

Camilla Care Home. Care Home Service

Auchtertool
Kirkcaldy
KY2 5XW

Telephone: 01592 780 590

Type of inspection:
Announced (short notice)

Completed on:
11 December 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000073

About the service

Camilla Care Home is situated in the village of Auchtertool, near Kirkcaldy in Fife. The service provides nursing and social care. There are a variety of sitting and dining rooms on the first floor. The upstairs bedrooms can be accessed by two internal passenger lifts. The home benefits from a well kept, landscaped and enclosed garden area to the rear of the property, with garden seating. There are car parking facilities to the side of the home.

Camilla Care Home can provide 24 hour care and support for up to 40 older people. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced, follow up inspection, which took place on 11 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 one person using the service
- spoke with three staff and management
- observed practice and daily life
- reviewed documents.

Key messages

We followed up on an outstanding requirement around care planning, assessing and recording of information about people's needs. We saw overall improvement across all of these areas. See section 'What the service has done to meet any requirements made at or since the last inspection' for details.

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

Requirements

Requirement 1

By 14 June 2025, to ensure the health and wellbeing of people, the provider must, ensure that individuals' personal plans clearly set out how their health, welfare and safety needs are to be managed and met.

In order to do this, the provider must ensure:

- A. the management team use their quality and audit systems to monitor and improve care assessments and plans
- B. accurate recording of key information including episodes of stress and distress within daily care notes and handover records
- C. risks and associated support measures are clearly stated and with sufficient detail, within people's care and support plans
- D. that all care documentation is kept up to date and used to evaluate and amend people's care and dependency needs.

This is in order to comply with Regulations 3, 4,(1)(a) (welfare of users), 5(1), 5(2)(a), 5, (2)(b)(personal plans) and 9, (2)(b) (fitness of employees) 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:

'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 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Requirement was extended to 10 November 2025

This requirement was made on 1 April 2025.

Action taken on previous requirement

Care plans had been subject to regular review and further supported by structured auditing. The audits we sampled evidenced a clear forum for highlighting good practice and where improvement was required. This helps to promote consistently good practice and ensures plans reflect people's needs.

Our review of care notes and medication administration records saw improvements had been made to the recording of episodes of distress. Stress and distress care plans that were in place for people provided sufficient proactive and reactive guidance. The service had engaged in multi-disciplinary discussions to ensure people's treatment was appropriate. This helps to make sure that people get the right care and support at the right time.

We saw that 'as required medication' protocols were in place; however, these lacked any person's specific administration guidance. The provider should review practice in this area to ensure medication protocols guide practice that is least restrictive and person centered. We discussed the best practice in this area with the service at the time of inspection.

Support plans are intended to direct care, ensuring that this aligns with both the person's needs and wishes. At our last inspection we found that there had been significant delays to the completion of care plans and assessments for people who had recently moved into the home. This meant that people's needs and wishes had not been captured and were not used to direct care and support. The plans reviewed during this inspection were fully completed, with all assessments finalized within a few days of the person moving into the home. Clear contributions from the person and their loved ones were documented as part of the pre and post-admission assessment process. This keeps people and their loved ones central to how care and support is delivered.

We were satisfied that improvements have been made to all areas identified and this requirement is now MET.

Met - outwith 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 people's nutritional health, the provider should ensure adequate provision of meal choices, as well as access to menus in advance. People living in the home and their representatives should have the choice to be involved in the menu planning.

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) and '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 4 April 2025.

Action taken since then

This area for improvement has not been assessed and remains in place.

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Previous area for improvement 2

The provider should organise appropriate activities and opportunities for engagement for all people living in the service, in line with their needs and wishes. Attention should be given to people who are less likely to engage in group activities and those who spend their time in their bedrooms.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: '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 4 April 2025.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 3

To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to give regular feedback on how I experience my care and support, and the organization uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 4 April 2025.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 4

The service should make regular use of observations of staff practice and formal supervisions to monitor skill levels, promote skill development, and ensure staffs practice enhances people's health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 4 April 2025.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 5

To support people's wellbeing and dignity, the provider should ensure the premises are kept clean and free from offensive odours.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

This area for improvement was made on 4 April 2025.

Action taken since then

This area for improvement has not been assessed and remains in place.

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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