

Abbotsford Care, Dunfermline Care Home Service

Headwell House
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Dunfermline
KY12 0PW

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Type of inspection:
Unannounced

Completed on:
1 July 2025

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 units across two floors. The two larger units have open plan living/dining spaces, whilst the smaller units 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 inspection which took place on 23, 24 and 25 June 2025. 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 16 people using the service and two of their relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals
- reviewed feedback questionnaires.

Key messages

- People did not consistently experience meaningful days.
- Oversight of staff skills required development.
- The service was clean and tidy.
- Support plans contained good detail to guide practice.

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
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - 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?

3 - Adequate

We evaluated this key question as 'adequate', where there were some strengths, but outcomes for people were compromised by areas for improvement.

We sought feedback from people living in the home, who gave mixed views about how their wellbeing was supported. Most people told us they were content in the service and comments included, 'I like it here,' and 'Oh yes, it's lovely.' However, a significant number of people told us about ways in which their experience could be improved. Feedback from people included, 'It's boring, very boring,' and 'Staff can be difficult.' As a result, we could not be confident people's experiences were consistent.

We observed mealtimes, which were well organised. Staff were observed offering people choice about where they wanted to eat and supported their personal preferences. Where people required physical assistance to eat, support was provided promptly and sensitively. We observed some warm and caring interactions between people and staff. People were offered choices of food and drink. Condiments were also available and offered. People could feel confident they would be supported to have a positive mealtime experience.

We gathered feedback from people and staff about the menus. Some people told us the food was lovely and very well received. However, others felt the quality of food and choices available did not cater to their dietary preferences. The service had gathered some feedback from people about the menu and were in the process of making adaptations. Menus required further development in line with the preferences of people living in the service. As a result, we made an area for improvement (see area for improvement 1).

People should receive support from staff which positively impacts on their emotional wellbeing. Feedback from people about their interactions with staff was varied. Some people told us, 'Staff are all lovely,' and 'I like them all'. Whereas other people told us staff can be 'abrupt' and 'difficult'. We observed some interactions between people and staff which clearly demonstrated positive, supportive relationships; however, this was not always consistent. We observed some interactions which lacked patience and warmth. There were times throughout the inspection where staff missed opportunities to connect meaningfully with people. It is essential that staff engage with people in a way they can understand and use opportunities to encourage social connection. As a result, we made a requirement (see requirement 1).

People should expect to be supported to experience meaningful days. Some activities took place during our inspection, including singing, dancing, and card games. We also heard about some people being supported to access the community and visit tourist attractions. However, feedback from people and relatives was that there was a lack of opportunity to engage in meaningful days. People told us there wasn't enough to do and they weren't supported to participate in activity in line with their wishes. This was evident throughout the service but particularly for those who were supported in the 'younger adults' units'. We observed extended periods of the day where there was limited activity and people told us they were 'bored'. The service should consider how they support people to spend time in ways that is meaningful to them. As a result, we made an area for improvement (see area for improvement 2).

Medication was being managed effectively. We sampled records of administration of medication which were accurate and up to date. Medication was being audited regularly and records were clear and comprehensive. The service had developed protocols for 'as required' medication, which included good

detail to support consistent practice. People could be confident they would receive the right medication at the right time.

People should expect their skin integrity to be monitored and supported by care staff. Where people are at risk of skin breakdown, plans should clearly direct their support. Whilst people had support plans in place to direct practice, other records associated with the management of skin integrity were inconsistently completed. We found examples of repositioning charts with gaps. We found other examples across the service where records of application of creams and topical treatments had not been completed. Without clear records, we could not be confident in the management and oversight of skin integrity. As a result, we made a requirement (see requirement 2).

Clinical risk meetings were taking place weekly. This supported information sharing between management and senior staff. These meetings supported oversight and evaluation of people who were at the highest risk of deterioration in their physical health. Oversight supported amendments being made promptly to people's care, as well as referrals to relevant health professionals. People could feel confident they were being well supported with their health care.

Requirements

1. By 23 September 2025, the provider must ensure people experience interactions with staff which have a positive impact on their emotional wellbeing and contribute towards a meaningful day. To do this, the provider must, at a minimum:

- a) ensure staff communicate effectively with people throughout support tasks
- b) ensure staff support people at a pace that is right for them
- c) ensure people receive support from staff to engage in activity which meets their goals and outcomes.

This is in order to comply with Regulations 4(1)(a) and 15(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:

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention' (HSCS 3.1); and 'People have time to support and care for me and to speak with me (HSCS 3.16).

2. 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).

Areas 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).

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).

How good is our leadership?

