

# Alexander House Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 August 2025

**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.

The service is provided by Holmes Care Group Scotland Ltd.

## About the inspection

This was an unannounced inspection which took place on 5, 6 and 7 August 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 six had shared their views with us via a questionnaire, prior to our visit
- spoke with four relatives and 15 had shared their views with us via a questionnaire, prior to our visit
- spoke with seven staff and management and 13 had shared their views with us via a questionnaire, prior to our visit
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

Clinical care and oversight was 'good'.

Improvement to recording of medication stock and topical applications is needed.

Activities and access to meaningful days are lacking at times.

Quality assurance, leadership and oversight was good - we saw further capacity for improvement.

Staff were skilled and well liked. Staff deployment would benefit from further review.

People benefit from a well maintained environment.

Care planning is detailed in places, but this is inconsistent.

## 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 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?	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'. We found strengths that contributed to positive experiences and outcomes for people, but further improvements are needed.

People should benefit from being supported to maintain and develop their interests and things that matter to them. People we spoke with told us they enjoyed the weekly bus outings and when planned entertainers visited the home. Support staff made efforts to facilitate group activities and 1:1 'chats', however this was inconsistent and without any meaningful plan. People living in the service and relatives told us that there was lack of communication about what was available for people to participate in. One person said, "They [carers] haven't time, there is never time for them to play a game with us." The service was aware of the improvement that was required in this area and shared with us their plan to increase people's opportunities to have meaningful engagement. **Area for improvement 1 applies.**

People's health and wellbeing should benefit from the care and support provided. We found strengths in clinical care and oversight. Handover records evidenced monitoring and evaluation of people's food, fluid, acute health needs and skin integrity. Relatives we spoke with told us they were kept up to date with any changes to their loved one's needs. Comments included, "[My loved one] is really happy" and "They [staff] have been amazing with him." Another said concerns around pain or discomfort had been responded to without delay. Care staff told us they felt well informed of people's needs. A visiting health professional commented that support staff knew people well and were good at highlighting any areas of concern. This gave confidence that people's needs were being responded to, without delay.

We observed mealtimes being well facilitated, by support staff that were attentive, caring, and skilled. Encouragement and support were given to those who required this. Those with adapted diets were accommodated safely, and in line with their individual assessments. We observed confusion about what food options were available for people. Menus were not available to review, with one person stating, "We often don't know what is available until it's being plated." We were advised that the provider was revising its menus and that this transition period had meant menu information was less visible. The service should seek to improve how they share this information with people, promoting engagement, choice, and independence. **Area for improvement 2 applies.**

People should be supported by a medication management system that is driven by best practice guidance. We observed good practice around medication administration. Medication administration records (MAR) we reviewed also indicated good practice and that people were being supported to have their medication, as prescribed. As required protocols were in place and detailed the appropriate administration guidance. Previously made area for improvement 3 is now met. See section 'what the service has done to meet areas for improvement made at or since our last inspection'. Carry forward balances and running totals were not being consistently recorded. Detailing this information is important as it allows the service to monitor stock levels and identify quickly, any omissions or errors with administration of medications. Practice could also be improved around recording of application of topical medications as we found that this was inconsistent. **See area for improvement 3.** Improvement in this area promotes robust practice.

## Areas for improvement

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

This is 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).

2. To promote people's nutritional health, the provider should ensure adequate provision of meal choices, as well as access to menus in advance. People living in the home and their representatives should have the choice to be involved in the menu planning.

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 meets my needs and is right for me' (HSCS 1.19) and 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

3. To ensure people benefit from prescribed treatments the provider should ensure:

a) Accurate recording of the application of topical preparations

b) Staff have a clear understanding regarding their role and responsibilities to support robust medication management

This is to ensure that 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).

## How good is our leadership?

### 4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that outweighed areas for improvement.

We saw that a range of audits and other quality assurance systems were in place. These included infection prevention control checks, environmental checks, medication audits and monitoring of falls and people's weight. These audits evidence being productive in identifying good practice, but also areas where the service needed to improve. We could see that these areas for improvement were addressed and follow up checks carried out. This helps to sustain improvement. We saw the service had a dynamic service improvement plan in place, that reflected areas for development. The service had also completed a self assessment toolkit where they had aligned improvements with the relevant best practice guidance. This evidenced that the quality assurance measures that were in place were drivers for change.

