

## Gowrie House Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 September 2025

**Service provided by:**  
Gowrie Care Limited

**Service provider number:**  
SP2020013482

**Service no:**  
CS2020379154

## About the service

Gowrie House Care Home is a nursing home for up to 60 older people. The home provides long term care, intermediate care and ad-hoc short stay respite care for older people including those with physical frailty and/or dementia. It was registered with the Care Inspectorate in August 2020 and the provider is Gowrie Care Ltd a member of the Belsize Group.

The home has three storeys and is situated in a quiet residential area of Kirkcaldy, close to local amenities. There is a private carpark to the rear of the home.

Accommodation is provided in single occupancy bedrooms, each with en-suite facilities, over three floors and six units. There is an enclosed garden with direct access from the lower floor and a variety of pleasant communal sitting and dining areas.

There were 57 people living here during our inspection.

Since our last inspection, there had been a change of manager. The manager was available to support the business of inspection.

## About the inspection

This was an unannounced inspection type which took place between 9 & 12 September 2025 and between 9:00 - 19:00. The inspection was carried out by 2 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 13 people using the service and 6 of their family
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents
- we also received completed care standards questionnaires from 3 people using the service, 2 relatives, one visiting professional and 25 staff

## Key messages

- Staff were knowledgeable, caring and respectful.
- People living here were happy with the service they experienced.
- The home was clean and provided very good facilities.
- Relatives felt welcomed and involved.
- Improvements were required in support of medication management and staff competencies.
- Management were approachable and responsive.

## 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?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate. We found strengths that contributed to positive experiences and outcomes for people but further improvements must be made.

It is important that people experience warm, nurturing relationships with the staff who support them. We observed numerous examples of kind, compassionate and warm interactions. The majority of staff clearly knew residents and their families well and communicated effectively. This meant any concerns or queries could be identified and acted on. We were confident that people were being treated with dignity and respect. They were supported to get the most out of life, they enjoyed meaningful days even if they chose not to venture out. Staff were held in high regard because they demonstrated their knowledge and were welcoming. Relatives told us they felt listened to and involved in decisions made regarding their loved ones. Their comments included, 'I would definitely recommend it, not perfect but they try from the heart' and "communication is very good, I can approach any of the staff and the manager" As a result, families felt confident and reassured that their loved one was, "well looked after".

One area for improvement repeatedly identified was in regard to small items of clothing being lost. It is important that people have confidence in the way their personal property is looked after. **See Area for improvement 1**

Mealtimes appeared to be calm and pleasant. Some people chatted to each other and enjoyed their meals together others preferred to remain in their own rooms. People were encouraged and supported to eat their meals independently with just the right level of assistance from staff where needed. We were told that the quality of meals had improved and found people maintained their weight.

We observed some inconsistency the quality of service provided and which risked people experiencing poor outcomes, immediate action was taken and improvements made. While we saw some very good staff interactions and practice, there were instances where people were not assisted in a way that reflected good practice guidance. **See requirement 1.**

People's health and wellbeing should benefit from their care and support. Senior care staff were aware of changes to people's physical health and continued to monitor these appropriately. The service demonstrated good use of recognised risk assessment tools to support identification of physical health risks. There were systems in place for recording and analysis of accidents and incidents including, appropriate actions taken to mitigate risk and keep people safe. Management used information about falls and other indicators to assess outcomes experienced by people. Although care records were well presented, we found some inconsistency in the accuracy of information recorded within support plans sampled. The provider's own audits had identified some gaps in records and we recognised action to address these, was ongoing. **See area for improvement 1, recorded under key question 5.**

People should benefit from a robust medication management system that adheres to good practice guidelines. The provider had recently introduced an electronic medication management system. We found the transition onto the new system had not yet been completed. Nursing staff and senior care staff were confident in the use of the new system but we found inaccurate stock records. This meant the service was at risk of medication being out of stock. The manager took immediate action to initiate a full audit and assess medication management. This verified our findings and identified areas for improvement and which

had implications for staff training. **See requirement 2.**

People should expect to be supported to get the most out of life. We saw people who were able to move freely around the home. We saw evidence of people getting out and maintaining relationships outside the home. The activities team were held in high regard.

