

# Crossgate Care Centre Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
12 December 2024

**Service provided by:**  
Shaftesbury Care Grp Ltd

**Service provider number:**  
SP2011011680

**Service no:**  
CS2011300604

## About the service

Crossgate Care Centre is registered to provide a care home service for up to 66 older people, included in which are a maximum of three places for adults over the age of 55 whose needs can be met by the service. The provider is Shaftesbury Care Group Limited.

The purpose-built care home is located in Kilmarnock, close to local amenities. Accommodation is provided over two floors, divided into four units - Afton, Carmel, Willow and Dewalden. All bedrooms are single occupancy with en-suite shower facilities. Each unit has a lounge, dining room, pantry and adapted toilet and bathing facilities. The home has a secure, well maintained garden and a minibus to support access to the community.

There were 63 people living in the home at the time of the inspection.

## About the inspection

This was an unannounced follow up inspection which took place on 12 December 2024. The inspection was carried out by one inspector from the Care Inspectorate to follow up on one requirement that was made on 02 October 2024 as a result of complaint investigation findings.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, complaint reports, registration information, information and action plan submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we reviewed documents, visited the drug treatment rooms, and spoke with the management team.

## Key messages

In October 2024, an upheld complaint resulted in the service being issued with one requirement. These were due to be completed by 04 December 2024 and this is the first follow up inspection.

We noted good improvement, on the whole, in the administration of medication and the accuracy of associated records.

The service had prioritised staff training in relation to medication competency and worked with local, external professionals to review medication practices and procedures within the service and arrange further training sessions.

The service demonstrated an overall improvement, however we remained concerned about staff understanding of their responsibilities and the accuracy of medication record keeping in one of the service's four care units.

## How well do we support people's wellbeing?

We concluded there had been notable improvements made in relation to the safe administration of medications and we saw the management team had supported staff to upskill and undertake training. The management team now had oversight and we saw action being taken when improvements were identified. There did remain some concern about the accuracy and consistency of record keeping in relation to administration of medication in one of the four units. The Management Team should ensure their medication audits are capturing error and leading to improvement throughout the entire service (see area for improvement 1).

### Areas for improvement

1. To support people's care and wellbeing, the provider should ensure all staff are aware of, and carry out their responsibility to accurately and fully complete medication administration records.

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

### Requirements

#### Requirement 1

By 4 December 2024, people experiencing care must experience high quality care and support with prescribed medication. To achieve this, the service provider must:

- a) ensure all medications, including topical creams, are administered as prescribed;
- b) provide training to ensure all staff are aware of their responsibility to accurately and fully complete medication administration records;
- c) provide training to ensure all staff are aware of their responsibility to report concerns and medication non-compliance to the General Practitioner, or appropriate medical professional;
- d) carry out regular medication audits that provide detailed information, and include areas identified for action and how they will be achieved.

**This requirement was made on 2 October 2024.**

#### Action taken on previous requirement

The service had invested in staff's time to undertake additional medication training. 96% staff were evidenced to have now completed foundation and advanced levels of Boots Online care of medication courses, with additional modules regarding eMAR and Safe Handling of Medication also being completed. The management team confirmed they have arranged for the care home support team to visit the service to deliver two sessions of training to all Nurses and Senior Carers about safe administration of medication. These were confirmed to take place over the next four weeks.

We found the service had completed medication competency assessments for all staff. These were detailed assessments and included specific observations of staff administering and recording medication and topical creams. There were no concerns noted and we felt assured staff had the competency to administer medication as prescribed. The service had introduced a 'buddy' system which staff use daily as an additional check that medications are being administered as prescribed, and this has minimised the opportunity for errors to go unnoticed.

We sampled Medication Administration Records (MAR) and found there was a notable improvement in the accuracy and recording of the administration of medications. There were several small discrepancies noted, however these were specifically confined to staff recording in one unit within the service.

