

# Elizabeth House Residential Care Home Care Home Service

Boreland Road  
Dysart  
Kirkcaldy  
KY1 2YG

Telephone: 01592 653 324

**Type of inspection:**  
Unannounced

**Completed on:**  
25 October 2024

**Service provided by:**  
Notwen House/ Carnegie Care Ltd

**Service provider number:**  
SP2017012852

**Service no:**  
CS2017353797

## About the service

Elizabeth House is a residential care home in Dysart, near Kirkcaldy in Fife. The home is registered to provide a care service to a maximum of 17 people aged 56 and over. The provider is Carnegie Care Ltd.

The home is situated in a quiet area with good views over farmlands and countryside. Bedrooms are on two floors and all have ensuite toilet facilities. Access to bedrooms on the ground floor is by stair, stair lift or lift. There is access to a bathroom on each floor. The home has a communal dining room and lounge area where people being cared for can choose to spend their day. There are attractive landscaped outdoor areas to the front and rear of the home.

## About the inspection

This was an unannounced inspection which took place on 22, 23, and 24 October 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 and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and two of their relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People experienced compassionate care and support.
- Oversight of clinical risk should be developed.
- Quality assurance systems need to be established as soon as possible to avoid any slip in standards.
- Staff were knowledgeable and well trained.
- Staff deployment was well considered.
- People lived in a safe and well maintained environment but some areas were in need of refurbishment.
- Care plans gave clear direction and guidance to staff to ensure people's needs were met.

## 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?	3 - Adequate
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?

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.

Staff knew people well and engaged positively with them. Throughout the inspection we saw interactions which were kind, compassionate and caring. One person told us "it feels like a big family" and another said "everyone is very kind." This helped to create a comfortable and homely atmosphere. We could be confident that people were treated with warmth and respect.

Mealtimes were well organised and were a part of the day people looked forward to. The chef consulted people regularly about their preferences and had a comprehensive overview of dietary requirements. Meals looked appealing and were made using fresh, nutritious ingredients. People told us "I'm well fed" and "the chef is very good." We saw that people who needed assistance were supported with kindness and dignity. We suggested that menus should be placed on tables or on the wall for people to see. If people did not want any of the meal options on offer, alternatives were offered and the chef responded to any special requests if possible. Fresh fruit, drinks and snacks were also on offer throughout the inspection for people to help themselves to. We could be confident that people experienced a high quality mealtime experience.

A number of activities took place during our inspection including flower arranging, exercises, hairdressing and singing. We also heard about recent trips to the seaside, restaurants and coffee shops. Residents also sometimes enjoyed access to the adjacent day care service. There were a number of friendships between residents and we observed lots of laughter, conversation and singing throughout the inspection. One resident told us "I love the singing." This added to the homely and vibrant atmosphere of the home. We were confident that people were able to undertake a wide range of activities.

Some care plans provided a good level of detail about people's hobbies, interests and life history to support the planning of activities. However this was not in place in every care plan. There was also little detail recorded about which activities had been undertaken and which had been successful. The service had created an activities folder to facilitate the planning, recording and evaluation of activities but this process was not yet in place. **An area for improvement has not been met and remains in place.**

We were confident that people were receiving the correct medication at the correct times. We saw that the service had engaged with health professionals to review medication in a timely manner where this was required. We suggested that some processes and procedures regarding medication could be simplified and made clearer. This would reduce the risk of mistakes being made. Our suggestions included the removal of out of date paperwork, consistent checking of fridge temperatures and simplifying instructions for 'as required' medication. We also suggested the service should deploy a more robust audit system for medication so that they could be confident that they would identify any omissions or errors which occurred.

The service should make improvements to their oversight of the clinical needs and risks of the people they support. We found some systems in place to support clinical oversight, including a whiteboard summary in the duty room, a handover document on the electronic care planning system and some quality assurance systems. However, these were not completed at the same time and were not always up to date. For example, one person's most up to date weight was not recorded on the clinical summary board and this meant there may have been missed opportunities to promote increased food and fluids.

When we spoke to senior staff about this, we found that they were aware of weight loss and had been regularly prompting increased food and fluids. This gave us confidence that staff knew about people's needs. However, the lack of formal oversight meant that there was a risk that changes in health could be missed or not acted upon quickly enough. **See Requirement 2 in the 'How good is our leadership?' section of this report.**

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses.

Quality assurance and improvement should be led well. At the time of inspection the service was going through a period of transition, with a number of senior care staff being new to post and a senior care manager having recently left the service. Responsibilities for quality assurance tasks were split between the owner, registered manager and some senior care staff. The service was transparent in stating that there were a number of quality assurance processes they planned to deploy in the near future, but that these were not in place yet due to the turnover of staff. We asked the service to put these in place as soon as possible to reduce the risk of standards slipping and having a negative impact on people's outcomes.

