

## Crudenlea Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
10 April 2025

**Service provided by:**  
Cornerstone Community Care

**Service provider number:**  
SP2003000013

**Service no:**  
CS2003000275

## About the service

Crudenlea is a care home that provides care and support to a maximum of 11 people with a learning disability and associated needs. At the time of this inspection, there were 10 people living in the home.

It is set in the North East coastal town of Stonehaven, which has good road and rail links to Aberdeen and Dundee.

The service states it aims "to enable people who require support to enjoy a valued life". In addition, the service's written statement of aims and objectives was developed from the provider's mission statement and takes into account the individual needs of the service users within the home.

## About the inspection

This was an unannounced inspection which took place on 08 and 09 April 2025. 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 nine people using the service and three of their family
- received feedback from seven staff and management through discussion and care surveys
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- There was a new management team in place that were working hard to help bring about improvements.
- People appeared happy and content with the staff who were supporting them.
- We noticed an improvement in the cleanliness of the home from previous visits.
- The quality of care and support plans needed to improve.
- Medication management needed to improve.
- Communication needed to improve with staff and with professionals.

## 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?	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 considered two quality indicators under this key question. We evaluated Quality Indicator 1.3 People's health and wellbeing benefits from their care and support as adequate where strengths only just outweighed weaknesses. We also considered Quality Indicator 1.5 People's health and wellbeing benefits from safe infection prevention and control practices and procedures. We evaluated 1.5 as good. The overall evaluation for this key question is therefore adequate.

### 1.3 People's health and wellbeing benefits from their care and support

People received support that was kind and caring from a staff group who knew them well. We heard and saw lots of happy, and caring interactions between staff and people who live in the home. People appeared happy living in Crudenlea. People told us, 'I'm fine', 'I've settled in, I want to decorate my room soon' and 'My relative is happy and well cared for'. People were supported to look their best and we saw that people's choices and preferences were respected.

People should be supported to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors that reflect their choices and preferences. We saw and heard that people enjoyed the lunch club, shopping, walking and volunteering. Resident meetings provided an opportunity for people to express their ideas and make suggestions both individually and as a group. We saw that some goals had been identified with people but it was disappointing that we could not see how progressing these goals had been planned or recorded. We could not be confident that people's preferences were informing their care and support.

Some people had additional funded hours with the purpose of increasing opportunities for activities and socialising within and out with the home. There was not a clear record of how these hours were being used to enhance people's experiences or expand their opportunities. The manager should ensure there is clear guidance for staff which is developed in consultation with the person and their representatives to ensure people are getting the most out of life.

People should be supported to manage their own medication as far as they are able. Most people needed full support with their medication. There was a system for safe storage and stock reconciliation. 'As required' protocols were in place for the use of medication prescribed to be taken as required. These protocols however need to be reviewed and more detail added to some to help support consistent use for people.

We were concerned to see that there had been a significant number of medication incidents reported. These had been identified by staff through stock checks that highlighted where medication errors had occurred. Whilst it is positive that oversight and staff checks had identified errors, it was not good enough that people could not be confident that they would receive their prescribed medication consistently and safely. We acknowledged that the management team had highlighted this with the team and further staff training had been provided with recommendations to help bring about improvements. **See requirement 1.**

People's health benefitted from access to a range of community healthcare professionals and agencies. We saw that people were being supported to attend a range of appointments that helped to promote good health and wellbeing. One professional told us, 'Staff appear to be a bit confused around how to make a referral to the wider MDT.' Communication was described as inconsistent and in need of improvement to help ensure relevant information was being shared to help influence better outcomes for people.

In house there was room for further screening and assessment tools to be used regularly to help identify early indicators of a change in people. For example, multifactorial falls risk assessments, screening tools for malnutrition and skin integrity assessment tools. This would help to provide more specific information for care plans and assessments and help to identify conditions where further advice from other professionals was required.

Peoples rights should be protected by ensuring that any surveillance or monitoring device that they or the organisation use is necessary and proportionate, and relevant people are involved in deciding how it is used. Whilst we saw that assistive technology was being used to help keep some people safe, there needed to be further details within care and support plans that reflected the reasons for, the discussions that had taken place, how the technology works, its maintenance and frequency of review. This would help to ensure that equipment is used correctly and consistently to the benefit of the individual and that any potential restrictions to the individual are kept to a minimum. **See area for improvement under key question 5.**

People could access fresh fluids and snacks throughout the day. We saw that people were asked about the menu through resident meetings. Staff should ensure that the menu is regularly reviewed to help ensure it is well balanced and can be adapted to meet people's specific needs for modifications.

### **1.5 People's health and wellbeing benefits from safe infection prevention and control practices and procedures**

People should be confident that staff have the necessary training, skills and competence to prevent the spread of infection and support them during an outbreak of an infectious disease. Staff received updates in infection prevention and control every six months. Staff practice in relation to donning and doffing personal protective equipment and handwashing was carried out. We observed staff washing hands thoroughly between tasks.

