

Pitlair House Nursing Home Care Home Service

Bow Of Fife
Cupar
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Telephone: 01337 831 159

Type of inspection:
Unannounced

Completed on:
3 March 2025

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 beds for 32 older people and a maximum of eight younger adults with physical health conditions. There were 31 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 was an unannounced inspection which took place on 25 and 26 February 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 seven people using the service and six of their family and friends
- spoke with twelve staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People were well known and treated with respect and dignity.
 Care and support was designed around people's individual needs and wishes.
 The paperwork around medication management required some further attention.
 Staffing arrangements were good and staff worked well together.
 Temporary management arrangements were working well and staff felt supported and confident.

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?	5 - Very Good
How good is our staff team?	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?

5 - Very Good

We evaluated this key question as 'very good' where there are major strengths in supporting positive outcomes for people.

Relationships between staff and the people living in the home were warm and affectionate. People were well known, and staff used that information to provide specific and individual care. One person said, 'she knows all about me - she's my regular.' Despite some recent staffing changes, it was clear that a number of strong relationships existed. This meant that people felt confident and relaxed with those who were looking after them.

Relatives and friends reported feeling very satisfied with the care provided. One said it was 'exemplary,' another said it felt like a country house hotel. A relative praised staff for working hard to develop a relationship with their family member and commented on the positive improvement in their loved one's wellbeing over the period of their stay. Relatives felt that the whole staff team (including domestic, laundry, kitchen and maintenance staff) contributed to the positive environment of care. This gave relatives reassurance that any changing needs would be noticed and met.

People were kept busy with a range of activities including exercise classes, crafts, musical events and trips out. Two members of staff were dedicated to diversional therapy. Care staff also took the opportunity to engage in activities whenever possible. People spoke keenly about the events which they had taken part in. A previous area for improvement had been set encouraging the service to evaluate the activities which were on offer. This had not been met. Please see 'What the service has done to meet areas for improvement we made at, or since, the last inspection.'

Very good attention was paid to people's nutrition and hydration needs. A dedicated staff member had oversight during the day and worked in coordination with the catering staff to ensure that each person's needs were met. The mealtimes were calm and well organised, and meals were very well received. In addition, there were two lunch clubs which provided the opportunity to dine in a quieter space with a smaller group. These were facilitated by members of the diversional therapy team and were clearly well enjoyed.

Medication management was satisfactory, and a number of checks and audits provided oversight of the systems in place. However, not all issues gathered through the audit process were thoroughly actioned to create improvement. Further attention to the recording and documentation surrounding medication management would ensure that best practice was observed at all times. An area for improvement is made. See area for improvement 1.

A previous area for improvement regarding the guidance for 'as required' medication had not been met. Please see 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Clinical oversight of the service was strong. A clinical governance meeting took place each month to consider key factors about people's healthcare needs. This was in addition to a daily 'flash' meeting and 'huddle'. These meetings provided a regular opportunity to discuss changing needs and to promote good communication within the team. Overall care planning was of a high standard and plans and risk assessments contributed to the high standard of care.

Areas 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).

How good is our staff team?

4 - Good

We evaluated this key question as 'good' where there are a number of important strengths which outweigh weaknesses. Improvements are required to maximise wellbeing and to ensure that people experience consistently positive outcomes.

Staffing levels were good and staff were deployed effectively over time and location. Staff were able to attend to more than just basic needs, taking time to create positive experiences for people. Although there had been a number of staffing changes recently, the skill mix of staff was appropriate and leadership was clear and evident. Recent recruitment had been successful and further recruitment was ongoing, to ensure that staffing levels remained consistent. The home continued to rely on agency staff at times, particularly at night. A previous area for improvement regarding recruitment practice had not been met. Practice was not consistent across all recent recruitments. Further attention needed to be paid to best practice guidance around safer recruitment to ensure that people were protected. Please see 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Staff felt that they worked well as a team and that they were involved and included in important matters. Leadership arrangements are currently interim until a new manager takes up their post. However, staff described the leadership as supportive, positive and professional. Relatives commented that they felt communication from the interim manager was strong and that they had not noticed any deterioration in standards during this period of change. Positive values of choice, individuality and respect were evident from all of the staff spoken to during the inspection process. One staff member said, 'it's the best place I've ever worked.' New staff felt that their induction and early experiences within the home were positive.

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

In order that people experience good outcomes and quality of life, the service should ensure people are supported to spend their time in ways that meet their individual wishes and interests. This should then be formally evaluated to ensure the support being provided promotes their health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "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 23 February 2024.

Action taken since then

The service provided two dedicated staff members to support people to have a meaningful day. These staff members were very well known and liked by the people living in the service and brought energy and warmth to each relationship. People were encouraged to stay active and to stay connected to the local community. People were seen to be enjoying activities during the inspection. Although a range of activities were available the service had not developed a way to evaluate these in terms of the outcomes they created for people. This would ensure that people could achieve individual goals and wishes and be supported in a fully outcome focused way.

This area for improvement is not met.

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

Safer recruitment processes had not been consistently evidenced. Although there were good recruitment policies these had not been consistently implemented, which created a risk. People should be reassured that all staff have been recruited according to best practice guidelines. This was not the case.

This area for improvement is not met.

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

Protocols for 'as required' medication were in place but contained only basic details to guide care. Where there were variable doses of medication there was not a clear indication of which dose should be given. Some people were prescribed two different medications to address the same health concern but it was not clear in which order these medications should be given. Documentation of the effectiveness of 'as required' medication was not always being recorded, which made evaluation of the usage difficult.

This area for improvement is 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 well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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