Alexander House Care Home
Care Home Service

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Type of inspection:
Unannounced

Completed on:
14 August 2026

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

The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced inspection which took place on 11 and 12 August 2026. 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 eight people living in the service. A further four had completed a customer service questionnaire, prior to our visit. We also spoke with three visiting relatives.
- spoke with nine staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Feedback from people living in the service and their relatives was positive.
- The assessment and management clinical care was well monitored and treated.
- The service offered a variety of opportunities for engagement.
- Care records were inconsistently completed and would benefit from improvement.
- The service valued feedback from people and made efforts to seek this regularly.
- Staff told us they felt supported by the leadership team.
- The monthly review of people's care needs was basic and would benefit from improvement.

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 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 evaluated this key question as 'good', as several strengths positively impacted outcomes for people and clearly outweighed the areas identified for improvement.

Feedback from people living in the service and their relatives was positive. Comments included:

"Carers are all brilliant."
"The care staff are all great, lovely."
"Carers are all brilliant, can't say that any of them aren't great."
"No concerns with the care [they] gets".

We reviewed the medication administration and recording systems (MARs) and were confident that people received the right medication at the right time. We saw examples of where independence in medication management was safely encouraged. Protocols for supporting people with as required (PRN) medication were in place and contained appropriate guidance.

We observed a range of clinical care systems in place to ensure that people's health and care needs were consistently met. The assessment and management of wounds, infections, post-fall observations, and continence care were well monitored and managed. We saw that referrals to relevant health professionals, including dietitians and podiatry, were made without delay. A visiting health professional told us, "It's great, never any worries." We were confident that people experienced safe and effective care and treatment.

People told us that the food was of good quality and plentiful, with one person commenting that there was a "good choice". We spoke with the chefs working in the service, who demonstrated a good understanding of people's dietary needs. They were keen to receive feedback from people and ensured flexibility in the menu based on individual preferences. This meant that people benefited from access to a varied, nutritious, and well-balanced diet.

The service offered a variety of opportunities for engagement. A weekly activities programme included opportunities such as outings, exercise classes, flower arranging, and art sessions. We saw strong links with the local community, including visits from a local nursery and regular visiting entertainers. The service made significant efforts to engage people in meaningful and enjoyable activities. Themed days were regularly organised and enthusiastically enjoyed by residents, relatives, and staff. Efforts were also made to ensure that people had as much one-to-one time as possible, particularly those who preferred to spend time in their own rooms. Independence was promoted, we observed people helping themselves to drinks. Another person was observed collecting their own laundry and putting this away. We saw a clear focus on supporting people to get the most out of each day.

Although activity assessment tools and life story work had previously been completed, the service could further enhance its practice by reviewing these to ensure that the planning and delivery of engagement opportunities remain meaningful and promote positive wellbeing outcomes for people. The staff team demonstrated confidence in their ability to deliver this support.

We reviewed care records and found examples of good practice, alongside some areas requiring further development. Records relating to skin integrity and the prevention of pressure damage were completed to a consistently good standard. Food and fluid records for those who required them were also completed appropriately, with evidence of daily evaluation to inform ongoing care. These records contributed to effective monitoring and assessment of people's health needs. However, other records, including bowel care monitoring, oral care records, and Topical Medication Administration Records (TMARs), were used inconsistently and often suggested gaps in recording. We discussed with the service ways in which aspects of care, such as healthy bowel management, could be more effectively monitored and promoted through existing assurance processes. This included suggestions to enhance the daily "flash meeting" by incorporating discussions on the evaluation of care records. This practice would promote timely intervention. Area for Improvement 1 applies. Area for improvement 3 in section 'What the service has done to meet any areas for improvement we made at or since the last inspection' remains in place.

Areas for improvement

1. To promote positive outcomes for individuals, the provider should ensure that care records are accurate, sufficiently detailed, and clearly reflect the care and support planned and delivered. This should include bowel care monitoring and oral care records; for those who require this.

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).

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 the areas identified for improvement.

We saw that a range of audits and other quality assurance checks were in place. These included monthly infection prevention and control checks, environmental audits, medication audits, and monitoring of falls and people's weight. These audits evidenced a proactive approach to identifying good practice, supported early intervention, and promoted learning from events. This approach helps to sustain continuous improvement. We found that care plan audits would benefit from being more frequent and thorough. The service shared with us the new care plan audit format that had been introduced by the provider and we were confident that this new system would address these areas for improvement. We also identified some gaps in care records that indicated omissions in recording care. We suggested that the leadership team strengthen the use of daily assurance checks to ensure prompt action is taken in response to gaps in care records, or where records indicate that immediate further action is required. This will help ensure that people's needs are met without delay.

We saw that the service had a dynamic service improvement plan in place that reflected the Health and Social Care Standards and captured the wishes and aspirations of people living in the service. The leadership team demonstrated a strong vision and commitment to continuous improvement.

The service had made efforts to gather feedback from people and their relatives through resident meetings and service questionnaires. This helps to ensure that people receiving care remain at the centre of service development and improvement.

Staff told us they felt supported by the leadership team at Alexander House. They felt confident that any concerns raised with the leadership team would be addressed promptly. Comments about the leadership team included: "I have not met a nicer boss" and "The positive changes since the manager took over are palpable."

How well is our care and support planned? 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 the areas identified for improvement.

Care and support plans should reflect people's needs, wishes and outcomes. The care plans we sampled were detailed and reflected individual preferences, demonstrating a person-centred approach. The plans provided clear guidance on clinical care, for example wound care and treatment, and identified relevant risks. We saw assessments that were up to date and incorporated recent changes to people's health needs, such as weight loss. This helps to direct care that maximises people's health and wellbeing.

