

# Dalgety Bay Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 March 2026

**Service provided by:**  
Priory CC85 Limited

**Service provider number:**  
SP2024000304

**Service no:**  
CS2025000049

## About the service

Dalgety Bay Care Home is situated in a residential area of Dalgety Bay. The care home offers long-term nursing and respite care to a maximum of 68 older people. The provider of the service is Priory CC85 Limited, part of the Care Concern Group.

The accommodation provides single occupancy bedrooms, all with ensuite facilities. The home has a large garden area and accommodation is provided over three floors which are served by a passenger lift. At the time of this inspection, the service were delivering care and support to 52 people, across all three floors.

There are communal lounges and dining areas on each floor. There is also a kitchen, laundry, café, celebration room, champagne bar, library and cinema room.

## About the inspection

This was an unannounced inspection which took place on 9 and 10 March 2026. The inspection was carried out by three inspectors from the Care Inspectorate and an inspection volunteer. 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 21 people using the service and eight of their family members. Sixteen relatives had shared their views with us via a questionnaire
- spoke with 18 staff and management. Twenty-six staff shared their views with us via a questionnaire
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- Staff and leaders were committed to supporting people to have positive experiences.
- Clinical care and oversight was good.
- Activities were enjoyed, with strong community links.
- Quality assurance systems were driving improvement.
- The environment is modern, spacious and welcoming.
- Communication and care recording systems would benefit from being reviewed and enhanced.

**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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	4 - Good

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

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

4 - Good

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

We found that management of medication was robust and that people were receiving the right medication at the right time. The electronic system which was in use was accurate and provided a good oversight. Where people were prescribed 'as required' medication, there were clear protocols in place for its use. Medication was stored safely and in line with best practice. At times, references to medication within the care plans did not align with what was being currently prescribed. This meant that the most up to date guidance was not always available to the whole staff team. We fed this back to the manager at the time of the inspection who took immediate action to ensure accurate information was available to staff. Area for improvement in key question 5 applies.

People's skin care was well attended to and those with skin care concerns were highlighted at the daily flash meeting. Staff could also access a handover document which listed any wound dressings or skin care which was required. This gave confidence that dressing changes or wound assessments would not be missed. Records were accurately kept within the electronic care planning system, enabling staff to easily track the progression and healing of wounds. External professionals were involved when required and we could see that their input and advice was followed. When people required repositioning in order to prevent wounds developing or deteriorating, this was recorded consistently. We were confident that preventative measures were in place and that staff were alert to these specific care needs.

The service paid good attention to food and nutrition. People were happy with the quality of food they received and were able to give feedback about their needs and wishes. Information about people's likes, dislikes and specific needs was held by the catering team. This allowed them to prepare food which met people's needs, including diets which required modification. Catering staff involved themselves in the daily life of the service, replenishing stock in the dinette areas and coming out into the communities to seek feedback. Snacks, drinks, and fresh fruit were readily available in the dinette areas. The service also benefitted from a central café area, where further hot and cold drinks, snacks and home baking could be accessed.

Some people living in the service, and some relatives, felt that the timing of meals did not suit their preferences. They felt that the evening meal was served very early and that breakfast could be rather late. This meant that people were not always particularly hungry when the key meals were being served. One person said, (of the gap between the evening meal and breakfast), "It can be a long wait." Although we did not see evidence that this was affecting people's weight, the service would benefit from gathering and responding to people's feedback.

When people required closer attention to their nutritional needs, we saw that weight was recorded regularly, and in line with the plan of care. Fortified foods and drinks were provided, and people's additional needs were well known by the care team. People's wellbeing benefitted from a positive approach to nutrition.

People were able to take part in a variety of activities each day. This included planned morning and afternoon events, the details of which were displayed throughout the home. This supported people to make informed choices and enabled families and friends to participate or have meaningful conversations about recent events. We observed small, well established social groups coming together to engage in planned activities. One person told us, "Everyone fits into the pack." Activity coordinators recognised the value of community involvement and had established links with local groups. As a result, people living in the home could take part in community events, and local residents were welcomed into the home for shared activities.

