

# Alexander House Care Home Care Home Service

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Telephone: 01383 518 080

**Type of inspection:**  
Unannounced

**Completed on:**  
20 November 2024

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000159

## About the service

Alexander House Care Home is a care home for older people, situated in the residential area of Crossgates, Fife, close to local transport links, shops and community services. The service provides nursing and social care for up to 44 people. The home has a pleasant garden area and accommodation is provided over three floors. All rooms have en-suite toilets and shower facilities, and four rooms can accommodate couples. Each floor has an open plan lounge/dining room and a passenger lift.

At the time of this inspection, the top floor was not in use.

Alexander House Care Home was re-registered with the Care Inspectorate on 05 June 2023 to provide 24 hour care and support for up to 40 people. The service is provided by Holmes Care Group Scotland Ltd.

## About the inspection

This was an unannounced inspection which took place on 19 and 20 November. 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 five people using the service and one of their relatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- The temperature was not sufficient to keep people comfortable, as a result we made a requirement
- Managers were receptive to feedback and demonstrated a commitment towards improvement
- The service had taken initial steps to start addressing the areas for improvement we identified.

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

## 3 - Adequate

We evaluated this key question as 'adequate' where there were some strengths but these just outweighed weaknesses.

We observed many respectful and warm interactions between staff and people living in the home. People appeared comfortable and relaxed in the presence of staff. We could see that most staff worked hard to meet people's care needs. People told us staff were kind and helped as much as they could. We witnessed a few missed opportunities for staff to interact meaningfully with people.

When we visited the service, the temperature in some areas was not sufficient to keep people comfortable. Staff told us there had been an unexpected breakdown with the heating in certain areas of the home since the previous day. Some people told us they felt cold, and we observed others wearing outdoor coats inside. The service had put temporary heating appliances in affected bedrooms; however, these were not being utilised. We prompted the service to utilise temporary heating measures and ensure temperatures were monitored regularly to ensure people were kept warm and comfortable. The service was awaiting external support to rectify the heating issue. People should expect the temperature to be monitored and adjusted to ensure they are always kept comfortable. As a result, we made a requirement (see requirement 1).

Feedback about the food and menu choices was mixed. Some people told us they really enjoyed the food. However other people told us they felt there was a lack of choice and variety. We observed people clearly enjoying their food during mealtimes. We saw people being given alternative options based on their personal preferences. Kitchen staff had a clear system in place to identify individual dietary requirements. Managers advised feedback had been sought from people and menus adapted based upon feedback. The service should consider how it seeks feedback from people on an ongoing basis to ensure dietary preferences are considered and menus adapted as appropriate.

We visited the kitchen and spoke with staff who worked regularly in this environment. The kitchen was clean and tidy and during our observations staff followed infection prevention control measures appropriately. We observed how the service was storing dry food stuffs. Dry foods were not always labelled and dated as we would expect. We asked the service to ensure this was done promptly. Some dry food stuffs were being stored in large storage boxes however we could not be assured these were being emptied, cleaned, and replenished appropriately. As a result, we made an area for improvement (see area for improvement 1).

We visited the laundry and found evidence of a significant amount of unidentified clothing. Managers told us about staff shortages which impacted on oversight of the laundry and managing unidentified clothing. More regular staff are now in post and the service plan to address this. Some people told us about missing items of clothing for extended periods of time. As a result, we made an area for improvement (see area for improvement 2).

Visiting health professionals provided positive feedback about the care and support provided by the service. Whilst they recognised the service was in a period of improvement, they had confidence in the management team. Professionals told us they felt confident managers and staff made prompt and appropriate referrals, sought advice, and acted upon this appropriately. As a result, people could feel confident they could access relevant external support.

The service had implemented systems to support oversight of skin care needs and treatment where appropriate. We spoke with senior and nursing staff who demonstrated a good knowledge of the systems in place. The service met an outstanding area for improvement in relation to skin care (see the 'outstanding areas for improvement' section of this report).

