

Abbotsford Care, Cowdenbeath Care Home Service

Chambers Court
Cowdenbeath
KY4 9QP

Telephone: 01383 610 606

Type of inspection:
Unannounced

Completed on:
10 March 2026

Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
SP2010010867

Service no:
CS2010248946

About the service

Abbotsford Care, Cowdenbeath, is a care home set within pleasant and well maintained grounds in the town of Cowdenbeath, Fife. There is ample parking and good rail and bus links. The home is close to the local high street and supermarket.

The service consists of three separate buildings. Chambers Court provides care for up to 32 older people, Bute House provides care for up to 10 people with learning disabilities, and Argyle House provides care for up to six people with learning disabilities. At the time of our inspection 47 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 March 2026. The inspection was carried out by three 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 10 people using the service
- spoke with six relatives
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- reviewed responses to questionnaires we sent out prior to the inspection.

Key messages

- People experienced compassionate care and support.
- Effective clinical oversight supported people's health and wellbeing.
- The service should ensure that any restrictive practice is supported by appropriate legal frameworks and documentation, and is reviewed regularly.
- Staffing was stable and consistent. Feedback about staff from residents and relatives was very positive.
- People did not always experience high quality facilities. We asked the service to make improvements to the environment, equipment and infection prevention and control standards in one area of the service.
- Care plans were person-centred and rights based.

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 good is our staff team?	5 - Very Good
How good is our setting?	3 - Adequate
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?

4 - Good

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

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People should expect to experience care and support which is kind and compassionate. We observed interactions between people and carers which were friendly and good natured. We saw numerous examples of carers and other staff chatting to people about things which were meaningful to them, including their families, interests and plans for the day. Conversations about emotional topics such as end of life care were approached with compassion and dignity. We saw carers laughing and joking with people who clearly felt at ease with them. We could be confident that people experienced compassionate care and support.

The majority of feedback from people using the service was positive. One person told us "They look after you well in here" and "The staff are excellent." Another person said, "They wait and listen, they don't rush me." Feedback from relatives was also positive. One relative told us "We know they're being looked after" and another said "They go above and beyond." We were confident that people were happy with their care and support.

It is important that people's health and wellbeing benefits from their care and support. There was good clinical oversight of people's health needs. Charts which documented people's weights, food and fluid intake and skin condition were completed in line with their care plans and allowed staff to keep track of their changing health needs. Prompt referrals were made to health professionals when required meaning that people had the most appropriate health care at the right time. People's needs were discussed regularly, including at handover meetings and clinical risk meetings. We were confident that people were receiving the correct medication at the correct time. There were regular audits and checks to ensure that standards of medication management were maintained. We were confident that effective clinical oversight was supporting people's health and wellbeing.

Mealtimes were well organised. Kitchen staff consulted people regularly about their preferences and had a full understanding of people's dietary requirements. One person told us "the food here is very good." We saw that people who needed assistance were supported with kindness and dignity. If people did not want any of the meal options on offer, alternatives were offered and kitchen staff responded to any special requests if possible. Fresh fruit, drinks and snacks were also available throughout the day for people to help themselves to. We could be confident that people enjoyed a positive mealtime experience.

People benefited from opportunities to experience meaningful days. We saw bingo, a movie night and massage therapy taking place in the older people's unit. We also heard about people being supported to go out in the community for meals and shopping. We asked the service to ensure that everyone living in this unit had equal opportunities to take part in activities. People who lived in the smaller units were supported on a one-to-one basis, meaning they could spend full days in the community taking part in various activities which were important to them. The service was supportive of people spending time with families, including overnight stays away from the home. Relatives were kept up-to-date on activities and outings via a regularly updated Facebook page. We were confident that people enjoyed a range of activities.

Where people are subject to restrictions upon their freedom, this should be supported by appropriate legal frameworks and reviewed regularly. We found that some people had lap straps, bed rails and specialist chairs in place to promote their safety. Although these restrictions were reasonable and proportionate, we did not always find corresponding legal documentation in place in care plans. We could not therefore be confident that best practice guidance was always being followed. We also found that the service had not fully considered the needs of all residents when one person was subject to some form of restriction. For example, locks being placed on some kitchen cupboards. We were pleased that the service had begun work on an action plan to address these issues before our inspection concluded. We will check progress at next inspection. (See Area for Improvement 1).

Areas for improvement

1. To promote the health and wellbeing of people using the service, the provider should ensure that any restrictive practice being used within the service is supported by appropriate legal frameworks and documentation, and is reviewed regularly. The Mental Welfare Commission good practice guidance document 'Rights, Risks and Limits to Freedom' should be used to support this process.

