

# Pitreavie Castle Care Home Care Home Service

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Dunfermline  
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**Type of inspection:**  
Unannounced

**Completed on:**  
3 December 2025

**Service provided by:**  
Dunfermline Care Home Limited

**Service provider number:**  
SP2024000152

**Service no:**  
CS2024000387

## About the service

Pitreavie Castle care home is registered to provide a nursing home service to 70 people over the age of 65. The service is operated by Dunfermline Care Home Limited. It was registered with the Care Inspectorate on 14 October 2024. During our inspection 45 people were residing in the home.

The service is situated within a quiet area on the outskirts of Dunfermline, Fife. The home consists of three floors serviced by two lifts. There are six 10 bedroom units, all with ensuite facilities, a nurses' station, assisted bathroom, and lounge/dining room. There are garden and seating areas within the grounds and car parking is on site.

## About the inspection

This was an unannounced inspection which took place between 02 and 03 December 2025. The inspection was carried out by three inspectors from the Care Inspectorate. This was the service's first inspection.

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 nine people using the service and nine of their relatives
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People told us staff were kind to them.
- The provision of staffing needed improvement.
- Falls management needed to improve.
- Quality assurance systems needed to improve.
- Medication management needed to improve.
- Care planning needed to improve.

## 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

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affect people's experiences and outcomes.

We observed care that was kind. People told us, "Looked after very well", "They do their very best", "Care is good; they are attentive, but they just don't get enough time." Relatives consistently expressed "Lovely staff" were working in the home, however staffing levels and staff turnover gave them cause for concern.

Relatives expressed concerns over the frequency of personal care given to their loved ones. One commented "We are glad you are here as we have been worried about the care and it needs sorted." Others told us their loved one appeared to be in the same clothes for a number of days. While people appeared well presented during our inspection, we noted that care records were not always completed consistently, therefore did not accurately indicate the level of care and support that had been given, or how frequently. This is addressed further in the 'How well is our care and support planned' section of this report.

We observed a handover from night shift to day shift which was chaotic and disorganised. Although the information shared between nursing teams captured people's essential clinical care needs, the lack of co-ordination of care staff meant there was a delay in sharing the right information with the right staff. Care and ancillary staff told us the 'daily flash' meeting didn't happen every day and times were sporadic. This again meant that key information about people's needs was at risk of not being shared to the relevant teams. A person living in the service commented "It needs a bit more organisation; occasional chaos probably due to staff shortages." The lack of communication is addressed further in the 'How good is our leadership' section of this report.

The service had outstanding requirements relating to falls management as the result of previous upheld complaints. We concluded during the inspection that further improvement was required and these requirements had not been fully met. These are addressed further in the 'What the service has done to meet any requirements made at or since the last inspection' section of this report. A new requirement (1) is made to reflect the outstanding necessary improvements.

We found good oversight of people's weight. People told us that overall, the food was good and one person said "We're well fed, sometimes overfed." However, the lack of consultation in menu planning was evident and resulted in some meal choices not being to people's liking. The lack of consultation is addressed further in the 'how good is our leadership' section of this report. The kitchen team had a good overview of those who required an adapted diet. We observed mealtime experiences that were overall calm. However, we noted that individuals receiving assistance during mealtimes experienced interruptions, as staff were required to attend to other people's needs. Relatives also told us that they have had to step in to provide support to people during mealtimes due to lack of staffing. This does not promote good mealtime experiences for people.

Opportunities for people to be active, engaged, and do things that they enjoy, were limited. The service had one activities coordinator and was trying to recruit a second. A weekly activity planner was devised but due to the lack of documented information about people's hobbies, interests and preferences, it was hard to evidence that activities were meaningful. In the absence of a second activities coordinator, staff were expected to engage in planned activity. However, we concluded from our observations and from what people told us, that staff did not have the time. We found no evidence to suggest people were consulted on how they would like to spend their time. The service had a minibus and people had the opportunity to go out on a Friday morning. However, if the dedicated driver was not working, the bus runs could not happen. The provision of meaningful activity needed to improve to enhance people's independence, choice, and wellbeing. An area for improvement (1) is made.

Personal protective equipment (PPE) stations were visible around service and were well stocked. Additional PPE stations and infection prevention and control signage was also in place where there were concerns around respiratory outbreaks. We were concerned however to find moving and handling equipment being shared between areas of the service where outbreaks were present, increasing the risk of spread of infection. An area for improvement (2) is made. The service had ordered additional equipment, to remove the need to share between areas of the service, prior to the end of our inspection.

