

Abbotsford Care, Dunfermline Care Home Service

Headwell House
Headwell Avenue
Dunfermline
KY12 0PW

Telephone: 01383 733 163

Type of inspection:
Unannounced

Completed on:
16 October 2025

Service provided by:
ABBOTSFORD CARE LTD

Service provider number:
SP2010010867

Service no:
CS2012311915

About the service

Abbotsford Care, Dunfermline, is a care home situated close to the centre of Dunfermline with good access to transport links and local amenities. The home is registered to provide care to a maximum of 48 older people, and 12 younger adults.

The home is known as Headwell House, the provider is Abbotsford Care Ltd. Accommodation is provided in four units across two floors. The two larger units have open plan living/dining spaces, whilst the smaller units have a kitchen/diner and separate living room. Outdoor areas can be accessed from the ground floor and parking is available to the front of the building.

About the inspection

This was an unannounced follow up inspection which took place on 16 October 2025. 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 2 people and others in passing
- spoke with 4 staff and management
- observed practice and daily life
- reviewed documents

Key messages

People received support at a pace that was right for them

Support to maintain skin integrity requires ongoing improvement

Staff have been well supported to develop their knowledge and skills

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

Requirements

Requirement 1

By 23 September 2025, the provider must ensure people experience interactions with staff which have a positive impact on their emotional wellbeing and contribute towards a meaningful day. To do this, the provider must, at a minimum:

- a) ensure staff communicate effectively with people throughout support tasks
- b) ensure staff support people at a pace that is right for them
- c) ensure people receive support from staff to engage in activity which meets their goals and outcomes.

This is in order to comply with Regulations 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

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

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1); and 'People have time to support and care for me and to speak with me (HSCS 3.16).

This requirement was made on 17 July 2025.

Action taken on previous requirement

Observations across the service were of a positive culture of care. Staffing levels appeared sufficient, contributing to a relaxed and unrushed atmosphere. The environment felt homely and we witnessed staff engaging meaningfully with people. Support was delivered with kindness and dignity, and at a pace suited to each individual. People we spoke with felt well supported. Staff told us they had enough time to do their job well.

Whilst there were clear improvements and positive feedback regarding staff engagement and activities, the service should continue to focus on developing meaningful days as a priority. The manager demonstrated a commitment towards developing practice and facilities to enhance opportunities.

People should expect to experience meaningful days and opportunity to participate in activities in line with their preferences. Activity planning should be supported by robust evaluation. There is an outstanding area for improvement which captures these remaining areas for development.

As a result this requirement had been met.

Met - within timescales

Requirement 2

By 23 September 2025, the provider must ensure people receive consistent support to manage their skin integrity in line with their assessed care needs. To do this, the provider must, at a minimum:

- a) ensure topical treatments are applied as directed
- b) ensure people are supported to reposition as directed in their plan of care
- c) ensure records associated with the management of skincare are accurate and up to date.

This is in order to comply with Regulations (4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

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).

This requirement was made on 17 July 2025.

Action taken on previous requirement

Since the last inspection the service had developed quality assurance systems to support oversight of those known to be at high risk of skin breakdown. However, systems had not been effective in identifying gaps in records of care. As a result we could not be confident people were being consistently supported to manage and/or maintain their skin integrity.

We sampled support plans for some people whom the service had identified as high risk of skin break down. Where people were unable to reposition independently care staff were providing assistance. However charts used to record repositioning did not consistently evidence regular support. Information included in plans was inconsistent and lacked the detail needed to guide care.

Some people had wounds which required dressings. However plans did not consistently provide guidance about how these should be treated or evaluate progress towards healing. We asked the manager to review documentation to ensure guidance is clear and people are consistently supported in line with their plan of care.

We have extended this requirement until 18th November 2025.

Not met

Requirement 3

By 23 September 2025, the provider must ensure people are supported by staff who have the knowledge and skills to effectively meet their needs. In order to achieve this, the provider must ensure oversight of staffing is effective in identifying and addressing falling standards of practice. This should include, but is not limited to:

- a) clear oversight of staff training compliance including plans to address areas of non-compliance
- b) regular supervision with staff
- c) regular observations of practice

d) facilitation of regular team meetings.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI (2011/210)).

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).

This requirement was made on 17 July 2025.

