

# Craigie House Care Home Care Home Service

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Telephone: 01592 780 590

**Type of inspection:**  
Unannounced

**Completed on:**  
21 November 2024

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

**Service provider number:**  
SP2020013480

**Service no:**  
CS2023000123

## About the service

Craigie House Care Home is a well established care home for people over the age of 65 situated in the residential area of Crossgates, Fife. It is close to local transport links, shops and community services. The home has a pleasant garden area and accommodation is provided in single rooms over three floors. The majority of rooms have en-suite toilets and shower facilities. Communal areas, including the lounge and dining rooms, are located on the ground floor, with a passenger lift providing access to and from the upper floors.

Craigie House Care Home was re-registered with the Care Inspectorate on 2 May 2023 to provide 24 hour care and support for up to 30 people. During the inspection there were 23 people residing in the home. The service is provided by Holmes Care Group Scotland Ltd.

## About the inspection

This was an unannounced inspection which took place on 19 and 20 November 2024. 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 eleven members of staff and management
- spoke with six residents and three of their relatives
- spoke with two visiting professionals
- reviewed medication administration/audit systems
- reviewed support plans
- spoke with the management team
- observed staff practice
- reviewed documents.

## Key messages

- People we consulted with spoke very highly of the service.
- The environment had improved since the last inspection.
- We saw a lot of kind, caring interactions between staff and people residing in the home.
- Personal plans required improvement.
- Quality assurance processes required improvement.
- Pain management and 'as required' medication aftercare 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
How good is our setting?	4 - Good
How well is our care and support planned?	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. Whilst the strengths had a positive impact on people's outcomes and experiences, key areas needed to improve. As these weaknesses concerned the health, welfare and safety of people, we made requirements for improvement.

Our observations concluded that people were supported and cared for in a very kind and compassionate way. This was reflected in what people told us. One visitor said "They are very good, very kind, they look after her so well. She has been here for three and half years and I have not had to complain once. They phone me if anything is wrong, and I am here straight away. The meals are very good, and they are hot when they get here. The activities coordinators come in to see her. Nothing could make it better, the staff laugh with her, they're smashing". People residing in the service told us "Aye it's grand; no complaints. The staff are good, we have a laugh, they can't do enough for you. Meals are nice and we get plenty snacks and drinks. The home-made cakes are great", and "I can't say anything bad about the place. We're well looked after here. You just have to ask for something, and they get it for you. They've got the patience of saints".

During lunchtime, people were encouraged to make their own choices during each course, for example what they wanted to eat and drink. Staff on duty obviously knew people well and conversation was flowing freely. Staff were aware of people's abilities relating to eating and drinking and were seen to be encouraging and supporting people to enjoy their meal. This meant people were able to eat at their own pace without feeling rushed. People could choose to have their meals in their bedrooms if they wished.

We looked at the medication administration and recording systems and we were confident people were getting their regular prescription medication at the right time. People's prescriptions were reviewed regularly to ensure they met people's current needs. However, medication audits were not being carried out in accordance with the provider's quality assurance procedures. This is discussed further in key question 2 (how good is our leadership?).

Policies, procedures and specific tools were in place to assess people's pain. However, in the samples we looked at, we found no evidence of them being used. For example, one person required pain relief prior to having wound dressings changed and no care plan was in place to guide staff. No pain assessment tool was used to measure the level of pain before and after the treatment to inform further intervention or change in treatment plan. Another person had suffered a fall and sustained an injury. No pain assessment had been carried out, or consideration given to the use of pain relief. A requirement relating to pain management is made. See requirement (1).

Policies and procedures were in place for monitoring and assessing people's health and wellbeing after receiving 'as required' medication. However, in the samples we looked at, there was no record of this happening. During the inspection period at least two people received antipsychotic medication for symptoms of stress and distress and/or agitation, and two people received pain relief. We found no evidence of assessments of the effect of the medication being carried out. This meant no evaluations could be done to ascertain if the medication had the desired effect or not, to plan future care. We have made a requirement relating to 'as required' medication. See requirement (2).

An activities coordinator was employed 20 hours per week. We saw people participating in arts and crafts, quizzes, and evidence of people having some 1:1 social interaction. However, we felt the activities needed to be more meaningful to people. There was little evidence to suggest the activities on offer took into account people's likes, dislikes and abilities. We discussed this with the manager who said this was being addressed.