People must experience the safe and effective administration and management of medications. Whilst we were carrying out the inspection, the Care Inspectorate's complaints team was conducting a complaint investigation. The findings concluded that the handling and administration of medication was not always safe and effective. This had the potential to impact on the treatment of someone's healthcare conditions, and for declining health requiring additional assessment and treatment by other healthcare professionals. A requirement relating to medication management is being made via our complaint handling procedures. We noted however, that the record keeping in relation to as required medication required improvement. There was lack of clarity around why medications had been administered or if they had the desired effect. This meant thorough evaluations of care could not be carried out to inform future care planning. An area for improvement (3) is made.

## Requirements

1. By 26 January 2026, the provider must make proper provision for the prevention of falls. In order to achieve this, the provider must:

- a) ensure proper provision is made for adequate availability of staff to reduce the risk of falls
- b) ensure all individuals have access to methods and/or equipment in order to summon assistance when required.

This is in order to comply with: Regulation 4(1)(a) 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 care and support meets my needs and is right for me' (HSCS 1.19).

## Areas for improvement

1. To promote the health and wellbeing of people using the service, the provider should ensure that activities are planned in consultation with people, recorded, and evaluated on a regular basis.

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

2. The provider should practice and promote safe infection prevention and control standards. This includes ensuring sufficient levels of equipment are available within the service, to prevent the need for sharing, in the event of an outbreak.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

3. To protect people's health and wellbeing the service must ensure that people experience safe and effective support with medication. In order to achieve this the service should, at a minimum:

a) ensure suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'.

b) ensure records are kept of why as required medications had been administered and if they had the desired effect.

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

## How good is our leadership?

**2 - Weak**

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affect people's experiences and outcomes.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This included ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high-quality care. Service providers must also support staff's wellbeing to ensure people's care and support is not adversely affected.

People told us that the staff were very kind and caring, and they were always treated with dignity and respect. However, there had been instability in the management team and relatives told us they were unsure who to speak with if they had any queries or concerns. They also said they often had to wait for excessive periods of time to get into the building or to have the phone answered when calling. The regional manager said this was being addressed.

We had concerns about the effectiveness of some of the service's quality assurance processes. The lack of management meant some quality reviews had fallen behind and some action plans had not been carried out. For example, someone had lost weight and required increased weight monitoring which wasn't done.

The provider used a tool to calculate the numbers of staff required to meet people's care and support needs safely and effectively. The use of the tool did not result in the right number of staff with the right skills being available at the right time to meet people's needs. We saw no other measures or feedback from people being used to determine staffing levels. This is discussed further in the 'How good is our staff team' section of this report.

Care services should have improvement plans in place to ensure high-quality, person-centred care enhances safety and promotes continuous improvement. These plans help address identified weaknesses, meet standards and build trust with people. Effective improvement plans enable services to maintain records of improvement driven by feedback from people using the service, their families, staff and visitors. The service did not have an effective, continuous improvement plan. The regional manager informed us that although previous management had consulted with people through meetings, there was no action plan developed therefore no evidence that people's views were driving improvement in a way that is meaningful to them.

The internal quality assurance systems had failed to identify and address the above areas for improvement, therefore a requirement (1) is made.

The service did not have a process in place to manage people's finances. This meant people could not access their own money if they wanted to go out socially, or make purchases; this restricted people's independence and choice. An area for improvement (1) is made.

## Requirements

1. By 26 January 2026, the provider must ensure that service users experience a service which is well led and managed, and which results in continuous improved outcomes for service users through a culture of self-assessment and development, underpinned by robust and transparent quality assurance processes. To do this, you must, at a minimum:

- a) ensure that there is a sufficient quality assurance system in place to continually monitor and evaluate the quality of the service provision to help inform improvement and development of the service
- b) maintain a record of areas for improvement within the provision of care detailing the actions to be taken, the timescales within which action is to be taken, the individual with the responsibility for furthering improvement, and the expected outcome.

This is to comply with Regulations 3 and Regulation 4(1)(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 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 people's independence and right to make their own choices, the provider should ensure a process is in place to enable people to have access to their own money at all times.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.' (HSCS 2.5).

## How good is our staff team?

**2 - Weak**

An evaluation of weak has been given for this key question. This means that although strengths were identified, these were outweighed by significant weaknesses. The weaknesses affect people's experiences and outcomes.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This included ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high-quality care. Service providers must also support staff's wellbeing to ensure people's care and support is not adversely affected.