Some audit systems were in place. Accidents and incidents were analysed monthly to identify possible themes or trends. We saw that some changes had been made to people's care plans and risk assessments as a result of this process, especially around falls risks. We could be confident that risks had been reduced in this area. In other areas where there was no audit system yet in place, we saw issues which required more attention to detail. This included infection prevention and control, clinical oversight and care planning. We suggested that the service should adopt a dynamic approach to their audits as some will be required to be completed more frequently than others. As these systems were not yet fully in place, we could not be confident that the service were able to drive improvement in the service. **See Requirement 1.**

There was no up to date service development plan in place. We made suggestions about how the service should create and develop this. This included gathering information, ideas and areas for development from quality assurance processes, residents, relatives and staff. This would give the service a clear way of prioritising and tracking improvements and developments in the service to ensure that standards of care and support are high.

Management had good oversight of staff training levels. We saw processes in place which ensured the management team had a clear overview of training levels and that staff were reminded when mandatory training was due to be completed. At the time of inspection the vast majority of staff were up to date with training. We could be confident that people were being supported by a well trained staff group. **An area for improvement has been met.**

Staff told us that training helped them meet the needs of the residents they were supporting, however we suggested that training on supporting people with dementia should be made mandatory to ensure that people living in the service receive care and support tailored to their needs. Learning and development needs were discussed at supervision meetings and staff told us that these meetings were helpful. Some observations of practice and competency checks were happening but these were not always recorded. The service told us that as part of their implementation of new quality assurance systems, spot checks and competency checks would be formally introduced and form part of the supervision process. Until this is in place we cannot be confident that staff practice is being regularly observed and assessed. **See Requirement 1.**

## Requirements

1. By 31 January 2025, the provider must ensure that there are robust quality assurance systems in place to ensure that the health, safety and wellbeing needs of residents are met.

To do this, the provider must, at a minimum:

- a) Implement a range of audits to monitor and improve the quality of the service. This should include, but is not limited to: medication, care plans and infection prevention and control.
- b) Implement a system to regularly monitor and discuss staff skills and competency, to demonstrate how training is being implemented in practice.
- c) Establish a dynamic service development plan which takes account of information from quality assurance processes and engagement with residents, relatives and staff.

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 comply with Section 7(1)(a), (b) and (c) of the Health and Care (Staffing) (Scotland) Act 2019.

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

2. By 31 January 2025, the provider must protect the health of people living in the service by having effective oversight of clinical risk.

To do this, the provider must, at a minimum, implement a system to monitor, and take any necessary action concerning, clinical risks. This should include, but is not limited to: food and fluids, weight loss, choking and stress and distress.

This is in order to comply with Regulation 4(1)(a) and 4(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order 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?

**4 - Good**

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

It is important that staffing arrangements are right and staff work well together. Staff deployment was well considered. Shift start times were staggered to allow for additional support at key times of the day and staff from the adjacent day care service supported the home in order to facilitate staff breaks. Care staff and service leaders told us they felt there were enough staff. This meant that support was delivered by staff who were calm and in control.

Shifts were managed well by team leaders. Staff told us they were clear on their roles and responsibilities.

Care and support was person centred. People's choice was maintained throughout the day and they were not pressured to eat in the dining room or go to bed at a certain time. Care was generally unhurried and staff had time to engage in meaningful conversations with people during the day and into the evening. One resident told us that care staff were "lovely" and another said "they should get full marks." We were confident that staffing arrangements were right.

Staff worked well together to ensure that people's needs were met. Newer staff told us their induction period was thorough and prepared them well to care for people living in the service. There was always support and guidance available from the owner and manager. Where tasks required two people, newer staff were paired with more experienced staff. We saw respectful and professional working relationships throughout the inspection. We were confident that staff worked well together.

Information sharing took place at every shift change. Detailed information about each resident was handed over to the new team in order to provide direction and guidance to staff. Care staff told us they found the handover process effective. We found that some key instructions, for example if people needed to be encouraged to take on additional food and fluids, were given verbally but not recorded in care plans. This meant there was a risk that some staff were missing key information to support people. **See Requirement 1 in the 'How well do we support people's wellbeing?' section of this report.**

## 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.

We saw that all staff were wearing Personal Protective Equipment (PPE) correctly and that disposal of PPE was in line with good practice guidance. Staff sanitised their hands when moving through the home and between tasks. People living in the home were supported to wash their hands, and we saw frequently touched surfaces being cleaned throughout the day. Domestic staff were visible throughout the inspection. Laundry and kitchen areas had clear processes in place to maintain cleanliness. The home was generally clean, tidy and free from odour. We pointed out some individual areas which could be cleaner and these issues had been addressed by the time we arrived for our second day of inspection. We suggested a more frequent audit schedule for checking infection prevention and control (IPC) standards would be beneficial. See Requirement 1 in the 'How good is our leadership?' section of this report.

Maintenance records showed that equipment and utilities had been serviced and checked within recommended timescales. We checked a sample of taps, radiators and mattresses and found no issues. Maintenance issues were resolved quickly. Call buzzers were in working order and could be used by residents to call for help if needed. We could be confident that people were living in a safe environment.

