

Elizabeth House Residential Care Home Care Home Service

Boreland Road
Dysart
Kirkcaldy
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Telephone: 07990022339

Type of inspection:
Unannounced

Completed on:
22 July 2025

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 can choose to spend their day. There are attractive landscaped outdoor patio areas to the front and rear of the home.

About the inspection

This was an unannounced inspection which took place on 16, 17 and 18 July 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
- Spoke with four relatives
- Spoke with seven staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals.

Key messages

- People received care and support which was kind and compassionate. Feedback from residents and relatives was positive.
- People were supported to remain active through a range of activities and outings. Further developments in this area were planned.
- Quality assurance systems were being developed by the recently appointed manager. Some were in place and working well while others were still to be fully established.
- Feedback about staff was very positive. Care and support was well organised and did not appear to be rushed.
- People lived in a safe and well maintained environment but some areas were in need of refurbishment.
- Support plans were generally instructive and sufficiently detailed. People's wishes and preferences were taken into account. We asked the service to provide more detail in some areas including for 'as required' medication.

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?	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. This helped to create a comfortable and homely atmosphere. Feedback from residents was positive. One person told us "it's excellent, anything you want they'll do it for you" and another said "it's very very good." Feedback from relatives was also positive. We were told "she has a new life we never thought she'd have" and "I give them full marks." 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 appetising and were made using fresh, nutritious ingredients. People told us "food is really good" and "it's really nice." We saw that people who needed assistance were supported with kindness and dignity. 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 available throughout the day for people to help themselves to. We could be confident that people enjoyed a high quality mealtime experience.

There was good clinical oversight of people's health needs. Prompt referrals were made to other health professionals meaning that people had the most appropriate health care at the right time. There was a whiteboard tracking referrals made and a clinical risk whiteboard which tracked key health information including dietary requirements and weights. We could be confident that effective clinical oversight was supporting people's health and wellbeing.

We were confident that people were receiving the correct medication at the correct time. We saw that the service had engaged with health professionals to review medication in a timely manner where this was required. We suggested that further detail should be made available to guide staff regarding 'as required' medication and when recording topical treatments. This would help reduce the chance of mistakes being made or documentation being unclear. **(See Area for Improvement 1).**

People enjoyed a range of activities. We were pleased to hear that the service had recently purchased a new bus with wheelchair access, meaning that everyone living in the service could choose to go on outings. We heard about recent trips to the seaside, parks and out for meals. We were confident that people were able to access the community.

It was evident that the service had worked hard to improve the opportunities people had to enjoy activities which are meaningful to them. Care plans provided a good level of detail about people's hobbies, interests and life history to support the planning of activities. One resident told us "I never sit down some days with the amount of stuff on!" A relative told us "she is more active now than she's ever been before." One person had been supported to rejoin a bowling club which she had enjoyed prior to living in the service. We also heard about exercise classes, afternoon tea, baking and parties which had all been well enjoyed. There were also specific projects running. There was an intergenerational project, where local nursery children came to visit, and a library project, where books were being delivered by the local library according to people's interests.

We were confident that people were able to undertake a wide range of activities. **An area for improvement has been met. See the 'What the service has done to meet any areas for improvement we made at or since the last inspection' section of this report for further detail.**

Areas for improvement

1. To support people's wellbeing, the provider should ensure medication systems are robust.

This should include, but is not limited to:

- a) Ensuring a consistent system is in place to record topical medication administration.
- b) Ensuring protocols for 'as required' medication and covert pathways contain sufficient information to guide staff on how to best meet people's needs.

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 my 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).

How good is our leadership?

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.

Quality assurance should be led well and be used to monitor and improve the quality of the service people receive. The management team had a clear oversight of the service and knew all of the people they support, their relatives, and staff well. People, their relatives, and staff felt comfortable in approaching the team to discuss any queries or concerns. Feedback about the new manager was very positive. We found that the new manager had been leading improvements in key areas including meaningful activities and anticipatory care planning. There were clear examples of people's lives being improved as a direct result of these developments.

We were confident that the service was committed to improving care and support.

A range of audits were in place and covered key areas including medication, care plans and infection prevention and control. We saw numerous examples where issues had been identified through audit and were rectified straight away. We suggested that care plan audits could be completed more frequently, to ensure that quality is maintained. There were effective systems and oversight in place to analyse accidents, incidents and falls. We were confident that people's health, safety and wellbeing needs were central to the service's quality assurance systems.

Although care staff felt well supported, some had not received formal supervision in line with the service's timescale targets. It is important that staff have access to regular supervision in order to identify learning and development needs and to address any practice issues or concerns. We were pleased to hear that all outstanding supervision meetings had been arranged. The service acknowledged that observations of practice had not been completed for some time. We asked the service to incorporate this into their supervision process, as well as the views of residents and relatives. **(See Area for Improvement 1).**

Residents, relatives and staff should feel confident to give feedback, and feel listened to and valued. Care staff we spoke with were all positive about their experience working in the service and felt supported to carry out their role to the best of their ability. We were told that the management team are visible and approachable. Regular team meetings, residents' meetings and relatives' meetings gave people the opportunity to share their views, ideas and wishes for the development of the service. We were confident that people were being consulted about improvements and changes. However, there was no formal service improvement plan in place. We asked the service to establish one as soon as possible. This would promote a whole team approach to improvement and would encourage consideration of timescales, responsibilities and evaluation of improvements and developments. **(See Area for Improvement 2).**

Areas for improvement

1. To support the wellbeing of residents and staff, the provider should ensure that staff practice is observed, evaluated and discussed.