Although we saw some gaps in the audits being carried out, in line with the providers policy, this had been identified by the service, and we were assured by the plans in place to address this. This included the frequency of care plan audits, observations of staff practice and formal recording the daily manager walk round. Improvement here would support the improvements identified to the consistency of care planning (see section 'How well is our care and support planned?') and support sustained, high standards of practice.

Efforts were made by the service to gather feedback from people and their relatives through resident meetings and quarterly service questionnaires. We gave feedback to the provider about how it ensures people's experiences and voices are consistently captured and acted upon, through the other quality assurance systems that are in place. This keeps the people who are receiving care central to driving improvement.

Staff told us they felt supported by the leadership team within Alexander House. Staff felt confident that if they took any concerns to the leadership team, that this would be addressed without delay. A visiting professional told us that communication with the management team had improved. The manager of Alexander House is also the registered manager of one of the organisations sister homes, which sits within the same grounds. Some relatives who completed a questionnaire prior to our inspection told us they did not feel the manager was always visible. This was shared with the manager for consideration on how to ensure leaders of the service are accessible at all times. All of the areas for improvement identified as part of our inspection were positively accepted by the service and we recognised this proactive response to support positive change.

## How good is our staff team?

## 4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that outweighed areas for improvement.

We found safer recruitment checks were carried out before staff started work which could keep people safe. Staff confirmed they were supported locally to complete mandatory induction training and that the induction process included working alongside their colleagues with the people they were to care for. One staff member told us that their colleagues "took time to go through everything with me".

Staff were clear about their roles and responsibilities. Agency staff reported being well supported and confident in carrying out their job. We observed practice that was genuine and thoughtful. Comments from people living in the service included:

"Staff are excellent, just brilliant."

"The girls are all nice."

"I've not a bad thing to say."

"I am quite happy with what they do".

The provider had identified vacancies and recruitment was ongoing. The provider should consider the participation of people who use the service, in the recruitment and induction of staff. This would ensure people were involved and included.

We found despite ongoing reliance on agency and bank staff; people benefited from a warm atmosphere because staff worked well together. Staff told us, "It's a happy staff team" and "Not a negative culture at all." Training records evidenced that the majority of staff had completed mandatory training. Where there were gaps, these were due to the staff member still being within their induction period and upcoming dates had been scheduled where others had lapsed. Frequency of observations of practice could be increased. The provider should review its policy and expectations around the frequency of staff observations of practice and what should be covered as part of these. This promotes a staff team that are competent and skilled.

An area for improvement was made at our last inspection around staff receiving regular supervision. We could see that progress had been made in this area. Supervision schedules indicated that most of the care team had received a supervision. We found the content within these supervisions was development focussed. Further work is required to ensure all staff, including nursing staff, are supported with regular supervision in line with the providers policy. Area for improvement 6 in section 'what the service has done to meet areas for improvement made at or since our last inspection' applies.

The provider had a risk dependency tool in place to determine the numbers of staff required. An assessment of the complexity of individual people's care and support needs was also recorded. The manager reported a review of the way these tools could better relate to each other and improve oversight of staff deployment, was being considered. This review should also consider the layout of the home, staff roles and competencies to mitigate the risk that people experience delays in their support or access to prescribed treatments. Area for improvement 7 in section 'what we have done to meet areas for improvement made at or since our last inspection' applies.

## How good is our setting?

### 4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that outweighed areas for improvement.

People benefitted from a modern, welcoming environment with plenty of natural light and space. The home was clean and tidy with good housekeeping observed.

The home had a relaxed, welcoming atmosphere. People had a choice of where they wanted to spend their time. Some people enjoyed company in sitting areas, whilst others preferred to be in their own rooms.