The use of a minibus meant people could enjoy regular outings. However, we urged the leadership team to address the barriers preventing wheelchair users from accessing the minibus. Ensuring this would mean that everyone living in the home could benefit from these opportunities. Moving forward, the activity and leadership teams should also consider how to enhance experiences for people who could not, or preferred not to, take part in scheduled group activities.

Records demonstrated that people's health and wellbeing benefitted from the care and support they received. However, improvements were required to ensure that information was consistent, up to date, and fully reflected each person's care needs. We found examples of mis-aligned information about people's bowel care needs across care plans, care records, and medication administration records. We also identified gaps in handover communications between care staff. Improvement here would help staff access the right information at the right time to support positive health outcomes (see key question 5, area for improvement 1 and 2).

## How good is our leadership?

4 - Good

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

Staff and relatives told us the leadership team were approachable. One relative commented, "Everything we've asked for they've followed up." We observed a clear drive for improvement across the leadership team.

Quality assurance audits were carried out on a regular basis in line with the provider's policies and procedures. These included audits of personal plans, management oversight, health and safety, complaints, accidents, incidents, falls, financial safeguarding and the environment. We saw how actions identified through these audits were addressed without delay. This evidenced quality assurance methods that were effective in driving improvement.

We reviewed the service's development plan, which was comprehensive, responsive and improvement focussed. Very good quality assurance includes involving people in any changes being implemented, and their views being heard and taken into account. The service could enhance its practice by clearly recording the views of people in its quality assurance activities and involving people in a meaningful way, in development planning. (Area for improvement 1 applies)

We saw that the service had improved its oversight of staff development through supervision, training, and observations of practice. Some of these elements were still inconsistent with some staff reporting not having had regular supervision. We saw efforts being made by the leadership team to upskill staff and share best practice through their 'plan day' communication app. We also encouraged the service to look at how frequently staff team meetings are held, so staff have regular chances to share feedback and discuss improvement plans. This helps to maintain a service that are responsive to feedback and continually promotes good standards of practice.

To support safe outcomes for people experiencing care, it is essential that all staff are aware of the procedure to escalate, record and report concerns. During our inspection, we identified instances where concerns had not been addressed in the way we would expect. We have made an area for improvement. (See area for improvement 2)

Throughout this inspection the management team was very receptive to our suggestions and advice, in an aim to continually improve outcomes for people. We were assured of capacity and drive for improvement.

## Areas for improvement

1. To support a culture of responsive and continuous improvement, the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences. Service improvement plans and developments should be shared with people and their representatives in ways that are meaningful and encourages participation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

And 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6).

2. The provider should ensure that all leaders and staff are knowledgeable and confident in their duty to safeguard people from harm and their responsibility to report concerns to the relevant safeguarding professionals.

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 staff team?****4 - Good**

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

People living in the service and the relatives we spoke with provided very positive feedback about the staff team, who they found to be approachable and supportive. Comments included:

"Couldn't fault the service. Love all the carers. Feels very well looked after."

"Staff here very friendly."

"They could not look after me better here."

"Everything I ask for, I get. The nurses are just lovely. Every one of them."

We observed practice that was kind, compassionate and delivered by a staff team who demonstrated a commitment to good standards of care. Familiar relationships meant staff understood individuals well and knew how to support them effectively. This was echoed in feedback from a visiting healthcare professional, who described the team as proactive, knowledgeable, and receptive to feedback. Training was undertaken either online or by external trainers. The managers had a good overview of staff training and their training needs. Staff competencies were carried out for moving and handling, and medication administration. People could be assured they were supported by a staff team that were skilled.

The service was deploying staff across the various communities on a rotational basis. This meant the care team were not fixed to one community and therefore familiar with all people living in the service. Feedback from staff on this approach was mixed. Some staff told us they valued the variety, others felt this prohibited them from getting to know people well. We suggested the service gather feedback from people and visitors on this approach. This promotes a staffing arrangement that meets the needs and wishes of people.

