

Craigie House Care Home Care Home Service

Main Street
Crossgates
Cowdenbeath
KY4 8DF

Telephone: 01592 780 590

Type of inspection:
Unannounced

Completed on:
12 March 2025

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 is registered to provide 24 hour care and support for up to 30 people. During the inspection there were 21 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 12 March 2025 to follow up on the outstanding requirements from the previous inspection. The inspection was carried out by one inspector from the Care Inspectorate.

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

In making our evaluations of the service we:

- spoke with staff and management
- spoke with five people living in the service
- reviewed financial and medication records
- observed staff practice
- reviewed quality assurance systems
- reviewed support plans.

Key messages

- We were pleased to see further improved outcomes for people using the service.
- The management and staff had worked hard to meet most of the outstanding requirements and improve standards.
- Systems for financial safeguarding needed further improvement.
- Systems to ensure the cleanliness of the kitchen needed further improvement which was being addressed by the manager.

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

Requirements

Requirement 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)

This requirement was made on 21 November 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because 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. This meant people could have been suffering pain unnecessarily.

During this inspection we saw every member of staff had completed the organisation's pain management workbook, and completed reflective accounts of what they had learned. Senior staff had received further input from the organisation's quality team on the effective use of health and wellbeing pain assessments. These were/are put in place for anyone experiencing pain, including those prescribed 'as required' analgesics. We saw evidence of these tools being used appropriately to minimise the risk of people experiencing pain unnecessarily.

Met - within timescales

Requirement 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)

This requirement was made on 21 November 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because policies and procedures were in place for monitoring and assessing people's health and wellbeing after receiving 'as required' (PRN) medication. However, in the samples we looked at, there was no record of this happening. During the inspection period, at least two people received anti-psychotic 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.

During this inspection we saw that the effect of PRN medication was effectively evaluated by the use of the organisation's 'PRN Medication Administration Tool'. This enabled staff, and other health professionals to make informed decisions about future care planning to ensure people are getting the right treatment at the right time.

Met - within timescales

Requirement 3

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)

This requirement was made on 21 November 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because quality assurance audits were carried out on a regular basis in line with the provider's policies and procedures. 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. In particular, this related to hygiene standards in the kitchen and laundry, and the lack of formal audits of the management of medication and safeguarding people's finances.

During this inspection we saw significant improvements in quality assurance systems in relation to the cleanliness of the laundry and management of medication. Relevant people were confident about their roles and responsibilities and what was expected of them. However, quality assurance systems relating to financial safeguarding required further improvement to ensure effectiveness.

The standard of cleanliness in the kitchen required to be improved and maintained. The manager had identified this and was addressing it by actively recruiting relevant staff.

This requirement had not been met and we have agreed an extension until 07 June 2025.

Not met

Requirement 4

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).

This requirement was made on 21 November 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because 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.

During this inspection we saw people requiring treatment/monitoring for physical ailments such as wounds or falls, had risk assessments and care plans in place to inform staff of how to best meet their needs. This was also the case for people who displayed signs of stress and/or distress. The examples we looked at were up-to-date, completed appropriately and regularly reviewed and evaluated to ensure they remained relevant.

Met - within timescales

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.