

Craigielea Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
24 November 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, this includes 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 for all, over two floors, and four individual units. There are lounges and dining rooms in each unit, and a hairdressing salon at the front of the service. 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 82 people living in the home and a new manager had recently been appointed.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 19 November 2025, between 6:30 am and 21:30. The inspection was carried out by three 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 12 people using the service and 10 of their family
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

Key messages

- There was a new manager in post who ensured he was visible to all residents and visitors.
- The home was well staffed in numbers and peoples needs were met by the right number of people.
- Staff received training in specific health conditions, but would benefit from regular check ins to ensure their knowledge is retained.
- There was a calming atmosphere throughout the home which helped people feel relaxed.
- Activities for people were varied and interesting.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

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

Relationships between staff, residents, and families were strong and contributed to a welcoming and supportive environment. Good relationships between everyone are important as people feel more comfortable with those they know well and trust. People and their relatives told us that sometimes they found it difficult when staff were moved to different units. This happened from time to time, however managers did try to keep this as minimal as possible. We discussed this with managers and have asked that they consider when staff are moving what negative impact it may have on people. (See area for improvement 1). Staff did know people and their needs well and were caring, compassionate and respectful toward them. Several family members we spoke to told us that while they recognised there was always room for improvement, overall they were happy with the care their loved one received. One person told us that "it is hard but the care home makes me feel that my father is well taken care of, even on our more emotional days".

Communal spaces such as the front bistro and secure garden area are well used by people and their visitors. The bistro offers opportunities for social engagement and relaxation between families and people living in the service. We saw that for some people who were unable to go outside it was a place that gave a feeling of being "out for the day". This improved people's wellbeing and prevented a feeling of isolation.

Activities for people in each unit were regular, varied, and meaningful. We saw people having fun and laughter with staff during activities time. People were involved in physical games and enjoyed exercise, as well as other more thoughtful activities. Some people had achieved learning a new language (French) and had been awarded a vocational qualification. These all helped to build meaningful relationships with other people and staff, as well as keeping the mind and body active.

The service used an electronic recording system and all documentation we viewed was accurate and up to date, this helped us track outcomes for people. It was good to see that staff had an improved awareness of the importance of hydration and nutrition needs for people, and that they had been recording this intake every day. Hydration stations were available in each unit meaning that people could access drinks as and when they wanted to. We saw a clear picture that showed people were receiving the right amount of hydration and nutrition. We could see that those who did not take in enough fluids or food had an action plan devised to improve this. The service contacted external health professionals when needed. This helped achieve better health outcomes for people and ensured that any treatment or intervention was safe and effective.

Meals were nutritious, well prepared and served to people in their own unit dining area. The meal experience was better in some units than in others. In two units there was a pleasant dining experience where people seemed relaxed and chatty, and others it was less so. We discussed this with managers and they are taking steps to improve the dining experience for all.

People should receive their medications at the right time, being dispensed in the right way, therefore keeping them safe and well. We saw that medication management was robust and carried out professionally with accurate records maintained. We noted that "as and when" (PRN) protocols were in place for individual people. These protocols ensured that staff knew when to offer PRN medications and described the symptoms and behaviours that people may display when PRN was required.

Clinical tools were used consistently to assess people's health needs. Daily flash meetings were held between the manager and staff, which was where any concerns for people were highlighted. Comprehensive handovers were shared by staff between shifts, and risk assessments for each individual helped to ensure continuity and safety. Accidents and incidents were recorded, reviewed and analysed and then recorded in people's personal plans. This ensured that staff saw and were aware of any changes in people's daily care routines.

Areas for improvement

1. To ensure that people receive support from staff who are aware of their needs the provider should consider staff continuity within different units.

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

'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8).

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 new service manager in the home and they were in the process of gathering information to work on any improvements they felt were needed. A service improvement plan (SIP) was in place, however the manager was in the process of updating it. The manager had made a point of making themselves visible to people and families and this ensured that they know who they were. Families were generally pleased with the input so far and felt that the manager would be approachable and make some positive improvements to their loved ones care.

People should benefit from a culture of continuous improvement, with the service having transparent and robust quality assurance processes. There was a quality assurance framework in place and this had been used effectively since the last inspection. Managers had used the appropriate time scales for completion in each area. The service also has its own external quality team who came to the service regularly to review management audits. Where improvements were needed in any areas of care then the right staff were identified and tasked with achieving them, which was then fed back to the manager once completed. This ensured that there was continuous improvement in the service.

The complaints policy was publicly displayed in the home where families could easily see and read it. This meant that people and relatives knew how to make complaints about the service. We were able to see the complaints policy and the complaints log. Complaints by family's were recorded. The log showed clearly what the issue was, who had raised it, what the outcome was, and, for most, any lessons learned through dealing with them. We had a conversation with managers that they should ensure that "lessons learned" were recorded at the end of every complaint as this is another way of carrying through the journey of service improvement.