## Requirements

1. By 28 February 2025, the provider must protect the health and welfare of those who use the service. In particular, the provider must ensure that pain experienced by people receiving care is identified and addressed timeously. In order to achieve this, the provider must:

- a) ensure staff have the awareness, skills and knowledge to recognise the signs or symptoms of when people experience pain
- b) develop, implement and regularly review care plans that accurately reflect the possible causes of chronic and/or acute pain people receiving care may experience
- c) develop, implement and regularly review pain assessment tools to ensure pain is identified and addressed timeously and
- d) ensure referrals to relevant health professionals are made appropriately and timeously.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4 (1)(b) and Regulation 5(2)(b) 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)

2. By 28 February 2025, the provider must protect the health and welfare of those who use the service. In particular, the provider must ensure people experience safe, competent and effective support with medication. In order to achieve this, the provider must:

- a) ensure suitably detailed protocols are in place and implemented to inform the consistent and appropriate after care when medication has been administered on an 'as required' basis
- b) ensure that all staff administering medication are suitably trained and competent and
- c) ensure that there is sufficient and effective oversight of medication management.

This is in order to comply with Regulations 3 and 4(1)(a), 4(1)(b) and 4(2)(b) 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 experience high quality support based on relevant evidence, guidance and best practice.' (HSCS 4.11)

## How good is our leadership?

## 3 - Adequate

We evaluated this key question as adequate. Whilst the strengths had a positive impact on people's outcomes and experiences, key areas needed to improve. As these weaknesses concerned the health, welfare and safety of people, we made a requirement for improvement.

Quality assurance audits were carried out on a regular basis in line with the provider's policies and procedures. These included audits of personal plans, management oversight, health and safety, complaints, accidents, incidents, falls, financial safeguarding and the environment. This should ensure any deficits or trends could be highlighted and action taken to improve outcomes for people. However, we found this was inconsistent and not always resulting in good outcomes for people.

Although the communal areas and bedrooms were clean, this was not the case in the kitchen. Meals were being provided by the service's sister home in the same grounds, but the kitchen was still being used for alternative meals, drinks and snacks. Some areas of the kitchen floor were dirty and had debris which was obviously not fresh. This was also the case in the laundry. Poor IPC (infection prevention and control) practice can put people at risk of harm from avoidable infections. We shared our findings with the manager who gave her assurance it would be addressed; which it was.

We have made requirements under key question 1 (how well do we support people's wellbeing?) relating to the management of pain and 'as required' medication aftercare. Also key question 5 (how well is our care and support planned?) relating to care planning.

Although there were systems in place for the management of medication and safeguarding people's finances, there was a lack of formal audit processes in place to identify deficits and make the necessary improvements. The staff responsible for these systems were unsure of how often audits should be carried out and they were well overdue.

The internal quality assurance systems had failed to identify and address the above areas for improvement, therefore we have made a requirement relating to management and leadership. See requirement (1).

The manager was developing a service improvement plan and enlisted in the Care Inspectorate's Care Home Improvement Programme (CHIP) which she was finding helpful. A deputy manager had been recently recruited and we were confident the new management structure would make the required improvements.

### Requirements

1. By 28 February 2025, the provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement, underpinned by transparent quality assurance processes. In particular, the provider must:

a) ensure that assessment of the service's performance is undertaken through effective audits. Where the audits identify areas for improvement, the improvements to be made must be detailed in an action plan which specifies the actions to be taken, the timescale within which the action is to be taken, the person or persons responsible for making the improvements, and the expected outcome of the improvement; and

b) ensure people or their representatives have regular opportunities to provide feedback about their service and identify and plan improvements.

This is in order to comply with Regulation 3 and 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: '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. Whilst the strengths had a positive impact on people's outcomes and experiences, key areas needed to improve. As these weaknesses concerned the health, welfare and safety of people, we made a requirement for improvement.

People receiving the service and the relatives we spoke with provided positive feedback about the core staff team, who they found to be approachable and supportive. One person residing in the home told us "They really look after us, it's like a family. I like it when my own staff are here but not so much when agency staff are in - they don't know us the same. We have to explain what we like and need". Another told us "They are great, they really look after me. I feel safe. We have a laugh; I spend a lot of time in bed, and they always come in to see me".

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation places a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This includes ensuring, at all times, there are appropriate levels of staff who have the required qualifications and training to provide safe, high-quality care. Service providers must also support staff's wellbeing to ensure people's care and support is not adversely affected.

