

# Pitreavie Castle Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
10 February 2026

**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 49 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 on 5 February 2026. The inspection was carried out by three 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 nine people using the service and three of their representatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents

## Key messages

We saw some progress towards all requirements made at our last inspection.

Leadership of the service was more stable, and we were assured of continued improvement.

Continued progress in the areas of staffing provision, training, quality assurance, and care planning is required to ensure that people benefit from the care and support provided at Pitreavie Castle Care Home.

## 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?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

3 - Adequate

Section 'What the service has done to meet any requirements made at or since the last inspection' details improvements the service had made across elements of care and support. Previously made requirements around falls prevention and medication management have now been met.

To reflect these improvements, we have regraded this key question to 'adequate'. An evaluation of 'adequate' means we found some strengths, that only just outweighed weaknesses.

To support continued improvement around the administration of 'as required' medications, we have made an area for improvement. See area for improvement 1.

### Areas for improvement

1. To support people's health and wellbeing the provider should ensure that 'as required' medication protocols provide clear administration guidance, including how the person may indicate that this medication may be required.

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).

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

### Requirements

#### Requirement 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).

**This requirement was made on 2 December 2025.**

## Action taken on previous requirement

It was evident that staffing levels had increased since our last inspection. Despite this, sustaining the required staffing levels remained inconsistent, impacted by high levels of unplanned absence and staffing vacancies across all departments within the service. Staff told us: "Staffing is slowly getting better" "sickness is the issue." Comments from people included "They are short staffed at times. Sometimes no one around and I am awaiting." Relatives told us "Staffing levels are still such an issue, lots of agency. Weekends are particularly bad" We observed that the assessed dependency levels were not always met. We could not be confident that staffing levels were always sufficient to meet people's needs. This element (a) of the requirement has not been met and is now incorporated into requirement 5.

We saw that the provider had carried out a falls data analysis to identify trends in falls activity across this service. This resulted in data that identified potential triggers and mitigation factors for people who had experienced falls. We saw how dependency assessments had been updated to reflect people's support needs, including those who were at higher risk of falls. Reviews of falls incidents had resulted in some changes to relevant care plans and risk assessments. We observed that people who needed them, had access to call alarms. We therefore were more assured that the service had begun to take progressive steps towards assuring that the proper provisions were in place to mitigate the risks. This element (b) of the requirement had been met.

We conclude that this requirement is therefore met. The unmet element around adequate staffing provision will be reflected in requirement 5. See requirement 5 for details.

## Met - within timescales

### Requirement 2

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).

**This requirement was made on 2 December 2025.**

## Action taken on previous requirement

The leadership team in the home had been strengthened. This had increased visibility and oversight of the care people experienced. Improvements had been made to quality assurance systems, and a range of audits

had been implemented.

At the time of the inspection, leaders in the service were in the process of using the completed audits from the previous month to inform the service improvement plan. Although we saw that some of these audits had identified areas for improvement, the timescale for completion was not always clear on the service improvement plan. As the service gathers areas for improvement and actions from its quality assurance activity, they should clearly document the person responsible for each action and the timescale for completion.

As the quality assurance system had only recently been introduced, and the home was operating under a new management team, we were unable to determine whether the identified actions had been completed within the stated timescales or whether they had led to improved experiences for people living in the service. Further work was therefore required to ensure the service could effectively monitor and evaluate all areas of service provision. The service should continue to use these formats to record findings and actions arising from ongoing quality assurance activity.

The service improvement plan currently includes findings from the last inspection and the outcome of the service's own audits. The plan could be strengthened by incorporating the feedback from people experiencing care and being clearly linked to the Health and Social Care Standards and The Care Inspectorate Quality Framework for Care Homes for Adults and Older People

This requirement has not been met and we have agreed an extension until 23 March 2026.

**Not met**

### Requirement 3

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 session.

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).

**This requirement was made on 2 December 2025.**

## Action taken on previous requirement

Some progress had been made towards the overall management and oversight of staff induction, training, and supervision. We saw that efforts had been made to ensure that all staff had completed an 'induction checklist.' Our review of inductions undertaken for newer staff found inconsistencies. We found one carer on shift during our inspection that had not yet completed the mandatory moving and handling training. We observed how this had resulted in a delay to someone receiving support with personal care. There remains lack of clarity around timescales for mandatory training as part of the induction process.

We identified inconsistencies in training undertaken amongst the wider staff group, including lack of compliance with eLearning. We were pleased to see that this had been identified by the manager of the service, with actions to address non-compliance with individual staff members.

