

Crossgate Care Centre Care Home Service

Meiklewood Road
Kilmarnock
KA3 2EL

Telephone: 01563 523 311

Type of inspection:
Unannounced

Completed on:
3 February 2026

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. 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 garden and a minibus 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 to monitor progress with improvements detailed in four requirements from the inspection completed on 16 December 2025.

The inspection took place on 3 February 2026. 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 people using the service and visiting family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People benefited from being supported by kind and friendly staff who demonstrated awareness of individual needs and preferences to promote people's choices.
- Access to meaningful activities continues to need improvement to support people's wellbeing.
- Clinical governance systems had been improved which supported the effective management of people's health, welfare and safety needs.
- The management team demonstrated a commitment to working collaboratively with partner agencies.

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?	3 - Adequate
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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, where strengths only just outweighed weaknesses.

We saw that staff were kind, knew people well, and offered appropriate choices. People told us that staff were kind and friendly.

Ongoing training had been provided for staff to support their learning regarding dementia care and promoting the principles of dignity and respect. Staff spoke positively about the dementia care training they had received and reported feeling supported through supervision. We observed improvements in the approach of staff. This helps support people's wellbeing.

It is important that people have access to a range of activities that interest them, this supports people's wellbeing and promotes good mental health. There was a calendar of activities displayed. However, people said that the activities offered did not always interest them. There is a continued need to review the range of activities available to ensure that they are of interest to the wider circle of people living in the home. We observed periods where people spent time in communal areas or their bedrooms without meaningful engagement. Staff tended to interact with individuals who could respond, while those people who were quieter or living with dementia received less attention. This could make people feel isolated or lonely. See area for improvement 1.

People told us that the food was good, tasty, and offered enjoyable menu choices. The management of mealtimes had improved. The staff teams were led and deployed more effectively to support people with their meals. Staff demonstrated awareness of individuals' dietary needs and preferences. People who required assistance to eat and drink were supported at their own pace. The catering team offered alternatives when needed. This helped to ensure that people enjoyed their meals and ate well to support their nutritional needs.

Clinical governance systems and communication between teams had improved. The nursing and senior care team showed a clear understanding of people's current clinical needs, including the management of healthcare and associated clinical risks. These measures had resulted in improved management of clinical risks and better outcomes for people in relation to supporting their healthcare needs.

Personal plans detailing the management of stress and distress reactions were detailed and demonstrated a person-centred approach to supporting people when they became distressed. The plans were being meaningfully evaluated, and updates were reflected in the revised documentation. This ensures that staff are effectively directed to support the individual by taking a consistent and agreed approach.

Areas for improvement

1. The provider should take steps to support people's wellbeing and promote good mental and physical health by doing the following:

- continue to support staff to develop their skills regarding engaging with people living with dementia
- enhance the range and access to meaningful activities ensuring they reflect people's choices, preferences and abilities.

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 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).

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

Requirements

Requirement 1

By 1 February 2026, the provider must support people's wellbeing and promote good mental and physical health. In order to do this, the provider must ensure at a minimum:

- a) staff understand and act in accordance with the principles of dignity and respect set out in the Health and Social Care Standards and the relevant professional codes of conduct and practice.
- b) training must be planned to support staff to develop their skills regarding engaging with people living with dementia.
- c) personal plans contain sufficient detail to guide staff regarding a consistent approach to supporting people experiencing stress and distress reactions.
- d) enhance the range and access to meaningful activities, ensuring they reflect people's choices, preferences, and abilities.
- e) improve the management of mealtimes, including but not limited to ensuring effective staff leadership.

This is to comply with Regulation 4(1) (a) and (b) 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 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), '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) and 'I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible' (HSCS 1.35).

This requirement was made on 19 December 2025.

Action taken on previous requirement

Ongoing training had been provided for staff to support their learning. This included accessing the Promoting Excellence Framework for dementia care. Nursing, care, and ancillary staff were completing the Informed level of the framework, and a plan was in place for progressing through the remaining levels of the training.

Targeted supervision had been undertaken to promote dignity and respect. Reference had been made to the SSSC and NMC Codes of Practice, and supervision records indicated that discussions took place around improving staff practice and approach.

Direct observations of practice had been carried out to ensure learning was being applied effectively. Conversations were recorded when good practice was observed and when improvements were required. Action plans had been implemented where practice concerns were identified, including arrangements for training and additional support.

Personal plans detailing the management of stress and distress reactions demonstrated a person-centred approach to supporting people when they became distressed. The plans were being meaningfully evaluated, and updates were consistently reflected in the revised documentation.

Mealtime audits had been completed, and staff had received coaching on improving the mealtime experience for people. Staff said that this support had been helpful. We observed that the management of mealtimes had improved and people's nutritional and hydration needs were being supported. These measures were helping to support people's wellbeing and physical health.

There was a calendar of activities displayed. However, people said that the activities offered did not always interest them. There is a continued need to review the range of activities available to ensure that they are of interest to the wider circle of people living in the home. The need to continue to develop access and range of meaningful activities will be the subject of an area for improvement detailed in key question 1 of this report.