Staff had not been made aware of the new legislation; however, the manager told us the provider plans to develop a staff wellbeing forum, with one staff member from each care home to act as spokesperson/ advocate for others. This should provide staff throughout the organisation with a good level of inclusion and support. Staff did have access to an external counselling service.

Staff we spoke with told us they were happy in their roles. They felt valued and supported, and confident that any issues or concerns they raised would be addressed. We felt they would benefit from regular supervision which would give an opportunity for open dialogue about any suggestions, concerns, and learning and development needs. The manager agreed and said it was something the newly appointed deputy manager was tasked with implementing. We will check progress on this at future inspections.

Training was undertaken either online or by organisational/external trainers. We saw mandatory training was predominantly up to date. However, we have made requirements under key question 1 (how well do we support people's wellbeing?) relating to the management of pain and 'as required' medication aftercare. Also key question 5 (how well is our care and support planned?) relating to care planning. It was evident staff required further training in these areas to ensure the required improvements are made.

Safe recruitment practices were followed to maximise people's safety.

Staff were supported to undertake Scottish Vocational Qualifications (SVQs) at the level appropriate to their role. Completion of these qualifications were required to enable staff to continue to be registered with the Scottish Social Services Council (SSSC).

## How good is our setting?

4 - Good

We made an overall evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant, positive impact on people's experiences.

People benefitted from a warm, welcoming, friendly and comfortable environment with plenty of fresh air and natural light. Furniture was laid out in communal areas in a way that encouraged socialising. The communal areas and bedrooms were clean and tidy, with no evidence of intrusive noise or smells. The layout of the building had been reconfigured and upgraded, and there was a choice of pleasant areas for people to spend their time in.

People were supported to exercise their rights to make decisions and choices about their own rooms, how they wanted the rooms to be, and we saw the service supported their choices whenever possible.

People's independence was promoted throughout the day. For example, whilst mobilising, people were given plenty time to get to their destination independently, or with minimum support, and people were supported appropriately to go outside if they wanted a bit fresh air, or for a cigarette. This promoted positive risk taking.

Maintenance checks were carried out and issues identified were addressed promptly. This helped to ensure all areas of the service were accessible to people whilst keeping them safe. We suggested ensuring the responsible people date and sign each task as it is completed to provide an audit trail.

## How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. Whilst the strengths had a positive impact on people's outcomes and experiences, key areas needed to improve. As these weaknesses concerned the health, welfare and safety of people, we made a requirement for improvement.

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people.

People had access to external professional supports, such as GPs, opticians and district nurses when this was needed. This ensured that people were receiving regular routine health screening and had access to other peripatetic professional supports. We found that guidance from other professional staff was recorded within plans sampled.

There was good nutritional information in sampled plans. Nutritional assessments were completed and there were good records of people's intake. We saw evidence of action being taken when people required further support, for example fortified diets.



We found some care plans contained enough good information to guide staff on how to best meet people's needs. However, this was inconsistent and others required improvement. People's care and support needs and how they are to be met should be clearly documented. Not all changes, or needs, in relation to people's health had been appropriately recorded. For example, one person was receiving pain relief prior to having wound dressings changed and no pain risk assessment or care plan was in place. One person was prescribed medication for epilepsy and no care plans relating to this were in place. Another person had been identified as displaying signs of stress and distress and no care plan was in place. This lack of accurate, up to date information meant we could not be confident that people's needs were being effectively assessed and evaluated to plan care delivery. There should be a clear record of people's needs, how to meet them, and any follow up arrangements. This provides a clear audit trail and helps to inform reviews. A requirement (1) is made.

Appropriate paperwork was in place for people who lack capacity, detailing power of attorney and who the service should be consulting with regarding people's care and support. Consent forms were in place for people who had any restrictions of movement placed on them, such as bedrails or movement alarms in their room. This meant these decisions had been made in agreement with the relevant people. This helps to ensure that care and support is provided in a manner that reflects people's human rights.

People residing in the home and their relatives were supported to be involved in the formal care and support reviews.

## Requirements

1. By 28 February 2025, in order to protect the health, welfare and safety of those who use the service, the provider must ensure that all care plans:

- a) provide appropriate information and guidance for staff so people receive safe, consistent and effective care and support and
- b) are evaluated to ensure people's support is person-centred, effective and meets their assessed needs.

This is in order to comply with Regulations 3, 4(1)(a)(b)(c), 5(1), 5(2)(a) and 5(2)(b) of The Social Care and Social Work (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 personal plan (sometimes referred to as my 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)

## 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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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