3 - Adequate

We evaluated this key question as 'adequate', where there were some strengths, but these were compromised by weaknesses.

We found a range of audits in place to support monitoring and oversight within the service. Managers were undertaking regular audits of medication systems and supporting handovers. Managers assured they were responsive to clinical care needs by facilitating weekly oversight meetings with senior staff. We observed a daily handover between shifts, where key information was passed over. Handovers were well documented. There were clear records to demonstrate oversight of physical health and wellbeing between staff.

Some records to support oversight of care, including weights, and support with showering, were not consistently completed. Managers should ensure care records are consistently completed in order to effectively support oversight. Without effective oversight of key aspects of care and support, gaps were not identified and address. This puts people at risk of falling standards. As a result, we made an area for improvement (see area for improvement 1).

Managers were undertaking regular environmental audits. These audits had effectively identified where some improvements were needed in the environment, including standards of infection prevention control (IPC) and furnishings. During inspection, we identified some areas in which standards had fallen; the service addressed these promptly. We identified some further gaps in cleaning schedules. We discussed this with

the manager and highlighted the fragility of systems. The manager should consider how to ensure quality assurance systems are robust in identifying and addressing areas for improvement. As a result, we made an area for improvement (see area for improvement 1).

Leaders knew about accidents and incidents and had taken steps to reduce the risk of recurrence. Complaints had been thoroughly investigated and actions identified to improve future experiences for people. Opportunities for learning within the staff team had been identified and staff were supported to reflect upon practice. In the main, people and relatives told us managers were responsive to feedback. As a result, people could feel confident the service was responsive and took opportunities to learn.

Processes to support staff should be effective in identifying and addressing competency and development. We sampled records associated with the oversight of staffing. Records we sampled included oversight of training, supervision and observations of practice. We found significant gaps in the frequency of supervision and observations of practice. We spoke with staff; some told us they received regular supervision. Others told us they had not received supervision for a significant period of time, and some did not know who they would ask for this. Formal observations of staff practice were infrequent. Lack of oversight of staff training left us feeling concerned compliance with mandatory training was not consistently being addressed, where it fell below expected standards. As a result, we made a requirement (see requirement 1).

Requirements

1. By 23 September 2025, the provider must ensure people are supported by staff who have the knowledge and skills to effectively meet their needs. In order to achieve this, the provider must ensure oversight of staffing is effective in identifying and addressing falling standards of practice. This should include, but is not limited to:

- a) clear oversight of staff training compliance including plans to address areas of non-compliance
- b) regular supervision with staff
- c) regular observations of practice
- d) facilitation of regular team meetings.

This is in order to comply with Regulation 15(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 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).

Areas for improvement

1. 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).

How good is our staff team?

3 - Adequate

We evaluated this key question as 'adequate', where there were some strengths, but these were compromised by weaknesses.

Staffing arrangements should be right, and staff work well together. Staffing levels varied throughout the inspection and within different areas of the service. Within the units supporting 'older adults', our observations were of sufficient staffing numbers. We generally observed people being supported in a timely manner by staff who knew them. There were some notable inconsistencies in staffing numbers within the 'younger adults' units'. Feedback from people and staff was that staffing numbers were not always sufficient to effectively support the emotional and physical health care needs of people. We heard feedback about circumstances where staffing levels had an impact on people's emotional wellbeing. People should expect to receive consistent support which meets their emotional, as well as physical, health care needs. As a result, we made an area for improvement (see area for improvement 1).

People should expect staff to work well together. Staff skill and knowledge should be considered to support effective deployment of staff throughout the service. Where staff have been newly recruited, they should be supported by the existing staff team. We observed times where opportunities for learning and development for new staff were missed. As a result of these missed opportunities, engagement with people was impacted. Managers should ensure there are systems in place to support the effective deployment of staff, taking into account staff skills and knowledge. As a result, we made an area for improvement (see area for improvement 1).

We visited the service during the night shift. Our observations were of sufficient staff being available to support people's needs promptly. Feedback from staff was that they felt there were enough staff on shift to allow them to do their job well. Rotas demonstrated generally consistent staffing levels through the night shift. As a result, people could feel reassured they would be supported timeously throughout the night.

Areas for improvement

1. 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).

How good is our setting?

4 - Good

We evaluated this key question as 'good', where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

Maintenance records showed that equipment and utilities had been serviced and checked within recommended timescales. There was a clear process for reporting maintenance issues and these were resolved quickly. Staff told us they felt this system worked well. We could therefore be confident that people were living in a safe environment.

