

Craigie House Care Home Care Home Service

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Telephone: 01592 780 590

Type of inspection:
Unannounced

Completed on:
31 October 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000123

About the service

Craigie House Care Home is a well established care home for people over the age of 65 situated in the residential area of Crossgates, Fife. It is close to local transport links, shops and community services. The home has a pleasant garden area and accommodation is provided in single rooms over three floors. The majority of rooms have en-suite toilets and shower facilities. Communal areas, including the lounge and dining rooms, are located on the ground floor, with a passenger lift providing access to and from the upper floors.

Craigie House Care Home is registered to provide 24 hour care and support for up to 30 people. During the inspection there were 26 people residing in the home. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced inspection which took place between 25 September and 31 October 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six staff and management
- spoke with five people living in the service and gained the views of a further five people via questionnaires
- spoke with three relatives and gained the views of a further two relatives via questionnaires
- reviewed financial and medication records
- observed staff practice
- reviewed quality assurance systems
- reviewed support plans.

Key messages

- People we consulted with spoke very highly of the service.
- We saw a lot of kind, caring interactions between staff and people residing in the home.
- The provision of meaningful activity needed to improve.
- Quality assurance needed to improve to meet the outstanding requirement relating to leadership and management.
- Staff training needed to improve.

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

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| How well do we support people's wellbeing? | 3 - Adequate |
| How good is our leadership? | 3 - Adequate |
| How good is our staff team? | 3 - Adequate |
| 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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve. As these weaknesses concerned the health, welfare and safety of people, we made a requirement for improvement.

People's health and wellbeing should benefit from the care and support they receive. The home had a nice, relaxed atmosphere and we saw a lot of warm, kind interactions between staff and the people they were supporting. People told us "I like it here, if it was closer to home I would stay. There's a good choice of meals and they are good; plenty to eat and drink, and the staff are good", and "I just came in for a trial and told the social worker I want to stay. The staff are excellent; can't do enough for you".

Records of the care and support provided to people, including nursing care from the community nurses, were informative. Regular health checks were carried out; this reduced the risks of harm and poor health outcomes such as malnutrition and pressure ulcers. Appropriate action was taken to address any concerns identified. We were satisfied that people had access to relevant health professionals as required. One relative told us "Mum is physically better now than when she went into Craigie House. I am 100% involved, and informed of everything". Another relative said "If they have any concerns about her health, they call the doctor and we are very well informed of all her healthcare needs and any treatment she needs".

We looked at the medication administration and recording systems and we were confident people were getting their regular prescribed medication at the right time. People's prescriptions were reviewed regularly to ensure they met people's current needs. However, we found a lack of recording on the electronic medication recording (EMAR) system's protocols in relation to the use of 'as required' medications. There was lack of clarity around why medications had been administered or if they had the desired effect, including those used for stress and distress and pain management. This meant their use could not be effectively evaluated to inform future care planning. This could put people's physical and emotional wellbeing at risk. An area for improvement (1) is made.

We spent time with people during their evening meal. It was evident people felt familiar with the staff, who knew people's preferences and choices. Regular mealtime audits were carried out and there was evidence of action being taken to improve people's experiences. People told us the quality of food was good and plentiful. One man went out of his way to tell us "The new menu is a roaring success. Everyone was fed up with soup and sandwiches all the time and we now have a choice of dishes. Cottage pie and pudding or ice cream tonight and it was lovely. We get asked what we would like to see on the menu and some of our suggestions have been added".

Meaningful social engagement is vital in maintaining people's physical, emotional and psychological wellbeing. People could choose to go on regular bus trips and to where. The service had an activity coordinator for 20 hours per week to be supported by care staff. However, opportunities for people to be active, engaged, and do things they enjoy on a daily basis, were limited. Staff we spoke with said they would love to be more socially interactive with people but they didn't have the time. People told us "I feel there could be more activities for the residents, even simple things like playing cards/dominoes; anything to keep them active, my Mum often tells me it's a long day", and "More staff to allow more interaction with the residents when they are in the lounges. More little games and music playing etc". A requirement (1) is made.

