

# Crudenlea Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
4 November 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 follow up inspection which took place on 04 November 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 three people using the service
- spoke with one staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

This was a follow up inspection to consider progress made to address a requirement made at our full inspection in April 2025.

- Improvements were still required in medication management to ensure people consistently received their medication as it is prescribed.
- The manager was completing a monthly audit which highlighted any medication errors.
- Reporting of medication incidents continued to improve.
- Staff were taking appropriate action when errors were highlighted to ensure the risk of harm to individuals was minimised.

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

### Requirements

#### Requirement 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).

This requirement was made on 10 April 2025.

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#### Action taken on previous requirement

It was disappointing that errors in administration as well as in recording persisted. Some of the recording errors – for example, missed signatures or stock checks had then led on to people not receiving their medication as it was prescribed because staff could not be sure that previous doses had been administered.

It was positive that staff were seeking advice from relevant professionals when errors were identified. This helped to minimise the risk of harm for people.

The manager continued to audit medication records and practices monthly, identifying any errors and the types of error. This audit should be extended to provide more detail such as times of day and the staff involved.

Staff are not always physically counting tablets to ensure an accurate stock balance is reflected.

Since our last inspection, a new medication procedure had been developed and this was to be discussed with staff.

New technology was being secured for the home with staff having easier access to relevant information.

The manager was considering if the current electronic system could provide prompts for staff to help remind them of tasks such as administration of medication which could help to ensure an additional check that all support is provided as required.

Overall however this requirement has not been met and we have extended the deadline to 16 January 2026.

**Not met**

## 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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