We observed good staff visibility and responsiveness during our inspection. We reviewed the service dependency assessment tool and noted that this was thorough, flexible, and kept up to date. We found however, that deployment of nursing and senior staff often meant that communities were not always fully staffed to the assessed staffing levels. The leaders of the service expressed an awareness of this issue and ways in which they intended to address this. Effective deployment of staff ensures high quality care. (See area for improvement 1)

**Areas for improvement**

1. To support people's health and wellbeing, and to provide care that is responsive and meets their needs, the provider should ensure that staff are deployed appropriately so people receive assistance at the time they need it.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15).

## How good is our setting?

**5 - Very Good**

We evaluated this key question as very good, as major strengths supported positive outcomes for people.

Dalgety Bay Care Home is purpose built and well-designed; divided into smaller living 'communities'. People's bedrooms and communal areas were clean and tidy, welcoming, and homely. The furnishings and equipment were in very good condition. People's rooms were very comfortable with personal decoration. There were plenty of communal facilities, such as main lounge and dining areas, small quiet lounges, hair salon, cinema room, library, a celebration room for marking special events, a champagne bar, and a large comfortable café with hot drink making facilities and snacks for relatives to use. Relatives commented on valuing the use of these spaces to spend meaningful time with their loved one, as a family. One relative commented, "It's great here - lovely staff, great management and a great environment." There were easily accessible enclosed patios and gardens, and balconies on each floor level. We observed doors to secure outdoor spaces were unlocked, promoting independent access to the outside. This promotes people being freely able to choose to spend time outdoors.

People told us that on occasion they were waiting for hoisting equipment to become available before they could be supported with their needs. We also spoke with care staff who confirmed occasions where they were sharing moving and handling equipment with another community, resulting in delay. We were told that this was due to equipment breakdown or lack of adequate charging of equipment. At the time of our inspection, we did not observe any issues with availability of equipment. We suggested that the service review the availability of moving and handling recourses available and ensure that this is in line with people's needs.

There were arrangements in operation for maintenance of the premises and the equipment, to maximise people's safety. This ensured an environment that has been adapted, equipped, and furnished to meet people's needs and wishes. Records showed maintenance requests and repairs were addressed timeously. The service further benefitted from robust housekeeping provision, including infection prevention and control schedules and management of people's laundry. This supports a setting that is safe and well maintained.

## How well is our care and support planned?

**4 - Good**

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people.

Some care records we reviewed were of a high standard, demonstrating person-centred and strengths-based care. This is important in ensuring people retain their skills and remain as independent as possible for as long as they can. There was good nutritional information in plans we sampled. We saw evidence of action being taken when people required further support; for example, following weight loss. People who displayed signs of stress and distress had informative, person-centred care plans in place to guide staff on how to best meet their needs. We also saw clear evidence of people and their next of kin, being involved in care planning. Personal plans reflected people's rights, choices and wishes.

We identified occasions where care records had not been updated or contained inconsistencies in how people's health and wellbeing needs were described. This created a risk of people experiencing reduced or poor outcomes. We highlighted specific plans to the leaders of the service at the time of inspection, who took immediate action to make amendments where required. The service should evaluate its system for updating and reviewing plans to ensure that they align with other care records, are up to date and accurate. (See area for improvement 1)

We were also not confident that other methods of communicating changes, such as staff handovers, were working as effectively as they should. Feedback from care staff highlighted gaps in handover of information from the previous shift. One staff member commented, "Important information is filtered down, but other stuff we stumble across." We observed various information sharing and recording systems in place, however how this was accessible to and shared with care staff was inconsistent. We acknowledged that the leadership team had already recognised this within their development plan. To support positive and sustained improvement, we have made a formal area for improvement (see area for improvement 2). This helps ensure that people experience care and treatments which are safe, effective and in line with their current needs and wishes.

## Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people's support plans are up to date, accurate and in line with other care records, for example recording charts and medication administration records.

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).

2. Communication systems should be improved across the care home. Care and nursing staff should be provided with timely, daily updates regarding any person's changing care needs to ensure they have the appropriate knowledge to inform their care delivery.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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