Managers had a good overview of people's personal plans, supervision of staff and staff training. The training plan for staff covered many relevant areas such as Dementia awareness, nutrition and fluids, adult protection and skin and tissue care. However, although supervision with staff covered these areas of practice by staff, there were no recorded observations of staff practice. We noted through conversation with some staff that although a lot of training had been undertaken it could sometimes, over a period of time, be difficult to retain that knowledge. This is something that observation of practice would improve. (See area for improvement 1).

Nurses and carers in care homes must be registered with the appropriate professional body. For nurses this was with the Nursing and Midwifery Council (NMC) and for carers with the Scottish Social Services Council (SSSC), and they must follow their code of conduct. These registrations were checked regularly and ensured that staff were working legally. Any conditions on registration, such as obtaining relevant qualifications, were known by the manager.

There was a regular programme of staff, resident and relatives meetings in place. This gave everyone the opportunity to discuss any changes in the service, professional updates and to raise and discuss any issues that were relevant. A new process was about to be introduced where some units in the home would participate in individual relatives meetings. This would give people more time to meet with managers and discuss any issues relating to their loved ones, and be more aware of personal outcomes.

Whilst we saw that all significant events, accidents and incidents had been recorded on the electronic system, they were not all available in the one place. We discussed this with managers and have asked that they ensure all staff, including managers, record information regarding events in the right, place. This means that when looking for information to improve or change a person's care then staff would find all relevant information easily and could prepare an action plan to improve people's outcomes.

Areas for improvement

1. Managers and senior staff should develop a plan where all staff receive observation of practice. Areas to be observed should include, but are not limited to:

- provision of personal care,
- nutrition and how to prevent choking hazards
- skin and pressure care treatments.

The observation should be recorded and can be discussed at the time, as well as being revisited at the next supervision session.

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).

How good is our staff team?

4 - Good

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

The service uses a dependency tool to calculate how many staff are required to provide care for all people in the service. It was clear to us that in doing so they usually included at least one extra member of staff. This was positive for people and ensured that people could be confident there were enough staff to offer the right support. There was a peripatetic member of staff on nights (a person not dedicated to one unit) who was able to move from unit to unit throughout the night when needed. Staff, and people, appreciated this "extra pair of hands" during the night shift.

We observed staff handovers between shifts. The handover information was comprehensive with good information on people and good communication between staff.

People have the right to care and support being consistent and stable because people work together well. Staff had good relationships with people and their relatives, and this helped to build trust between them. They worked well together as a team in each unit and were aware of what tasks colleagues were completing at different times of the day. It was apparent to us that staff were enjoying their work and they confirmed this with us when we spoke with them.

Part of the induction process for new staff was that they did their first few weeks at another care home within the organisation. This worked well for staff and ensured that all mandatory training such as moving and handling and adult protection, was completed before starting work in Craigielea. They spent time learning about the organisation, understanding what good care practice was and gaining experience in areas of work, such as personal care. This meant that all new staff starting in the home had valuable experience and understanding of work practice and real time knowledge.

A training matrix was in place and we saw that staff were offered and undertook training in many different areas of care, including specific health conditions, such as Diabetes or Parkinson's. It should be recognised by managers that not all staff can retain the same knowledge at the same level all the time. (See key question two, "how good is our leadership) and some extra input would be beneficial in order to keep staff knowledge refreshed.

The Care Home Collaborative (a service available in Renfrewshire) had spent time in the care home assessing the training needs of staff and the personal needs of people. They fed back to the home where improvements could be made, as well as providing some extra training for staff. This helped improve some areas of care, and staff were able to ensure that people were then more comfortable in their daily life.

We saw that domestic staff in the home carried out their roles well and observed all infection prevention and control guidelines. They used the right cleaning products and followed an appropriate cleaning schedule which meant the home was kept as free from infection as was possible.

The laundry area was well used and the appropriate actions were in place to separate clothing in order to prevent cross infection.

Relatives were generally happy with the laundry process, however a few did make comment that some of their loved ones clothing would go missing from time to time. We highlighted this to the manager and they will discuss with relatives ways in which they can try to prevent this.

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.

On entry to the care home there was a warm and welcoming atmosphere, and we noted that there was no malodour throughout the home. The environment was bright and cheering with attractive decor and comfortably furnished lounges. All bedrooms were en suite and were decorated to people's personal taste. Families could bring in personal items of furniture and other belongings to place in loved ones rooms and this gave a homely feel. As well as communal areas in each unit there were also private areas where people could sit with loved ones.