Action taken on previous requirement

There had been a considerable improvement in staff training compliance since the last inspection. Leaders had developed quality assurance systems to support improved oversight of staff training. Leaders had reviewed expectations around training and introduced a phased approach where staff focus on a small group of training courses at a time. The aim of this approach was to improve compliance and staff morale. We found clear evidence of a structured and proactive approach to managing staff training, including a plan to address non-compliance. People could feel confident the service responded promptly to concerns raised at the last inspection around staff training and have taken steps to address this.

Staff were being supported via 1:1 and group meetings. Leaders had reviewed how 1:1 meetings were being conducted and adapted their approach to support staff development and reflection on practice. Feedback from staff was that these sessions were meaningful and they felt well supported in their roles. Team meetings had taken place amongst staff in different roles. The service recognised the benefit of these in sharing information and encouraging teamwork.

As a result this requirement had been met.

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

To promote the health and wellbeing of people using the service, the provider should ensure feedback is regularly sought from people about food quality and choices. This feedback should be clearly used to inform future menu planning.

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

which state that: '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 1 July 2025.

Action taken since then

Since the last inspection the service had sought feedback from people about menu choices and the quality of food provided. The manager and kitchen staff had reviewed this feedback and made some changes to the menu. The service had also been trialling different ways to gather feedback on an ongoing basis. This remains a work in progress.

Some people expressed an interest in preparing their own meals. The service are in the process of reviewing how they support people to do this.

We will re assess progress towards this area for improvement at the next inspection.

Previous area for improvement 2

To promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, recorded 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 to ensure that care and support is consistent with the 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 1 July 2025.

Action taken since then

We observed people engaging in group activity during this inspection, which appeared to be well received. We also heard about people being supported to access the community on an individual or 2:1 basis during our visit.

Staff had taken time to gather people's views, focusing on their goals and outcomes. Staff were continuing to work with people to develop opportunities to support them to meet their outcomes. The service should continue to gather people's views and use these to plan and evaluate activities.

We will re assess progress towards this area for improvement at the next inspection.

Previous area for improvement 3

The provider should ensure that audit processes are effective in identifying areas for improvement. 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 1 July 2025.

Action taken since then

Leaders were using a suite of audit processes to assure quality and identify areas for development. Whilst some of these processes were working well others had failed to identify gaps in recording or address quality of aspects of care planning.

Leaders had developed a robust action plan outlining areas for development, improvements already made and work which was in progress. The manager should continue to review the improvement plan and evaluate progress towards meeting identified areas for development.

We will re assess progress towards this area for improvement at the next inspection.

Previous area for improvement 4

In order to promote the emotional wellbeing and safety of people living in the service the provider should ensure staff are consistently working in sufficient numbers and deployed effectively throughout the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 1 July 2025.

Action taken since then

Our observations were of sufficient staff on shift throughout the service to maintain safety and meet people's needs. Feedback from staff was that the atmosphere had improved and they felt they had enough time to do their job well.

At the next inspection we will further evaluate staffing numbers and deployment at different times of the day. This area for improvement remains.

Previous area for improvement 5

In order to promote independence and accessibility to outdoor spaces, the provider should develop an environmental action plan. This should take into account feedback from relatives, residents and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

This area for improvement was made on 1 July 2025.

Action taken since then

Since the last inspection the service had developed outdoor spaces. Staff had engaged residents and relatives and used their feedback to drive change. The service had developed a memorial garden and area for growing herbs to use in the kitchen, based on feedback from people.

Fencing had been replaced, a BBQ area and fire pit installed and new flowers planted. The garden was an increasingly inviting space to spend time in. The manager informed us the environment continues to be a standing item at all resident/relative meetings and feedback will be sought on an ongoing basis.

The manager should ensure identified areas for development are included in a service improvement plan.

As a result this area for improvement was met.

Previous area for improvement 6

People and their representatives should be included in care planning and reviews. The service should provide support where necessary to ensure people can contribute in a way that is meaningful to 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).

This area for improvement was made on 1 July 2025.

Action taken since then

The service had made progress towards engaging relatives in care planning and reviews. Staff informed us about the ways they had sought relatives feedback and reflected on how to improve future involvement. The service continues to consider ways to engage relatives in ways that are meaningful to them.

We will re assess progress towards this area for improvement at the next inspection.

Complaints

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

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