Communal areas within the home were clean, tidy, and free from clutter, which ensured that cleaning tasks could be carried out effectively. Care equipment such as bed mattresses, bed rails and shower chairs were cleaned regularly. Appropriate audits and quality assurances were in place to promote good standards of cleanliness. Equipment was maintained well, with safety checks being carried at planned intervals. We could be assured that people's outcomes were enhanced by a safe and well-maintained environment.

Feedback was given to the service about enhancing opportunities for people to be independent within the service, for example access to drinks and snacks and availability of resources to promote engagement, such as games and books. One resident told us, "I would love a little games station; they have plenty space." This promotes people being as active and independent as possible.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as 'adequate'. We found strengths that contributed to positive experiences and outcomes for people, but further improvements are needed.

Care plans and assessments should be used to direct and effectively deliver care and support. We saw some examples of entries that were personalised and written by staff that knew people well. We also saw evidence of health professional inputs within plans and risk assessments. We found most plans had been regularly reviewed with some showing input from the residents and their relatives. This meant these records were relevant and could guide staff in delivering day-to-day care and support.

This standard was not however, consistent across all of the plans we sampled. Some lacked regular monthly review and where others had been done, these lacked any meaningful evaluation of that person's wellbeing needs over that month. In almost all of the plans we reviewed, an anticipatory care plan was missing, or where this was in place, lacked any information about anticipatory care needs/wishes. This information is essential as it ensures that everyone involved in providing care at palliative and end of life stages are fully aware of people's preferences. Area for improvement 8 in section 'what we have done to meet areas for improvement made at or since our last inspection' applies.

It was evident from speaking with regular and agency care staff, that they did not access care plans on a regular basis. Carers accessing care plans is important as it not only gives them essential information about peoples needs and wishes but also allows them to meaningfully contribute information to reviewing and updating of these plans. Area for improvement 8 in section 'what the service has done to meet areas for improvement made at or since our last inspection' applies.



## 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 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).

**This area for improvement was made on 25 November 2024.**

#### Action taken since then

Our review of food storage within the kitchen area of the service found good practice in place. Minor issues were addressed with the manager at the time of our inspection.

Area for improvement is MET.

#### Previous area for improvement 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).

**This area for improvement was made on 25 November 2024.**

#### Action taken since then

This area for improvement remains in place. Inconsistency in laundry staffing has meant people continue to experience issues with receiving back laundered clothes in a timely manner and still on occasion, laundry does that does not belong to them. The service are addressing this as a matter of urgency.

Area for improvement is NOT MET.

## Previous area for improvement 3

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

As required protocols were in place, supported by associated stress/distress support plans and covert pathways as needed. Effect of as required medication when administered, was consistently recorded. Details in protocols and outcomes, were brief but sufficient.

Medication was stored appropriately, including regarding temperature control.

Area for improvement is MET.

## Previous area for improvement 4

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

People, staff, visiting professionals and relatives were aware of who the manager was. Other members of the leadership team were said to be visible and approachable. Forums were in place to keep people up to date with service changes, such as newsletters.

Area for improvement is MET.

### Previous area for improvement 5

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 found good systems were in place to monitor practice and identify areas for improvement. A detailed service improvement plan was in place. Further detail on the services provisions and arrangements for quality assurance are detailed in section 'How good is our leadership?' of this report.

Area for improvement is MET.

### Previous area for improvement 6

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

Improvement was noted, however further work is still required to ensure all staff, including the clinical care team, have regular supervision. See section 'How good is our staff team?'.

Area for improvement is NOT MET.

### Previous area for improvement 7

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 observed good staffing numbers during our inspection. Care rotas evidenced staffing being in line with the service's dependency assessment tools. People told us that staff were at times "short" and "too busy", occasionally having to wait for care to be given or to be supported with an activity.

To ensure that people experience consistently high standards of care, from a staff team that are effectively deployed, in the right numbers, with the right skill mix, the service should review its dependency assessment tools. Feedback from people should also be considered when reviewing staffing provisions.

Area for improvement is NOT MET.

## Previous area for improvement 8

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 saw some good examples of care plans and assessments. This was not consistent across all plans. See section 'How well is our care and support planned?' section for further details.

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
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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
3.2 Staff have the right knowledge, competence and development to care for and support people	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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