The service commenced observations of practice and recorded supervisions for some staff. We saw how these forums had been platforms for identifying good practice and areas for improvement. Staff we spoke with told us that supervision had been carried out and had been helpful. Supervision and observations had not yet been carried out for all care staff working in Pitreavie Castle Care Home.

We concluded that further time is required to ensure that people and staff are kept safe by ensuring that all staff are appropriately supported and trained.

This requirement has not been met and we have agreed an extension until 23 March 2026.

## Not met

### Requirement 4

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).

**This requirement was made on 2 December 2025.**

## Action taken on previous requirement

Staff, including agency staff, told us they could easily access plans and people's essential information through the handheld care recording 'PODS.'

We sampled a variety of personal plans, including risk assessments and care recording charts for people living in the service. Plans we sampled included some nicely worded, person-centred information, including what is important to people. We also observed some plans that had been updated to reflect changes in support needs and risks. Overall, however, the level of detail and accuracy within people's plans and records was inconsistent.

We reviewed records that did not include key information to support consistent practice and or mitigate risk. For example, bowel, repositioning, and fluid monitoring records that were completed inconsistently and not in line with the support plan. Information about people's daily fluid targets was unclear. In one example, this information was missing completely. In another example, target fluid intake level varied across the plan. We found examples of people's mobility support plans which did not provide sufficient guidance about the support required. Information and guidance was contradictory across various areas of people's support plans. This increased the risk of people's health and wellbeing not being effectively supported by comprehensive and accurate records.

This requirement has been extended to 23 March 2026.

**Not met**

## Requirement 5

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).

Extended to 26 January 2026.

**This requirement was made on 18 August 2025.**

### Action taken on previous requirement

We observed an increase in staffing numbers since our last inspection. Review of the service's dependency assessment tool reflected a more robust analysis of the staffing levels needed to meet people's needs. A dependency assessment for February 2026 evidenced being reflective of trends in incidents and the layout of the building. We were more assured that the service was working in the right direction to improve the

experiences of people living in Pitreavie Castle Care Home.

At the time of this inspection, although some improvement was observed, staffing levels remained inconsistent. Comments from people and relatives included:

"Staff are good, but I am aware they are short at times, more so at the weekend, it's clear it's a struggle."

"They are short staffed. Sometimes no one around and I am waiting."

"Lounges can be absent of staff for long periods."

We observed lack of clarity about who was working in what area of the service and who was able to support with specific tasks, for example moving and handling. This resulted in some delays to care and support. The provider must also prioritise ensuring that care and support is provided by a staff team that is sufficiently skilled, competent, and are effectively deployed in line with the needs of people.

Feedback from people, staff and relatives evidenced a slowly improving picture, although some concerns remained. The provider shared with us their attention to recruitment and efforts to address high levels staff absence.

To allow time for the highlighted improvements to be made, this requirement is extended to 23 March 2026.

## Not met

### Requirement 6

By 31 January 2026, the provider must make proper provision for the safe and effective handling and administration of medications. In particular, the provider must:

- a) Undertake a full audit of medication handling and administration practice.
- b) Ensure that staff responsible for the handling and administration of medications undertake additional training in accordance with the work they are to perform.
- c) Ensure adequate regular management oversight of the handling and administration of medications.

To be completed by: 31 January 2026 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 Standard 1.19: My care and support meets my needs and is right for me.

**This requirement was made on 2 December 2025.**

### Action taken on previous requirement

We saw oversight of medication training and competency checks had improved. We saw a clear system in place to monitor the competency of those administering medication.

We carried out a sample audit and found accurate stock balances and recording on medication administration records. Our review of medication management and oversight found daily audits were taking place as part of the 'resident of the day' checks. Additional monthly medication audits were also taking place to monitor practice. We saw that these audits had been effective in identifying areas where practice could be improved. We found that where minor stock variations had been identified as part of these audits, the root cause of

this had not always been recorded. The provider should review how they capture and record this information to mitigate the risk of further errors occurring. This supports improved outcomes through a process of robust quality assurance. Requirement 2 applies.

Overall, we found adequate management and oversight of the handling and administration of medication. Where the service had identified further areas for improvements around the handling of people's medication, additional support had been sought from the local Health and Social Care Partnership.

This requirement is 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 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).

**This area for improvement was made on 2 December 2025.**

#### Action taken since then

We reviewed the providers policy around the handling of people's finances. The information contained within the policy was unclear in places and did not reflect best practice guidance.

This policy should be reviewed to consider how it can support people to access and manage their monies, at any time, in a format that would promote their independence, dignity, privacy and choice.

Not met.

#### Previous area for improvement 2

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).