Cleaning schedules were in place and more consistently completed to reflect the cleaning that had been completed. Managers also did weekly spot checks to help ensure standards were improving and that this improvement was being sustained.

Leaders are proactive at ensuring that there are systems and processes in place to support good infection prevention and control practice. The environment was generally clean and tidy and we noted an improvement in some areas since our last inspection.

## Requirements

1. By 10 July 2025 the provider must demonstrate that safe systems are in place for the management and administration of medication.

In particular:

- the provider must ensure medication is administered at regular intervals as instructed by the prescriber and in line with the residents' lifestyle and daily routine.
- the provider must ensure staff are appropriately trained and supported in medication management.
- the provider must ensure that in the event of errors, staff seek advice and guidance from the prescriber or other appropriately qualified practitioner.
- the provider must ensure that there is robust oversight of medication errors that highlight what improvements are required.

This is to comply with Regulation 4 (1)(a) welfare of users of the Social Work and Social Care 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: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

## How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a relatively new management team who had relevant experience in place within the home. The team collectively had a clear view of what was working well and what needed to improve. Steps had been taken to address where standards had declined. People told us, 'I would anticipate the service improving now' and 'Since the manager has joined the service, I feel there has been a significant improvement around the way the service is run.' People told us that they were noticing improvements and they had confidence in the current team.

Quality assurance processes should be effective at bringing about improvements. There was a range of audits and checks that were identifying good practice as well as where improvements could and needed to be made. The outcome of these checks were shared with staff with a view of developing a collective response to improvement within the service.

Management trackers provided a visual tool for recruitment, staff training, staff supervision and observations of practice so managers had good oversight where they needed to focus resources.

Observations of practice help managers to review and evaluate the impact of training and staff support on improving outcomes for people. It was good to see that observations extended beyond those relating to infection prevention and control practice.

Lessons should be learnt from any adverse incident or accident. Whilst there was evidence of managers overview and actions, the detail within reports could be improved to help ensure there is sufficient detail that describes the outcome for people. **See area for improvement 1.**

The managers encouraged others to be involved in service development and improvement. The service improvement plan demonstrates that feedback from staff, service users and families is considered and informs service improvements and developments for people.

### Areas for improvement

1. In order to ensure people experience safe and responsive care, the provider should ensure there is sufficient detail within accident and incident reports that enable a robust analysis. This would help to identify any actions required to help minimise the potential for further accident or incident.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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).

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Good relationships had been formed between staff and people who lived in the home which contributed to the relaxed and comfortable feeling within the home. Staff were kind and caring and we saw many interactions that demonstrated that staff had a good knowledge of people's needs and preferences.

Staff competence should be regularly assessed to ensure that training and development opportunities and staff support are effective at supporting better outcomes for people. A number of observations of practice had been completed which included interaction and engagement, eating and drinking, donning and doffing or personal protective equipment and handwashing. This would help ensure that staff practice reflects the principles of the Health and Social Care Standards.

Staff had completed a range of training relevant to their roles and responsibilities. It was a concern that despite ongoing training, support and discussions with staff that medication errors continue to occur. The management team need to consider what further support or resource is required to help ensure staff practice improves to ensure people receive the support that they require. See requirement 1 under Key Question 1.

Supervision and appraisals are important tools for staff to reflect on their practice and to consider their development needs. The frequency at which staff had received supervision fell short of the providers expectation of every three months. We acknowledge however that there was a new management team in place and that dates were planned in for supervision in the coming weeks. Staff told us that whilst they felt supported, communication could improve. We provided examples to the management team.

## How good is our setting?

### 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from an environment where there were clear and planned arrangements for the servicing and maintenance of any safety equipment. This helped to ensure that the environment was safe and comfortable.

All staff were aware of environmental cleaning schedules. These had been more consistently completed since our last inspection and the environment was visibly cleaner during this visit. Staff roles and responsibilities in relation to maintaining a good standard of cleanliness had been highlighted and managers carried out regular spot checks to help sustain this improvement.

People can choose to use private and communal areas and have the right to privacy when they want. People's bedrooms reflected their personalities, their likes and dislikes. We saw that some rooms had been redecorated which had improved these areas for people. One person told us, 'I'd like to decorate my room with birds and bonny patterns'. Staff told us they would take this forward.

There was a maintenance programme in place that described further environmental improvements to be made. Someone told us, 'Their refurb is progressing well' - progress was noted however had been slow. We highlighted some areas where immediate improvement was required to ensure that surfaces were intact, cleanable and clean. The manager took prompt action with a temporary solution however we would expect environmental audits and staff checks to have picked this up prior to the inspection.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should have care plans that set out how their needs will be met, as well as their wishes and choices. The provider had introduced an electronic care planning system and were in the process of transferring information from paper files to this database. We found that not all information was up to date or had evidence that it had been reviewed in either format, therefore we could not be confident it was accurate. Some key information was missing or had not been updated. This could be confusing for new staff and result in people's needs not being met as they should be.

