

Craigielea Care Home Care Home Service

French Street
Renfrew
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Type of inspection:
Unannounced

Completed on:
7 March 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379132

About the service

Craigielea Care Home is registered to provide nursing care and support for up to 85 people, 20 adults with a physical disability and 65 older people. The provider is the Holmes Care Group Scotland Limited.

The service is based in a purpose-built care home, with single en suite accommodation on two floors and four individual units. There are lounges and dining rooms in each unit, and a hairdressing salon. The care home has a car park to the front of the building and a large, enclosed garden and patio area to the rear, which provides a pleasant and private space for residents. The home is situated in a residential area of Renfrew and there are shops and other facilities nearby.

At the time of inspection there were 75 people living in the home and a new manager had recently been appointed.

About the inspection

This was an unannounced follow up inspection which took place on 3 March 2025 between 11:00 and 16:30 and 5 March 2025 between 9:30 and 17:30. 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 five people using the service and four of their family
- spoke with six staff and management
- observed practice and daily life
- reviewed documents

Key messages

- We followed up on four requirements made at the last inspection. They had all been met.
- We followed up on four areas for improvement made at the last inspection. They had all been met.
- Better quality assurance systems were in place which gave the manager an improved oversight of the home.
- The induction process and training for new staff had significantly improved.
- Formal reviews for people were being carried out regularly and within statutory time scales. This meant that changes in care needs were recognised by the service.
- We made one new requirement and two new areas for improvement where we saw that people's care and life skills could be improved.

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
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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 viewed recordings of people's fluid input/outputs and monitoring of observations where people had experienced ill health. Daily records had focused on task elements of people's support and gave no view of the person's emotional and physical wellbeing throughout the day. Not having this information recorded could impact significantly when deciding whether to involve external health professionals.

We were also able to see that there were few "as and when" (PRN) protocols in place for people. These should be in place for each person who take medications that are not only on daily prescriptions, these can range from homely remedies to medication that help with stress and distress for people. (See requirement 1).

We sampled records for people who required support with Percutaneous Endoscopic Gastrostomy (PEG) and Nasogastric Tube (NG) feeding. These had not been maintained as they should be and means there is a lack of information for any professionals viewing them. Protocols were not in place for health and hydration monitoring, including those for people who cannot take fluids orally. (See area for improvement 1).

We saw in one of the units that people were treated with kindness and care, however due to some people's limited physical abilities; they were not always able to use the equipment provided to allow them to attract attention. One person we spoke with was unable to use the nurse call system they were provided with, due to limited motor skills. This was a source of frustration for some people. It had been raised by people in resident's meetings, however there had been no action planned to look at this further and make a more suitable provision. (See area for improvement 2).

Requirements

1. By 21 May 2025, the provider must improve oversight, monitoring and medication support guidance to ensure that people's care is responsive to their ongoing and changing needs. This must include but not be limited to;

a) Completion of accurate daily records and health monitoring charts. These should include peoples assessed needs, such as food and fluids, catheter care, bowel movements and skin care. These inform professional discussion on when further action should be taken to investigate health issues.

b) Ensuring there are systems in place to check, review and assess the accuracy of daily records and health monitoring records. Action should be taken without delay where any issues are identified.

c) Ensure PRN protocols for medication to be given 'as and when required' clearly identify signs and symptoms for staff to be aware of when people may require medication support. These should be person-centred and clearly link to each person's care plan to direct their support.

This is to comply with Regulation 4(1)(a) (Welfare of users) 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 care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

Areas for improvement

1. To ensure that people are supported well with their nutrition and hydration, the provider should ensure up to date and accurate protocols and guidance is in place to direct staff on how to provide this support. When people are unable to take food or fluids orally these should include input from Dieticians and Speech and Language teams.

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) and '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).

2. To enhance people's experiences and outcomes, the provider should explore technology to increase people's choice and control, recognising their rights and abilities. This should include but is not limited to, exploring technology to alert staff when they need support. In particular, where their mobility limits or prevents them from seeking out support.

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

'I can be independent and have more control of my own health and wellbeing by using technology and other specialist equipment' (HSCS 1.22) and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

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

Requirements

Requirement 1

By 20 September 2024, the provider must ensure that staff give individuals the right medication at the right time. To do this, the provider must, at a minimum:

- a) ensure that an up-to-date medication care plan is in place for individuals supported with medication
- b) ensure that staff give people the right dose of medication at the right time
- c) ensure that staff document any reason and/or follow up actions taken when any person's medication is missed, out of stock, or is delayed in administration
- d) ensure management or other relevant staff conduct and record regular medication audits.