Requirements

1. By 23 January 2026, the provider must safeguard and promote people's physical, emotional and psychological health by ensuring people spend their time in ways that are meaningful for them. In order to achieve this, the provider must, at a minimum:

- a) ensure people's wishes, interests and previous life history are discussed and documented
- b) use this information to identify and provide opportunities for people to spend their time in ways that are meaningful and purposeful to them
- c) keep accurate and evaluative records of the impact and outcomes of the support provided
- d) provide appropriate training, guidance and support for all staff ensuring they understand the importance of meaningful and purposeful engagement and
- e) ensure staffing levels are sufficient to provide appropriate, person-centred support for people.

This is in order to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.' (HSCS 1.25).

Areas for improvement

1. To protect people's health and wellbeing, the provider should ensure that people experience safe and effective support with medication. In order to achieve this the provider should ensure suitably detailed protocols are in place, and adhered to, to inform the consistent and appropriate administration of medication that is prescribed on an 'as required' basis.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Quality assurance audits were carried out on a regular basis in line with the provider's policies and procedures. These included audits of personal plans, management oversight, health and safety, complaints, accidents, incidents, falls and the environment. This should ensure any deficits or trends could be highlighted and action taken to improve outcomes for people. However, we found this was inconsistent and not always resulting in good outcomes for people.

There was good oversight of clinical care; for example weights, falls and skin integrity. Residents' meetings offered people an opportunity to make some decisions about service delivery, for example, how to spend the comfort fund, and destinations for outings. Mealtime audits had resulted in improved menus for people. However, we had concerns about the effectiveness of some of the service's other quality assurance processes. Although they were being carried out, they were not always being completed appropriately. There were times when there was no name of the person delegated to take action, therefore no-one was taking responsibility for any improvements.

For example, we saw written in one audit 'senior to take action', staff we spoke with did not know which senior this related to and the required action had not been taken. There was also a lack of comprehensive oversight of staff training needs. This is discussed further in the 'How good is our staff team' section of this report.

Care services should have improvement plans in place to ensure high-quality, person-centred care enhances safety and promotes continuous improvement. These plans help address identified weaknesses, meet standards and build trust with people. Effective improvement plans enable services to maintain records of improvement driven by feedback from people using the service, their families, staff and visitors. The service did not have an effective, continuous improvement plan. We saw an improvement plan had been developed but it did not demonstrate action taken to improve outcomes for people. There was little evidence to suggest people were consulted or included in driving improvement in a way that is meaningful to them.

The internal quality assurance systems had failed to identify and address the above areas for improvement, therefore the outstanding requirement relating to leadership and management remains in place. Please see the 'outstanding requirements' section of this report. A newly appointed manager commenced in post during the inspection. She gave her assurances that all necessary improvements will be made, in consultation with people.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve. As these weaknesses concerned the health, welfare and safety of people, we made a requirement for improvement.

The service often used agency staff to ensure safe staffing numbers. An 'agency help sheet' had been developed detailing each person's main support needs which is good practice. The service tried to ensure the same agency staff were booked in advance for continuity; this promotes a sense of familiarity and safety for people.

The organisation had implemented a new e-learning platform and the manager had no oversight of previous training records. By the time the inspection was concluded, the records had been retrieved, and some training had been undertaken on the new platform. However, staff's skills and knowledge needed to be thoroughly assessed as there were gaps in many areas, including training in topics relating to people's individual health conditions/needs. A requirement (1) is made.

Staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed and addressed. The organisation's policy dictated supervision should be carried out every six months; at the time of inspection only one person had received it within the relevant timeframe. We discussed with the manager the benefit of this to identify training needs. A requirement (1) relating to staff training is made.

Requirements

1. By 23 January 2026, the provider must ensure people and staff are kept safe by ensuring staff are appropriately supported and trained. To do this the provider must, at a minimum:

- a) ensure that staff receive all appropriate training necessary to enable them to carry out the tasks they are to perform
- b) ensure that staff practice is observed and evaluated
- c) ensure an ongoing training plan is in place
- d) ensure supervision sessions with staff are planned and carried out on a regular basis, with appropriate records kept of each sessions.

This is to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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 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 a warm, welcoming, friendly and comfortable environment with plenty of fresh air and natural light. Furniture was laid out in communal areas in a way that encouraged socialising. The communal areas and bedrooms were clean and tidy, with no evidence of intrusive noise or smells. Some areas of the building had been reconfigured and upgraded, and there was a choice of pleasant areas for people to spend their time in. However, other areas of the home were tired and worn and we received a few comments from relatives supporting this. People were supported to exercise their rights to make decisions and choices about their own rooms, how they wanted the rooms to be, and we saw the service supported their choices whenever possible.

