

Pitreavie Castle Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
30 March 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. 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 communities, 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, follow up inspection which took place on 26 and 27 March 2026. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with four people using the service and nine of their representatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

Improvement was clear around quality assurance, leadership and oversight, and staffing provision.

Further attention is required to mandatory training completion, staff induction and how staff skill mix informs deployment across the service.

Overall, we saw capacity for further improvement.

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 good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

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

How good is our leadership?

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 its leadership. Previously made requirements 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.

We had some continued concerns around the efficiency of the staff induction and oversight of mandatory training completion. We were assured by the provider of imminent plans to have a dedicated training team in the service, on a regular basis. This is particularly important as the service are continually recruiting and welcoming new staff, who will require training such as moving and handling, prior to commencing work. Prioritising and then maintaining this standard of induction and training for staff is essential, as people must be supported by a staff team that are skilled and competent. We have made a new requirement. (See requirement 1)

Requirements

1. By 22 June 2026, the provider must ensure clear and transparent system are in place for scheduling and deploying staffing across the service. In addition, staff should be suitably qualified and competent, promoting the health and wellbeing of service users.

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 staff team?**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 staff team. Previously made requirements 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.

Overall we saw an improvement to staffing levels, across the service. This was supported by effective use of a dependency assessment tool to determine staffing levels that were in line with people's needs. Our review of staff scheduling and deployment highlighted concerns with oversight of skill mix. This meant that on occasions staff were working without the correct training or skill, but were included in the overall deployment. The system being used to schedule care staff was disjointed and unclear. Prior to the end of our inspection, the provider had identified a clearer system for scheduling and deploying staff, giving the manager a better overview. We have reflected the need for a robust staff planning and scheduling system in a requirement in section 'How good is our leadership?'

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 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).

Extended to 23 March 2026.

This requirement was made on 2 December 2025.

Action taken on previous requirement

Effective quality assurance and oversight supports people to experience good standards of practice. We saw that the quality assurance systems that were in place were effective in identifying areas for improvement. Support from the provider's quality assurance team and oversight from the home manager had been successful in monitoring overall experiences of people. 'Route cause analysis' had been undertaken by the home manager, identifying trends in accident and incidents, mealtime experience and falls. We saw evidence of these resulting in improvement, for example, clearer distressed incident recording. We saw where findings from internal audits around wound care, falls and weight had been discussed at clinical care meetings. People could be assured that the quality assurance systems that were in place, were identifying and driving improvement.

We reviewed the service improvement plan. It was clear that all levels of the organisation were involved in the development and monitoring of improvement planning. The plan reflected findings from internal quality assurance, previous Care Inspectorate inspections and provider level aims. We saw a clear recording of the person responsible and the timescale for which action should be taken. Although we saw good examples of the voices of people and relatives being recorded within audits, for example manager daily walk round, this could be enhanced by recording their experiences within the service improvement plan. The initial stages of this had commenced through relative forums. Keeping people involved in service improvement helps them to understand the standards they should expect from their care and support and empower them to drive change.

We saw some gaps in oversight around staff induction, scheduling and deployment. The current systems would benefit from greater robustness, transparency, and ease of use for management to better support staff deployment and reduce associated risks. The service was immediately responsive to our findings and suggestions. A new requirement has been made to support this continued and sustained improvement. See section 'How good is our leadership?'

This requirement is MET.

Met - within timescales

Requirement 2

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).

Extended to 23 March 2026

This requirement was made on 2 December 2025.

Action taken on previous requirement

We found examples of observations of practice taking place including mealtime audits and managers' walk rounds. We saw that all staff responsible for administering medication had undergone a recent medication competency check. Handwashing competency checks had also been undertaken. We could see where staff have received supervision or recorded conversations, at various intervals. A supervision tracker was in place to support oversight. All staff we spoke with reported that they worked well together and felt able to approach members of the leadership team with any concerns. The service should continue to offer effective supervision and development opportunities for all staff, ensuring regular access to support that meets their wellbeing needs. This element of the requirement is met.

We saw that review of distressed incident data had identified the need for additional stress and distress training. As a result of this, twenty-one staff had attended an in-person training session on this topic. This gave us confidence that the experiences of people influenced the skills development of care staff. This element of the requirement is met.

Work had been undertaken to ensure that staff employed by the service in the last six months had been inducted and had the necessary mandatory training to deliver safe care. New staff spoke positively about their induction period and told us they felt well supported and trained. Comments included, "Senior is supportive" and "Induction and training is good here". Staff referred to their induction booklet which they were being supported to work through. This element of the requirement is met.

