

Camilla Care Home. Care Home Service

Auchtertool
Kirkcaldy
KY2 5XW

Telephone: 01592 780 590

Type of inspection:
Unannounced

Completed on:
21 August 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 August 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 five of their representatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

Good clinical care and oversight.

Improvements noted to quality assurance and management.

Care planning and assessments for new residents requires improvement.

Staffing numbers had improved.

Skill level for some staff would benefit from 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?	4 - Good
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'. We found strengths that contributed to positive experiences and outcomes for people, but further improvements were needed.

People's health and wellbeing should benefit from the care and support provided. We found strengths in clinical care and oversight. Handover records evidenced monitoring and evaluation of people's food, fluid, acute health needs and skin integrity. There was a consistent overview of falls, with effective monitoring and evaluation of patterns. Post-fall monitoring was thorough, and associated care plans were up to date and reflective of individual risks. Wound care was also well managed, with good recording, assessment, and appropriate specialist health team involvements. One person told us about their skin care, "It is healing nicely; they have done a good job and are so gentle with it." Another told us, "They are so considerate of me." Relatives we spoke with told us they felt their loved ones were well cared for. Care staff told us they felt well informed of people's needs. This gave confidence that people's needs were being responded to, without delay.

We observed mealtimes and saw that encouragement and support was given to those who required this. Those with adapted diets were accommodated safely, and in line with their individual assessments. The kitchen held accurate information about people's dietary needs. People expressed satisfaction with the food, and monthly feedback opportunities were in place. One person commented, "It's nice home cooking." We observed that menu information was not visible for people, or staff, to review at mealtimes. We were advised that the provider was revising its menus and that this transition period had meant menu information was less visible. The service should seek to improve how they share this information with people, promoting engagement, choice, and independence. **Area for improvement 1 applies.**

People should be supported by a medication management system that is driven by best practice guidance. We observed good practice around medication administration. Medication administration records (MAR) we reviewed also indicated good practice and that people were being supported to have their medication, as prescribed. The manager of the service demonstrated having a comprehensive knowledge and oversight of the electronic medication recording system and this helped to maintain safe and robust practice. As required protocols were in place as expected. These could have benefited from being more detailed, this feedback was given to the service.

People should benefit from being supported to maintain and develop their interests and things that matter to them. Daily activities and regular seasonal events were available, and those who participated appeared to enjoy them. One person told us, "We do have a laugh sometimes." Feedback from residents and relatives indicated that it was the same small group of people participating. We observed long periods of inactivity for many people. Residents told us they felt the choice of activities was limited at times and often felt "bored." Relatives told us they had hoped for more opportunities for their loved one to be engaged in things that they enjoyed. **Area for improvement 2 applies.** Improvement here will support people to have days that are meaningful.

We made a requirement at our last inspection around people's plans and care records accurately recording their health, wellbeing, and safety needs. Although we noted that overall people's plans were detailed and in line with their welfare needs, we found gaps in records for new admissions. This included health and wellbeing assessments, plans and recording of periods of distress. Therefore, this requirement remains unmet and has been extended. Please see section 'what the service has done to meet any requirements made at, or since the last inspection' for details.

Areas for improvement

1. To promote people's nutritional health, the provider should ensure adequate provision of meal choices, as well as access to menus in advance. People living in the home and their representatives should have the choice to be involved in the menu planning.

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) and 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

2. The provider should organise appropriate activities and opportunities for engagement for all people living in the service, in line with their needs and wishes. Attention should be given to people who are less likely to engage in group activities and those who spend their time in their bedrooms.

This is to ensure that care and support is consistent with 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).

How good is our leadership?

4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that outweighed areas for improvement.

We saw that a range of audits and other quality assurance systems were in place. These included infection prevention control checks, environmental checks, medication audits and monitoring of falls and people's weight. These audits evidence being productive in identifying good practice, but also areas where the service needed to improve. We could see that these areas for improvement were addressed and follow up checks carried out. This helps to sustain improvement.

We found robust systems in place to monitor changes in individuals' health through handovers, data monitoring and clinical meetings. We could be assured by the systems in place at leadership team level, for identifying and responding to people's evolving needs.

The service had also completed a self-assessment toolkit where they had identified strengths and had aligned improvements with the relevant best practice guidance. This evidenced that the quality assurance measures that were in place were drivers for change.

Leaders should be responsive to feedback and use learning to improve. Feedback from staff, relatives, and people using the service indicated that the leadership team was approachable, solution-focused, and willing to listen and respond to concerns. The service should increase the opportunities for people to give feedback as part of quality assurance checks. This helps to ensure that findings and actions from these checks are informed by the experiences of the people living in the service. **Area for improvement 1 applies.**

Areas for improvement

1. To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and that this information is used to improve people's outcomes and experiences.