People were supported in an environment which was clean and tidy. This meant that people were living in a pleasant and dignified environment free from malodour or dirt. Domestic staff were visible throughout the day and undertook regular deep cleans. We saw frequently touched surfaces being cleaned throughout the day. We found some furnishing which had visible signs of wear and tear, which resulted in compromised Infection Prevention Control (IPC) standards. We raised this with the service during the inspection and damaged items were promptly removed and replacements arranged. Therefore, the risk of infection spread was reduced and people were kept safer as a result.

We saw that all staff were wearing appropriate Personal Protective Equipment (PPE) correctly and that disposal of PPE was in line with good practice guidance. Staff sanitised their hands when moving through the home and between tasks. We could be confident that staff understood the importance of infection prevention and control.

The home used the King's Fund Assessment Tool to ensure that changes and developments to the physical environment were in line with best practice guidelines to promote independence. We saw that some changes had been made to the interior of the home, including clear signage and inviting communal areas, to support people with dementia to maintain as much independence as possible. People benefitted from being able to personalise their bedrooms. Work had commenced in the outdoor area but progress since the last inspection was limited. Outdoor spaces were a work in progress. We suggested the service develop an environmental action plan which takes into account feedback from residents' relatives and staff. As a result, we made an area for improvement (see area for improvement 1).

Areas for improvement

1. In order to promote independence and accessibility to outdoor spaces, the provider should develop an environmental action plan. This should take into account feedback from relatives, residents and staff.

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

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where several strengths impacted positively on outcomes for people, and clearly outweighed areas for improvement.

We sampled support plans through the service and found the quality of these was good. Plans included good detail about people's wishes and preferences. Plans consistently included key information, including contact details, in an easily accessible format.

Plans associated with people's physical health were sufficiently detailed. Plans included information about diet, including food and fluid intake. Where there were identified risks associated with weight loss, assessments were in place and monitoring was being undertaken.

Plans associated with stress and distressed reactions were comprehensive. Where people experienced distress, plans clearly included potential triggers and actions staff should take to minimise reactions. Where people had 'as required' medication, protocols were detailed. People could be confident the service had sufficiently detailed plans in place to support consistent practice across the staff team.

Staff were regularly reviewing support plans to ensure they remained accurate and up to date. Relatives told us they felt involved in their family members' care and support. However, some were unable to recall having been invited to formal reviews. When reviews take place, it is important people are supported and encouraged to share their views and work together to ensure plans of care are person centred. We suggested the service ensure reviews are taking place with the person and/or their relatives on a regular basis. As a result, we made an area for improvement (see area for improvement 1).

Areas for improvement

1. 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).

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

The provider should ensure that all personal plans are regularly reviewed and evaluated and accurately reflect people's changing healthcare needs.

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).

This area for improvement was made on 14 July 2023.

Action taken since then

We sampled personal plans at the service. We found examples where personal plans had been recently reviewed and updated. We found further evidence of thorough audits having taken place. Where people's needs had changed, associated plans and risk assessments had been updated accordingly.

As a result, this area for improvement was met.

Previous area for improvement 2

The service should ensure that preferred methods of contact for representatives regarding changes to health and wellbeing are established on admission and are reviewed and updated as required.

This is in order to comply with: Health and Social Care Standard 1.15: 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.

This area for improvement was made on 4 April 2023.

Action taken since then

We sampled personal plans and found up-to-date methods of contact were available. Relatives we spoke with felt well-informed about their family members' care and support. People felt confident the service had their contact details and would notify them in the event of any significant changes.

As a result, this area for improvement was met.

Previous area for improvement 3

To support people's health and wellbeing the service should ensure medication is managed in accordance with best practice guidance. Medication records should be completed consistently and out of date medication discarded safely.

This is to ensure that care and support is consistent with the Health and Social Care Standards (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 30 May 2024.

Action taken since then

Medication practices had improved since our last inspection. We audited a sample of medication administration records. We found these had been completed consistently. Medication we sampled was all in date. The service undertook regular audits of medication to ensure expected standards are maintained. We reviewed a recent external medication audit. This audit found safe medication practices were in place. The service should continue to undertake regular audits to ensure medication is managed safely.

As a result, this area for improvement was met.

Previous area for improvement 4

To support people's independence and choice, the provider should ensure staff enable people to make choices during meal times. This should include but is not limited to where people choose to eat their meals.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am treated as an individual by people who respect my needs, choices and wishes, and anyone making a decision about my future care and support knows me (HSCS 3.13).

This area for improvement was made on 30 May 2024.

Action taken since then

We observed people throughout the inspection having their meals in different areas of the service. We observed staff offering people choice about where they would like to eat their meals and this being respected. People were offered choice about what they wanted to eat and drink, as well as having access to condiments.

As a result, this area for improvement has been 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 well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	3 - Adequate

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

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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