Met - within timescales

Requirement 2

By 1 February 2026, the provider must ensure that people living in the service are safeguarded and that their health, welfare and safety needs are effectively managed and met. In order to do this, the provider must ensure at a minimum:

- a) improve the clinical governance system to ensure effective recording of details of clinical risk and the measures in place to minimise risk
- b) ensure that records of clinical risk are accurate and reflective of people's identified clinical needs
- c) develop effective communication pathways between nursing staff and the management team
- d) ensure that plans of care to minimise clinical risk are communicated effectively with relevant staff teams.

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 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 requirement was made on 19 December 2025.

Action taken on previous requirement

The Regional Clinical Support Manager had worked closely with the nursing and senior care team to introduce effective clinical governance systems, providing a relevant and comprehensive overview of clinical risk within each unit of the home.

Support had been put in place to enable clinical staff to develop their skills and knowledge. Ongoing mentoring had been provided in relation to clinical governance, including arranging relevant training. Group supervisions had taken place to support staff, and observations of practice were conducted to assess whether learning was leading to improved outcomes for people.

Baseline information had been gathered to inform a clinical risk overview spreadsheet for each unit. This included data on nutritional risk, risk of falling, skin integrity, medication, and current infections. Outcomes from clinical governance meetings, along with the resident-of-the-day process, were used to ensure that personal plans and risk assessments were kept up to date.

Communication between teams had improved, and clinical staff showed a clear understanding of people's clinical needs, including the management of health needs and associated clinical risks.

These measures had resulted in improved management of clinical risks and better outcomes for people in relation to their healthcare needs.

Met - within timescales

Requirement 3

By 31 March 2026, the provider must demonstrate that service users experience consistently good outcomes, and that quality assurance and improvement is well led. In order to do this, the provider must ensure at a minimum:

- a) a full review of the quality assurance system is undertaken to ensure that it effectively evaluates and monitors service provision to inform improvement and development of the service
- b) that action plans to address issues identified are fully developed following audits
- c) that actions taken are reviewed to ensure that they effectively improve outcomes for service users
- d) that staff completing quality audits have knowledge and understanding of the scope of quality assessment
- e) that clear guidance is available for staff to direct them to complete tasks such as cleaning following current best practice guidance
- f) that feedback from people living in the home and their families is used to inform service development.

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: '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 19 December 2025.

Action taken on previous requirement

This requirement was not assessed at this inspection.

Not assessed at this inspection

Requirement 4

By 1 February 2026, the provider must demonstrate that service users are protected from harm. To do this the provider must ensure that their policies, procedures and current best practice guidance are followed and adhered to. This is with specific reference to, but not limited to, the management of people's finances and safe recruitment of staff.

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: '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 19 December 2025.

Action taken on previous requirement

The provider had undertaken full audits of financial and recruitment records to assure that they were accurate and complied with the organisations policies and procedures.

Training had been delivered to ensure that staff involved in management of finances were knowledgeable about procedures.

Compliance with policies and procedures formed part of the quality assurance process, undertaken by both the internal and external management teams.

The provider's policies and procedures were being followed in relation to the management of finances and safer recruitment. This helped to safeguard people from harm.

Met - within timescales

Requirement 5

By 1 February 2026, the provider must ensure that people experience a high-quality care home environment.

In order to do this, the provider must carry out a full assessment of the environment of the home internally and externally and use the outcome to inform an environmental improvement plan that is specific, measurable, achievable, relevant and time bound.

The environmental improvement plan must be shared with the Care Inspectorate.

This is to comply with Regulation 10 (2) -Fitness of premises, of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

To ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is relaxed, welcoming, peaceful, and free from avoidable and intrusive noise and smells' (HSCS 5.18) and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 19 December 2025.

Action taken on previous requirement

The provider has carried out an assessment of the environment of the home internally and externally and used the outcome to inform an environmental improvement plan. The improvement plan has been shared with the Care Inspectorate. We will continue to monitor progress with completion of work to improve the environment of the home at the next inspection.

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

The provider should ensure that medication is managed safely and in line with best practice guidance.

This should include, but not be limited to,

- a) ensuring that protocols are in place to guide staff regarding the safe management of medication prescribed to be given 'as needed'
- b) ensuring that topical medication is stored and managed in line with current best practice guidance.

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 area for improvement was made on 19 December 2025.

Action taken since then

This area for improvement was not evaluated at this inspection.

Previous area for improvement 2

To assure consistently good outcomes for people the provider should develop team leaders' skills and knowledge to ensure effective day to day leadership of care staff teams.

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 area for improvement was made on 19 December 2025.

Action taken since then

This area for improvement was not evaluated at this inspection.

Previous area for improvement 3

To ensure that the right staff are in the right place, with the right skills, at the right time to fully support people's needs, the provider should develop an assessment tool which will consistently and effectively inform staffing within the service. They should take account of the staffing method framework for adult care homes guidance and current statutory staffing guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15)

This area for improvement was made on 19 December 2025.

Action taken since then

This area for improvement was not evaluated at this inspection.

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
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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