People and relatives told us that the staff were very kind and caring, and they were always treated with dignity and respect. Comments included "They are excellent", "No concerns with the care from those staff", and "Carers are amazing". Relatives told us they were concerned with the high staff turnover and the impact this would continue to have on their loved one. They told us "Staffing is too inconsistent for carers to get to know people well. We seem to raise the same things over and over again". We observed low staffing numbers, across day and night shift. We saw how this impacted on how long people had to wait for support. Staff told us they had little meaningful time to spend with people. One staff member said, "When we are fully staffed, we can give people the little extra bits of attention they deserve". The provider was fully aware of these concerns and was actively taking steps to increase staffing numbers. A requirement relating to staffing was made as the result of an upheld complaint which remains in place. This is further addressed in the 'what the service has done to meet requirements made at or since our last inspection' section of this report.

People should be supported by a staff team that has the necessary skills, knowledge and abilities. A high proportion of the care staff team were new to the service. Despite the organisation's policies dictating that new staff be supported by a robust induction, we found this had been lacking in most cases. We established many staff had not undertaken some essential mandatory training such as moving and handling, or fire safety. We discussed this with the regional manager and quality director who gave their assurances that this would be addressed as a matter of urgency. We received daily updates the following week on progress made and we were confident all staff would receive the training. However, staff's skills and knowledge needed to be thoroughly assessed as there were gaps in many areas, including training in topics relating to people's individual health conditions/needs. A requirement (1) is made.

## Requirements

1. By 26 January 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;

a) ensure all staff receive and complete the provider's induction, and mandatory training, including refresher training when appropriate

- b) ensure that staff receive all appropriate training necessary to enable them to carry out the tasks they are to perform
- c) ensure that staff practice is observed and evaluated
- d) ensure an ongoing training plan is in place
- e) ensure supervision sessions with staff are planned and carried out on a regular basis, with appropriate records kept of each sessions.

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 several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Pitreavie Castle care home is a new, purpose-built building benefitting from modern facilities that encouraged people to be active and independent. These include a cinema, salon, bar areas utilised for various activities and for people living in the home and their visitors to spend time together. There were dedicated areas where people could sit with their visitors and enjoy a drink and snack. People commented positively on the standard of accommodation: "It's a lovely place", and "I feel comfortable in here".

The home was clean, fresh and clutter free throughout. Rooms were large, accessible and promoted independence. People had been encouraged and supported to personalise their rooms, this helped them to settle in the home. One person enjoyed showing us their room and commented "I've a lovely room and it overlooks the garden, I have all my personal bits and pieces and I feel at home".

It is important for people to be able to enjoy outdoor spaces freely. The garden area was accessible and attractive. People told us that it was well used in the better weather. A family we spoke with helped with the gardening.

The service benefitted from a dedicated maintenance team and we saw evidence of action being taken when improvements were required. Systems were in place for the maintenance of equipment and premises; for example, lifts, lifting aids, electric/gas appliances and water temperatures.

It is important that equipment and furnishings are suitable for people. We found that some people struggled to get out of low chairs in communal living areas, and where they needed assistance it was difficult for staff to support them safely. An area for improvement (1) is made.

## Areas for improvement

1. To ensure people's independence can be supported well, the provider should undertake risk assessments for each person. This is to ensure they have seating suitable for their individual needs and can use this safely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices'. (HSCS 5.21).

## How well is our care and support planned?

**3 - Adequate**

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve. As these weaknesses concerned the health, welfare and safety of people, we made a requirement for improvement.

Care and support plans should reflect people's needs, wishes and outcomes. Some care plans we sampled were detailed and reflective of individual preferences, demonstrating a person-centred approach. These plans provided sufficient guidance to direct care and clearly identified risks. This included personalised information to guide care staff on how to support someone during periods of distress. We saw some assessments that were up to date and incorporated recent changes to people's health needs, for example, weight loss.

However, we also found gaps in other care records, including bowel care and bathing. Where people had bowel charts in place, some of these indicated large gaps. Supporting care plans and records did not record whether any actions had been taken to address these gaps. Fluid recording charts were missing in cases where people were at high risk of urinary tract related infection. Showering/bathing records were inconsistent and did not reflect people's personal preferences around frequency of personal care. This meant thorough evaluations of care could not be carried out to inform future care planning. It is important that all information contained within a care plan is accurate, current, and consistent to ensure that people's care and health requirements can be met. A requirement (1) is made.