Activities records provided evidence of a variety of group and individual activities that had taken place and had been thoroughly enjoyed. Individual records provided evidence of one to one time with people who were less able or not inclined to join group activity. Our own observations verified the positive impact activities had on people's wellbeing, throughout the inspection.

We found that the service upheld good standards of infection prevention and control and that planned improvements included, redecoration and refurbishment. We were also reassured by immediate action taken to support consistent standards of housekeeping through out the home during our inspection. As a result, people were protected and Gowrie House continued to provide a pleasant place to live.

## Requirements

1. By 10 October 2025, the provider must, ensure that individuals' personal plans clearly set out how their health, welfare and safety needs are to be managed and met. In order to do this, the provider must ensure:

- a) accurate recording of key information including how a person is to be supported with moving and handling, all care documentation is kept up to date and used to evaluate and amend people's care and dependency needs.
- b) service users experience a service with well trained staff. In particular, you must ensure that staff receive training in relation to moving and assisting people and any other relevant training, where it is appropriate to the role performed by the staff member, to meet the assessed care and support needs of service users.
- c) regular monitoring to demonstrate how the training received is being implemented in practice, taking into account current best practice guidance.

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 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 1.15) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 10 October 2025, the provider must ensure that safe practice in relation to the management of medication is in place. To do this, you must, at a minimum:

- a) ensure that medication is managed in line with the policy of the service and accurate records of medication are kept.
- b) ensure that there is effective oversight of medication management.

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

## Areas for improvement

1. In order to ensure residents' experience safekeeping of their personal belongings, the service should:

- a) Ensure inventories of personal belongings are subject to review when new items are provided.
- b) Ensure there is an effective laundry system to prevent, as much as possibly practical, the loss or damage of residents' personal belongings.

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

## How good is our leadership?

4 - Good

We evaluated this key question overall as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. We found good leadership that clearly demonstrated the principles supporting the Health and Social Care Standards and resulted in people being the focus for all aspects of service delivery.

Management within the home was effective and there was strong leadership. Staff told us they felt confident giving feedback and voicing their opinion. They felt comfortable communicating with management and that they benefitted from support and guidance in regard to their training and development.

There were systems in place for recording and analysis of accidents and incidents, including appropriate actions taken to mitigate risk and keep people safe. Relatives reported having confidence in management and effective communication between care staff and management. They told us when concerns are raised, management responded in an open and honest way.

Staff demonstrated a commitment to ensuring standards were maintained and improving the quality of life for people living here. However, we observed some inconsistency the quality of service provided and which risked people experiencing poor outcomes. We were reassured by immediate action taken and improvements made. The provider should ensure systems are effective in measuring standards, identifying areas for improvement and that remedial action taken supports sustainable improvements in outcomes experienced by people. **See area for improvement 1.**

People benefitted from visible leadership which supported their experience of approachable staff and management and made raising issues relatively easy. Although the service was subject to the same workforce pressures as experienced throughout the sector, there was a good level of continuity and staff were confident about their role and responsibilities. Management's approach supported the wellbeing of staff, person centred care and a strong sense of community.

## Areas for improvement

1. The provider should ensure that audit processes include self evaluation and are effective in identifying areas for improvement. This should include evaluating the impact of audits and gathering feedback from all interested parties. Where areas for improvement are identified, they should contribute to a development/improvement plan for the service.