We saw oversight of eLearning and in person training. A training matrix was in place to monitor training needs. Plans were in place to address competency around moving and handling, by having additional in-house moving and handling trainers. This is particularly important to ensure that new staff have the required practical training, prior to starting work with people. Despite this, we found some examples of gaps in mandatory training including practical moving and handling. This meant that some staff had not received the necessary and mandatory training, prior to them working in the service. The service had plans in place to develop a program of structured and dedicated time to induct staff safely and consistently. This was not yet in place at the time of inspection but was due to commence the following week. This unmet element of the requirement will be incorporated into a new requirement in section 'How good is our leadership?'

Overall, we note improvement across staff training, oversight and competence. Key areas of continued improvement are reflected in a new requirement.

This requirement is MET.

Met - within timescales

Requirement 3

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).

Extended to 23 March 2026

This requirement was made on 2 December 2025.

Action taken on previous requirement

This requirement is not met. The service told us that work to ensure all care plans are comprehensive and accurate is ongoing. Steps had been taken as part of actions noted within a large-scale investigation, which was being led by the local health and social care partnership. The provider shared with us their rapid recovery plan, making urgent and key improvements to people's care plans. We saw actions that had already taken place to review and update plans. Managers and other leaders within the organisation were supporting full care plan reviews.

Completion of 'One-page profiles' was underway, which should be kept within people's personal rooms to ensure that staff (in particular, newer and or agency staff) are aware of people's key care needs.

Care plan training was scheduled to take place with support from the local health and social care partnership.

We were satisfied with the work being undertaken to improve the standard of care planning and assessing.

Not met

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).

Extended to 26 January 2026.

Extended to 23 March 2026.

This requirement was made on 18 August 2025.

Action taken on previous requirement

The service utilised a dependency analysis tool that was updated monthly to reflect the necessary levels of direct and non-direct care and to inform the allocation of care staff within each community setting. The manager demonstrated a clear understanding of the dependency needs within the service.

We observed sufficient staff in the building to meet the needs of supported people safely during our unannounced inspection. Whilst we were assured of basic safety being maintained, further work is necessary to ensure clear oversight of staffing deployment on a day-to-day basis. No clear system was in place to support oversight of rota planning. This was recognised by the provider and steps were taken to support the manager to have a clearer overview of staffing schedules.

Feedback from staff was that they were working in sufficient numbers to allow them to do their job well and all staff reflected an improvement to staffing levels. Relatives we spoke with expressed concerns that staffing was not yet right to meet the needs of their loved ones. Concerns included: poor communication between staff, lack of consistency and ineffective deployment of staff. Comments included, "They don't know my [loved one] well enough" and "Skill mix is my biggest worry". Other families we spoke with reflected noticing small improvements and told us, "We can see them [leaders] are trying". Comments about the regular care team were positive, and it was clear that they were valued by people and their next of kin. Comments included:

"Staff are very, very good", "Nice folk" and "Some new staff are brilliant, really pleased with the new people they are bringing in".

We saw efforts that the provider had made to meet with families at their request, to address individual concerns. A relative forum had commenced on the day of our inspection, and this was well attended. The service had undergone a large recruitment drive and expected a large induction of new staff in the coming months. This should cut down the need for agency staff, improving consistency. We encouraged the service to maintain good communication with staff, people living in the service and their loved ones, around any upcoming changes and improvement plans.

Ongoing improvement around mandatory training and how this impacts deployment and skill mix, is reflected in a new requirement in section 'How good is our leadership?'.

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 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).

This area for improvement was made on 2 December 2025.

Action taken since then

This area for improvement has not been assessed and remains in place.

Previous area for improvement 2

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 were pleased to see the service had reviewed and revised their 'service user's finances policy and procedure'. This now allows for and promotes people having choices around how they wish to keep personal monies within the service.

Arrangements were also in place within Pitreavie Castle Care home to allow 24 hour access to petty cash, should people wish. This supports people's rights to have as much control as possible over their money and personal affairs.

MET.

Previous area for improvement 3

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 evidence that seating assessments had been undertaken for people living in the service. We observed adapted seating in place for those who required this, within communal lounges and in people's rooms.

We were satisfied that the necessary action had been taken to ensure seating arrangements were safe and met people's needs.

MET.

Previous area for improvement 4

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

The service was open and transparent about the ongoing work to enhance the meaningful activities and engagement opportunities for people living in Pitreavie Castle Care Home. Additional staff had been recruited to join the wellbeing team, increasing opportunities for people to take part in things that are important to them.

We saw a visit from a local nursery taking place during our inspection. A relative told us that their loved one had benefited from a visit to a community group the day before.

We were satisfied that progress was being made. This area for improvement remains in place to allow for further improvement around meaningful days and engagement, for all people in the home.

NOT MET.

Complaints

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

Detailed evaluations

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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