

# Crimond Care Home Care Home Service

Crimond Care Home  
Crimond  
Fraserburgh  
AB43 8QJ

Telephone: 01346532025

**Type of inspection:**  
Unannounced

**Completed on:**  
17 February 2026

**Service provided by:**  
Crimond Care Limited

**Service provider number:**  
SP2021000168

**Service no:**  
CS2021000271

## About the service

Crimond Care Home is a two-storey building set within its own grounds in the small rural village of Crimond. The home is registered to provide a care service to a maximum of 53 older people. Included in the maximum occupancy number will be five places for named people under the age of 65.

All bedrooms are for single occupancy and have en suite toilet and shower facilities. Bathing facilities are available in each unit. There are shared lounge and dining facilities on each floor. There is an enclosed, landscaped garden that can be accessed from various points.

The provider is Crimond Care Limited, part of the Meallmore group.

## About the inspection

This was an unannounced follow up inspection which took place on 17 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 five people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

**Key messages**

- People appeared relaxed, happy and content.
- Staff were visible and on hand to support people. Staff took every opportunity to speak with people.
- Improvements had been made to the consistency of people's care and support because of the improved oversight of leaders.
- The activities provision had been strengthened and this helped support people to pass their day in a meaningful and varied way.
- The management of medications and any errors had improved.

**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
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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?

4 - Good

We made an evaluation of adequate for this key question at our last inspection, this has now been regraded to good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was a welcoming and relaxed feel in the home. People appeared content and happy. Staff were visible and took every opportunity to stop and chat with people. This had a positive impact on people and throughout the service chatter and laughter could be heard.

Staff said that managers were supportive and that communication was good. This had a positive impact on staff morale and in staff having the confidence to speak with managers about concerns or when something went wrong. This improved transparency created a learning culture and improved practices. (see outstanding area for improvement 1).

Improvements had been made to the activity provision in the service. People were offered a varied and full activities programme. This gave them the opportunity to pass their time in a meaningful way. This had resulted in improved outcomes. (see outstanding area for improvement 2).

The management of medication and medication errors had improved. There were good systems in place for the reporting of any errors. This ensured that managers could review the error to identify if the necessary actions have been taken. The development of the open and transparent culture, ensured that there was a learning and development approach to support staff to improve their practices. This contributed to a reduction in errors. (see outstanding requirement 1).

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

### Requirements

#### Requirement 1

By 15 August 2025, the provider must ensure that the management of medication errors improves. This is to ensure that people consistently receive the medication that they are prescribed to help keep healthy. In order to do this you must;

- a) ensure that all medication errors are accurately recorded
- b) ensure that the providers own incident reporting form is completed appropriately
- c) ensure that a review and analysis of medication errors takes place to help identify trends and to identify any improvements to staff training and competencies
- d) ensure that, where needed, staff get the additional training and support to help improve their medication management practices.

This is to comply with Regulations 4(1)(a) (welfare of service 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 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).

An extension to this timescale has been agreed to 10 January 2026.

**This requirement was made on 12 June 2025.**

#### Action taken on previous requirement

If a medication occurred, there was a clear process in place for staff to follow. Staff were aware that they had to complete an incident reporting form. Managers were made aware of this report via their electronic note system. This ensured that managers were aware and could assess the details of the error and assess if the actions taken were appropriate, including seeking medical or pharmacy input. This helped managers assess if additional training and development of staff was needed.

Staff said they felt supported by managers and that the learning culture had increased their confidence in

reporting errors. If an error occurred managers discussed the error with the staff member and supported them to reflect on how the error could have occurred. This helped staff to reflect on their practices and develop their medication management.

The improved oversight by managers meant that any trends or specific areas of concern with staff practices could be addressed and acted upon. This had contributed to improved and good medication management in the service.

Managers had included the oversight of topical medications in their audits and in the 'your day' review. This improved staff compliance with the recording of when the topical was opening and noting the date of expiry. This ensured that managers could assess if topical was being applied as prescribed and if the medication was still effective.

Staff continued with the daily counting of medications. Managers should reconsider this practice due to the impact this time has on shift leaders availability on the floor.

## Met - outwith 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

In order to ensure people receive consistent standards of care and support and that this meets their health and wellbeing needs, leaders must improve oversight to ensure that people get the care and support they need and want.

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 meets my needs and is right for me (HSCS 1.19); and

'I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation' (HSCS 4.15).

**This area for improvement was made on 12 June 2025.**

#### Action taken since then

The management team had been strengthened. This meant that there was a manager available at weekends.

The management team were visible and accessible in the service. This gave them improved oversight of the standards of the care provision and take appropriate actions when the standards fell below expectations.

Leaders spent time on the floor working alongside staff. Staff said that this made the leaders available and accessible to them for any query or concern. Staff were comfortable and confident in speaking with the leaders. Managers had worked hard to create a transparent and learning culture. This meant that if an error occurred, staff were confident that they would be supported to develop and learn, thus preventing a reoccurrence.

Heads of departments had been supported to take ownership of their own departments. This gave them accountability for the compliance and standards their department maintained.

Throughout the day, there were various catch-up meetings. These were short in length and focused on specific areas. This meant that the meetings did not impact on staff availability in the home. The clinical meeting that occurred in the afternoon, ensured that managers and clinicians were all made aware of visiting health professional visits, any changes to people's health and presentation. This information sharing ensured that there was continuity of the care and support people received.

This area for improvement has been met.

### Previous area for improvement 2

Improvements should be made to the activities provision in the service to ensure that everyone has the same opportunity to pass their time in a meaningful way.

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, both indoors and outdoors' (HSCS 1.25).

**This area for improvement was made on 12 June 2025.**

#### Action taken since then

The activities people employed had been strengthened. This meant that people had opportunities for meaningful engagement consistently across the week, including weekends and in the evenings.

The activities planner was easy to read and accessible to people. This kept people informed and enabled them the choice of attending or taking part. The planned activities were very varied and gave people the opportunities to experience new things. There was an emphasis on the social aspect of the home, with lunch and supper clubs. This had strengthened the community feel in the home and supported people to socialise with their peers.

The focus on mobility and activity had improved people's general health and wellbeing. More time spent outdoors ensured that people's wellbeing benefitted from fresh air and reconnecting with nature.

As a result of the improvements to activities and meaningful engagement, managers felt that there were noticeable improvements to peoples mental and physical health. During care reviews people and their families were positive about the improvements made and how the varied and full activity programme had enriched their lives.

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](http://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

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