

Abbotsford Care, Dunfermline Care Home Service

Headwell House
Headwell Avenue
Dunfermline
KY12 0PW

Telephone: 01383 733 163

Type of inspection:
Unannounced

Completed on:
12 January 2026

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 12 January 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 3 staff and management
- observed practice and daily life
- reviewed documents

Key messages

Support to maintain skin integrity requires ongoing improvement

Quality assurance systems should be further developed to identify and address gaps in record keeping

Leaders should keep working with staff so everyone is clear about what is expected

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 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).

We had extended this requirement until 18th November 2025.

This requirement was made on 17 July 2025.

Action taken on previous requirement

Since the last inspection the service had continued to develop quality assurance systems to support oversight of skin integrity. On the whole, oversight of wounds and dressings gave assurance that people were receiving the right care at the right time. We found one example where a dressing had not been changed in line with the wound care and treatment plan. We highlighted this to the manager who identified this was missed as a result of ineffective communication between staff. We were assured the manager would address this promptly to reduce the risk of reoccurrence.

We sampled records of applications of creams. We found examples of cream being applied consistently for people. The service were using body maps to clearly identify where different creams should be applied. People could be reassured the creams they required were being utilised where appropriate.

We reviewed records for some individuals at high risk of skin breakdown. Plans were not consistently up to date. Where plans stated people should be supported to reposition at different intervals, records did not reflect this was happening in practice. We discussed this with staff who told us people were being supported to reposition regularly. However leaders and care staff had different expectations regarding record keeping. We asked the manager to address this promptly.

Leaders were undertaking monthly audits of wound care treatment and skin care. We were reassured that wounds were being monitored, treated and improving. We found examples of guidance and feedback from external professionals included in plans and reviews. People could be reassured external professionals were involved in supporting and reviewing wounds where appropriate. However audits missed examples we identified of missed treatment, out of date personal plans and gaps in charts associated with repositioning. People should expect the service to have robust quality assurance systems in place which identify and address gaps. Without this people are at risk of ongoing inadequate treatment.

This requirement has not been met. Given some progress has been made we have extended this requirement until 8th March 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

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

We assessed progress towards meeting this area for improvement at the last inspection on 16 October 2025. We were assured the service continue to make progress towards meeting this area for improvement. We will reassess progress 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 assessed progress towards meeting this area for improvement at the last inspection on 16 October 2025. We were assured the service continue to make progress towards meeting this area for improvement. We will reassess progress 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

We assessed progress towards meeting this area for improvement at the last inspection on 16 October 2025. We were assured the service continue to make progress towards meeting this area for improvement. We will reassess progress 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

We assessed progress towards meeting this area for improvement at the last inspection on 16 October 2025. We were assured the service continue to make progress towards meeting this area for improvement. We will reassess progress at the next inspection.

Previous area for improvement 5

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

We assessed progress towards meeting this area for improvement at the last inspection on 16 October 2025. We were assured the service continue to make progress towards meeting this area for improvement. We will reassess progress 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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