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 leadership?

4 - Good

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

Quality Indicator: 2.2 Quality assurance and improvement is led well

Quality assurance should drive change and improvement within the service. A range of audits were being undertaken and results were used to inform future plans for the service. We found that staff at various levels of the service were involved in the audit and oversight process. This meant that there was a whole team approach to improvement.

There were a range of systems in place to check standards of staff practice including staff supervision and competency checks. Feedback about the management team from staff was positive. Numerous care staff told us "I love my job!" and we were also told "It's a very supportive environment." We were confident that the management team were supportive and approachable. Regular spot checks and walkarounds were undertaken by the management team. We were told that any issues with staff practice were communicated to them and resolved immediately. However, these checks and observations were not formally recorded. We suggested that these checks should be documented, to provide clear feedback to staff, track strengths and areas for development in staff practice and to ensure that all staff receive feedback on their practice. (See Area for Improvement 1).

The manager had led improvement projects in a variety of areas. This included a project focusing on reducing the use of anti-psychotic medication where it may no longer be required. One person said of their relative "She's much brighter now" and said of the management team "They always go out of their way to help."

We were confident that people's health and wellbeing needs were central to the service's quality assurance systems.

Residents and relatives felt comfortable in approaching the management team to discuss any queries or concerns. Feedback about the manager was positive. One relative told us "She runs a tight but compassionate ship!" Relatives were kept up-to-date about changes to health and wellbeing and about the day-to-day activities going on at the home. People were confident that the service was led well.

Managerial oversight in one of the smaller units was not as strong as in other areas of the service. We had concerns about some aspects of infection prevention and control and the environment. We were pleased that the service responded to this immediately and put measures in place to promote improvement. By the end of our inspection there were action plans in place to support improvement and we saw that this had been discussed with the staff team. See the 'How good is our setting?' section of this report for further detail.

Areas for improvement

1. To promote the health and wellbeing of people using the service, the provider should ensure that staff practice is observed, evaluated, discussed and recorded.

This is to ensure that care and support is consistent with the 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?

5 - Very Good

We evaluated this key question as very good, as we found major strengths which supported positive outcomes for people.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

It is important that staffing arrangements are right and staff work well together. We observed high staffing levels throughout our inspection. This meant that care and support was generally unhurried and staff had time to engage in meaningful conversations with people. Call buzzers were responded to quickly and mealtimes were relaxed and well enjoyed. One resident told us "The staff are excellent" and a relative said "I can't speak highly enough of them." We were pleased to hear that staffing arrangements were under constant review and additions to the nightshift were being considered. We were confident that people's needs were met by the right number of people.

Staff worked well together to ensure that people's needs were met. Where tasks required two staff, one staff member always took the lead and communication with residents through this process was clear and kind. Shifts were managed well by team leaders and staff told us they were clear on their roles and responsibilities. This contributed to the relaxed and calm atmosphere in the home. There was always support and guidance available from the manager and leaders within the service. We saw respectful and professional working relationships throughout the inspection by staff who were calm and in control. We were confident that staff worked well together.

Most staff we spoke to had worked in the home for several years. This meant that staff were knowledgeable about people's needs, preferences and interests.

Staff demonstrated person-centred values and upheld people's choices and preferences. We observed several instances of good staff practice throughout our inspection, including supporting people with dementia and supporting people who experienced stress and distress. One relative told us "they have become our second family." Staffing was consistent and stable.

Information sharing took place at every shift change and at clinical risk meetings. Detailed information about each resident was handed over to the new team in order to provide direction and guidance to staff. Referrals were made and followed up timeously, promoting people's health. Care staff told us they found the handover process effective. We were confident that staffing arrangements supported effective care and support.

Systems were in place to ensure staff felt supported and that any learning needs were identified quickly. We heard that supervision meetings were helpful and supportive. Staff told us that if they requested any additional learning this was always sourced quickly. The manager was passionate about staff training and development and had supported a number of staff through additional training and qualifications. We were confident that staff had the necessary information and resources to care for people.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but key areas of performance need to improve.

Quality Indicator: 4.1 People experience high quality facilities

Maintenance records showed that equipment and utilities had been serviced and checked within recommended timescales. We checked a sample of taps and radiators and found no issues. Maintenance issues were resolved quickly. Call buzzers were in working order and could be used by residents to call for help if needed. These calls were answered quickly. A recent Fire Service inspection had highlighted a need for a new sprinkler system, we were told this had been arranged and was awaiting installation. We were confident that the service was responsive to issues being raised.

