

# Gowrie House Care Home Care Home Service

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Kirkcaldy  
KY1 1DL

Telephone: 01592 597 066

**Type of inspection:**  
Unannounced

**Completed on:**  
15 October 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. The manager was available to support the business of inspection.

## About the inspection

This was an unannounced follow up inspection which took place on 15 October 2025 and between 10:00 - 18:00. The inspection was carried out by one inspector from the Care Inspectorate and with support from our inspection volunteer scheme.

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 seven people using the service and one family member
- spoke with five staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Management had very good oversight of all aspects of the service.
- Staff were caring and respectful.
- People living here were happy with the service they experienced.
- The home was clean and provided very good facilities.
- Required improvements had been made.

## 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
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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

This was a follow up inspection to examine progress towards requirements and areas for improvement made at the last inspection. Please see 'What the service has done to meet requirements and areas for improvement made at or since the last inspection' for details.

As a result of improvements made, we re-evaluated Quality Indicator 1.3 'People's health and wellbeing benefits from their care and support' as good.

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 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).

**This requirement was made on 12 September 2025.**

#### Action taken on previous requirement

We found sufficient progress had been made with action needed to meet this requirement.

Care records sampled were up to date and found to contain routine and as required reviews to support staff respond to changes in the needs of people in their care.

We observed consistent staff practice and good interactions between staff and the people in their care and visitors.

Staff training in moving and assisting people had been prioritised and delivered. This was as part of a raft of relevant training, where it was appropriate to the role performed by the staff member. Progress had also been made with competency checks and supervisions.

Management had very good oversight of progress and had plans in place to support further improvement. The provider had scheduled major changes to care plans and this could present an opportunity for further improvements.

Care records will continue to be assessed as part of our inspection process.

## Met - within timescales

### Requirement 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 the provider 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 (HSCS), which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This requirement was made on 12 September 2025.**

### Action taken on previous requirement

We observed safe administration of medication and appropriate storage and recognise the immediate and comprehensive action taken to meet this requirement.

Staff had recently attended medication training, specifically designed to support eMAR systems. Feedback from staff and a sample of reflective accounts indicated that this had been appropriate, comprehensive and had enhanced their knowledge of the systems in place to ensure people get the right medication, at the right time. Progress had also been made with competency checks and supervisions.

Management had carried out their own audits and had identified 'clerking in' as a point for further consideration to mitigate the risk to stock control. They had very good oversight of the management and administration of medication. This included how best to ensure effective communication was with GP surgery and pharmacy.

Medication records sampled were complete and clearly set out how regular and as required medication should be administered. However, we found some running counts were incorrect which meant the assurance provided by accurate day to day running totals was lost. This was discussed at feedback as the management of medication was subject to ongoing audit and review as part of management's improvement plan. We recommend efforts to identify any root cause of discrepancies continue but that sufficient improvement has been made to meet this requirement.

The management of medication will continue to be assessed as part of our inspection process.

**Met - within timescales**

## 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

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).

**This area for improvement was made on 12 September 2025.**

#### Action taken since then

We found some steps had been taken to ensure safekeeping of the personal belongings but that improvement was at an early stage. Care records sampled did not consistently contain an accurate and up to date inventory of clothing and property.

**As a result, this area for improvement is not met and will be carried forward.**

#### Previous area for improvement 2

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).

**This area for improvement was made on 12 September 2025.**

## Action taken since then

In the short time since our last inspection, the management team have embedded and addressed slippage regarding their monitoring of service performance. Although we found improvements to be at an early stage, they were grounded in provider's quality assurance systems, staff training and very good management oversight. As a result, there was a clear and up to date improvement plan to continue with service development.

**This area for improvement is met.**

## Previous area for improvement 3

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).

**This area for improvement was made on 12 September 2025.**

## Action taken since then

In the short time since our last inspection, we found competency checks had been carried out in relation to recent training delivered. Staff reported the value in the training received. Given the management's effective response to areas for improvement we could be confident their oversight should continue to support staff development and performance.

**As a result, this area for improvement is met.**

## Previous area for improvement 4

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
- 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).

**This area for improvement was made on 12 September 2025.**



**Action taken since then**

Care records sampled were up to date and found to contain routine and as required reviews to support staff respond to changes in the needs of people in their care.

Management had very good oversight of progress and had plans in place to support further improvement. The provider had scheduled major changes to care plans and this could present an opportunity for further improvements.

We recommend efforts to monitor the quality of record keeping continue but that sufficient improvement has been made.

**This area for improvement is 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

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