

# Abbotsford Care, Dunfermline Care Home Service

Headwell House  
Headwell Avenue  
Dunfermline  
KY12 0PW

Telephone: 01383 733 163

**Type of inspection:**  
Unannounced

**Completed on:**  
19 March 2026

**Service provided by:**  
ABBOTSFORD CARE LTD

**Service provider number:**  
SP2010010867

**Service no:**  
CS2012311915

## About the service

Abbotsford Care, Dunfermline, is a care home situated close to the centre of Dunfermline with good access to transport links and local amenities. The home is registered to provide care to a maximum of 48 older people, and 12 younger adults.

The home is known as Headwell House, the provider is Abbotsford Care Ltd. Accommodation is provided in four areas across two floors. The two larger home areas have open plan living/dining spaces, whilst the smaller home areas have a kitchen/diner and separate living room. Outdoor areas can be accessed from the ground floor and parking is available to the front of the building.

## About the inspection

This was an unannounced follow up inspection which took place on 18 March 2026. The inspection was carried out by one inspector 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 two people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents

**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 24 March 2026. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).**

## Key messages

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

Oversight of skin and wound care was not robust

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

**We took enforcement action to require the provider to improve the quality of people's care. Please see the service's page on our website for more information.**

## 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
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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?

2 - Weak

We re-evaluated this key question as 'weak' where, although strengths can be identified, performance is compromised by significant weaknesses.

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. Not all those who required repositioning had a plan of care which outlined this. Other people's plans included records with inconsistent information about the care they required. 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. We made a requirement at a previous inspection connected to these ongoing concerns **(see outstanding requirements section of this report)**.

As the service is performing at a 'weak' level, we were concerned about the welfare, health, and safety of people. We issued the service with an improvement notice connected to these concerns. For further details of this enforcement see the service's page on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

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

### Requirements

#### Requirement 1

By 23 September 2025, the provider must ensure people receive consistent support to manage their skin integrity in line with their assessed care needs. To do this, the provider must, at a minimum:

- a) ensure topical treatments are applied as directed
- b) ensure people are supported to reposition as directed in their plan of care
- c) ensure records associated with the management of skincare are accurate and up to date.

This is in order to comply with Regulations (4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

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).

We had extended this requirement until 8th March 2026.

This requirement was made on 17 July 2025.

#### Action taken on previous requirement

We made this requirement at a previous inspection on 1 July 2026 because we were sufficiently concerned that people were not being adequately supported to maintain their skin integrity. We undertook two follow up inspections where we identified the service had made some progress towards meeting this requirement and we agreed to extend the timescale. However, during this inspection we were seriously concerned that standards of care had deteriorated and the outstanding requirement remained unmet. We were concerned that people were at ongoing risk of developing pressure wounds and of delays to the healing of existing wounds.

We sampled records of applications of topical creams. These were generally completed in line with directions. Body maps were being used consistently to support application of topical creams.

Recording of repositioning was inconsistent and, at times, absent. Not all those who required repositioning had a plan of care which outlined this. The required frequency of repositioning was documented inconsistently, with different intervals recorded across various documents. We were seriously concerned that people were not being supported to reposition as often as required. As a result, people were at an ongoing risk of skin breakdown.

Where people had existing wounds, we found examples of inconsistent care. Wounds were not consistently

reviewed or treated in line with the assessed plan of care. Where wounds had been identified these had not always been reviewed. Where external professionals had provided guidance this was not always implemented in practice.

We reviewed systems designed to support oversight of skin integrity. These had not been maintained and were out of date during this inspection. During conversations with staff information about the treatment of wounds in practice was unclear. Staff and managers acknowledged gaps in record keeping and highlighted staffing pressures. Whilst we recognised staffing pressures, we were increasingly concerned about the standards of care and lack of effective oversight.

As a result this requirement has not been met. We took enforcement action and issued an Improvement Notice to require the provider to improve the quality of people's care. Please see the service's page on our website for more information.

**Not met**

## 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 promote the health and wellbeing of people using the service, the provider should ensure feedback is regularly sought from people about food quality and choices. This feedback should be clearly used to inform future menu planning.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).**

**This area for improvement was made on 1 July 2025.**

#### 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 promote the health and wellbeing of people using the service, the provider should ensure that activities are planned, recorded and evaluated on a regular basis. This should include, but is not limited to, ensuring people who prefer not to take part in group activities are given the opportunity to experience a meaningful day in other ways.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 1 July 2025.

#### 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 3

The provider should ensure that audit processes are effective in identifying areas for improvement. Where areas for improvement are identified, they should contribute to a development/improvement plan for the service.

**This is to ensure that care and support is consistent with 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 1 July 2025.

#### 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

In order to promote the emotional wellbeing and safety of people living in the service the provider should ensure staff are consistently working in sufficient numbers and deployed effectively throughout the service.

**This is to ensure that 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).**

This area for improvement was made on 1 July 2025.

#### 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 5

People and their representatives should be included in care planning and reviews. The service should provide support where necessary to ensure people can contribute in a way that is meaningful to them.

**This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).**

This area for improvement was made on 1 July 2025.

#### 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](http://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

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