Not all staff had received training in how to use the new system. The provider should address this to ensure that staff can navigate the system and ensure that information is recorded consistently and can be easily found to inform people's care and support.

As reported under key question 1, the use of assistive technology for people needed to be described further within care and support plans. Plans should reflect the reasons for, the discussions that had taken place, how the technology works, its maintenance and frequency of review. This would help to ensure that equipment is used correctly and consistently to the benefit of the individual and that any potential restrictions to the individual are kept to a minimum. **See area for improvement 1.**



People's goals although they had in some way been recorded these had not been progressed or updated and therefore, we were not confident that people's views were being considered when planning their care and support.

People had participated in formal reviews. There were some good records of what was important to people in pre review meetings and this information was used to inform the formal review meeting.

Legal documentation such as Guardianship Orders were available within people's care plans. This helped to ensure the right people were involved and consulted about people's care, and that people's rights were upheld.

## Requirements

1. By 10 July 2025, the provider must ensure that service users' care plans are outcome focussed and provide robust, accurate information that sets out how their health, welfare and safety needs are to be met. In order to achieve this, the provider must:

- Ensure that the written plan is clear and concise, and the plan has supporting evaluation documentation that will evidence staff practice.
- Ensure that care and support plans are reviewed in consultation with the person and their representatives at least once every six months.
- Ensure that the written plan is being effectively assessed, monitored and audited.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 Regulation 5.

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

## Areas for improvement

1. In order to ensure people's rights are upheld, the manager should ensure that all staff are familiar with relevant guidance around assistive technology and restrictive practices and this is reflected in people's support plans.

This is to ensure that care and support is consistent with the Health and Social care Standards which state; My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used. (HSCS 2.7)

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

### Requirements

#### Requirement 1

By 31 May 2023, the provider must ensure that people are supported in an environment that is safe, clean and minimises the risk of the spread of infection. To do this the provider must at a minimum:

- a) Ensure that staff receive the appropriate training in infection control.
- b) Ensure that there are sufficient staff on duty to undertake domestic duties and that cleaning schedules are followed
- c) Ensure that quality assurance checks are made at regular intervals to ensure compliance with infection control practice and general cleanliness of the home, including personal care equipment.

This is to comply with Regulation 4 (1) (a)(Welfare of users) and (d) (Infection control) 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 care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 25 April 2024.**

#### Action taken on previous requirement

Staff had received training in infection prevention and control. This training was refreshed every six months.

Lead practitioners had supported staff with observations of practice around donning and doffing and handwashing. Expected standards were highlighted and reinforced through team meetings.

Cleaning schedules had been reviewed and were more consistently completed to reflect the cleaning tasks that had been completed.

The environment was visibly cleaner than at our last visit. Some improvements were required to ensure that all surfaces were intact, cleanable and clean and the manager took prompt action to address this.

**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

The manager should ensure staff have opportunities to increase their knowledge around people's human rights and the Health and Social Care Standards. This would help to ensure staff are supporting people in a manner that promotes and upholds people's rights and minimises the risk of unnecessary or unlawful restrictions.

This is to ensure that care and support reflects the Health and Social Care Standards (HSCS) which state that: 'I am supported to understand and uphold my rights' (HSCS 2.3) and '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 25 April 2024.

**This area for improvement was made on 25 April 2024.**

#### Action taken since then

Discussions within team meetings reflected the principles of the Health and Social Care Standards in that records were respectful of people's human rights. The introduction of observations of practice around interaction and engagement would contribute to evaluation of staff practice and recognition of the Health and Social Care Standards.

Some assistive technology was used within the home to help keep people safe and this needed to be more clearly documented to ensure that people's rights were being upheld and that staff understood the current guidance around the use of assistive technology. See new area for improvement under Key Question 5.

#### Previous area for improvement 2

In order to ensure there is a culture of sustained improvement, the provider must ensure that regular quality assurance processes are embedded and are effective in identifying and promoting outcome focused care. The processes should be responsive to improving the outcomes for service users and actively drive good practice and standards.

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 area for improvement was made on 25 April 2024.**

#### Action taken since then

The management team had reviewed the tools used to evaluate the quality of the service. As a result, the quality assurance processes we saw at this inspection were more consistently completed and were being successful at identifying areas for improvement and development. We saw that outcomes of checks, audits and feedback were informing the overall service improvement plan.

This area for improvement has been met.

## Previous area for improvement 3

To ensure that people's needs are met, the manager should ensure care plans and relevant documentation is reviewed regularly, well organised and updated promptly when people's needs change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 13 July 2023.

**This area for improvement was made on 13 July 2023.**

## Action taken since then

This area for improvement remains outstanding. Care plans were presented in both paper format and electronic on Advanced Care Planning. Some documents did not appear to have been subject to review and therefore we were not confident these were up to date.

Through discussion with people, it was evident that some information was not accurate. We have made this subject to a requirement under Key Question 5.

## 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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
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
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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