

## Jean Mackie Centre Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
18 November 2025

**Service provided by:**  
Fife Council

**Service provider number:**  
SP2004005267

**Service no:**  
CS2003016298

## About the service

The Jean Mackie Centre is registered as a care home to "provide a care service to a maximum of 11 older people". At the time of our inspection three people were staying in the home.

The home is situated in a residential area within Dunfermline, Fife. The home is on ground level only. Each person has their own room with an ensuite bathroom. There is good access to a garden area. The home provides a respite and short-break service to older people living in Fife.

## About the inspection

This was an unannounced inspection which took place on 18 November 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.

This was a follow-up inspection to review whether the provider had implemented the improvements required during our previous inspection on 10 September 2025. In evaluating this we;

- spoke with three staff
- spoke with one supported person
- observed daily life and checked the environment
- looked at records.

## Key messages

- Repairs and faults were being identified, escalated and resolved quickly.
- Support and safety records showed that potential risks to people were consistently assessed, identified, and reviewed.
- Planned action was needed to make sure staff were up to date with the training required for their roles.
- A detailed environmental plan should be developed to identify and resolve each area of the home which required replacement, repair or redecoration.

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

### Requirements

#### Requirement 1

By 17 November 2025, the provider must ensure that the health, welfare and safety needs of people receiving care are met in relation to the environment. To do this, you must ensure:

- a. there is a clear written procedure, shared with relevant staff, which sets out how and when repairs should be escalated
- b. that this procedure details the expectations for risk management planning and escalation to other appropriate agencies, including the Care Inspectorate
- c. that maintenance records are accurately completed; and
- d. the registered manager has full oversight of these records.

This is in order to comply with 4 (1)(a)(Welfare of Users) and 10 (2)(b)(Fitness of Premises) 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;

"My environment is secure and safe" (HSCS 5.17) and

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

**This requirement was made on 10 September 2025.**

#### Action taken on previous requirement

The provider had introduced a visual tool to guide staff on the correct process for escalating and reporting faults and repairs, including when to notify the Care Inspectorate. We noted that this tool had only recently been approved and encouraged the provider to ensure all staff are fully aware of and confident in using the new process. Staff we spoke with during the inspection were aware of the procedure and understood when faults should be escalated to the registered manager.

Maintenance records showed that required safety checks were being completed and repairs were identified and resolved quickly. This supported safe experiences for people living in the home. We suggested that the repairs log should include details of when issues were escalated to the registered manager. This would support accountable record-keeping. Some maintenance checks were carried out by the senior care team, and during feedback we recommended greater clarity and consistency in how these checks are recorded. These suggestions were welcomed by the provider, who expressed commitment to maintaining and building upon the improvements made.

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 ensure people continue to experience good health and wellbeing outcomes, the provider should ensure risk assessment and risk management records are accurate and consistently completed.

This is to remain 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 "My care and support meets my needs and is right for me" (HSCS 1.19).

**This area for improvement was made on 30 April 2024.**

#### Action taken since then

Support and safety records showed that potential risks to people were consistently assessed, identified, and reviewed by the care team. Where assessments highlighted a risk of harm, a management plan was in place setting out clear strategies to support safe experiences for the person. We identified one lapse in record-keeping, which was fully addressed during the course of our inspection visit. The provider should continue to use established quality assurance procedures to maintain and strengthen support and safety planning, ensuring this promotes good health and wellbeing for people experiencing care.

This area for improvement was met.

#### Previous area for improvement 2

To ensure people continue to experience good health and wellbeing outcomes, the provider should ensure that all staff are up to date with the training required for their role.

This is to remain 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 area for improvement was made on 30 April 2024.**

## Action taken since then

Training records continued to show gaps in staff learning that needed to be addressed. We were informed that the Care Home Service Improvement Manager now had a key role in overseeing team learning needs. This will include identifying any unmet training requirements and working with the registered manager to make sure these are addressed. It is essential that the provider takes planned steps to ensure staff remain up to date with the training required for their roles and fully addresses this area for improvement.

This area for improvement was not met.

## Previous area for improvement 3

To ensure people experience care in an environment which is safe, the provider should;

- a. carry out an environmental audit to identify areas of the home which require repair or replacement; and
- b. develop an environmental action plan which details the required improvements and timescales for completion.

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

"My environment is secure and safe" (HSCS 5.17) and

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

**This area for improvement was made on 10 September 2025.**

## Action taken since then

During our previous inspection, we identified areas of worn woodwork and fixtures that could compromise effective infection prevention and control, as they could not be properly cleaned. Following a meeting with the building inspector, an environmental improvement plan was developed. However, the plan lacked sufficient detail on how each area of concern would be addressed.

To ensure people consistently experience care in a safe environment, a more detailed environmental improvement plan should be developed. This plan should clearly identify each area of concern and set out how and when improvements will be achieved.

This area for improvement was not met.

#### Previous area for improvement 4

To ensure people experience care in a safe environment, the provider should review procedures to ensure all staff are aware of their responsibilities for appropriately labelling opened food items and discarding those not safe for consumption.

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

"My environment is secure and safe" (HSCS 5.17) and

"I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment" (HSCS 5.22).

**This area for improvement was made on 10 September 2025.**

#### Action taken since then

Systems had been introduced to make sure refrigerated items were appropriately labelled, including clear discard dates. During this visit, we found all food and drinks in the dining room and lounge areas were correctly labelled. We were assured that effective processes were now in place to prevent people from being offered food or drink that may be spoiled.

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](http://www.careinspectorate.com).

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