

# Camilla Care Home. Care Home Service

Auchtertool  
Kirkcaldy  
KY2 5XW

Telephone: 01592 780 590

**Type of inspection:**  
Unannounced

**Completed on:**  
21 March 2025

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000073

## About the service

Camilla Care Home is situated in the village of Auchtertool, near Kirkcaldy in Fife. The service provides nursing and social care. There are a variety of sitting and dining rooms on the first floor. The upstairs bedrooms can be accessed by two internal passenger lifts. The home benefits from a well kept, landscaped and enclosed garden area to the rear of the property, with garden seating. There are car parking facilities to the side of the home.

Camilla Care Home can provide 24 hour care and support for up to 40 older people. The service is provided by Holmes Care Group Scotland Ltd.

## About the inspection

This was an unannounced inspection which took place on 18 and 19 March 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 10 people using the service and four of their relatives. A further two relatives shared their views with us via a customer service questionnaire.
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- The service had good oversight of peoples clinical care needs.
- There were strengths in activity planning and facilitation.
- Insufficient staff deployment had resulted in in-adequate standards of infection prevention control. Elements of the environment also required improvement.
- Care planning required 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 well do we support people's wellbeing?	3 - Adequate
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 well do we support people's wellbeing?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

It is essential that people receive the right health care at the right times. We found the service had good systems in place to oversee people's clinical care needs. Where people's skin was high risk of breakdown, and/or required wound care, these were well managed with the appropriate treatments in place. Acute medical needs were responded to timeously and we saw evidence of multi-disciplinary support and guidance being sought where required. Records evidenced people's weight was well monitored and concerns addressed appropriately. People told us the food was good and lots of choice offered. One person told us food was "nourishing." Relatives we spoke with told us they were reassured by the level of care and attention given.

Our sample audit of medication management, including controlled drugs, found no errors and good management of stock control. Medication was being administered in line with best practice. As required medication protocols were in place and provided sufficient detail. People told us any pain they had was well managed. The service had pain assessment tools in place for people who struggled to verbally indicate pain. We were assured people's medication needs were met.

People were encouraged to be active and engaged. Efforts were made by the service to offer people activities that kept them active and connected to the outside world. Many people told us how much they loved the weekly bus trips, visiting places that were meaningful to them. Assessments were carried out to ensure the activities on offer were tailored to people's abilities and interests. The service was actively recruiting for another activity co-ordinator and recognised that there were days out of the week where less engagement was on offer. This would enhance the opportunities for people to have regular meaningful days.

We had concerns around the consistency of information recorded within people's care plans and daily care notes. Plans did not reflect people's current needs. Epilepsy care plans and stress and distress care plans were missing in cases where we would have expected to see them. Monthly reviews that had been conducted did not reflect care that people had required over that period or had informed dependency assessments. Where recording charts had indicated that people had been distressed, this was not reflected in daily care notes or in handover notes. We found unexplained gaps in bowel care and oral care charts, for people who required these. We were therefore not assured that people's care plans and assessments were being used to safely inform their care and support. We have made a requirement (**see requirement 1**).

We observed infection prevention and control (IPC) that was not in line with best practice. Use of PPE and handwashing was inconsistent across care and ancillary staff. We found areas of the service that required further attention to detail in regard to standards of cleaning. We raised our concerns with the provider at the time of inspection and they responded to this immediately. We found some furnishings that were damaged and therefore could not be safely cleaned. Again, the provider responded to this immediately and unsafe items removed and/or replaced. Although we were reassured by the provider's response to our findings, they must evidence having robust systems in place to sustain good standards of IPC and ensure that all staff have the necessary training, skills, and competence to prevent the spread of infection. See requirement in section 'How good is our leadership?' of this report.

## Requirements

1. By 14 June 2025, to ensure the health and wellbeing of people, the provider must, ensure that individuals' personal plans clearly set out how their health, welfare and safety needs are to be managed and met.

In order to do this, the provider must ensure:

A. the management team use their quality and audit systems to monitor and improve care assessments and plans

B. accurate recording of key information including episodes of stress and distress within daily care notes and handover records

C. risks and associated support measures are clearly stated and with sufficient detail, within people's care and support plans

D. that all care documentation is kept up to date and used to evaluate and amend people's care and dependency needs.

This is in order to comply with Regulations 3, 4,(1)(a) (welfare of users), 5(1), 5(2)(a), 5, (2)(b)(personal plans) and 9, (2)(b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure 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) and '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 leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. For this key question we are looking at the quality of leadership across the service.

Leaders should be responsive to feedback and use learning to improve. People living in the service knew who the manager was and told us they could go to them with any issues. We observed an open-door policy, from the manager, during our inspection. Staff told us they felt supported by the leaders in the service. One staff member said, about the manager "She is doing a fantastic job." Relatives told us, "The manageress has a very good knowledge of her residents." and "I have never voiced a concern and come away from the home feeling my concerns have not been dealt with." This evidenced that the voices of people are valued.