We found evidence that people and their representatives were involved in care planning. One relative told us they had been involved in care planning before their loved one moved into the service. As a result of this thorough pre-planning, they told us, "They are getting to know [resident] super fast."

In addition, care notes evidenced strong multidisciplinary team involvement, including input from GPs and podiatrists, in assessing health needs and responding to acute health concerns. We also reviewed care notes that evidenced input from people's next of kin in care decision-making. One relative told us, "When [resident] has not been well, the first thing they do is phone me." This demonstrated that care and support reflected people's wishes and involved the right people at the right time.

We saw that summary reviews of people's needs had generally been completed monthly. However, these reviews typically captured only basic clinical care needs, such as falls, changes in weight and signs of infection. The service should improve the content of these reviews to ensure they capture people's overall health and wellbeing throughout the month, including an evaluation of mental health, meaningful activities, engagement and the person's voice. This would promote a holistic approach to support and help ensure that the care provided continues to meet people's outcomes. Area for Improvement 1 applies.

Areas for improvement

1. To support care and support that is dynamic and promotes effective care delivery, people's plans should be subject to regular review. As part of this review process, the service should develop formats to include all aspects of peoples health and wellbeing and include feedback from people and their next of kin.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

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 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).

This area for improvement was made on 7 August 2025.

Action taken since then

We saw that the service offered a range of engagement and wellbeing opportunities for people to participate in. These included weekly planned activities such as exercise sessions, art classes, bus trips, and flower arranging. Daily one-to-one sessions were also facilitated for those who preferred not to engage in group activities.

The service had strong community links, and visiting entertainers were regularly arranged. Themed days were enthusiastically organised and facilitated, with the most recent being a cowboy-themed event that included opportunities for line dancing. We observed that people living in the service and their visiting relatives enjoyed these activities.

The service had utilised activity assessment tools and carried out life story work with people to identify their likes, interests, and sensory needs. The service shared plans with us to update these tools, recognising that making clearer links between people's interests and needs and the engagement opportunities on offer would further enhance their wellbeing. We were confident in the service's focus on continuous improvement in this area.

MET.

Previous area for improvement 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).

This area for improvement was made on 7 August 2025.

Action taken since then

We concluded that the service had made positive improvement in this area. We observed menus on display in each living suite. People told us they enjoyed the food and had plenty of "choice". As well as a daily set menu, people had the choice of a smaller snack menu to choose from. Quarterly feedback from people was gathered to inform menu planning and we saw examples of how peoples more specific needs and preferences were accommodated. We spoke with the kitchen team who demonstrated a flexible approach to ensure people enjoy meals that meet their needs.

MET.

Previous area for improvement 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).

This area for improvement was made on 7 August 2025.

Action taken since then

Leaders of the service had implemented up-to-date Topical Medication Administration Records (TMARs) for each person who required them. However, we observed that these records were often incomplete. Care staff we spoke with also confirmed that this was an area of practice requiring further improvement.

Further time is therefore needed to support the continued development of this practice area. This will help to ensure that people consistently receive the care and treatment prescribed to them and that records accurately reflect the care provided.

NOT MET.

Previous area for improvement 4

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 24 November 2024.

Action taken since then

We spoke with four people living in the service, all of whom expressed positive experiences regarding the management of their laundry. Ensuring that laundry items were returned to the correct owner often relied on the knowledge and familiarity of the permanent laundry team.

We saw that an inventory of clothing was completed at the time of admission; however, no formal systems were in place to review or update this inventory at regular intervals. We discussed this with the service and suggested that this process be incorporated into review frameworks and/or keyworker roles and responsibilities.

This would help to ensure that regular care and attention are given to the safe and effective management of people's clothing and personal possessions.

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

We saw a supervision tracker that was in place and up to date. Work had been undertaken to ensure that all care and support staff (including the clinical team) working in the service have regular opportunities to discuss their wellbeing, learning and development needs. Staff we spoke with told us that the leaders of the service were supportive and many were accessing development opportunities such as SVQ. As an area for further development, we suggested that the provider ensure that all those expected to lead supervision sessions, as part of their leadership role, have the appropriate skills and training to enable them to do this effectively and efficiently.

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 observed good staffing visibility during our inspection. Communal areas were staffed at all times, particularly where there were identified risks of people falling. Staffing levels consistently reflected the dependency assessments, which were carried out on a monthly basis.

We spoke with people living in the service, who spoke positively about staff availability and responsiveness. Time was taken to seek feedback from people on a regular basis, and we saw how this informed the service's improvement planning.

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 saw that care 'summaries' in people's rooms were up to date and reflected their current care and support needs. Where people had identified needs that required additional monitoring, appropriate records were in place, including food and fluid intake charts, repositioning records, and bowel care records.

The completion of care records was inconsistent. We found good practice in relation to the recording of repositioning, food and fluid intake, and personal care. However, the recording of bowel care, topical medications (creams), and oral care was inconsistent. We have identified this as a new area for improvement within the section, 'How Well Do We Support People's Wellbeing?'. Evidence showed that where regular quality assurance and evaluation processes were in place, records were completed more consistently.

The records we reviewed indicated that people and their families had been involved in care reviews. The family of a person who had recently moved into the service told us they had been involved in planning the individual's care and support from before admission.

In the section, 'How Good Is Our Leadership?', we have highlighted areas where improved oversight of records and practice would support more consistent record completion and address the gaps identified during the inspection.

NOT MET but REPLACED with new areas for improvement in section 'How well do we support people's wellbeing?' and 'How well is our care and support planned?'.

Complaints

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

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 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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