

Crossgate Care Centre Care Home Service

Meiklewood Road
Kilmarnock
KA3 2EL

Telephone: 01563 523 311

Type of inspection:
Unannounced

Completed on:
4 September 2025

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 minibuss to support access to the community.

At the time of our visit there were 61 people residing within the care home.

About the inspection

This was an unannounced follow up inspection which took place on 4 September 2025 from 10:15am to 15:15pm. The inspection was carried out by two inspectors from the Care Inspectorate to follow up on requirements made as a result of upheld complaints following a complaint findings.

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 one staff nurse and three members of the management team, and we reviewed documents.

Key messages

The provider must ensure the admission policy and procedure provides clear timescales for monitoring hydration needs of people experiencing care.

The care provider must ensure the ongoing monitoring and evaluation of people's skin integrity for signs of deterioration.

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

Requirements

Requirement 1

By 29 August 2025, the provider must ensure the admission policy and procedure provides clear timescales for monitoring hydration needs of people experiencing care when they first move in. The policy where necessary should make reference to the Scottish Care Regulator. In order to do this the provider must as a minimum:

- a) ensure people's hydration is accurately assessed, monitored and recorded including the follow up actions taken when targets are not achieved.
- b) the personal plan must provide details how staff will support people to meet their hydration needs.
- c) ensure staff contact external health professionals and escalate any concerns relating to changes in people's hydration needs in a timely manner.

To be completed by: 29 August 2025

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 is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required

This requirement was made on 21 July 2025.

Action taken on previous requirement

The care providers admissions policy had been updated to reflect information relating to the Scottish Regulator. The policy cross referenced to the care planning policy which confirmed the timescales for monitoring hydration needs of people when they are newly admitted to the care home.

Records viewed confirmed people's hydration needs were being assessed and monitored with follow up actions to be taken.

Daily flash records confirmed information was being shared about peoples fluid intake and any additional actions required.

We were satisfied sufficient progress had been made to meet the requirements.

Met - within timescales

Requirement 2

By 29 August 2025, the care provider must ensure the ongoing monitoring and evaluation of people's skin integrity for signs of deterioration. To do this, the care provider must, at a minimum:

- a) ensure staff accurately record wound information to allow an assessment and evaluation for signs of deterioration.
- b) ensure that where staff identify gaps in recording or concerns about an individual, are accurately recorded and the actions that will be taken.

To be completed by: 29 August 2025

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 is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This requirement was made on 21 July 2025.

Action taken on previous requirement

Minutes of flash meetings confirmed wounds were discussed and information shared. We viewed information within a diary that confirmed wound management plan actions were identified which we were told all staff review the diary when they return on shift to ensure they are kept up to date.

We viewed wound management guidance which had been implemented and records confirmed all staff had been asked to read it.

We spoke with the new wound management champion who confirmed she had attended wound management training with three other colleagues and we were told the plan is to roll this out to all relevant staff.

We sampled wound management care plans which confirmed the treatment people required and the dates when reviews were planned. Care plan audits also identified any gaps in recordings and follow up actions required to be taken.

We were satisfied sufficient progress had been made to meet the requirements.

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 ensure individuals and their families have confidence in the service the care provider should offer reassurances by sharing information when requested about the care and support of individuals. The care provider should ensure there is clear guidance in place for staff to follow when communicating with families and recording systems are implemented that will capture communication with families.

This is to ensure care and support is consistent with Health and Social Care Standard 4.20: I know how, and can be helped, to make a complaint or raise a concern about my care and support.

This area for improvement was made on 21 July 2025.

Action taken since then

Not assessed as part of this inspection

Previous area for improvement 2

To ensure people have confidence in the service being provided, the care provider should ensure all complaints are fully investigated and a response issued which details the findings and actions to be taken.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 21 July 2025.

Action taken since then

Not assessed as part of this inspection

Previous area for improvement 3

To ensure people have confidence in the service being provided, the care provider should ensure all complaints are fully investigated and a response issued which details the findings and actions to be taken.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern

or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 21 July 2025.

Action taken since then

Not assessed as part of this inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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Care Inspectorate
Compass House
11 Riverside Drive
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