

78 Broad Street Care Home Service

78 Broad Street
Cowdenbeath
KY4 8JA

Telephone: 01383 602 380

Type of inspection:
Unannounced

Completed on:
13 February 2026

Service provided by:
Fife Council

Service provider number:
SP2004005267

Service no:
CS2003006869

About the service

78 Broad Street is in the town of Cowdenbeath, Fife, close to local amenities. The service is registered to offer 24 hour care for short breaks and respite for up to seven adults with a learning or physical disability.

The property is owned and managed by Fife Council. The building was built for another purpose a number of years ago. 78 Broad Street has since been upgraded and refurbished to better meet the current needs of people using the service.

All bedrooms have ensuite bathrooms. The service is provided as two self-contained houses: Beech Way supports people living with a learning disability and Mulberry Way provides support for people living with physical disabilities and profound and complex needs

About the inspection

This was an unannounced inspection which took place between 2 and 13 February 2026. 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 two of their representatives;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- People received person-centred and person-led care and support.
- Support was strengths-based and focused on what people could do for themselves.
- People received robust support to maintain and improve their health and wellbeing.
- Personal plans reflected people's choices and wishes as well as their needs.
- Staff learning and development and record keeping needed to improve.
- People using the service should be involved in improving the service.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

We observed many examples of good practice during the inspection. Relationships between people using the service and staff were warm and positive. Staff knew people well, even when they had not been using the service very long. Staff supported people with compassion and kindness. One person who only recently started using the service told us "I like coming here, I like the staff".

We observed appropriate 'banter' between people and staff. People found this amusing and clearly enjoyed the interactions. People were relaxed and at ease. We observed people being welcomed at the start of their visit and the positive impact this had.

Relatives were kept up to date with any issues or concerns in line with communication agreements between relatives and the service. This provided relatives with reassurance.

We were confident that people's health and wellbeing benefited from using the service. Pre admission calls to people's representatives ensured information about people's health and wellbeing needs, wishes and choices were up to date and any changes were noted. Staff monitored people's health and carried out health checks as necessary to ensure people's health and wellbeing. This included responding and monitoring seizures, bowel movements and responding to constipation.

Referrals to health professionals were submitted when required in response to risks and concerns. This included referrals to speech and language therapists and dietician to ensure people could enjoy food and drinks safely. Guidance was in place to inform staff practice to reduce risks and ensure safe support that reflected health advice.

Cooks at the service were very visible and spent time with people finding out about their preferences and choices. Cooks were responsive to requests from people using the service and menus were flexible to provide options and variety. Food and drinks were provided in modified textures where this was required. This ensured people's health, safety and wellbeing.

People received safe and accurate support with medication which was brought into the service from home. The medication support provided mirrored the support people received in their own homes. This ensured consistency and continuity for people. This was especially important when people managed their own medication. Staff record keeping was clear and accurate and guidance was in place regarding checking medications brought from people's homes.

People's medication and finances were stored in locked cabinets in their bedrooms. This provided and preserved people's dignity and privacy and reduced the risks of staff being distracted and medication errors.

People were supported to manage their finances. Person-centred and strengths based support ensured people were involved as much as they could be. Records of all support and transactions was robust.

Staff's focus was ensuring people enjoyed their visits and experienced optimum outcomes. Staff supported people to spend their time in ways that were meaningful and purposeful for them. This included taking part in activities such as bowling and eating out. At times this could be a challenge due to staff shortages. However, a range of board games, art and craft supplies and audio and visual entertainment was available for people.

People using the service and/or their representatives told us they were very happy with the service they received. People's representatives were assured that their relatives were safe and well cared for. This meant they could relax and enjoy the time to themselves. The service was valued by people and their representatives.

We identified some areas for improvement. Support and guidance should be provided to ensure all staff understand people's rights to privacy, dignity and confidentiality and how these rights are put into practice.

People were subject to restrictions to their rights and choices. For example, locked doors prevented people leaving the area where they were staying and auditory monitors were used to monitor people's health overnight. If these measures are necessary and risks cannot be mitigated in any other ways, powers to consent to these restrictions should be reflected in Welfare Guardianship orders which are granted as part of Adults with Incapacity legislation.

How good is our leadership?

4 - Good

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

A range of quality assurance audits and checks were carried out at the service. This also safeguarded the health and safety of people using the service.

Post visit audits were carried out when people left the service. Medication and finance records were audited to ensure accuracy before being archived. People and/or their representatives were given the opportunity to provide post visit feedback. A template was provided in an easy read format where required. The template was being reviewed to identify any areas for improvement.

Visits were planned in advance. The service was flexible and responsive to people's requests. However, people's representatives told us they needed to request specific dates as far in advance as possible. This was due to a reduction in the number of places available and staffing constraints.

A range of audits was carried out regularly including support with medication, financial support, and personal plan audits. Where areas for improvement were identified these were addressed.