To be completed by: 20 September 2024.

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

This is in order 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 requirement was made on 21 August 2024.

Action taken on previous requirement

We viewed peoples digital personal plans and saw that there was a list in each one of all medication taken. The plans clearly documented the support each person required to take their medication, and there were daily balance checks that ensured people had received the correct dose of medication.

If and when someone missed their dose of medication then this was easily seen within peoples care notes, which also explained the reason why. We saw that regular medication audits took place and that any areas for improvement were highlighted to staff.

Medication rounds were flexible and were planned around people who were available at that time and people who may be enjoying a longer sleep. This supported people's lifestyle choices.

We saw some areas that could benefit from further improvement, such as "as and when" protocols (PRN) and the staggered times of dispensing medications. We discussed these with the managers and they recognised where this was the case. As such we have added additional improvements in key question 1, "How well do we support people's wellbeing"

Met - outwith timescales

Requirement 2

By 30 December 2024, the provider must ensure that quality assurance systems and processes are effective and support improved care practices that link directly to improving outcomes for people. This should include ensuring that audits are completed accurately and that any learning from concerns, audits and people's experiences are shared with all staff.

This is to comply with Regulation 4(1)(a) (welfare of service users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services). Regulations 2011 (SSI 2011/ 210 and Sections (7)(1)(a) and (b)(Ensure appropriate staffing) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

This is in order 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 15 November 2024.

Action taken on previous requirement

There had been significant improvement in all areas of auditing within the service. Audits covered areas such as medications, fluid monitoring, meal time experience and wound care.

The audits we viewed were all up to date and had been completed in line with the services own prescribed time scales, such as monthly, two monthly and quarterly.

They each showed us information of where practice was good, as well as where it needed to improve.

Most audits had been carried out by the organisations external quality manager and we found it difficult to find some of the actions planned for improvement. However, this was due to the organisational system in place which allowed an extended time period for completion. We had a conversation with the new manager about this and we were confident that they will ensure that any action plans needed will be provided and discussed with staff at the right time.

Met - within timescales

Requirement 3

By 30 December 2024, the provider must ensure people are supported by competent care and senior staff with the right knowledge and skills. This should include, but not be limited to:

- a) ensuring all staff receive a robust induction and competence assessment for their role
- b) ensuring that all staff undertake essential training for their role and refresher training is available
- c) implementing a system of regular observations of practice to ensure competency and develop practice
- d) implementation of an effective system for oversight and monitoring of training

This is to comply with Regulations 2011 (SSI 2011/ 210 and Sections (7)(1)(a) and (b)(Ensure appropriate staffing) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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 15 November 2024.

Action taken on previous requirement

All staff recruited since the last inspection had undergone a robust induction process. This process covered initial mandatory training such as manual handling, stress and distress, and adult support and protection. We saw that staff were observed in all their competencies at the end of induction and that this was recorded in each staff members induction file.

The organisations training department now has responsibility for recording all staff training as well as alerting staff as and when they are required to complete any refresher training.

There are now a high number of staff who have reached a "skilled" level in Dementia understanding and knowledge from the Dementia Excellence Framework via TURAS.

Organisationally a new induction process has evolved where staff undertake induction in a sister care home. This is two days training, then shadowing colleagues arranged over a period of two weeks. This will involve staff training such as moving and assisting as well as observing staff in practice and signing off on competencies. This process will be used for any new training, such as person specific training, ie. PEG feeding to ensure that staff have practical skills and not just completing theory training. A suite of themed workbooks has been developed by training depts, these cover what the organisation is referring to as 'Foundations of care and support'. They have been developed for staff at various levels from care staff, seniors and clinical staff to ensure knowledge is role specific. Reviews were now in place periodically for new staff up to 12 weeks to support them in their role.

Met - within timescales

Requirement 4

By 30 December 2024, the provider must ensure appropriate care recording and implementation of six monthly care reviews of personal plans are carried out as per legislation. To do this the provider must, at a minimum:

- a) ensure people and/or relatives are involved, as much as they wish to be, in the development and maintenance of their personal plans
- b) ensure that formal reviews are held at a minimum of every six months. When possible with a local authority representative (usually the social worker) and that plans are updated when people's needs change. This should then be reflected in people's experience of care.
- c) ensure effective auditing systems to review personal plans and take action when concerns arise.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5 (Personal plans) 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 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 am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 15 November 2024.

