

## Craigie Care Home Care Home Service

Craigie Nursing Home  
27 Craigie Road  
KILMARNOCK  
KA1 4EF

Telephone: 01563 542 839

**Type of inspection:**  
Unannounced

**Completed on:**  
10 December 2025

**Service provided by:**  
Craigie Carehome Ltd

**Service provider number:**  
SP2023000035

**Service no:**  
CS2023000044

## About the service

Craigie Care Home is a residential care service located in Kilmarnock, East Ayrshire. The service is registered to provide care for up to 21 older people. Accommodation is provided over two floors, with a mix of ensuite and shared bathroom facilities. The home includes communal lounges, a dining area, and accessible outdoor spaces. At the time of inspection, the service was supporting 18 people.

## About the inspection

This was a follow-up inspection which took place on 10 December 2025. Due to the two different timescales for the requirements made at the previous inspection, information had been requested from the manager to evidence the improvements made prior to this date.

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 five people using the service and two of their family
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Improvements had been made in medication practice.
- The majority of people we spoke with were positive about the menu changes and the food provided.
- A service development and improvement plan was in place.
- The service should continue to ensure people are involved in the service by having resident meetings and gathering feedback.
- The service had submitted a variation to agreed conditions of registration.
- Some improvements had been made in refurbishing the environment.

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

### Requirements

#### Requirement 1

By 13 November 2025, the provider must ensure that medication is managed safely and in line with best practice guidance to protect the health and wellbeing of people experiencing care.

To do this, the provider must, at a minimum:

- a) ensure all prescribed medications are available and administered as directed
- b) implement protocols for all "as required" and "just in case" medications, including clear guidance on frequency, indications, and individualised usage
- c) ensure handwritten prescriptions are double-signed and verified
- d) ensure records include the rationale for administering "as required" medications and document their effectiveness
- e) provide staff with training on safe medication practices and ensure competency is regularly assessed.

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

'I experience high quality care and support that is right for me' (HSCS 1.19); and 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

**This requirement was made on 10 September 2025.**

#### Action taken on previous requirement

During this inspection, we sampled medication records. We found that improvements had been made. Medications were in stock with a tracker of what had been ordered and when. People were receiving their medication as prescribed. As required medication protocols were in place. We made suggestions on how these could be further developed by ensuring they are reviewed on a regular basis. Where prescriptions were required to be handwritten on the medication recording chart, these were double signed by staff to ensure the information was correct. As required medications were recorded detailing why they were being given; however, further work was needed to ensure the outcome was being reviewed and recorded. Staff who administer medication had completed the necessary training on safe medication practice and competency checks had been carried out. We were satisfied the service had made the necessary improvements to meet this requirement.

**Met - within timescales**

## Requirement 2

By 4 December 2025, the provider must ensure that people experiencing care have access to varied, nutritious meals and are supported to make informed choices about their diet.

To do this, the provider must, at a minimum:

- a) review and revise the menu to include a wider variety of meals, with increased access to fresh fruit and vegetables
- b) ensure residents are involved in menu planning and that their preferences are recorded and acted upon
- c) provide choice at all mealtimes
- d) ensure staff are trained to support nutritional needs
- e) implement a system to monitor and audit food provision and mealtime experiences.

This is 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 that care and support is consistent with the 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' (HSCS 1.25); and 'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.33).

**This requirement was made on 10 September 2025.**

### Action taken on previous requirement

During this inspection, we found that the service had made changes to their menus. This was now a four week menu with more choice and variety. There was a clear displayed alternative menu if people did not wish to have the option on the daily menu. People had access to vegetables with their meals and fresh fruit throughout the day. The service had carried out a residents' meeting to ensure people were able to provide feedback and for preferences to be heard. We suggested that this become a more regular occurrence to ensure people continued to be involved. Staff had appropriate training to support people with their nutritional needs. Mealtime audits had started to take place. We spoke with people who live in the service. The majority of people were happy with the changes that had been made and commented positively about the food in the service.

**Met - within timescales**

## Requirement 3

By 4 December 2025, the provider must ensure that there are effective quality assurance systems in place that drive continuous improvement and support positive outcomes for people using the service.

To do this, the provider must, at a minimum:

- a) develop and implement a comprehensive service development and improvement plan that is informed by quality assurance processes, including audits, feedback from people using the service, relatives, staff, and professionals
- b) ensure that all audits (including medication, environment) are completed regularly, clearly identify actions required, and are followed up with timescales and accountability

- c) ensure that all stakeholders, including people using the service and their families, are meaningfully involved in the ongoing improvement and development of the service
- d) ensure that the improvement plan is regularly reviewed and updated to reflect progress and any new areas for development.

This is to comply with Regulation 3 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); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This requirement was made on 10 September 2025.**

### Action taken on previous requirement

During this inspection, we found that the manager had started a service development and improvement plan. This was in its early stages. We made suggestions on how this could be further developed and embedded into practice. We were able to see a range of quality assurance audits taking place. Actions identified were followed up. The service had started the process of including people using the service in the ongoing improvement of the service by gathering feedback through a resident meeting and feedback forms. Feedback gathered through the forms were still to be evaluated with actions identified. There were plans in place to also involve relatives in the ongoing improvements.

The service had made appropriate improvements to meet this requirement. However, they should continue to work on embedding these improvements and developments into practice.

### Met - within timescales

#### Requirement 4

By 13 November 2025, the provider must ensure that the physical environment supports the health, safety, and wellbeing of people living in the service.

To do this, the provider must, at a minimum:

- a) submit a formal variation to the Care Inspectorate for any proposed changes to the agreed registration conditions
- b) ensure that the environmental action plan is displayed alongside the registration certificate as highlighted as a condition of registration.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

**This requirement was made on 10 September 2025.**

#### Action taken on previous requirement

We received a formal variation for proposed changes to the agreed registration conditions. During the inspection, we were able to see the action plan displayed on the entrance to the building, alongside the registration certificate.

**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 promote safe and effective care, the provider should ensure that all staff complete mandatory training and have access to condition-specific learning relevant to their roles.

This should include, but not be limited to, training in moving and handling, food hygiene, infection control, and medication administration.

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' (HSCS 3.14).

**This area for improvement was made on 10 September 2025.**

#### Action taken since then

Since the last inspection, the majority of staff were now up to date with their mandatory training. There were plans in place to develop training available to staff. Further time was needed to monitor the impact of training and the monitoring of this.

**This area for improvement will continue and be reviewed at the next inspection.**

#### Previous area for improvement 2

To support continuous improvement and ensure staff feel valued and well-supported in their roles, the provider should improve the consistency and frequency of staff supervision. This should include ensuring all staff receive regular, meaningful supervision that supports reflection, development, and wellbeing.

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); and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 10 September 2025.**

### Action taken since then

Since the last inspection, all staff had received a supervision. There was a tracker in place. More time was needed to monitor the impact of this. The service should continue to embed this into practice so staff receive regular, meaningful supervision that supports reflection, development, and wellbeing.

**This area for improvement will continue and be reviewed at the next inspection.**

## Previous area for improvement 3

This is to reflect the statement that people have the right to live in an environment which is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment. The provider should continue to ensure the areas we discussed at this inspection and at the feedback meeting are implemented and addressed.

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

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

**This area for improvement was made on 13 March 2024.**

### Action taken since then

During the inspection, we were able to see that some improvements had been made to the environment. The upstairs corridor had been renovated, with improved lighting and flooring, and handrails had been installed. There were ongoing plans in place for the rest of the home.

**This area for improvement will continue and be reviewed at the next inspection.**

## 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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