The unrestricted access to secure outdoor places gave people a choice to be outside if they wished, and the garden area was well used by relatives and loved ones.

Environmental and safety checks within the building were carried out when they should be. These included areas such as fire safety, water systems and electrical checks. Any general repairs needed within the home were carried out by maintenance staff. This kept people free from risk in their home environment.

Floor three in the home was in the main a staffing area, as well as housing the kitchen and laundry. These areas were clean however, they were significantly less well kept in decor and repairs than that of the rest of the home. Staff should feel valued as employees by having suitable and comfortable facilities to relax on their breaks, and these areas should be brought up to the same standard as in the other floors. (See area for improvement 1).

We viewed an area away from the main body of the home where all bins were kept. These were skip bins for general waste and large skip bins for clinical waste. Outside clinical waste bins should be kept closed and locked when not in use. This is a control action for infection prevention. We saw that these bins did not have a lock on them and discussed this with managers. They assured us that this would be dealt with, and then ordered the appropriate locking system for the bins. We were confident that these will now be fitted to the clinical waste bins.

Areas for improvement

1. The provider should implement improvements that would ensure staff can experience rest breaks in a comfortable and well maintained area to be made to the staffing area. This should include consultation with staff

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

'If I have a carer, their needs are assessed and support provided' (HSCS 4.26).

How well is our care and support planned?

4 - Good

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

We reviewed several peoples personal plans and spoke with them and their relatives. People were involved in developing their personal plans, discussing their preferred outcomes and what they wanted to achieve.

When people were unable to make their own decisions at any time, then the views of those who knew them best, such as their carer, or formal/informal representative were sought.

Personal plans were written clearly and we saw that regular internal reviews of people plans took place. Where any changes in care needs were identified the plans were then updated. This meant that people's care and support met their needs and was right for them.

External health and social care professionals were invited to attend the statutory review that took place every six months. They had input with the person when needed and had professional knowledge of any other needs and skills that may be required. The recorded statutory reviews were difficult to find initially. Some staff were uploading them to different areas of the electronic system and others were handwriting reviews and outcomes. It was good to see that they had taken place, however, all must be kept in the same place so that they are easily accessible for staff and managers. This would ensure that staff were then aware of any new, or remaining, decisions that had been made to improve outcomes for people. (See area for improvement 1).

The service had began working with external health professionals to look at peoples future health and care needs (anticipatory care plans). These were discussed sensitively with people and families, and were now being uploaded to personal plans. This meant that in the future, in the case of end of life care, the person, family and staff knew what the person's needs and wishes may be and how to best achieve them.

Areas for improvement

1. The manager should ensure that people are supported in accordance with their current needs. In order to achieve this the provider should:

- Ensure that all statutory reviews of personal plans are stored in one accessible area where all staff are able to access them easily.
- Ensure that they available for people and their families to view if they so wish.

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).

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

Requirements

Requirement 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 people's 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).

This requirement was made on 1 April 2025.

Action taken on previous requirement

We saw that daily records were completed for each person. These all included daily fluid intake as well as nutrition. Other areas, such as skin care and bowel movements were also completed on at least daily basis.

A thorough medication observation was carried out by an inspector. It was seen that medication rounds were carried out in a professional manner. All actions and dispensing was recorded accurately, with counts and audits of medication carried out in the right way.

PRN protocols were in place for all people who required "as and when" medications. Each protocol described behaviours by people when they were displaying signs of pain, discomfort or distress. Which meant staff were clear as and when to administer the medication.

Daily flash meetings were held each morning with the manager, clinical and care staff present. They discussed any new, or longer lasting, health issues that were noted for individuals from the previous day or night, and decisions made on what to take forward and with whom.

This requirement was met.

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 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 Dietitians 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).

This area for improvement was made on 7 March 2025.

Action taken since then

Care staff were now recording all nutrition and hydration intake for each person. When we spoke with staff they were aware of and understood the importance of this.

When there were issues for people who were unable to take fluids and nutrition these could easily be seen on recording systems. In this case we saw that the service contacted the appropriate external health professionals, such as dietician or Speech and language team (SALT) for input.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 7 March 2025.

Action taken since then

We saw that technology was made available to people and had ensured they could alert staff when they needed support. Examples of this were different types of "alert" technology for people who experienced immobility. The service investigated the different types that were available and made visits to the local authorities "Tech House" to see how these worked. They had then purchased a few different ones that were suitable for people.

There was further access to electronic communication aids for people that ensured they were able to get the best out of life. Family members also assisted by purchasing assistive technology communication aids for their loved ones.

The service should continue to carry out these assessments on an ongoing basis to ensure that all people get the best out of life.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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