

Pitlair House Nursing Home Care Home Service

Bow Of Fife
Cupar
KY15 5RF

Telephone: 01337 831 159

Type of inspection:
Unannounced

Completed on:
15 December 2025

Service provided by:
Pitlair Limited

Service provider number:
SP2003002300

Service no:
CS2003010322

About the service

Pitlair House Nursing Home is situated in a rural location near the small hamlet of Bow of Fife.

The home sits in large, attractive gardens which contain a summer house and outdoor seating areas. The home is registered to provide 24-hour nursing care for 40 people, with beds for 32 older people and a maximum of eight younger adults with physical health conditions. There were 32 people living in the home at the time of the inspection.

Accommodation is provided in both the original country house and modern extension, with single bedrooms across two floors. The home benefits from a number of public spaces, large lounges and smaller seating areas which provide space for dining, relaxing and group events.

About the inspection

This was an unannounced inspection which took place on 8,9 and 10 December 2026. 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 eleven people using the service and two of their family
- spoke with twelve staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals and received six responses via a care service questionnaire.

Key messages

- Interactions between staff and people living in the service were warm and compassionate.
- Aspects of clinical care and oversight were not of an adequate standard.
- Aspects of management and leadership were not of an adequate standard.
- Staffing levels and staff training were not of an adequate standard.
- The environment within the service was of a good standard.
- Care plans contained a good level of detail but were compromised by issues with the electronic system.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We evaluated this key question as 'weak', which reflected performance where strengths were identified but compromised by significant weaknesses.

Staff had worked hard to maintain people's health and wellbeing during a period when staffing numbers had been challenging. People had warm relationships with staff they knew well and described being treated kindly by new and agency staff. People were able to name individual staff who they felt were particularly attentive to their needs. One person said, "He's just started and he's very good - he was very discrete." Another said, "The staff always go above and beyond," and "I couldn't ask for better." This gave confidence that people enjoyed the interactions they experienced.

However, some aspects of clinical care were not at an acceptable level, which caused concern. The management of people's wounds and injuries required attention. Dressings were not always reapplied at the required intervals. This meant there was a risk that wound healing would be delayed, negatively impacting people's health. We were not confident that wounds were appropriately managed. A requirement was made (see Requirement One).

Further attention was required to the monitoring of people's weights. Some people were losing significant amounts of weight, yet the plan to weigh these individuals regularly was not followed. This caused concern, as we could not be confident that the most up-to-date information was available. People were at risk of further weight loss that might not being monitored. An area for improvement was made (see Area for Improvement One).

We were not fully confident that people's hygiene and skin care were always prioritised. Records of bathing showed that some people went for considerable periods without a bath or shower. People were aware that when there were staff shortages, their hygiene routine would be shortened or delayed. This caused concern, as skin breakdown was a significant risk for some people. A requirement was made (see Requirement Two).

Records of people's bowel health were not accurately kept, and it was impossible to establish a clear picture of any emerging issues. This caused concern, as staff could not be confident they had the correct information to direct care. Records of medication given to address bowel health issues did not align with the bowel records held. This caused concern, as both overuse and underuse of medication could affect people's wellbeing (see Area for Improvement Two).

Records of checks required after a fall or head injury were not reliably kept. Records were incomplete in several cases, making it difficult to assess whether all appropriate actions had been taken. This caused concern, as injuries can take time to become apparent, especially when people cannot report pain or discomfort. Overall, the recording of information was an area that needed improvement. An area for improvement was made (see Area for Improvement Two).

Overall, we were not confident that oversight of clinical care was fully in place. A daily handover document was used to highlight concerns, but this did not always show that issues had been resolved. Daily flash meetings were used to communicate concerns and issues, but these did not always take place. Clinical risk meetings occurred on some occasions, but a fully robust system was not in place. This meant we could not be confident that the senior team had comprehensive oversight of people's changing health needs. This put people at risk. A requirement was made (see Requirement Three).

The service did have a number of strengths. These included a programme of events and engagement that people enjoyed. People living in the service reported a variety of trips into the local community and events within the home. Several men reported enjoying their 'lunch club,' especially when it involved the occasional dram of whisky. People were seen actively contributing to a Christmas fayre event, making items to sell for their resident fund. Several individuals benefited from a one-to-one exercise programme supported by a dedicated staff member. This gave confidence that people could enjoy a meaningful day. A previous area for improvement was met.