The Management Team met with their local pharmacist. Together they have clarified pathways for covert administration of medication, and introduced a 'next cycle summary report' to identify medications that are

due to be reordered. This information has been shared with staff and embedded in practice to minimise risk of supply issues with medication, or delayed action when covert pathways should be considered. Staff now report concerns with non-compliance after two days and this allows timely consideration to be given about additional medical assessment or covert medication pathways.

The service evidenced full, monthly audits have been completed for each unit since October 2024. There were a significant number of areas identified for improvement in the October 2024 audits, and we saw these issues were delegated to, and actioned by staff promptly. In addition, the management team had committed to a weekly audit of every person's MAR to ensure discrepancies with signatures, errors or missed medications were picked up quickly. We saw appropriate action was taken to make improvements and felt assured the management team had clinical oversight of staff practice and the administration of medications.

We concluded there had been notable improvements made in relation to the safe administration of medications and we saw the management team had supported staff to upskill and undertake training. The management team now had oversight and we saw action being taken when improvements were identified. There did remain some concern about the accuracy and consistency of record keeping in relation to administration of medication in one of the four care units, therefore an area for improvement will be made. (See Key Question One : How well do we support people's wellbeing?).

**Met - within 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

To support positive outcomes for people's health and wellbeing, the provider should ensure people experiencing care are supported to maintain good oral health. This includes, but is not limited to, ensuring every person is registered to a dentist that is accessible to them, and ensuring staff are aware of their responsibilities to keep accurate, detailed and up to date records of oral care. Staff should also provide timely communication with family members when care has been regularly declined or missed.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

**This area for improvement was made on 2 October 2024.**

#### Action taken since then

Not assessed at this follow up inspection.

## Previous area for improvement 2

To ensure people experiencing care are adequately supported with their care needs, the service should ensure staff are open, honest, and transparent in their timely communication with people receiving care or their representative(s). This should include, but is not limited to, respecting the role of legal representatives and inviting them to appropriate care reviews, and providing accurate and regular feedback and support to families when consideration is being given to the care contract being terminated.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

**This area for improvement was made on 2 October 2024.**

### Action taken since then

Not assessed at this follow up inspection.

## Previous area for improvement 3

To ensure people experiencing care are supported by staff who are skilled and competent to support episodes of stress and distress, the service should provide specific training to all staff, and the management team should have quality assurance arrangements in place to ensure consistency with staff approach and practice.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

**This area for improvement was made on 2 October 2024.**

### Action taken since then

Not assessed at this follow up inspection.

## Previous area for improvement 4

The management of mealtimes should be reviewed and improved so that residents are able to enjoy their meals in a relaxed and unhurried atmosphere that maximises the promotion of good practice in relation to food and fluids.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35)

**This area for improvement was made on 25 August 2023.**

### Action taken since then

Not assessed at this follow up inspection.

## Previous area for improvement 5

Procedures for identifying and managing personal clothing should be reviewed and improved so that people experiencing care can be confident that their personal belongings are properly respected and cared for. A

laundry audit should be developed to inform and support improvement and this should include a focus on people's experiences and outcomes.

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 care and support because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 25 August 2023.**

#### Action taken since then

Not assessed at this follow up inspection.

#### Previous area for improvement 6

The quality assurance framework would benefit from further refinement to make it clear how the systems and processes undertaken inform and drive change and improvements that deliver positive outcomes for people experiencing care and their families.

To achieve this the management team should:

- prioritise the evaluation of people's experiences and outcomes in quality audits
- measure performance against the HSCS
- ensure audits include indicators targeted towards positive outcomes for people and evidence based good practice
- consistently develop, monitor and address action plans that specify clear actions, responsibilities and timescales
- implement a shared approach to self evaluation and continuous improvement with residents, families and staff
- strengthen opportunities for meaningful involvement and information sharing.

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).

**This area for improvement was made on 25 August 2023.**

#### Action taken since then

Not assessed at this follow up inspection.

#### Previous area for improvement 7

A formal process for monitoring and promoting the wellbeing of newly recruited staff during their induction, and throughout the probationary period should be developed and implemented.

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).

**This area for improvement was made on 26 April 2024.**

#### Action taken since then

Not assessed at this follow up inspection.

## 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).



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