Quality assurance is important as it monitors standards of practice, peoples experience and drives improvement. We saw that the service had various audits in place to monitor practice, these included monitoring of falls, weight, wound care, and mealtime experiences. We could see how some of these audits had resulted in improved practice. For example, a falls audit had resulted in improvements being made to how nightshift staff record neuro-observations post fall. Other audits were being carried out quarterly by the providers quality team to assess and monitor compliance. The service had a development plan in place that recorded the improvement plan ideas for the coming year.

Despite these systems being in place, our inspection found gaps in the effectiveness of some of the quality assurance being utilised. We found concerns within standards of the environment, mattress checks, IPC, and care planning. This had resulted in missed opportunities to ensure people experience care that is consistently safe and in line with best practice. A requirement has been made (**see requirement 1**).

Regular supervision and observations of practice can be effective ways to promote good standards of practice and drive change. The frequency of these formats to support staff development required improvement. The service acknowledged the gaps in these assurance systems. Requirement 1 applies. This ensured people benefit from a staff team that are skilled, with the right systems in place to address improvement.

## Requirements

1. By 14 June 2025, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must evidence that effective quality assurance systems are in place and result in consistent good standards of care and support for people living in the home. This must include, but is not limited to:

- A. Effective promotion of safe Infection prevention and control
- B. Environmental audits and environmental improvement plan that reflects the needs of the service.
- C. Regular competency checks for staff, including night staff and ancillary.
- D. Staff supervisions are regular and support skill development.

This is to comply with 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:

'My environment is safe and secure' (HSCS 5.17) and '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 strengths only just outweighed weaknesses.

People should benefit from a warm atmosphere because staff work well together. Staff told us working relationships were good. We saw that daily 'flash' meetings allowed for people's needs to be communicated to the relevant carers. People told us, "They [staff] have a great deal of sympathy" and "We would be lost without them [staff], that is true." Relatives told us they always felt welcomed into the service. They also commented that communication was good, and staff were visible. This gave people an element of reassurance about the care provided.

It is essential that staffing numbers are right and account for the complexity of peoples care and support. The service made use of a dependency assessment tool to inform staffing levels. However, we found staffing numbers at the time of inspection were not sufficient to ensure the environment was clean, tidy and good standards of IPC had not been maintained. People told us that at busier times they were often left waiting for essential care, this including during the night. We observed buzzers unanswered for long periods of time. We found that peoples dependency assessments were not being effectively used to inform staff deployment. A requirement has been made (**see requirement 1**). Improvement here would ensure that staffing arrangements benefit people.

## Requirements

1. By 14 June 2025, the provider must ensure that at all times, suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare, and safety of service users. To achieve this, the provider must at a minimum:

A. ensure effective use of a dependency rating tool to inform ongoing staffing levels within the service to ensure that they respond to the changing care and support needs of the service

B. ensure that there are sufficient staff in place, including ancillary staff, to meet people's daily health and wellbeing needs.

This is to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for 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:

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

## 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 people who require additional support with pain management are supported with pain assessment tools.

This is to ensure care and support is consistent with Health and Social Care Standard 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

**This area for improvement was made on 14 December 2023.**

#### Action taken since then

We found good support in place to manage peoples pain. This included regular analgesia for those who may experience pain but struggle to communicate this verbally. Pain assessment tools were in place. People we spoke with, and relatives told us pain was well managed and the service were responsive to any concerns in this area.

AREA FOR IMPROVEMENT IS MET

#### Previous area for improvement 2

The provider should ensure that risk assessments are reviewed following falls, and that fall prevention care plans are implemented where high falls risks are identified.

This is to ensure care and support is consistent with Health and Social Care Standard 'My future care and support needs are anticipated as part of my assessment.' (HSCS 1.14)

**This area for improvement was made on 14 December 2023.**

#### Action taken since then

We saw good use of post falls assessment tools and appropriate observations being taken when a fall was unwitnessed and or had resulted in a head injury. The service used falls analysis tools to review any trends in the falls people experience within the home. We could see that this was done regularly.

People's care plans were inconsistent and did not always reflect changes in people's needs, this included those where there was a change in mobility.

As a result this AREA FOR IMPROVEMENT IS NOT MET.

This area for improvement will be replaced with a requirement in section 'How well do we support peoples wellbeing?' of this report, reflecting the improvements needed to care planning.



### Previous area for improvement 3

The provider should ensure that appropriate contingencies are in place to respond to short notice staffing absences. This is to ensure that staffing numbers are in sufficient levels and appropriately deployed to meet people's needs.

This is to ensure care and support is consistent with Health and Social Care Standard 'My care and support meets my needs and is right for me.' (HSCS 1.19)

**This area for improvement was made on 14 December 2023.**

#### Action taken since then

The service had developed contingency planning in the event of short notice absence of care staff, however this did not include absence of other staff, for example domestic staff.

As a result this AREA FOR IMPROVEMENT IS NOT MET.

This area for improvement will be replaced with a requirement in section 'How good is our staff team?' of this report.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	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

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