A quality assurance team was in place across the provider's learning disability services. The team provided valuable guidance and support for services. The team were responsible for identifying, planning and implementing improvements and linked with the provider's senior leadership team. An online quality assurance site enabled staff to access resources and guidance in one place. The site was kept current to reflect local authority policies and procedures and best practice guidance. Staff told us the quality assurance site was very useful and helpful.

Senior staff in the service had been providing care and support for people to cover staff sickness or vacancies. This reduced their ability to carry out their full job role and providing one to one supervision could be challenging at times. Nevertheless, staff said they felt well supported by members of the leadership team and that their wellbeing was important. Staff said members of the leadership team were approachable and they were confident approaching line managers if they had any concerns. We were confident that staff accessed informal supervision and support regularly. This support should be recorded.

A new system was due to be implemented in the near future to reduce the amount of senior staff's time developing and covering staff rotas. We look forward to evaluating this system in practice at our next inspection.

Team meetings were scheduled to take place monthly. We found meetings usually went ahead as scheduled. Team meetings were valued by staff and they enjoyed the opportunities for peer learning and support.

We were aware of a number of working groups that were set up to improve various aspects of the service. There is no representation or involvement of people using the service in service planning and improvement. We were aware that a review of current working groups was taking place. Involvement of people using services should be prioritised on the conclusion of the review (see area for improvement 1).

Areas for improvement

1. People using the service and/or their representatives should be involved in identifying and planning areas for improvement and development in the service. This should include membership of working parties and involvement in decision-making. This should be implemented at local, service level and across the wider adult learning disability service.

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

'I can be meaningfully involved in how the organisations that support and care for me work and develop.'
(HSCS 4.6).

How good is our staff team?

3 - Adequate

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

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 service had several vacancies. Recruitment remained an ongoing priority. A pool of regular bank staff was utilised to try to ensure safe staffing levels. However, this was not always achievable. Senior staff were providing care and support where required and frontline staff were working additional hours. This demonstrated staff's commitment to ensuring people's health, safety and wellbeing. The provider was aware that long term this could have a detrimental impact on staff's wellbeing.

The service used tools to calculate the number of staff required on shift to ensure safe staffing levels. A dependency tool identified people's individual needs. This included identifying when people required support from more than one member of staff. These assessments determined the number of staff needed on each shift. Where staff sickness or vacancies meant staffing levels could not be achieved, people's visits could be cancelled. This was upsetting for people and their representatives. Staff demonstrated flexibility, working additional hours or changing shifts to reduce this possibility.

A comprehensive range of resources were available to maintain and improve staff's wellbeing. Resources were available online and were provided both in-house and from external providers. Resources included access to counselling and support services.

Staff had access to a wide range of learning and development opportunities. Staff undertook mandatory and service user needs led training and was provided in a variety of formats including online and in-person. Training was provided in house or by external providers, for example, autism training.

New recruits completed a comprehensive induction. On-line training was completed as part of their induction. This was integral to preparing staff for providing care and support for people.

A training needs analysis had been carried out but this covered all of the provider's services for people living with learning disabilities, not individual services. Training needs analysis should be carried out regularly to ensure staff have the skills and knowledge to meet the full range of needs of the people using the service. This should address new or changing needs of people currently using the service and people new to the service.

We identified delays in the completion of training, including supporting people who required percutaneous enteral feeding (PEG). This limited the flexibility and ability to deploy staff across the service. The provider responded very quickly to our feedback and training was provided for staff within a few days. We had concerns that training was out of date for the majority of staff in supporting people who may require physical intervention to ensure their safety and that of others. This meant very few staff were currently assessed as competent to provide this support. Training has been arranged but this will not take place for a number of weeks. The provider should ensure staff have the knowledge and skills to provide safe, consistent and effective care and support for people and plan visits accordingly.

We made a requirement regarding staff learning and development at the last inspection. This included staff undertaking training in restraint and restrictive practice. This training had not been provided and we observed restrictions on people's movements and choices during the inspection. This had a detrimental impact on people's outcomes and experiences. The requirement was not met. We have agreed to give the provider additional time to meet the requirement. Please see the "Outstanding Requirements" section of this report.

The provider had systems in place to evaluate staff's understanding and ability to put their learning into practice in person centred ways. This was in relation to practical training such as moving and assisting people and the administration of medication. Tools, which included observations and workbooks, should be further developed to assess staff's competencies in areas such as autism and values led practice.

Leadership oversight and record keeping should be improved. Training records were not kept up to date. Senior staff told us records were not accurate as they did not have time to update staff training records. This put people, staff and the provider at risk. The quality assurance team accessed training information from service training records. As the records were inaccurate this put the planned improvements and decisions at risk.

Areas for improvement

1. In order to ensure staff have the skills and knowledge to meet the full range of people's needs, the provider should improve staff training records. This should include ensuring training is carried out timeously so staff's competencies do not expire and staff can work flexibly across the service. Ensuring accurate record keeping should be prioritised.