Mealtimes were calm and well organised. People were supported discretely and with respect. Meals were well received, and people enjoyed home baking and a good variety of sweet and savoury treats. One person commented, "Meals are very good." The service had a good focus on hydration, and people were supported to access hot and cold drinks throughout the day.

Staff displayed a good value base, with their focus on people's wellbeing. Although there were clear concerns about staffing levels within the service, staff remained compassionate in their interactions.

Requirements

1. By 14 February 2026 the provider must ensure that individuals' personal plans are accurately followed, in order that their health, welfare and safety needs are managed and met.

In order to do this, the provider must ensure that:

- a) personal plans and care records reflect a responsive and person-centred approach.
- b) particular attention is paid to those plans which outline care for wounds and injuries.
- c) the management team use their quality and audit systems to monitor and improve practices.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Regulation 5(1) - Personal Plans and in order to ensure care and support is consistent with Health and Social Care Standards 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).

2. By 14 February 2026 the provider must ensure that service users receive care that meets their health, safety and wellbeing needs and protects them from harm. To do this, the provider must, at a minimum, ensure that:

- a) care and support for personal hygiene is in accordance with people's needs and wishes.
- b) skin health and hygiene are regularly monitored and any changes or deterioration in people's skin are recorded and treated promptly.
- c) there is adequate managerial oversight of skin care and personal hygiene practice and records.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210); and the Health and Social Care Standard (HSCS) which states that: "I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13).

3. By 14 February 2026, the provider must protect the health of people living in the service by having effective oversight of clinical risk. To do this, the provider must, at a minimum, implement a system to monitor, and take any necessary action concerning, clinical risks.

This is in order to comply with Regulation 4(1)(a) and 4(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me.' (HSCS 1.19).

Areas for improvement

1. To promote people's nutritional health and anticipate changes to people's support needs, the service should ensure that weight monitoring is regular and conducted in accordance with people's plan of care.

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

"I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm." (HSCS 3.21).

2. To promote responsive care and make sure that people have the right care at the right time, the provider should ensure that care records are kept accurately and are used to determine future care. Care records should be regularly reviewed in order to identify inaccuracies and evaluate whether the care being provided meets people's needs, wishes and outcomes.

This is to ensure that 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).

How good is our leadership?

2 - Weak

We evaluated this key question as 'weak', which reflected performance where strengths were identified but compromised by significant weaknesses.

Both new service managers were open and transparent about the challenges the service had faced over recent months. Staffing issues dominated their day-to-day management and meant they were frequently needed in a hands-on capacity to provide care. This had a significant effect on certain aspects of quality assurance and management processes.

Although some staff supervisions and appraisals had taken place, these processes had only recently begun, and a formal schedule had not yet been developed. This is an important element of leadership that helps establish staff training and development needs and informs future training plans and service improvement. The manager had developed a service improvement plan, but it was not yet being actioned. An area for improvement was made (see Area for Improvement One).

The documentation and reporting of accidents and incidents were not robust. Data about the incidence of falls was gathered but not yet analysed. This meant information could not be used to effect positive change. Although some processes were followed after incidents, not all appropriate professionals were always informed. This caused concern. An area for improvement was made (see Area for Improvement Two).

Recruitment of new staff was ongoing; however, there was a limited formal induction programme. This meant we could not be confident that all new staff were fully supported during their initial work period. Induction periods are important to establish whether staff skills and knowledge meet the expected standard. There was no robust system in place to provide assurance of this. An area for improvement was made (see Area for Improvement Three).

The service did not effectively use a formal dependency tool to calculate how many staff were required to meet people's needs. Combined with the lack of clinical oversight, this meant we could not be confident that there was an accurate assessment of people's needs to inform staffing levels. Please see Key Question Three for issues around staffing.

Overall, although a number of audits and oversights had been completed, several processes had not yet begun. Issues with clinical care, clinical oversight, and staffing compromised people's wellbeing. The management team were receptive to feedback and had a number of strengths within their skill set, however management and leadership of the service needed to be more robust and effective. A requirement was made (see Requirement One).