Action taken on previous requirement

The service now uses a new electronic recording system, (PCS) and this highlights when formal reviews of care should be held. Reviews discuss the possible changing needs of people, as well as looking at and discussing future care planning.

Within people's personal plans we could see that the reviews had taken place as they should, and that family and other professionals were invited to attend and add comment on the care given, and the preferred outcomes for people.

Some were recorded straight on the electronic system and others were handwritten and then uploaded into the personal plan. This meant they were initially difficult to find. We discussed this with managers, and it was agreed that staff will be informed that all reviews must be uploaded to the same area of the system. Managers have been monitoring that reviews had taken place and were able to include the information in their audit process. Reviews of care will become more meaningful to staff once they have been stored in the one area of the system, as they will be easier to find and will inform staff of any immediate changes to take place.

The manager has now produced a pro forma review questionnaire that will be used for all reviews. This will ensure that a standard approach is in place for all discussion.

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 people to get the most out of life, the provider should ensure people spend their days in a way that is meaningful to them. This should include but is not limited to, ensuring people's personal preferences around how they spend their time are identified and all staff are aware of their role in providing meaningful interactions with people.

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

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2); and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

This area for improvement was made on 15 November 2024.

Action taken since then

There are now two activities workers in post, with a third onboarding who is planned to support activities at weekends and evenings.

We spoke with activities staff and they showed us the regular, planned program of activities each week. These include a range of in-house activities, as well as outside entertainment.

A minibus has been sourced from within the provider group, and a suitably qualified driver is in place. This has ensured people have access to their local community. There has recently been an outing to a local

school where people met with pupils and had an entertaining day. We saw people taking part in activities and they were having fun and enjoying themselves.

It was good to see that residents' meetings were taking place. These supported people to give feedback on previous activities, as well as invite suggestions from people for anything new that they would like to try.

This area for improvement has been met.

Previous area for improvement 2

To ensure improved outcomes for people using the service and to improve staff wellbeing the provider should ensure that staffing levels are increased to a level sufficient to meet the needs of all people using the service. This should be achieved in each unit.

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

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

This area for improvement was made on 15 November 2024.

Action taken since then

Recruitment is currently ongoing with only a few vacancies now available. The manager has now moved on to try and recruit "bank" staff and they will be used to cover staff absence or annual leave. They would become regular workers in the service, therefore providing staff who know people well. Currently there are regular agency staff being used to cover absence of staff.

We were able to view the staff rotas that are now in place and we found that they are in line with the dependency needs in each unit. Allocation of staff takes into account the needs of each unit at different times of the day, for example some units have higher needs in the morning than others due to the number of people who need support with moving and handling.

Rotas and allocation of staff are clear to read and leave staff in no doubt as to where and when they are working within the service.

This area for improvement has been met.

Previous area for improvement 3

The provider should ensure that the quality of soft furnishings and carpets in corridors enhances peoples experience and outcomes.

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

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.23) and 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 15 November 2024.

Action taken since then

Flooring and carpets have been replaced in all four units. Bedrooms are now having a planned program of upgrade. Paintwork is refreshed in communal areas, and this is being maintained by a painter and decorator who has recently been hired.

New sofas and chairs have been purchased in all communal areas, and an addition of a small dining area in the lounges on the upper floor now gives people a choice on where they wish to eat their meals.

Each unit has been newly decorated in attractive colours and design, and was done with input of choice from people living in the home.

This area for improvement has been met.

Previous area for improvement 4

The provider should ensure that good quality and effective signage is placed in the units accommodating people living with Dementia to assist people to move easily and independently around the unit.

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

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

This area for improvement was made on 15 November 2024.

Action taken since then

We saw that the home had sourced good quality and attractive "Dementia friendly" signage. This was now on display in each of the units and clearly displays to people where they are. There are attractive signs on each bedroom door clearly displaying the persons name, and these were chosen by those who live in each room.

There is now a clear walkway throughout each unit and the flooring is laid in such a way that it encourages movement in the right direction.

This has helped support wayfinding for people

This area for improvement has been met.

Complaints

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

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