Personalisation was encouraged and this was evident throughout the home including in communal areas and in people's bedrooms. There were various pictures, decorations and ornaments on display. This contributed to the warm and homely atmosphere in the home.

Some areas of the home would benefit from refurbishment or upgrade. We found that the carpet on the stairs and lower floor was tired and marked. The owner reported that replacing the carpet was planned. Some areas were worn or damaged, such as silicone around sinks, chipped tiles and chipped skirting boards. This would prevent the service from being able to achieve a thorough deep clean. We suggested that the service adds an environmental development plan to their service development plan.

## How well is our care and support planned?

4 - Good

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

A good range of assessments informed care plans. These were person-centred and helped guide staff on how best to support people to meet their needs. People's preferences, wishes and information about their life history were clearly documented. This helped staff start meaningful conversations with people. We could be confident that personal preferences and wishes were adhered to.

Stress and distress care plans contained a good level of detail but could be further enhanced by more clearly stating which techniques and strategies were known to be effective in supporting people. This would enable staff to be clearly guided to specific interventions at the correct time.

We found that some risk assessments showed people were high risk in areas such as falls, but that this was not reflected in the corresponding care plans. Similarly, we found some examples where people had lost weight but had not been assessed as high risk in this area. This meant that there was a risk of people's health care needs not being met promptly. **We have asked the service to consider their clinical oversight in a requirement in the 'How well do we support people's wellbeing?' section of this report.**

Reviews were mostly up to date and where they were not, clear efforts had been made to arrange these with people's relatives. People were involved in their reviews and these were evaluative, with people and their relatives being asked to consider what was going well and what could be done better. Any agreed changes were actioned straight away. We could be confident that people were fully involved in their care planning on a regular basis.

The presence of care plans to support people at the end of their life and the quality of information where these plans did exist was variable. Some included important decisions on hospital treatment and resuscitation but lacked detail on personal preferences such as music and clothing. The service acknowledged this was an important area for development and planned to engage with residents and relatives to update these care plans as soon as possible. This would allow staff to respect people's wishes and promote a dignified death. **An area for improvement has not been met and remains in place.**



## 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 that people receiving care experience a service with well trained staff. The provider should ensure that all relevant staff receive and record completion of training, where it is appropriate to the role performed by the staff member to meet the assessed care and support needs of people receiving care. Staff skills and competency should be monitored regularly to demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 4 December 2023.**

#### Action taken since then

Management had good oversight of staff training levels. We saw processes in place which ensured the management team had a clear overview of training levels and that staff were reminded when mandatory training was due to be completed. At the time of inspection the vast majority of staff were up to date with training. We could be confident that people were being supported by a well trained staff group. **This area for improvement has been met.**

Staff told us that training helped them meet the needs of the residents they were supporting, however we suggested that training on supporting people with dementia should be made mandatory to ensure that people living in the service receive care and support tailored to their needs. Learning and development needs were discussed at supervision meetings and staff told us that these meetings were helpful. Some observations of practice and competency checks were happening but these were not always recorded. The service told us that as part of their implementation of new quality assurance systems, spot checks and competency checks would be formally introduced and form part of the supervision process. Until this is in place we cannot be confident that staff practice is being regularly observed and assessed. **See Requirement 1 in the 'How good is our leadership?' section of this report.**

#### Previous area for improvement 2

To support people's wellbeing, the provider should ensure that end of life care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met when they become unwell.

This is to ensure 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 1.5).

**This area for improvement was made on 4 December 2023.**

## Action taken since then

A number of activities took place during our inspection including flower arranging, exercises, hairdressing and singing. We also heard about recent trips to the seaside, restaurants and coffee shops. Residents also sometimes enjoyed access to the adjacent day care service. There were a number of friendships between residents and we observed lots of laughter, conversation and singing throughout the day. One resident told us "I love the singing." This added to the homely and vibrant atmosphere at the home. We were confident that people were able to undertake a wide range of activities.

Some care plans provided a good level of detail about people's hobbies, interests and life history to support the planning of activities. However this was not in place in every care plan. There was also little detail recorded about which activities had been undertaken and which had been successful. The service have created an activities folder to facilitate the planning, recording and evaluation of activities but this process was not yet in place. **This area for improvement has not been met and remains in place.**

## Previous area for improvement 3

To promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, reviewed and evaluated on a regular basis.

This is in order to ensure that care and support is consistent with 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) and 'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

**This area for improvement was made on 4 December 2023.**

## Action taken since then

The presence of end of life care plans and the quality of information where these plans did exist was variable. Some included important decisions on hospital treatment and resuscitation but lacked detail on personal preferences such as music and clothing. The service acknowledged this was an important area for development and plan to engage with residents and relatives to update these care plans as soon as possible. This would allow staff to respect people's wishes and promote a dignified death. An area for improvement is not met and remains in place. **This area for improvement has not been met and remains in place.**

## 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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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