Requirements

1. By 14 March 2026, the provider must ensure that there are appropriate quality assurance systems in place to ensure that the health, safety, and wellbeing requirements of people receiving care are met, and that they experience positive outcomes. To do this, the provider must, at a minimum:

- a) implement audits which enable the quality of the service to be monitored, and which identify areas for improvement.
- b) ensure any identified areas for improvement are addressed without delay.
- c) ensure there is always appropriate and effective leadership of the service.

This is in order to comply with Regulation 4(1)(a), Regulation 10(2)(a), Regulation 10(2)(b) and Regulation 10(2)(d) 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. To support the wellbeing of service users and staff the provider should ensure that staff practice is observed and evaluated and that actions are taken to address concerns and development needs.

This should include, but is not limited to:

- a) Formal supervision meetings which take place in line with organisational timescales.
- b) Observations of practice and competency checks.

This is in order to comply with Section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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).

2. To support a culture of improvement, responsiveness and transparency, the provider should ensure that the Care Inspectorate are informed of accidents and incidents. This should be in accordance with the guidance given in the Care Inspectorate document 'Adult care services: Guidance on records you must keep and notifications you must make'.

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).

3. To support good outcomes for people the provider should ensure staff are properly inducted in a way which is appropriate to their role and their learning needs. They should then be able to evidence how they assess competence and completion of the induction period.

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' (HSCS 3.14).

How good is our staff team?

2 - Weak

We evaluated this key question as 'weak,' which reflected performance where strengths were identified but were compromised by significant weaknesses.

Staffing levels should be appropriate, and staff should work well together to meet people's needs.

We found that the service had been significantly affected by staffing and recruitment issues. It was clear that staffing numbers had not been sufficient on all shifts. Staff were very aware of the issues and had worked hard to reduce the impact on those in their care; however, the low staffing levels caused considerable concern. Although staff members from the activity, domestic, and catering teams provided an additional presence during the day, the afternoon and evening periods were especially affected.

One person described the impact of low staff numbers on their wellbeing by saying, "It can be very isolating." People living in the service reported that they were aware of staffing issues and, at times, this meant their call system was not answered promptly. This created anxiety for them around personal care.

Staff members and relatives were anxious that there was a risk of people falling when areas of the service were not supervised. Overall, staffing numbers were a significant concern as they impacted clinical care and staff's ability to meet people's needs. A requirement was made (see Requirement One).

The service had begun supplementing staffing numbers with agency staff, which provided good support to the permanent staff members. Whenever possible, the service sought agency staff who were familiar with the home, which encouraged a consistent approach to care.

Staff should be well trained and competent in their roles. Although staff were observed to be warm and compassionate in their interactions, the levels of completion for staff training were very low. There was limited oversight of training levels, which meant we could not be assured that development needs were being identified or addressed. We could not be confident that all staff had completed the required training to perform their roles. This caused concern. A requirement was made (see Requirement Two).

The service had an ongoing programme of recruitment, which had resulted in some new staff members over recent weeks. Some aspects of staff recruitment required further attention to fully align with the guidance around safe recruitment. The service was made aware of these issues at the time of the inspection and planned to take prompt steps to address them. A previous area for improvement was not met (please see 'What the service has done to meet areas for improvement set at, or since, the last inspection').

Requirements

1. By 14 March 2026, the provider must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift to meet service users' health, safety, and wellbeing needs. To do this, the provider must, at a minimum:

- a) Gather accurate information about service users' needs and use this to inform how many staff are required on each shift during the day and night, to ensure people's needs are met.
- b) Roster and deploy staff in accordance with this assessment.
- c) Demonstrate an effective response to changes in service users' needs or significant events in the care home and amend staff numbers accordingly when required.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019. This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

2. By 14 March 2026, the provider must ensure people and staff are kept safe by ensuring staff are appropriately supported and trained. To do this the provider must, at a minimum, ensure:

- a) all staff receive and complete the provider's mandatory training, including refresher training when appropriate;
- b) supervision sessions with staff should be planned and carried out on a regular basis, with appropriate records kept of each session;
- c) meetings of frontline care staff should be planned on a regular basis, with appropriate records kept.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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).

How good is our setting?

4 - Good

We evaluated this key question as 'good', where there were a number of important strengths that outweighed areas for improvement.

People benefited from high-quality facilities that were maintained to a good standard. We found that the service was generally well presented and clean. Communal areas had been decorated for Christmas and were attractive and welcoming. People living in the service had contributed to making decorations and were enjoying the seasonal environment.