## Requirements

1. By 26 January 2026, the provider must ensure that people's health and wellbeing is supported by comprehensive and accurate records. To do this, the provider must, at a minimum:

- a) ensure care plans accurately and consistently reflect the current health and care needs of the person.
- b) ensure risk assessments accurately reflect any identified risks to the person's health and includes an assessment of those risks and the steps that are to be taken to reduce or mitigate these risks.
- c) ensure care plans are reviewed as people's needs change and in line with legislative requirements.
- d) ensure staff are familiar with and actively use people's care plans and risk assessments to inform the support they deliver.

This is to comply with Regulation 4(1)(a) and Regulation 5(2)(b)(ii) 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 care and support meets my needs and is right for me' (HSCS 1.19).

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

### Requirements

#### Requirement 1

By 1 September 2025, the provider must make proper provision for the prevention of falls, the promotion of continence, safe manual handling, the prevention of dehydration and safe medication handling. In order to achieve this the provider must:

- a) make proper provision for adequate availability of staff
- b) make proper provision for the prevention of falls and the consideration of alternative measures / equipment and additional staff supervision to support those at risk.
- c) make proper provision for the promotion of continence rather than the management of incontinence by ensuring adequate staff availability.
- d) make proper provision for safe manual handling practice by ensuring adequate availability of staff to safely support service users who require the use of equipment
- e) make proper provision for the promotion of good hydration by ensuring effective care planning, monitoring of fluid intake and information sharing.
- f) make proper provision for the safe and effective administration of medication to prevent omissions and mismanagement of medication systems.

This is in order to comply with: Regulation 4(1)(a) 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 care and support meets my needs and is right for me' (HSCS 1.19).

**This requirement was made on 4 August 2025.**

#### Action taken on previous requirement

This requirement was made as the result of an upheld complaint. It was made because following a review of the service's key processes in relation to falls prevention, our observations, and staff statements, we could not be confident that people experienced safe and effective falls prevention and falls management procedures. Given there was a 100% increase in falls in the month prior to the investigation, the majority of which were unwitnessed, a review of staff availability to ensure adequate supervision and diligence in relation to falls prevention was necessary.

During this inspection we concluded that the service had not made proper provision for the availability of staff. Therefore elements (a), (b), (c), and (d) of the requirement had not been met and are now incorporated into requirement 4.

We found some fluid balance charts were missing for people who required to have their intake monitored. Therefore element (e) of the requirement had not been met and is now incorporated into requirement (1) in the 'How well is our care and support planned' section of this report.

Whilst we were carrying out the inspection, the Care Inspectorate's complaints team was conducting a complaint investigation. The findings concluded that the handling and administration of medication was not always safe and effective. A requirement relating to medication management is being made via our complaint handling procedures.

## Met - within timescales

### Requirement 2

By 12 November 2025, the provider must make proper provision for adequate numbers of staff to meet the health, welfare and safety of people using the service. In particular, the provider must:

- a) make proper provision for adequate staffing to ensure fall prevention measures are fully met
- b) make proper provision for accurate and reliable fall prevention risk assessment, care planning and record keeping
- c) make proper provision for dignified, respectful and safe post fall observations and recovery
- d) make considerations for alternative fall prevention measures where current measures are ineffective.

This is in order to comply with: Regulation 4(1)(a) 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 future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

**This requirement was made on 29 September 2025.**

### Action taken on previous requirement

This requirement was made as the result of an upheld complaint. It was made because someone was not supported in a dignified manner, and post fall procedures were not fully adopted by the care team. Evidence demonstrated a lack of sufficient staffing was a major contributing factor.

During this inspection we saw no improvement had been in relation to staffing. Further details can be found in the 'action taken on requirement 4' section below. Therefore this element (a) of the requirement had not been met and is now incorporated into requirement 4.

We found good oversight of falls and post falls analysis which clearly documented any post fall actions that were required, including communication with relatives. These elements (b) and (c) of the requirement had been met.

Although appropriate falls prevention measures had been identified, these were often ineffective in practice due to inadequate staffing numbers. This element (d) of the requirement had not been met and is now incorporated into requirement 4.

### Met - within timescales

#### Requirement 3

By 12 November 2025, the provider must demonstrate that all complaints received are subject to adequate handling in accordance with the organisation's Complaints Procedure. This must include clarification of the complaints to be investigated, thorough investigation and resolution and, where necessary an apology, within appropriate timescales.

