

Northeden House Care Home Service

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Cupar
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Telephone: 01334 659 321

Type of inspection:
Unannounced

Completed on:
19 December 2025

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003006835

About the service

Northeden House is a care home for older people situated in a residential area of Cupar. It is close to local transport links, shops and community services. The service is registered to provide residential care for up to 40 people. At the time of our inspection, 22 people were living within the home in three separate areas. This was reduced from five areas in preparation for moving to a smaller newly built care home in Cupar in early to mid 2026.

The service provides accommodation over two floors in single bedrooms. Each area comprises a sitting room with dining area and a range of communal toilets, shower and bathrooms. There is access to the garden from the ground floor units.

About the inspection

This was an unannounced inspection which took place between 9 and 16 December 2025. The inspection was carried out by one inspector 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 four people using the service and six of their representatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were supported with care, kindness and compassion.
- People's health care needs were met with changes or concerns identified and addressed quickly.
- People and/or their representatives should be regularly involved in identifying improvements to their care and support.
- Improved oversight of staff training records should increase rates of completion in some areas.
- People and/or their representatives should be involved in developing and reviewing their care and support.

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

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| How well do we support people's wellbeing? | 4 - Good |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 4 - Good |
| How good is our setting? | 3 - Adequate |
| 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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We based ourselves in communal areas during the inspection. This allowed us to spend time with residents and staff, and observe staff practice and interactions.

We observed relaxed and warm interactions between residents and staff. Support was provided at residents' pace however long this took. Humour was used appropriately to motivate residents and help them feel at their ease. Staff demonstrated kindness, patience, and compassion.

Residents were supported to dress and with personal care and grooming that reflected their current and past choices, routines, and standards. A relative told us their family member looked the same as they always did and this was important to them. This support helped residents maintain their sense of identity and self-image.

We spoke with people living in the home, their representatives and visiting professionals. Feedback about the care and support people received was, without exception, positive. Relatives were reassured that their family members were safe and well cared for.

A consistent staff team provided support. This helped residents feel safe and secure. Staff knew people well and picked up changes to people's health care needs and conditions quickly.

Residents had access to all relevant health professionals and referrals were made both proactively and reactively. This included referrals to speech and language therapy regarding swallowing difficulties. A choking policy and procedure provided robust practice guidance and support for staff. District nurses were regular visitors to the home providing ongoing support. A weekly telephone review with the general practitioner (GP) enabled emerging and ongoing concerns to be discussed.

People received safe and person-centred support with their medication. People's medication was kept in lockable facilities in their bedrooms. This offered people privacy, dignity, and confidentiality. Medication recording forms were completed and audited consistently to ensure people received their medication as prescribed.

Protocols were in place regarding the administration of medication prescribed on an as- required basis. Protocols should provide specific administration instructions for staff. These are medical decisions that should be made by an appropriate medical practitioner.

Chefs had access to training and guidance when people needed specialist diets. This included food being provided in modified textures or needed additional calories. Where people needed support with eating and drinking, support was respectful and discreet.

The provider should ensure moulds, which were available, are used to enhance the appearance and presentation of pureed foods. Food presented in the shape of the meal being served encourages people to eat more and improves their outcomes and experiences. Menus should be provided in accessible formats so people can make choices and anticipate their meal.

Staff supported people to spend their time in ways that were meaningful and purposeful for them. Activities took place such as cooking and baking groups, visits from therapy ponies and parties on special occasions. Most people living in the home were diagnosed with dementia or other cognitive impairments. Support should be based on assessments of people's current abilities and needs. Regular reviews should ensure support continues to be failure-free and meets people's changing needs.

Record keeping was factual and accurate and shared with colleagues and appropriate representatives. Relatives felt involved and informed. We were concerned that people living with dementia or other cognitive impairments could be at risk of constipation. This could put people's health, safety, and wellbeing at risk. Records were kept but involved scrolling through entries to identify when people last opened their bowels. We suggested the provider should use charts to record and track information and ensure appropriate monitoring of relevant individuals. Protocols should be in place to inform staff when further guidance from health professionals should be sought (see area for improvement 1).

Areas for improvement

1. In order to protect people's health and wellbeing, the provider should develop and regularly review bowel charts where this is appropriate for individuals. Protocols should be provided by relevant health care professionals detailing when staff should seek further health advice and guidance.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

A range of quality assurance audits were completed regularly. These included medication, care plan and infection prevention and control audits. We asked the provider to provide information about the required frequency of audits. We noted people's care plans had been audited between once and three times with no rationale or explanation.