This should include, but is not limited to:

- a) Formal supervision meetings which take place in line with organisational timescales.
- b) Observations of practice and competency checks.

This is to ensure that care and support is consistent with the 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. To support people's wellbeing, the provider should create a service improvement plan.

This should include, but is not limited to:

- a) Ways in which the service plans to develop and improve.
- b) Input from all relevant stakeholders including residents, relatives and staff.
- b) Clear timescales and responsibilities for each item.
- c) How success will be evaluated.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

How good is our staff team?

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.

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. Mealtimes were relaxed and well enjoyed. Where use of agency staff was required, there was an induction process and one page summary care plans in place.

The service tried where possible to only use agency workers who had worked in the home before. 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 asked 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. Call buzzers were responded to quickly. One resident told us that care staff were "excellent, couldn't be better" and a relative said "they are really lovely." We were confident that staffing arrangements were right.

A dependency tool and assessment was in place and staffing levels matched or exceeded recommendations. Some staff told us they felt additional staff on the nightshift would be helpful. We asked the service to analyse resident and staff experiences at night time. 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 Manager and Team Leaders. 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. Referrals were made and followed up timeously, promoting people's health. Care staff told us they found the handover process effective. We were confident that people received consistent and stable support.

How good is our setting?

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.

The home was generally clean, tidy and free from odour. Laundry and kitchen areas had clear processes in place to maintain cleanliness. We saw that all staff were wearing Personal Protective Equipment (PPE) correctly when required 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 and were knowledgeable about best practice guidance. Regular audits helped to maintain standards. We were confident that the risk of infection spreading was reduced and people were kept safer as a result.

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. There was appropriate signage and design features in place to support people living with dementia to be as independent as possible.

We were pleased to see that residents had been consulted about planned decoration of the lounge area. We were confident that people were able to take an active part in the development of the service.

Some areas of the home would benefit from refurbishment or upgrade. We found that some carpets required replacement. 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. There were attractive landscaped patio areas to the front and side of the building but some additional outdoor space was not being used at the time of the inspection. We suggested that the service should add an environmental improvement plan to their service improvement plan. **See Area for Improvement 2 in the 'How good is our leadership?' section of this report for further detail.**

How well is our care and support planned?

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.

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 documented. This helped staff start meaningful conversations with people and provide support according to their wishes. We could be confident that people's personal preferences were adhered to.

We found care plans and assessments reflected the level of risk around skin care, falls and weight loss. This meant that staff were informed, could mitigate risks and take action where they noted any indication of change to prevent people experiencing poor outcomes. Care plans for people who experienced stress and distress contained a good level of detail which meant staff were informed and care could be delivered in a way that lessened the chance of people experiencing stress and distress.

Record keeping was generally completed timeously and supported people's health needs. Records, charts and risk assessments showed that guidance from care plans and external health professionals was being followed. We were confident that people's health needs were being met. We suggested that daily notes could be completed in further detail in some instances. This would allow the service to evaluate people's experiences and opportunities in greater detail.

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. One relative told us "things are going really well" and another said "they always keep us up to date." We could be confident that people were fully involved in their care planning on a regular basis.

Care plans to support people at the end of their lives had been improved. Information was available about people's clinical preferences and where they would like to spend the final days of their lives. The service told us they had received positive feedback from health professionals about the quality and clarity of this information. There was clear oversight of legal decision making details including information about Guardianships and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) certificates.

The service had also started to gather information about more personal choices such as clothing and music. An area for improvement has been met. **See the 'What the service has done to meet any areas for improvement we made at or since the last inspection' section of this report for further detail.**

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 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 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 1.5).

This area for improvement was made on 25 October 2024.

Action taken since then

Care plans to support people at the end of their lives had been improved. Information was available about people's clinical preferences and where they would like to spend the final days of their lives. The service told us they had received positive feedback from health professionals about the quality and clarity of this information. There was clear oversight of legal decision making details including information about Guardianships and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) certificates. The service had also started to gather information about more personal choices such as clothing and music.

This Area for Improvement has been Met.

Previous area for improvement 2

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 to ensure that care and support is consistent with the 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 25 October 2024.

Action taken since then

People enjoyed a range of activities. We were pleased to hear that the service had recently purchased a new bus with wheelchair access, meaning that everyone living in the service could choose to go on outings. We heard about recent trips to the seaside, parks and out for meals. We were confident that people were able to access the community.

It was evident that the service had worked hard to improve the opportunities people had to enjoy activities meaningful to them. Care plans provided a good level of detail about people's hobbies, interests and life history to support the planning of activities. One resident told us "I never sit down some days with the amount of stuff on!" A relative told us "she is more active now that she's ever been before." One person had been supported to rejoin a bowling club which she had enjoyed prior to living in the service. We also heard about exercise classes, afternoon tea, baking and parties which had all been well enjoyed. There were also specific projects running. There was an intergenerational project, where the local nursery children came to visit, and a library project, where books were being delivered by the local library according to people's interests. We were confident that people were able to undertake a wide range of activities.

This Area for Improvement has been Met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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?	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
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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