This is in order to comply with Regulation 18(3) 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 Health and Social Care Standards (HSCS) which state: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

**This requirement was made on 29 September 2025.**

#### Action taken on previous requirement

This requirement was made as the result of an upheld complaint. It was made because the complainant had a valid cause to raise a complaint with the service, and expected the provider's complaints procedure to be adopted. We did not find evidence of an appropriate investigation or resolution in respect of the complaint.

At the time of our inspection the regional manager was conducting face to face meetings with families who had raised either formal complaints or had voiced concerns. The provider was accepting of past concerns that complaints had been un-answered in any formal capacity. We saw that open events had been arranged and publicised to staff, relatives and stakeholders to meet the management team. It is important that leaders of the service continue to learn from adverse incidents and complaints to improve the quality of care and support.

This area for improvement had been met.

### Met - within timescales

#### Requirement 4

By 1 September 2025, the provider must ensure, that at all times, suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for:

- a) the health, wellbeing and safety of service users;
- b) the provision of safe and high-quality care, and;
- c) in so far as it affects either of those matters, the wellbeing of staff.

In determining what constitutes appropriate numbers for the purposes of subsection (1), regard is to be had to:

- i) the nature of the care service;
- ii) the size of the care service;

- iii) the aims and objectives of the care service;
- iv) the number of service users, and
- v) the needs of service users.

This is in order to comply with: Section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure 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).

**This requirement was made on 4 August 2025.**

### Action taken on previous requirement

This requirement was made as the result of an upheld complaint. It was made because following a review of the service's key processes in relation to safe staffing arrangements, interviews with both staff and visiting relatives and our observations, we could not be confident that people experienced sufficient staffing to meet their physical, psychological, social and recreational needs, or safety.

During this inspection we found little improvement had been made to the required provision of staff. Senior management had a presence in the service and were actively trying to increase staff numbers. Nevertheless, the outcomes were poor for some people who were being supported by staff unknown to them. People were having to wait for long periods of time before being provided with requested support. Communication needed to improve to ensure staff were aware of people's needs, and their roles and responsibilities. Training needed to improve to enhance staff's skills and knowledge.

This requirement had not been met and we have agreed an extension until 26 January 2026.

**Not met**

## Requirement 5

By 31 January 2025, the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) ensure that the outdoor space is fully assessed for the risk of accidents and incidents for people using the service.
- b) ensure that all actual or potential near misses, accidents and incidents are subject to full investigation to identify risks and prevent further occurrence.
- c) ensure that record keeping and incident reporting is detailed and fully reflective of events.
- d) ensure that incidents/accidents, unplanned events and near misses are fully and accurately communicated to individual's representatives.

This is in order to comply with: Regulation 4(1)(a) 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 Health and Social Care Standards 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 requirement was made on 16 December 2024.

#### Action taken on previous requirement

This requirement was made as the result of an upheld complaint. It was made because there was sufficient evidence to support the assertion that security measures for the outdoor space were not appropriately assessed and in place. This lack of security had the potential to result in the risk of harm to those living with advanced dementia.

During this inspection we saw all gates leading from the garden had been fitted with keypad locks. We found good oversight of falls and post falls analysis which clearly documented any post fall actions that were required, including communication with relatives. General recording of incidents had been captured within quality assurance audits, and actions identified where appropriate. We saw records of communications with relatives taking place post incident or event.

**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

In order to ensure a staff team with good systems of communication, the service should build upon existing systems to enhance information sharing between teams throughout the day/night. The service should also ensure access to the Management Team at all times.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

**This area for improvement was made on 4 August 2025.**

#### Action taken since then

This area for improvement was made as the result of an upheld complaint. It was made because the care team must always be appraised of any additional risks to people, such as the risk of dehydration should their intake have been poor. We did not see evidence of this information being effectively shared with the care team. The care team must always have access to 'on call' managerial assistance during out of hours and contact details should always be available to the care team. We found this was not always the case.

During this inspection we found further improvement to communication systems for sharing information about people's needs was required. We observed a lack of co-ordination at handover times, increasing the risk of vital information being missed.

Feedback from relatives and staff identified a lack of communication and consultation around changes within the service, including who the current manager was. As a result, this area for improvement is no longer in place and has been incorporated into a new requirement under key question 2 'how good is our leadership?'

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## 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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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
3.2 Staff have the right knowledge, competence and development to care for and support people	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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You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

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