Areas for improvement were identified and action to address the concerns was planned. However, records were not always updated to signify that the planned improvements had taken place.

The manager conducted monthly audits. These audits provided an overview of all key risks and how they were being mitigated.

The provider's quality assurance team provided an additional layer of scrutiny and assurance as well as providing guidance, support, and training for staff. The team conducted audits and provided flash reports of the work that had been undertaken. Audits were thorough and were aimed at driving up the quality of the service. This improved people's outcomes and experiences.

A process was in place to monitor and review incidents and accidents. Although action was taken to address the specific situation, we would expect measures to be identified to reduce the risk of similar incidents and accidents reoccurring.

Handover processes were organised and robust. Records included details of staff on shift and their responsibilities. This meant records could be checked in response to any concerns and increased accountability.

There were regular occasions when there were no senior social care workers on shift after six o'clock. A social care worker was identified to function as the nominated person for the shift. This meant they were responsible for the shift during this time. Guidance was in place to support nominated staff. Whilst processes were in place to ensure nominated staff could access the care home's float, nominated staff were not aware of these systems and process. This meant staff did access monies. This restricted people's ability to make choices and decisions about what they needed or wanted to purchase or participate in outings or activities (see area for improvement 1).

Currently feedback about people's satisfaction with their service is gathered at six-monthly service reviews. People using the service and/or their representatives should have regular opportunities to provide feedback about their service and identify areas for improvement. The provider should use appropriate communication tools to support choice and decision-making where relevant (see area for improvement 2).

A small number of quality assurance surveys were distributed early in 2025. An outbreak of an infectious disease prevented further checks. However, feedback received was positive. The provider should ensure that feedback received and any action plans are shared with people and their representatives. This also impacted on the ability to have relatives' meetings, but relatives were happy to communicate via email.

Resident's meetings did not take place on a regular basis although information about the facilities and environment in the new home was provided. Feedback from people and/or their representatives was positive and people were looking forward to moving. Mood boards were available to enable people to be involved in choosing furnishings and décor. Regular newsletters provided updates about the progress of the building of the new home.

Areas for improvement

1. The provider must ensure people and/or their representatives have regular opportunities to provide feedback about their service. People should be involved in identifying areas for improvement and how these will be addressed. The provider should ensure appropriate communication tools enable people's choice and decision-making.

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

'My views will always be sought and my choices respected, including when I have reduced capacity to make my own decisions' (HSCS 2.11); and

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate or formal or informal representative, are sought and taken into account' (HSCS 2.12).

2. The provider should protect the health, wellbeing, and rights of people using the service. In order to achieve this, the provider should ensure people have access to relevant financial resources at all times.

In order to achieve this, the provider should provide staff with information, guidance and support regarding the provider's financial support processes and procedures. This is particularly relevant for nominated

members of staff who are not usually responsible for providing financial support.

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

'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

How good is our staff team?

4 - Good

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

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This includes ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high-quality care. Service providers must also support staff's wellbeing to ensure people's care and support is not adversely affected.

The provider continued to experience challenges in recruiting and retaining staff and the home had several vacancies. Recruitment remained a priority. However, a pool of regular bank and agency staff ensured appropriate staffing levels were maintained in the home.

A tool was used to calculate the number of staff needed to provide safe care. People's individual needs were assessed based on their current abilities. This determined staffing levels needed in each area of the home. Regular reviews were conducted, and assessments were reviewed daily at a staff handover. Any changes needed were identified and appropriate amendments to staffing levels were made.

People living in the home, their representatives and staff told us there was enough staff on shifts. Staff had time to spend with people and one person told us staff were "not running around all the time."

We were satisfied that staff who were responsible for developing staff rotas had clear rationale to ensure staff on shift had an appropriate range of skills and experience. This information should be provided in a written format to ensure consistent and safe rota planning.

An extensive range of internal and external wellbeing resources were available for staff. Staff said members of the leadership team were accessible and approachable. Staff felt valued and appreciated.

Staff access to supervision and support had improved. The provider had reviewed their policy and practice and removed barriers to regular supervision. The provider should also consider approaches such as group and informal supervision.

Staff learning and development was based on mandatory and resident needs specific training. This was delivered in a variety of formats. Additional training could be provided to meet people's needs.