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)

## How good is our staff team?

4 - Good

We evaluated this key question overall as good, where several strengths impacted positively on outcomes for people and clearly 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. Staff were clear about their roles and responsibilities. Agency staff reported being well supported and confident in carrying out their job. The provider could 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 staff were able to meet more than basic care needs. Ongoing recruitment was evident which meant new starts "learning the ropes" but the presence of experienced staff provided reassurance regarding peoples' experience of continuity of care. People benefited from a warm atmosphere because staff worked well together. Staff were held in high regard by the people in their care and families. Comments included, "they are excellent" and staff were 'very cooperative and kind'"

Staff described good teamwork and that they experienced a culture of respect and support. We found they worked well together and had valuable support from staff not involved in providing direct care. However, there were inconsistencies and we found although there was high compliance with staff training, some areas for improvement were evident. **See area for improvement 1.**

The provider had a dependency tool in place to determine the numbers of staff required in the home and this was displayed for visitors to see. Management also considered the day to day deployment of staff to reflect the lay out of the home. As a result, people could feel confident their needs should be met in a timely manner.

## Areas for improvement

1. Management should ensure ongoing competency checks are carried out to evaluate the impact of training and support consistent staff practice and identify ongoing learning and development needs are assessed, reviewed, and addressed.

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).

## How good is our setting?

### 5 - Very Good

We evaluated this key question as Very Good, as the significant strengths outweighed any areas for improvement.

People should benefit from high quality facilities which support their outcomes. We found the accommodation was welcoming and had been equipped and decorated to a good standard. The service benefitted from bright spaces with plenty of natural light. There was good signage throughout the home which helped to orientate people.

The home was clean, tidy and very well looked after, with no evidence of intrusive noise or smells. Communal areas within the home were clean, tidy and free from clutter, which ensured that cleaning tasks could be carried out effectively. We were also reassured by immediate action taken to support consistent standards of housekeeping through out the home during our inspection.

Equipment was well maintained, with servicing and safety checks being carried out at planned intervals. This helped to ensure people were safe.

The home had a relaxed, welcoming atmosphere. People had a choice of where they wanted to spend their time. Some people enjoyed spending time in the shared lounge/dining areas, whilst others preferred to be in their own rooms. The location and culture of care supported the inclusion of family and friends. There was open visiting and pleasant areas for families to spend time out with their loved one's bedroom if they wished.

We found the overall environment was of a very good standard of upkeep which helped to ensure people could enjoy a pleasant setting. There were regular audits and checks carried out relating to the environment and upkeep of equipment. The service was clean and fresh. There was good standards of housekeeping and infection prevention and control. This meant people could be kept safe and enjoyed a pleasant home environment.

## How well is our care and support planned?

### 4 - Good

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

Reviews and risk assessments to assess resident's care needs were carried out regularly and then used to inform the care plan. Those we sampled showed that people were encouraged to give their views and people told us that they were listened to by staff and management.

People benefitted from detailed assessments of their needs both prior to and on admission to the home. Full care plans were then developed in the immediate weeks following admission.

We found records were designed with an emphasis on activities of living which supported a systematic approach to assessment and delivery of care. There were clearly efforts to ensure records were completed consistently and that person-centred care was being delivered. This meant that the majority of records sampled could guide staff in delivering and recording care and support that met people's wishes and assessed needs. We did however, follow up on our observation of inconsistent staff practice and performance by sampling support plans. Although care records were well presented, we found some inconsistency in the accuracy of information recorded within support plans. The provider's own audits had



identified some gaps in records and we recognised action to address these, was ongoing. **Please see area for improvement 1.**

## Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that:

- a) support plans offer clear direction and up to date guidance to guide and support staff deliver timely care and support and,
- b) audit tools and processes match the records being audited.

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 1.15).

## 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 ensure people experience responsive care and support, the provider should ensure that audit processes are effective in identifying areas for improvement during the first days and weeks following admission. To do this, the provider should review audit tools and processes.

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 9 August 2024.**

#### Action taken since then

We found documentation recording pre admission assessment information had been reviewed. As a result staff had information on which to assess newly admitted people and measure the effectiveness of planned care. We found staff updated information as people settled in and there had been more information gathered. This process could be further enhanced with a standard approach and strengthened by raising the profile of post admission record keeping as part of the provider's audit. Although improvements in record keeping were identified as ongoing, we were satisfied that remedial work to improve all aspects of record keeping was sufficient to support good communication and guide staff practice. Further assurance was drawn from the recognition of implications for staff training.