The home benefited from attractive garden grounds that had been decorated with Christmas lights. One person was especially pleased with the view from their bedroom in the evening, saying, "Look at this!" with excitement and joy.

The service benefited from a permanent maintenance staff member who attended to both the house and garden. A variety of safety checks and measures were completed on schedule, and paperwork was filed in an orderly way.

Some areas of the service required cosmetic attention, particularly paintwork and carpets, which were showing signs of wear. The management team had begun to develop an action plan and should prioritise issues where they affect infection prevention and control or safety.

People's private bedrooms were clean. Relatives and people living in the service confirmed that their rooms were well attended to. One person spoke of the efforts a staff member had made to help them create an orderly and attractive space.

Overall, the environment was of a good standard, and people's needs and wishes regarding their environment had been considered and responded to.

How well is our care and support planned?**3 - Adequate**

We evaluated this key question as 'adequate', where there were some strengths, but these just outweighed weaknesses.

Care plans contained a good level of detail, and it was clear that people and their families had contributed to their development. Plans reflected people's individual wishes and choices relating to their care. Most plans were regularly reviewed and updated as people's health needs changed. Risk assessments were in place, and staff had clear guidance on how to reduce risks. However, the service used an electronic care planning system to record people's care needs and key information. There had been issues with the reliability and use of the system over recent weeks. Although efforts had been made to resolve the issues, the system remained unreliable at the time of the inspection. This meant that data that should have been recorded was not always inputted into the system. Missing or incomplete information meant we could not be confident that care plans were accurate. We also saw evidence that care plans were not always followed, for example, those relating to monitoring nutritional care and wound care. This meant that, although the written plans appeared to be of a good standard, their daily update and use were in question.

Following feedback, the provider developed a paper-based system for staff to use until the electronic system became fully functional. This provided some reassurance that important information would not be missed. Please see Key Question One for an area for improvement focused on the recording of information.

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 support people's health and wellbeing, the service should ensure that medication management and documentation is in line with best practice guidance and that audit and overview contribute to effective improvement.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

This area for improvement was made on 23 February 2024.

Action taken since then

The service had good oversight of medication management with a number of regular checks and audits in place. Some issues had not been captured within these audits and required a small amount of further attention. These were identified to the service at the time of inspection. This area for improvement is not met.

Previous area for improvement 2

In order that people experience good outcomes and quality of life, the service should ensure people are supported to spend their time in ways that meet their individual wishes and interests. This should then be formally evaluated to ensure the support being provided promotes their health and wellbeing.

This is to ensure that care and support is consistent with the 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 23 February 2024.

Action taken since then

People were well supported to stay engaged with meaningful activity throughout the day. The service benefits from two dedicated diversional therapists, one of whom has additional physiotherapy qualifications. People were supported with individual exercise programmes and the service has noted some success with physical rehabilitation. People spoke of a variety of trips out, lunches and events which they had enjoyed. Relatives confirmed that people were well supported to remain active and enjoy meaningful days. This area for improvement is met.

Previous area for improvement 3

To protect people from potential harm, the provider should demonstrate they have followed good practice guidance for safe recruitment at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24).

This area for improvement was made on 23 February 2024.

Action taken since then

Although most recruitment practice within the service was safe there were some outstanding issues which still required improvement. These were identified to the service at the time of the inspection and an improvement plan was developed. We will monitor progress at our next inspection. This area for improvement is not met.

Previous area for improvement 4

To support people's health and wellbeing and ensure 'as required' medication is benefitting people, the service should ensure that 'as required' medication protocols are fully detailed to provide explicit guidance for staff.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: "Any treatment or intervention that I experience is safe and effective." (HSCS 1.24).

This area for improvement was made on 23 February 2024.

Action taken since then

Although 'as required' protocols were in place they did not always contain full detail to guide care. Protocols for medication where there was more than one product used did not cross reference the other medication. This meant it was unclear which medication should be used first (and for how long). Protocols for variable doses of medication did not outline when each dose should be used. The manager did produce some prototype documents during the inspection and feedback was given on these. It was not clear that PRN medication was being monitored once given. Although there were some notes added to the reverse of the medication record (MAR) these were incomplete or missing. Recording of concerns such as bowel movements was inaccurate and/ or incomplete. This caused concern as it meant that staff could not be clear when an 'as required' medication should be given (or other medications withheld). This area for improvement is not met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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