

Pitlair House Nursing Home Care Home Service

Bow Of Fife
Cupar
KY15 5RF

Telephone: 01337 831 159

Type of inspection:
Unannounced

Completed on:
27 February 2026

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 bedrooms for 32 older people and a maximum of eight younger adults with physical health conditions. There were 30 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 inspection commenced as a follow-up inspection on 16 and 17 February 2026. However, based on our findings and serious concerns about people's health, safety and wellbeing, this was changed to a full inspection and continued on 19 and 20 February 2026. On 18 February 2026, we issued a Letter of Serious Concern to the service requesting urgent improvements and this was met during the inspection. However, based on the range of serious concerns and risks to people living in the service that were identified during the inspection, we issued the service with an Improvement Notice on 02 March 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

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 twelve service users and ten of their family members
- spoke with twelve staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

Skin and wound care was not of an acceptable standard and put health and wellbeing at risk.

Monitoring of nutritional care needed to improve.

Records did not support people having regular access to baths and showers.

Clinical oversight of the service was not robust.

Staffing levels were variable and not always in line with people's dependency needs.

Care plans were not always up to date and care was not always aligned to the information held within the plan.

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 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' where, although strengths can be identified, performance is compromised by significant weaknesses.

People were treated with warmth and kindness by a staff team who knew them well. Staff were observed to take care and time to ensure that people's requests were listened to and their choices respected. When people were experiencing periods of stress or distress, staff were able to reassure them and provide a familiar and comforting presence. Overall, the staffing level within the service was inconsistent and, at times, impacted on the care which people received. Please see key question three for further detail.

The service benefits from two diversional therapists, who provide a range of individual and group activities throughout the day. People were observed to be making pancakes, participating in crafts and accessing the local community during the inspection. Both therapists are well known to those living in the service and provided additional continuity of care and reassurance.

Some aspects of clinical care caused concern. The care and treatment of wounds was not of the required standard. A number of people experienced delays to wound care which, in one case, extended to a 10 day delay. Delays to wound care can create a risk of avoidable deterioration of the wound, delays to wound healing and a risk of infection. One person was able to tell us that they experienced more pain at dressing changes when these had been delayed. An outstanding requirement set at the last inspection was unmet. Please see 'What the service has done to meet requirements set at, or since the last inspection'.

Due to concerns about people's health and wellbeing, the service was issued a Letter of Serious Concern in which they were asked to attend to the care and treatment of wounds and the oversight of the wound care process. This letter gave the service a short, fixed timescale in which to make initial improvements and keep people safe. We were able to confirm that these initial improvements were made within the timescale set.

We were not assured that people with existing pressure wounds, and those who were at risk of developing wounds, were being repositioned according to their plans of care. Recording of repositioning was inconsistent and, at times, absent. Not all those who required repositioning had a plan of care which outlined this. This led to the potential for inconsistent care and the chance that important elements of care could be missed. People were at risk of developing new pressure wounds and of delays to the healing of their existing wounds. This caused concern.

Although people were well presented during the inspection we had concerns about the attention to people's personal care. Recording of baths and showers showed that most people had very limited bathing over recent weeks. Direct feedback from people living in the service gave some confidence that bathing was available. One person said, 'I can get a shower when I ask'. However, we were not confident that this was the case for everyone. An outstanding requirement regarding personal care was not met. Please see 'What the service has done to meet requirements set at, or since, the last inspection'.

Although people reported satisfaction with the meals they received and the quality of the food, some aspects of nutritional care required attention. When people are assessed as a high risk of weight loss it is important that they are weighed regularly and have a comprehensive plan of care. Not all weights were being monitored in line with the plan of care and not everyone who was at risk had a care plan that reflected their risk level. This meant that we could not be confident that all possible actions to reduce weight loss were being taken. This caused concern. A previous area for improvement had not been met. A requirement is made. See requirement one.

Overall, our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. We were particularly concerned about wound care and repositioning. As a result, we issued the service with an Improvement Notice on 02 March 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

Requirements

1. By 04 May 2026, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must, at a minimum:

- a) Ensure that accurate and up to date nutritional care plans are in place and are followed.
- b) That weight monitoring is accurately recorded and undertaken in line with the level of risk.
- c) That, when required, food and fluid monitoring is recorded and evaluated in order to inform future care.

This is to comply with Regulation 4(1)(a)(b) and Regulation 4(2) 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 needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

How good is our leadership?

2 - Weak

We evaluated this key question as 'weak' where, although strengths can be identified, they are compromised by significant weaknesses.

The service had begun to develop elements of clinical oversight since the last inspection. Some oversight processes had been reinstated, such as a daily flash meeting and a printed handover sheet. Handover information was more detailed and it was possible to track back changes in people's needs over a period of days. However, we remained concerned that the clinical oversight of the service was not sufficient to identify errors and omissions in key elements of people's care. This was evidenced by the areas of clinical concern outlined in key question one. This caused concern and put people at risk. A previous requirement regarding clinical oversight was not met. Please see 'What the service has done to meet requirements set at, or since the last inspection'.

We were also concerned about the oversight of staffing levels, staff training and competence. This was evidenced by the areas of concern outlined in key question three.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were overseen. As a result, we issued the service with an Improvement Notice on 02 March 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

How good is our staff team?

2 - Weak

We evaluated this key question as 'weak', where, although strengths can be identified, they are compromised by significant weaknesses.