This area for improvement is no longer in place and has been incorporated into a new area for improvement recorded under key question 5.

#### Previous area for improvement 2

To promote wellbeing and support people's needs and wishes, the provider should evidence people's access and use of outdoor space contributes in a meaningful way to how they spend their time. This should include people who experience advanced physical and/or cognitive impairment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

**This area for improvement was made on 9 August 2024.**

#### Action taken since then

We found the provision of activities was a strength here. The activities team could support people regardless of any physical and/or cognitive impairment. We found ample evidence to reflect people had accessed the garden. The addition of a minibus had enhanced opportunities for people to get out and about. The impact

of 1:1 time with the activities team was immediate and positive. Care staff recognised the need to focus their efforts on supporting comfort and wellbeing. Although further developments and improvements were identified as ongoing, we were satisfied that the focus on improving outcomes for people was very well established. This area for improvement is met.

### Previous area for improvement 3

To promote responsive care and ensure that people experience the right care at the right time, the service provider should ensure that care plans provide clear direction to guide staff.

Plans should clearly outline the support required to deliver effective care in reducing stress and distress. Where 'as required' medications are part of stress and distress care, there should be clear guidance to their use. All incidences of stress and distress should be thoroughly recorded in order to assess the effectiveness of interventions and identify any potential staff training needs.

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 1.15).

**This area for improvement was made on 9 August 2024.**

#### Action taken since then

The service had recently moved from paper records for medication management to an eMAR system. This process was incomplete and PRN protocols were presented in paper form. We found PRN medication had been reviewed and where needed changed to a regular regime. We found PRN protocols were in place for symptom control and where they may be needed when other actions were ineffective in treating stress and distress. In addition, we have made a requirement under key question 1 and area for improvement under key question 5 that incorporate medication management and record keeping. As a result, this area for improvement is no longer in place.

### Previous area for improvement 4

People experiencing care should expect to receive the care and support they need to maintain healthy bowel habits and their individual needs considered. The manager should ensure adequate staffing are available with the skills, knowledge and equipment required to deliver effective, timely continence care and support.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

**This area for improvement was made on 4 April 2025.**

#### Action taken since then

Although improvements in record keeping were identified as ongoing, we were satisfied that remedial work to improve all aspects of record keeping was sufficient to support good communication and guide staff practice. Further assurance was drawn from the recognition of implications for staff training.

This area for improvement is no longer in place and has been incorporated into a new area for improvement recorded under key question 5.

## Previous area for improvement 5

The provider should engage in proactive communication between care staff and management and with people and their representatives when concerns are raised about their care, health and/or wellbeing. This would support an open and honest learning culture where people feel included, respected and listened to and improve consistency in planned care.

This is to ensure care and support is consistent with Health and Social Care Standard 4.3: I experience care and support where all people are respected and valued.

**This area for improvement was made on 4 April 2025.**

### Action taken since then

We found people had confidence in the management team. Relatives and staff described effective communication between care staff and management. Relatives told us when concerns were raised, management responded in an open and honest way. We suggested there was still an opportunity to reflect on past issues and consider how lessons learned could mitigate the risk of people experiencing poor outcomes but were satisfied that the focus on improving outcomes for people was well established.

This area for improvement is met.

## Previous area for improvement 6

To ensure positive outcomes for people, the management should ensure that the staff team improve their responsiveness to changes in people's health and presentation out with the services systems and processes in place for health input/review.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

**This area for improvement was made on 4 April 2025.**

### Action taken since then

Although improvements in record keeping were identified as ongoing, we were satisfied that remedial work to improve all aspects of record keeping was sufficient to support good communication and guide staff practice. Further assurance was drawn from the recognition of implications for staff training.

This area for improvement is no longer in place and has been incorporated into a new area for improvement recorded under key question 5.

## Complaints

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

## 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
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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