## Requirements

1. By 7 February 2025, in order to ensure the welfare of people using the service, the provider must ensure that the temperatures in all areas of the home are monitored and appropriately adjusted to ensure service users are comfortable and warm.

This is to comply with Regulation 10(2)(c) and 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 has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes.' (HSCS 5.19).

## Areas for improvement

1. The service should promote the health and welfare of people using the service by ensuring that all food items are stored appropriately. Where containers are used to store ingredients these should be labelled, cleaned and replenished regularly in a way which ensures that all items are within their use by dates.

This is 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).

2. In order to promote peoples dignity and wellbeing the provider should ensure people have their own clothing. The provider should ensure there is a robust laundry system is in place, where residents' clothes are identifiable, cleaned and returned to them in a timely manner.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I use a service and organisation that are well led and managed (HSCS, 4.23) and 'My care and support meets my needs and is right for me' (HSCS, 1.19).

## How good is our staff team?

**3 - Adequate**

Staff supervisions were still to be re-established giving staff the opportunity for positive and constructive feedback on their practice and to support staff to reflect themselves on their learning and practice. This was important to identify and address staff training and support needs. Staff supervision is an important tool, not only to support staff, but also to obtain feedback from staff that could contribute to improved practice. At the last inspection we made an area for improvement, which remains (see 'outstanding requirements and areas for improvement' section of this report).

Although staff were visible, we saw that they were busy and periodically working under pressure. This meant that, at times, people had to wait for carers to become available. Relatives and people commented that care staff were very busy. It is important that people receive the care and support they need timeously. At the last inspection we made an area for improvement, which remains (see 'outstanding requirements and areas for improvement' section of this report).

The service was reliant on support from agency staff to ensure staff numbers were sufficient. However, the service had some recent success with recruitment. People commented on staff turnover and use of agency staff impacting on their ability to build relationships with staff. Managers continued to try and recruit skilled staff who would support the existing team. The service very recently employed a nurse and senior carer, as well as other members of the care team. The team continues to establish itself, build relationships and identify each other's strengths.

The service demonstrated some improvement in staffing since the last inspection and continues to work towards establishing a consistent, well trained staff team. As a result, we did not make any additional areas for improvement (see 'outstanding areas for improvement' section of this report for more information).

## 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

The provider should ensure a consistent approach to medication administration, the provider should ensure:

- "As required" medication protocols are in place for anyone in receipt of "as required" medication, including any non-pharmacological intervention strategies to be used, prior to administration of as required medication. The outcome of any "as required" medication administered, should also be recorded on the reverse of the medication administration recording sheet.
- Ensuring that any source of medication in the home is stored securely in order to protect vulnerable people.
- Ensuring that storage facilities for medication are maintained at an optimal temperature.

This ensures care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective". (HSCS 1.24)

**This area for improvement was made on 17 June 2024.**

#### Action taken since then

The service had made progress towards ensuring protocols were in place for as required (PRN) medications. Protocols we sampled provided clear guidance for staff to support the consistent administration of medication. Where PRN medication had been administered the effectiveness of this was not always recorded. We asked the service to ensure staff who administered medication were consistently recording effectiveness of this.

During our inspection we found medication was not always being stored safely. This was addressed at the time of inspection and managers assured us this was addressed with staff during the inspection.

As a result, this area for improvement was not met.

#### Previous area for improvement 2

To ensure people's skincare needs are met, the provider should ensure that all wounds are treated in a timely way in order to promote good skin health.

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

**This area for improvement was made on 17 June 2024.**

## Action taken since then

The service had identified staff responsibilities to monitor and review wound care in the service. There were steps in place, to monitor wounds were treated timeously and to review their progress. This included discussion at daily flash meetings, the management team receiving an overview each month of wounds to inform them where any action needed to be taken.

As a result this area for improvement was met.

## Previous area for improvement 3

The provider should ensure that all stakeholders (particularly people living in the home and their families) are kept informed of management arrangements, and are kept up to date with any changes. This is to ensure that people feel confident in the leadership arrangements and who to approach if they need support.