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

'I am supported to give regular feedback on how I experience my care and support, and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?

3 - Adequate

The service was evaluated as 'adequate,' with some strengths that slightly outweighed weaknesses. However, key areas of performance required improvement.

Staffing arrangements were generally appropriate in terms of numbers and deployment throughout the home. The team caring for individuals typically knew them well, and all observed interactions were respectful and polite. Some staff demonstrated warm and affectionate relationships with residents, contributing positively to the overall atmosphere. People told us, "They have some really good long-term staff", "I know them, and I think that they know me well."

The staff team comprised a mix of permanent and agency staff, who generally worked well together. Staff described good teamwork and felt supported by their colleagues. Efforts had been made to ensure that agency staff were familiar with the service, which, when achieved, helped promote consistency in care. Relatives told us they always saw staff that they recognised and who knew their loved one.

Despite these strengths, not all staff possessed the same skill level or approach. This inconsistency sometimes affected the team's ability to meet more than just basic needs, and we saw many missed opportunities to enhance people's wellbeing. Feedback from residents and their relatives indicated a lack of confidence in the abilities of some staff, particularly when unfamiliar personnel were on duty. One person told us, "They don't all have the heart, just the basics." A relative told us, "Less familiar staff at the weekend and they seem less skilled." This highlighted the need for further staff development and clearer leadership expectations regarding standards of care and interaction. **Area for improvement 1 applies.**

The service had recently transitioned to a new online training platform, which made it difficult to accurately assess training completion rates. Nevertheless, staff expressed confidence that they had completed the required training and noted that the manager typically monitored this closely. Some staff commented that they would welcome more enhanced training, other than the basic mandatory courses. The service should consider this feedback as a way to address the gaps in skill level previously identified. Competency checks and practice observations were being carried out, and staff received feedback on their performance, which they generally found constructive. Again, the service should consider how they utilise competency checks as a way to identify gaps in skill levels across the care team. This would help to ensure that people are supported by a staff team that are confident and skilled, enhancing their wellbeing.

Areas for improvement

1. The service should make regular use of observations of staff practice and formal supervisions to monitor skill levels, promote skill development, and ensure staffs practice enhances people's health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 setting?

4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that outweighed areas for improvement.

People benefitted from a welcoming environment with plenty of natural light and space. The home was clean and tidy with improved housekeeping standards observed. Areas of the home were observed to be malodorous. The service should address this to ensure that people and visitors are welcomed into a home that is free from intrusive smells. **Area for improvement 1 applies.**

People had a choice of where they wanted to spend their time. Some people enjoyed company in sitting areas, whilst others preferred to be in their own rooms. We gave feedback to the service around the seating arrangements within both lounge areas, advising that they give consideration to how furniture is situated within the room to allow opportunities for staff and relatives to spend private and comfortable time with people.

Communal areas within the home were clean, tidy, and free from clutter, which ensured that cleaning tasks could be carried out effectively. Care equipment such as bed mattresses, bed rails and shower chairs were cleaned regularly. Appropriate audits and checks were in place to promote good standards of cleanliness. Equipment was maintained well, with safety checks being carried at planned intervals. A previously made requirement around infection prevention control and the environment is now met. See section 'what the service has done to meet any requirements made at or since the last inspection' for details. We could be assured that people's outcomes were enhanced by a safe and well-maintained environment.

Areas for improvement

1. To support people's wellbeing and dignity, the provider should ensure the premises are kept clean and free from offensive odours.

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

How well is our care and support planned?

4 - Good

We found that the service was performing at a 'good' level in this key area. There were a number of strengths that outweighed areas for improvement.

Care and support plans should reflect people's needs, wishes and outcomes. Care plans we sampled were detailed and reflective of individual preferences, demonstrating a person-centred approach. Plans provided clear guidance for directing care and had identified risks. We saw assessments that were up to date and had incorporated recent changes to people's health needs, for example an increase in falls. We gave feedback to the service on where they could enhance the information recorded within the 'health and wellbeing overview' section of plans to ensure that these are meaningful. This helps to direct care that maximises people's health and wellbeing.

We found evidence of people and their representatives being involved in care reviews and care planning. In addition, care notes evidenced strong multidisciplinary team (for example GP, podiatry) involvement in assessing health needs and any acute health concerns. This evidenced care and support that was reflective of people's wishes and involved the right people, at the right times.