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

4 - Good

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

Support was provided in two separate areas of the home. Mulberry Way was equipped to meet the needs of people with complex physical and mobility support needs. The environment was spacious and open plan. This enabled people to get around with ease.

Bedrooms were spacious with contemporary furnishings and décor. Further homely touches such as the provision of hairdryers and stylish storage solutions, enhanced people's stay and experiences. People's medication and monies were stored in lockable facilities in their bedrooms. This ensured people's privacy and dignity was maintained and people retained as much control as possible over their belongings. People could choose/request their preferred bedrooms. This helped people feel welcome and at home.

The environments in Mulberry and Beech Way were very clean, fresh and comfortable. Work carried out by housekeeping staff reflected good infection prevention and control practice. Furnishings and décor was of a good quality and in good condition. We noted repairs and maintenance required were carried out timeously by in-house or external contractors.

A range of health and safety audits and checks were carried out by the service maintenance officer in line with the provider's policies and procedures. This included fire safety checks, checking and maintenance of equipment used to move and assist people and water checks. Record keeping was robust and demonstrated attention to detail.

The service would benefit from redesign and upgrade. Kitchens in both Mulberry Way and Beech Way were too small. This reduced the ability of people using the service to participate in the preparation of snacks and drinks and staff's ability to support people to maintain and increase their skills and independence.

Beech Way accommodated people who may require the use of physical intervention to ensure the safety of themselves and others. However, there was insufficient space to provide this support safely. In particular, corridors were narrow and winding which reduced staff's ability to locate people using the service. This put people and staff at risk and did not reflect autism friendly environmental design.

We were aware that these improvements would involve structural changes. The provider was committed to improving the environment and future plans were at an early stage.

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People's personal plans were person centred and strengths based. This meant the focus was on what people could do for themselves rather than what they could not do. Support was positive and enabling. This maintained people's sense of identity and self-esteem and supported them to maintain and increase independence.

Personal plans were developed in a pictorial, easy read format so it was accessible to people using the service. People and/or their representatives were involved in developing and reviewing their personal plans which were signed to signify agreement with the content on personal plans.

Support plans were in place to inform staff practice. Sufficient detail in support plans ensured people received safe, consistent and effective care and support based on their choices and wishes as well as their needs. Support plans demonstrated dignity, respect and compassion for people.

Support tools used a traffic light approach. These tools reflected people's presentation, behaviours and communication when they experienced stress and distress or were experiencing pain. These tools ensured people received the support they needed quickly and effectively. This also ensured the health, safety and wellbeing of people and others.

Personal plans and support plans were reviewed regularly and were discussed during regular service reviews. This ensured people's current needs, choices and wishes were reflected and any changes required could be addressed.

Notes of the support people received were recorded for every shift. Notes covered all relevant aspects of care and support. Daily notes recorded for each shift covered all relevant areas of care and support. Guidance regarding record keeping had been developed. This provided details of what should be recorded. This facilitated full and comprehensive records.

Risks to people were assessed using the provider's risk profile tool with actions taken to mitigate risks. We noted the focus was on health and safety risks. The service should develop a positive risk taking culture and practice. This is to enhance people's outcomes and experiences and will support the reduction of restraint and restrictive practice people are subject to.

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

Requirements

Requirement 1

By 15 January 2024, in order that people experience good outcomes, the provider must ensure staff have the knowledge, skills and understanding to meet the needs of people using the service. Priority must be given to autism, positive behaviour support and restraint and restrictive practice. This must include but is not limited to:

- a) carrying out staff training needs analysis on a regular basis;
- b) ensuring the content of training is person-centred to the needs of people using the service;
- c) developing and implementing systems to ensure learning is transferred into practice; and;
- d) ensuring staff's knowledge, skills and understanding remains current and meets best practice standards.

This is in order to comply with Regulation 15 (b)(i) 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:

'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 requirement has been extended to 15 June 2026.

This requirement was made on 30 October 2023.

Action taken on previous requirement

Please see 'How good is our staff team' section of this report.

We agreed to extend the date for this requirement to be met to 15 June 2026.

Not met

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 provider should protect the health, wellbeing, and rights of people using the service. In order to achieve this, the provider should ensure people are not subject to restraint or restrictive practices unless:

- a) their health and safety cannot be protected by any other means and restraint or restrictive practice is used as a last resort;
- b) consent to use restraint or restrictive practices is given by welfare guardians or attorneys with appropriate legal powers; and
- c) Mental Welfare Commission good practice guidance "Rights, Risks and Limits to Freedom" is available to staff and fully complied with.

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).

This area for improvement was made on 30 October 2023.

Action taken since then

This area for improvement should be addressed as a priority. Please see the 'How Good is Our Staff Team' section of this report for further details.

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

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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