People's independence was promoted throughout the day. For example, whilst mobilising, people were given plenty time to get to their destination independently, or with minimum support, and people were supported appropriately to go outside if they wanted a bit of fresh air, or for a cigarette. This promoted positive risk taking.

Maintenance checks were carried out and issues identified were addressed promptly. This helped to ensure all areas of the service were accessible to people whilst keeping them safe.

Fire drills should be carried out to check that staff understand and are familiar with the operation of the emergency fire action plan, to evaluate effectiveness and identify any weaknesses in the plan.

Fire drills should take place twice a year. Each member of staff should participate at least once a year. We found this wasn't happening, which was putting people at risk of harm. An area for improvement (1) is made.

Areas for improvement

1. To protect people's health and safety, the provider should ensure each employee receives instruction and regular training in the emergency and evacuation procedures employed within the premises. This should include participation in a fire drill at least once a year. Instruction, training, and drills relating to fire safety should be recorded and endorsed by the employee's signature.

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 is to ensure staff skills and knowledge is consistent with Scottish Government document Fire Safety - existing care homes: practical guidance Chapter 4: Managing Fire Safety.

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.

To make sure that people receive the right care and support, they require an assessment of their needs to take place. People's individual needs and preferences need to be central to deliver positive outcomes for people.

People had access to external professional supports, such as GPs, opticians and district nurses when this was needed. This ensured people were receiving regular routine health screening and had access to other peripatetic professional supports. We found guidance from other health professionals was recorded in the plans we sampled; this kept staff informed of how to meet people's needs.

There was good nutritional information in sampled plans. Nutritional assessments were appropriately completed and there were good records of people's intake. We saw evidence of action being taken when people required further support, for example fortified diets. This enabled staff to evaluate the support given and plan future care.

Management had a good overview of falls, and we saw evidence of action being taken when people were identified as being at risk, for example input from the physiotherapist, exercise, and mobility aids. These measures helped to reduce the risk of further falls.

People residing in the home and their families said they were involved in developing the care plans and invited to formal six month reviews. This reflected the Health and Social Care Standards which state that people should be fully involved in developing and reviewing their personal plans. However, the provider's policy dictated that individual care plans should be subject to monthly reviews and we found this was not always happening. An area for improvement (1) is made.

Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place, and reviewed in accordance with the provider's policy and procedures.

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 that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)

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

Requirements

Requirement 1

By 28 February 2025, the provider must ensure that service users experience a service which is well led and managed, and which results in better outcomes for service users through a culture of continuous improvement, underpinned by transparent quality assurance processes. In particular, the provider must:

- a) ensure that assessment of the service's performance is undertaken through effective audits. Where the audits identify areas for improvement, the improvements to be made must be detailed in an action plan which specifies the actions to be taken, the timescale within which the action is to be taken, the person or persons responsible for making the improvements, and the expected outcome of the improvement; and
- b) ensure people or their representatives have regular opportunities to provide feedback about their service and identify and plan improvements.

This is in order to comply with Regulation 3 and 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 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 21 November 2024.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because quality assurance audits were not always carried out in accordance with the provider's policies and procedures. We found they were inconsistent and not always resulting in good outcomes for people. In particular, the lack of formal audits, and safeguarding people's finances. This requirement had not been met and we agreed an extension until 07 June 2025.

During this inspection we saw systems were in place for safeguarding people's finances. However, some other quality assurance processes were either not identifying important areas for improvements, or ensuring action was taken to improve outcomes for people. For example, the e-learning platform for staff had been changed and the manager had no access to the previous training records. This meant training needs could not be identified or addressed. By the time the inspection was concluded the new manager had accessed the records, but it was evident between the old and new systems that there were many gaps in staff training. This would have been highlighted if the quality assurance systems were effective.

We also saw examples of areas for improvement and required actions being identified but not delegated to anyone in particular. This meant nobody was deemed responsible and the improvements were not made.

There was little evidence of people or their representatives having regular opportunities to provide feedback about their service and identify and plan improvements.

This requirement had not met and we have agreed an extension until 23 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.

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 |
| How good is our leadership? | 3 - Adequate |
| 2.2 Quality assurance and improvement is led well | 3 - Adequate |
| 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 |
| 4.2 The setting promotes people's independence | 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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