effective. The manager had identified some issues and themes from staff feedback and we saw that these had been communicated and addressed with the staff team. We were confident that the management team had good oversight of the service and their staff.

The service had an action plan in place which reflected the further improvements which the service required. We were reassured that this echoed the same issues which were raised during inspection and that a clear plan for positive change was in place.

People, their relatives and staff told us they felt comfortable in approaching leaders within the service to discuss any queries or concerns. People reported that it was easy to get in touch with the office staff and they were able to name specific individuals who had helped them. Care coordinators and leaders knew people well and were flexible whenever possible, in order to meet their needs. This meant that people could expect a responsive service who took their feedback into account. People commented that the current office staff "care and are interested" and said, "communication is better".

The handling of complaints, accidents and incidents had improved. Staff had good awareness of their roles and responsibilities in keeping people safe if they had any concerns. A previous requirement was met. Please see 'what the service has done to meet areas for improvement set at, or since, the last inspection'.

How good is our staff team?

5 - Very Good

We evaluated this key question as 'very good', where there are major strengths which support positive outcomes for people.

It is important that services can demonstrate that they have a well-trained staff group. There was very good oversight of recruitment, staff induction and observations of practice. New staff members were not signed off until they had completed mandatory training both in person and online, as well as their shadow period. A variety of checks and trackers meant that systems were very robust. We were confident that all processes were in place and regularly overseen. The staff team were well liked by their client group. People said, "They are brilliant, the pair of them" and "I've not got a bad word to say about the service'. Another person said, 'The staff are all very good - can't praise them highly enough'. One person was especially impressed by the professional nature of the staff. They appreciated the confidentiality which they kept, saying, 'There's not a hint of gossip'. We could be confident that the service were recruiting and retaining staff who were suitable for the role and who had a strong value base.

Staff training was at a good level and additional training had been put in place to address specific service issues which had emerged, such as medication management. These had been effective in creating positive change and improvement. Although staff supervision sessions were slightly behind schedule, they were comprehensive and detailed. We were reassured to see that client feedback contributed to the supervision process. This meant that the service could assess staff performance based on people's individual experiences of direct care.

Staff should feel confident to give feedback and feel that they are listened to and valued. We saw that the staff supervision sessions provided various opportunities for staff to give feedback. Feedback was also encouraged during staff meetings and during the 'lunch and learn' sessions which had been recently introduced. Carers we spoke with were generally positive about their experience working for the service and felt supported to carry out their role to the best of their ability.

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

Overall, care plans were individualised and contained a good level of detail. When specific details were important to people, this was made very clear in the care plan. Staff could clearly see which tasks had to be completed and sign these off systematically. This gave confidence that people would have their needs met in a way which reflected their wishes.

Reviews of care plans were being completed regularly and clearly involved the people receiving care and their loved ones. This gave people the opportunity to feed back their thoughts and opinions about their care. We could be confident that people were receiving care and support which met their needs.

Risk assessments were in place but some further work was required to develop plans once risks had actually happened. In these cases, a full plan of care should be developed in order to mitigate against a known and actualised risk.

Some further work was also required on care plans for skin care and the use of 'as required' topical creams and ointments. If staff are required to report on changes to skin condition or make decisions to apply medicated creams, the baseline condition of the skin should be clearly stated. This would enable staff to make a more informed decision, especially when the person receiving care may not be able to do so.

Care plan audits were underway but were not fully complete. The manager was aware of the work which was still required and had clear plans in place to achieve it.

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

People should be confident that medication errors will be properly investigated and acted upon to reduce the likelihood of recurrence, supporting their health and wellbeing. All concerns should be fully documented and responded to in a timely manner, in line with the provider's policies and procedures.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 1 September 2025.

Action taken since then

The service had given a strong focus to medication management over recent weeks. They had developed a new medication management policy and ensured this was disseminated to all staff. Medication had been the topic of discussion at recent lunchtime learning forums and field support staff had been encouraged to discuss the topic at their area meetings. We were confident that the service were working towards a more consistent and robust approach.

This area for improvement is met.

Previous area for improvement 2

To support people's health, wellbeing and quality of life, the provider should ensure that all service users have an up to date support plan that reflects their needs and preferences for care. Support plans should provide staff with the information and guidance they need to provide the right care and support at the right time.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 1 September 2025.

Action taken since then

Care plan audits were underway but not yet complete. The manager was aware of the outstanding work still required. We will examine progress towards this area for improvement at the next inspection.

This area for improvement is not met.

Previous area for improvement 3

To support people's wellbeing and confidence in the service, the provider should have effective information sharing systems in place to ensure people know in advance, the time that their visits are planned for and the names of staff scheduled to attend.

This is to ensure care and support is consistent with Health and Social Care Standard 4.16: I am supported and cared for by people I know so that I experience consistency and continuity.

This area for improvement was made on 1 September 2025.

Action taken since then

Clients and families could access staff rotas via an application, in order to find out who was due to call on them. Staff phoned ahead if they were going to be late or contacted the office base in order that they could get in touch with clients. Short notice staffing changes were not available to clients but the office staff were aware of particular people to whom the name of their staff member was important. In these cases, the office would contact the client directly to inform them of the change.

This area for improvement is met.

Previous area for improvement 4

To support people's health, wellbeing and choice, the provider should ensure staff access training appropriate to their role, and apply their training in practice. This should include, but is not limited to, training in basic meal preparation.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 1 September 2025.

Action taken since then

The service had introduced a policy which meant that only very limited meal preparation was required. This extended to ready meals and cold foods. Staff undertook e-learning on basic food hygiene and there was general discussion around food preparation during the induction period.

An action plan was in place to provide meal preparation guidance but this was not fully in place. We will explore progress towards this area for improvement at the next inspection.

This area for improvement is not met.

Previous area for improvement 5

To support people's wellbeing and confidence in the service, the provider should ensure staff access complaint handling training appropriate to their role, and apply their training in practice.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 1 September 2025.

Action taken since then

The management team felt confident that they had a strong oversight of the complaints process. A further layer of assurance was provided by an audit system in place to check that processes had been completed within the correct timescales. No further complaints had been handled since this area for improvement was made but we were confident a robust process was in place.

This area for improvement is met.

Complaints

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

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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