We saw that a review summary of people's needs had generally been completed on a monthly basis and reflected falls, changes to weight and signs of infection. The service should consider how to improve the content of these reviews to ensure they capture people's overall health and wellbeing for that month, including an evaluation of mental health, meaningful days and engagement. This would ensure that the care being provided continually meets people's outcomes.

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

Requirements

Requirement 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).

This requirement was made on 1 April 2025.

Action taken on previous requirement

We saw good progress around care plan auditing. A matrix for care plan auditing was in place and 50% of plans had undergone a full audit. Plans that had been audited were done to a good standard; audits resulted in good feedback and actions for improvement. In most cases these had been followed up on and the improvement made.

Overall, the standard of care plans was good and reflected people's care needs. See section "How well is our care and support planned?" Despite these positive examples, plans for people who had recently moved into the service were incomplete and lacked even the basic details to support and direct safe, person-centred care. The service must ensure its post assessment plans are carried out within an acceptable time frame and in line with the provider policy. This ensures people's wellbeing is at the forefront of the care given, from the outset. Evaluation within section "How well do we support people's wellbeing?" applies.

We saw an example of an as required antipsychotic being used to alleviate stress and distress. We did not see any supporting care notes or use of distressed behaviour recording charts to evidence, record and evaluate the use of stress relieving medications. This is essential as it ensures that the treatment given is correct and reflective of being least restrictive. Evaluation within section "How well do we support people's wellbeing?" applies.

Requirement is NOT MET. The time scale is extended to 10 November 2025 to allow for further, highlighted improvement.

Not met

Requirement 2

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).

This requirement was made on 1 April 2025.

Action taken on previous requirement

Infection prevention and control (IPC) standards within the service had improved. Good oversight of standards was in place, through daily cleaning checklists and IPC quality audits. The service had been supported by local IPC nurses with training in handwashing and best practice guidance. Observations of practice and supervision had been undertaken with housekeeping staff to promote sustained, good practice. The service should ensure that this oversight and promotion of good practice remain in place to ensure people are continually safe from the spread of infection.

Environmental audits and manager daily walk rounds were in place. It was evident that this had improved standards. The environmental improvement plan was reflective of the needs of the service. Area for improvement in section 'How good is our setting?' is relevant to where focus should be given to ensure people live in an environment that is comfortable and pleasant.

We saw checks had been carried out for care staff and ancillary staff. Night staff checks had been carried out by the manager. Area for improvement in section 'How good is our staff team?' section applies to support where further skill development for staff would be beneficial.

Requirement is MET.

Met - outwith timescales

Requirement 3

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).

This requirement was made on 1 April 2025.

Action taken on previous requirement

The service had a dependency rating tool in place that informed staffing levels. This was dynamic and had resulted in an increase to care staff since our last inspection. The service should ensure that this tool is clearly reflective of the dependency assessment tool within people's care plans and assessments. This gives assurance that the tool is accurately reflective of people's health and wellbeing needs. This tool must also consistently reflect the layout of the building. The service was aware of where improvement was required here, and this was reflected in the service improvement plan. The provider also shared their plans with us for moving to a new, electronic and live dependency rating tool.

Overall, we were satisfied with the progress made to this requirement.

Requirement is MET.

Met - outwith 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

In order to support good outcomes for people experiencing care, the manager should ensure that people's nutritional needs are fully assessed, planned for and effectively monitored. The service should continue to review menu arrangements to ensure adequate provision of meal choices, including adequate provision of fruit and vegetables. The service should ensure the involvement of residents and their representatives in menu planning.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me

This area for improvement was made on 9 June 2025.

Action taken since then

We found improved oversight in this area. People were regularly asked for their input in evaluating the food options. We observed multiple points of the day where fluid, fruit and snacks were offered. Relatives and people told this that this was a daily occurrence. Overall, feedback confirmed the food was enjoyed.

This area for improvement is MET. However, a new area for improvement regarding menu access is detailed in section "How well do we support people's wellbeing?".

Previous area for improvement 2

In order to support good outcomes for people experiencing care, the manager should ensure all staff delivering direct care understand their role and responsibilities in relation to monitoring people's skin condition. There should be effective systems of reporting changes or concerns, to allow appropriate actions to be taken. Individual plans of care should fully reflect proactive and preventative measures to reduce the risk of pressure damage.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 9 June 2025.

Action taken since then

We saw a good level of clinical oversight for people who had compromised skin integrity. Effective assessments and wound care treatment plans were in place and being utilized. We saw good use of appropriate multi-disciplinary health teams to guide and support with treatment for people who required more complex wound care treatment.

Care staff told us they felt confident in recognizing changes to people's skin condition, the importance of re-positioning and application of barrier creams and when to alert the nursing team to concerns.

This area for improvement is MET.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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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