Staffing arrangements within the service were inconsistent and, at times, were at a level which made it difficult to meet residents' needs. The service was unable to establish the required staffing level, as the dependency assessment had not been fully completed and was out of date. This meant that we could not be confident that people's changing needs would be reflected in the number of staff available to care for them. People who chose to stay in their bedrooms gave feedback to say that they often had to wait longer than expected for their care and support. During a busy period one person reported to staff, 'Those ladies out there are shouting to go to toilet and nobody is coming to them'. Staff were aware of the busy periods and were working hard to meet everyone's needs, however they reported periods when staffing levels caused them considerable concern. A requirement was set at the previous inspection. This requirement had a timescale which extended beyond the date of the current inspection and remains outstanding. The service had commenced revision of its dependency assessment tool and deployment of staff. We expressed our continued concern that staffing arrangements, at times, did not meet people's needs.

Recruitment practice within the service required further attention. An area for improvement set at a previous inspection was not met. Not all recruitment practice was in line with best practice guidance. This put people at risk. A requirement is made. See requirement one.

Staff training was at an overall low level. Some key areas of training had not been completed recently by a large proportion of staff. A plan to address the training deficit had been developed but was not yet fully effective. A requirement was set at the previous inspection. This requirement had a timescale which extended beyond the date of the current inspection and remains outstanding.

Overall, staffing levels, deployment, skill and skill mix were impacting on staff's ability to meet people's needs. Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice on 02 March 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

Requirements

1. By 04 May 2026, the provider must ensure that staff are recruited safely, to ensure that people using the service are kept safe. To do this, the provider should follow the 'Safer Recruitment Through Better Recruitment (2023)' guidance document.

This includes, but is not limited to: Ensuring satisfactory employment references and, if necessary, character references are received prior to employees commencing work.

This is to comply with Regulation 9(1) 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 am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as 'adequate', where there are some strengths which just outweigh weaknesses.

Efforts had been made to resolve the issues that the service had with their electronic recording system. Staff now had full access to the tools required to input information and record care. However it was not clear if data that should have been recorded was always inputted into the system. Missing or incomplete information meant we could not be confident that care plans were accurate. Not all plans were up to date. We also saw evidence that care plans were not always followed, for example, those relating to monitoring nutritional care and skin care. This meant that, although the written plans appeared to be of a generally good standard, their daily update and use were in question. 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'.

Our inspection raised significant concerns in relation to how people's health, welfare and safety needs were met. As a result, we issued the service with an Improvement Notice on 02 March 2026. For further details of this enforcement see the service's page on our website at www.careinspectorate.com.

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

Requirements

Requirement 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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

We were not confident that all wounds were being treated in accordance with the relevant plan of care. Evidence showed that there had been delays to wound care which, at times, were significant. This created a risk that wound healing could be delayed and people's pain and discomfort increased as a result. Recording of repositioning was inconsistent and, at times, absent. This caused concern as repositioning is crucial to promote wound healing and to avoid the development of new wounds. Quality and audit systems were not being used effectively to identify errors and omissions, nor to address them. Please see key question one for detail and actions taken.

This requirement is not met.

Not met

Requirement 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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

People living in the service were generally well presented and we did not note any immediate indicators of poor personal hygiene. However, records of both personal care and oral care were inconsistent and did not evidence that people were attended to regularly. In some cases there were only records of two showers in a 28 day period. Oral care records showed that people could go up to six days without attention to their oral care. This caused concern. Some people were confident that they could ask for, and receive, a shower whenever they wished, however, not everyone was in a position to do so. Please see key question one for details and action taken.

This requirement is not met.

Not met

Requirement 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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

We could not be confident that there was adequate clinical oversight of key aspects of clinical care, although some oversight processes had been reinstated. A daily handover sheet was being used to provide information at every shift change. A daily flash meeting was being held in order to discuss important matters of the day. Despite these processes, aspects of care had not been well attended to. Further attention to clinical oversight was required in order that managers and leaders were fully informed and attentive to people's changing needs. Please see key question two for details and actions taken.

This requirement is not met.

Not met

Requirement 4

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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

Although elements of this requirement were explored as part of this inspection, this requirement was not formally assessed due to its timescale and remains outstanding.

Not assessed at this inspection

Requirement 5

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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

Although elements of this requirement were explored as part of this inspection, this requirement was not formally assessed due to its timescale and remains outstanding.

Not assessed at this inspection**Requirement 6**

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).

This requirement was made on 22 January 2026.

Action taken on previous requirement

Although elements of this requirement were explored as part of this inspection, this requirement was not formally assessed due to its timescale and remains outstanding.

Not assessed at this inspection

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

Although elements of this area for improvement were explored as part of this inspection, this area for improvement was not formally assessed and remains outstanding.

Previous area for improvement 2

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

This area for improvement was not met. Due to ongoing concerns and lack of progress a requirement has been set. Please see key question three for details.

Previous area for improvement 3

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 elements of this area for improvement were explored as part of this inspection, this area for improvement was not formally assessed and remains outstanding.

Previous area for improvement 4

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).

This area for improvement was made on 22 January 2026.

Action taken since then

This area for improvement was not met. Due to ongoing concerns and lack of progress a requirement has been set. Please see key question one for details.

Previous area for improvement 5

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).

This area for improvement was made on 22 January 2026.

Action taken since then

This area for improvement is not met. Please see key questions one and five for details.

Previous area for improvement 6

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).

This area for improvement was made on 22 January 2026.

Action taken since then

Although elements of this area for improvement were explored as part of this inspection, this area for improvement was not formally assessed and remains outstanding.

Previous area for improvement 7

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).

This area for improvement was made on 22 January 2026.

Action taken since then

This area for improvement is not met. There continued to be accidents and incidents which had not been reported to the relevant organisations and this caused concern.

Previous area for improvement 8

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).

This area for improvement was made on 22 January 2026.

Action taken since then

Although elements of this area for improvement were explored as part of this inspection, this area for improvement was not formally assessed and remains outstanding.

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 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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