**This area for improvement was made on 2 December 2025.**

## Action taken since then

We saw an example of a seating reassessment for a person that had resulted in chair raisers being introduced to support safer transfers. We observed other examples of people in poor seating positions and those who were unable to safely stand from a low seating position. Staff told us that supporting people to safely stand was hindered by low seating. We discussed this with the service at feedback and agreed that further assessment of seating and people's individual moving and handling needs would be beneficial. This would ensure that people are as independent as possible with their mobility and prevent unsafe moving and handling.

Not met.

## Previous area for improvement 3

In order to ensure people using the service experience adequate opportunity to partake in meaningful activity and stimulation, the service should ensure individuals physical, social, spiritual, and recreational needs are fully assessed and planned for. The service should also ensure adequate staff and resources to meet individuals' assessed needs in relation to meaningful activity.

This is to ensure care and support is consistent with Health and Social Care Standard 1.25: 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.

**This area for improvement was made on 2 December 2025.**

## Action taken since then

Work was in progress to develop the programme of engagement on offer at Pitreavie Castle Care Home. We gathered some positive feedback from people who had enjoyed the recent live music event that had taken place. Other people told us they enjoyed the weekly fitness classes and opportunities to connect with local community groups.

Other people we spoke with reported 'very little' going on. One relative commented on the "lack of stimulation" and "lack of staffing" to allow for dedicated time with people. Although activity planners were displayed in communal areas, people, and staff we spoke with were unaware of the day's planned activities or who was responsible for facilitating them. We suggested the service review how these planners are shared with people and staff, to ensure that they are accessible.

The service shared with us intentions to recruit a further dedicated staff member for activities and engagement. The service should continue to gather feedback from people and staff around the planning and evaluating of the current program of engagement. Further development of practice in this area will ensure people consistently have opportunities to regularly participate in meaningful activities.

Not met.

## Previous area for improvement 4

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).

**This area for improvement was made on 2 December 2025.**

#### Action taken since then

This area for improvement has been removed and incorporated into area for improvement 3.

**This area for improvement is no longer in place.**

#### Previous area for improvement 5

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).

**This area for improvement was made on 2 December 2025.**

#### Action taken since then

We reviewed 'as required' protocols and found that these lacked detail about indicators for administration. For example, how someone might indicate that they need pain relief. Where people could clearly communicate their needs, this was inconsistently recorded. Element a) of this area for improvement is not met.

We saw consistent recording of the effectiveness of medications that had been administered on an 'as required' basis. Element b) is met.

A new area for improvement has been made in key question 1 to reflect improvements and continued areas for development. See new area for improvement in section 'How well do we support people's wellbeing?' of this report.

**This area for improvement is no longer in place.**

#### Previous area for improvement 6

In order to ensure people using the service and/or their representatives experience good communication regarding information about the service, the service should review key processes in relation to systems of communication and improve opportunities for feedback and information sharing.

This is to ensure care and support is consistent with Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

**This area for improvement was made on 2 December 2025.**

## Action taken since then

We saw a significant increase in forums for people to discuss concerns and be involved in service-related developments. Relatives told us they valued having these opportunities to express their views. Those who could not attend, confirmed that they had been sent minutes of the meetings. They were able to confirm that some actions from these forums had been addressed. We saw that the provider had submitted formal responses to complaints or concerns, without delay. We found these responses reflected the experiences of people and how the provider will support a better experience moving forward.

Met.

## Previous area for improvement 7

In order to ensure appropriate collaboration and consultation with individual's representatives and other healthcare professionals the service should make improvements to key processes, which involve decision making regarding individual's future care and support, to ensure all professionals involved are fully consulted and involved in the decision-making process.

This is to ensure care and support is consistent with Health and Social Care Standard 2.20: If I need or want to move on and start using another service, I will be fully involved in this decision and properly supported throughout this change.

**This area for improvement was made on 2 December 2025.**

## Action taken since then

We saw an increase in collaboration opportunities for people's next of kin. This included formal reviews that were taking place with the relevant health and social care partnership representative. Relatives we spoke with told us that communication from the nursing and senior care team was good and that they were contacted with concerns or decisions, without delay.

One person living in the service told us communication with the local health service had improved, with weekly opportunities for them to see a GP or ANP to discuss their health care needs. This helps keep people involved in decision making about how their care and support is provided.

Met.

## Previous area for improvement 8

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).

**This area for improvement was made on 2 December 2025.**

## Action taken since then

The provider evidenced a responsive approach the concerns raised at our last inspection around sharing of equipment and safe promotion of infection prevention and control. We identified no further concerns at this follow up inspection. We were satisfied that the service addressed this area for improvement and appropriate equipment was now in place.

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).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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