Personalisation was encouraged and this was evident throughout the home including in communal areas and in people's bedrooms. There were various pictures, decorations and ornaments on display. This contributed to the warm and homely atmosphere in parts of the home. There was appropriate signage and design features in place to support people living with dementia to be as independent as possible. We were pleased to see that residents and staff had been consulted about decorations and changes to the living space. We were confident that people were able to take an active part in the development of the service.

Standards of cleanliness varied throughout the service. Some areas were clean and tidy, however other areas would have benefited from additional cleaning and attention to detail. We saw some examples of furnishings which were significantly worn. This would prevent the service from being able to achieve a thorough deep clean. We found several mattress covers and bed bumpers which were dirty and needed to be replaced. We were pleased that action was taken immediately to resolve the issues we highlighted but felt oversight of these areas of the service was not good enough. (See Area for Improvement 1).

People should experience an environment and equipment which meet their needs and protects their dignity. In one area of the home, staff spaces and belongings encroached into people's living space. This meant that the area was not as homely and inviting as it could be.

It had recently been highlighted by the service that one piece of equipment was no longer the most suitable for use and new equipment had been ordered and received. The new equipment was necessary to fully promote people's privacy and dignity. However, during our inspection we observed the older equipment still being used. This meant that people's privacy and dignity was not protected. This issue was also resolved immediately but again highlighted a lack of oversight in this area of the service. (See Area for Improvement 1).

Areas for improvement

1. To promote the health and wellbeing of people using the service, the provider should ensure that people benefit from high quality facilities.

This should include, but is not limited to:

- a) ensuring the environment promotes people's independence
- b) ensuring the environment is free from clutter
- c) ensuring appropriate equipment is in place which considers the layout of the building and the needs of people using the service
- d) ensuring equipment and facilities, including mattresses and bed bumpers, are regularly checked to be clean and in good working order.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned?

5 - Very Good

We evaluated this key question as very good, as we found major strengths which supported positive outcomes for people.

Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes

A range of assessments informed care plans. These were person-centred and helped guide staff on how best to support people to meet their needs. People's preferences, wishes and information about their life history were documented. This helped staff start meaningful conversations with people and provide support according to their wishes. We could be confident that people's personal preferences were adhered to.

We found care plans and assessments reflected the level of risk around skin care, food and fluid intake and weight loss. This meant that staff were informed, could mitigate risks and take action where they noted any indication of change to prevent people experiencing poor outcomes. We received positive feedback from external professionals who felt their guidance was followed by the service. Care plans for people who experienced stress and distress contained a good level of detail which meant staff were informed and care could be delivered in a way that reduced the chance of people experiencing stress and distress.

Record keeping was generally completed timeously and supported people's health needs. Records, charts and risk assessments showed that guidance from care plans and external health professionals was being followed. People's needs were discussed regularly at handover meetings and clinical risk meetings. We were confident that people's care plans were being followed and their health needs were being met.

Care plans were updated on a monthly basis, or sooner if required, to ensure staff had the most up-to-date information available to them. Care plans were also reviewed with the person and if appropriate, their relative, on a six monthly basis. Prompt referrals were made to other health professionals where necessary meaning that people had the most appropriate health care at the correct time.

We saw a number of specialised care pathways which were rights based and responsive to people's changing needs. For one person coming to the end of their life, a new care plan was put in place immediately and provided staff with all the necessary information to ensure the person was comfortable and their preferences adhered to. We were confident that the service respected people's wishes and promoted a dignified death.

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, reviewed and evaluated on a regular basis.

This should include, but is not limited to, ensuring people who prefer not to take part in group activities are given the opportunity to experience a meaningful day in other ways.

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

'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 1 March 2024.

Action taken since then

People benefited from opportunities to experience meaningful days. We saw bingo, a movie night and massage therapy taking place in the older people's unit. We also heard about people being supported to go out in the community for meals and shopping. People who lived in the smaller units were supported on a one-to-one basis, meaning they could spend full days in the community taking part in various activities which were important to them. The service were supportive of people spending time with families, including overnight stays away from the home. Relatives were kept up-to-date on activities and outings via a regularly updated Facebook page. We were confident that people enjoyed a range of activities.

An activities coordinator for the older people's unit was new in post and was able to show us how activities were planned and how feedback was gathered. Whilst most people told us there were lots of activities which they enjoyed, some people told us they would like to get out more. We asked the service to ensure that everyone living in this unit had equal opportunities to take part in activities. We were pleased to see that the service were actively working on this.

This Area for Improvement has been Met.

Complaints

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

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 good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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