This is to ensure that care and support is consistent with Health and Social Care Standards which state that "I use a service and organisation that are well led and managed". (HSCS 4,23)

**This area for improvement was made on 17 June 2024.**

## Action taken since then

The service had several changes in the management team of the service over the previous two years. At the time of this inspection, the manager was approximately 12 weeks in post. The new permanent manager had been supporting the service prior to being formally appointed to post. When she was formally appointed she emailed all next of kin to inform them, as well as putting notices at strategic points in the home to keep people informed of her appointment and that of the new deputy home manager. They spend time with people living in the home ensuring they are familiar with the new arrangements.

She operated an open door system to encourage people to speak with her whenever they wished. The manager had plans to ask people for their comments on the service including the new management arrangements. She then planned to collate information received and to take actions based on people's views.

We will follow up progress of this area for improvement at the next inspection.

This area for improvement is not met.

## Previous area for improvement 4

The provider should ensure that audit processes are effective in identifying areas for improvement, and use these findings as well as findings from other sources such as inspection and the views of others, to implement a development/improvement plan that identifies who is responsible for the improvement and timescales for that work to be undertaken.

This is to ensure that 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)



**This area for improvement was made on 17 June 2024.**

#### Action taken since then

We received an action plan following the last inspection. The service identified that they had time scaled completion of the areas for improvement by December 2024.

At the time of this inspection, the management team were progressing a range of audits to establish what the service were doing well and where they needed to make improvements. This was to include taking account of other stakeholders views of the service. On completion of this they would implement a self assessment and service development plan.

We will follow up progress of this area for improvement at the next inspection.

This area for improvement is not met

#### Previous area for improvement 5

The provider should ensure staff receive regular supervision to ensure learning and development needs are assessed and for reflective review of the learning experience.

This is 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 17 June 2024.**

#### Action taken since then

The new manager had reviewed the services supervision matrix, she identified that the programme of supervision for staff needed to be reviewed. This was being progressed at the time of this inspection. Although, regular supervision for staff was not yet taking place.

We will follow up progress of this area for improvement at the next inspection.

This area for improvement is not met.

#### Previous area for improvement 6

The provider should ensure that staff are deployed in such a way that benefits people using the service and to ensure availability of staff to support people timeously. This should include taking account of the views of staff, people using the service and their relatives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "My needs are met by the right number of people" (HSCS 3.15) and "I am confident that people respond promptly, including when I ask for help. (HSCS 3.17)

**This area for improvement was made on 17 June 2024.**

#### Action taken since then

We received an action plan following the last inspection. The service identified that they had time scaled completion of the areas for improvement by December 2024.

This area was to be addressed by dependency assessments being used to assist in identifying staffing levels. The management team were reviewing the skill mix of staff ( including the use of agency) and undertaking ongoing recruitment.

In making decisions the views of people living at Alexander House, their relatives and staff were to be taken account of.

We will follow up progress of this area for improvement at the next inspection.

This area for improvement is not met

## Previous area for improvement 7

To ensure positive outcomes for people who use this service the provider should;

a) Be able to demonstrate that personal care documentation and records are accurate, sufficiently detailed and reflect the care/ support planned and provided.

b) Ensure that people and their families (where appropriate) are invited to contribute to the plans.

c) Be able to show evidence of regular ongoing monitoring and evaluation of records to demonstrate that staff have a clear understanding about their role and responsibilities, to meet people's personal care needs and can demonstrate this through their practice.

This is to ensure that the 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 17 June 2024.**

### Action taken since then

We received an action plan following the last inspection. The service identified that they had time scaled completion of the areas for improvement by December 2024.

The manager informed us that care plans still needed to be progressed further. They had addressed the essential care needs of people and were needing to progress personalisation of these and planned to include people and their relatives (where appropriate) in the development of the care plans.

Regular 6 monthly reviews of people's care were to be established and these meetings would be used to involve people in the care plans. We will follow up progress of this area for improvement at the next inspection.

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](http://www.careinspectorate.com).

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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