The provider should take appropriate action to ensure training and refresher courses are completed within appropriate timescales. Outstanding and overdue training should be addressed as soon as possible.

Systems were in place to evaluate staff's ability to transfer their learning into practice. This included workbooks regarding moving and assisting people and fire safety. Practice observations assessed staff's competencies including administering medication. These were conducted annually and when errors occurred. This ensured people's health and wellbeing.

The provider should identify gaps in staff's knowledge and learning. This should include training in restraint and restrictive practice and safe staffing legislation.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Northeden House is due to close in early to mid-2026. Residents will be moving into a newly built care home nearby. This is in recognition that the environment at Northeden House is no longer fit for purpose.

Residents and their relatives were looking forward to the move. Visits to the home will begin as soon as it is safe to do so.

The environment was clean and fresh. This was clearly important to housekeeping staff who strived to provide comfortable and pleasant surroundings for people to enjoy living in. Cleaning schedules were in place including regular deep cleaning and mattress cleaning. Records demonstrated that the required cleaning was conducted consistently.

Communal areas in the home were homely but would benefit from additional accessories and soft furnishings. However, people's bedrooms were personalised and reflected their personalities. This helped people living with dementia to recognise their rooms and feel safe and at home.

All health and safety checks were conducted in line with policies and procedures. Repairs were reported and conducted quickly. This ensured the safety and convenience of people living and working in the home.

How well is our care and support planned?

4 - Good

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

People's personal plans were person-centred and strengths based. This meant the focus was on what people could do rather than what they could not do. This helped maintain people's skills, sense of identity and independence.

A story of people's lives had been developed in conjunction with the person, their representatives, and staff. These included details of people's childhood, family and friends and working lives. This was important, for people living with dementia, to enable conversations between people, relatives, and staff. It also offered opportunities for people to reminisce.

Individual support plans were in place to assess, plan and deliver care and support to meet people's assessed needs. Support plans were detailed and person-centred. They were based on people's choices and preferences with care taken to ensure people's routines were respected.

Health and wellbeing monitoring checks included monitoring people's weights, ensuring people's nutritional needs were assessed and met and reducing the risk of pressure injuries. The level of detail in health and support plans meant people received consistent, safe, and effective care.

Risks to people were identified and mitigated. However, information in the corporate risk assessment tools should provide more person-specific and person-centred information. We suggested the provider should develop and implement a positive risk-taking culture to ensure people can maintain their skills, abilities, and independence.

People and/or their representatives should be involved in developing and reviewing their personal plans. This was not the case at Northeden House. Furthermore, personal plans and support plans had not been signed. This meant we were not assured that relevant people agreed with the contents of their personal plans. People should be offered a copy of their personal plan in a format that is accessible for them (see area for improvement 1).

People's care and support needs were formally discussed at least six-monthly with people, their representatives, and staff. Social workers attended as needed. This ensured people's care and support continued to reflect their current needs.

The care planning process and tools focused on people's positive and individual qualities. We enjoyed reading them.

Areas for improvement

1. The provider should ensure people and/or their representatives are involved in developing and reviewing their personal plan on at least a six-monthly basis or when their needs change. People should be offered a copy of their personal plan in a format that is accessible for them.

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 support safe care and support experiences for people, the provider should ensure that assurance systems are in place to support good and consistent practice in the recording, reporting and management oversight of significant events.

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

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and;

'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 23 October 2024.

Action taken since then

Assurance systems were in place to ensure significant events and protection concerns were recorded, reported and managed appropriately. However, a protection concern had been recorded and reported as an incident to the Care Inspectorate. The concern was reported to social work as a protection concern.

We asked the provider to carry out an assessment of staff's recognition and response to protection concerns. Any areas for improvement should be addressed as a priority.

This area for improvement will remain in place and evaluated at the next inspection.

Previous area for improvement 2

To ensure people are protected from the risk of choking, the provider should develop a clear policy on how this risk will be proactively addressed by staff and leaders.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 23 October 2024.

Action taken since then

A policy and procedure had been developed and implemented. This provided information and guidance to inform staff practice. Staff were all aware of and complying with the policy and guidance.

This area for improvement was met.

Complaints

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

Detailed evaluations

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| 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? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |
| 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? | 3 - Adequate |
| 4.1 People experience high quality facilities | 3 - Adequate |
| 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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