

Craigie House Care Home Care Home Service

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Crossgates
Cowdenbeath
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Telephone: 01592 780 590

Type of inspection:
Unannounced

Completed on:
26 March 2026

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 25 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 on 26 March 2026. The inspection was carried out by one inspector from the Care Inspectorate. We focussed on the progress made to meet the seven outstanding requirements and three areas for improvements.

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 five staff and management
- spoke with five people living in the service and two relatives
- observed staff practice
- reviewed quality assurance systems
- reviewed finance systems
- reviewed support plans.

Key messages

- The service had worked hard to make the necessary improvements to meet all three outstanding requirements, and two out of three areas for improvement.
- People we spoke with told us they were happy with the positive direction the service was going in.
- We were pleased to see people having the opportunity to be involved in decision making relating to service delivery.

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

Requirements

Requirement 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).

This requirement was made on 31 October 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because 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.

During this inspection we saw two full-time activity coordinators had been employed offering engagement five days a week; care staff offered activities at the weekends. People's likes, dislikes, hobbies, and interests had been recorded and incorporated into the activity planners. People were being supported to go out for walks with the newly developed walking club, and on the regular bus trips. A book club had started for people who had an interest in reading. And the service was collaborating with a local company who were providing staff to help people living in the service upgrade the garden in preparation for the gardening club starting in the better weather.

Activity, and care staff, were undertaking training from an external company so they can offer 'dance/sing' sessions. The aim is to support physical activity through music by for example, dancing, or starting a choir. Families and friends are also encouraged to participate.

The activity coordinators were also undertaking nationally recognised activity training to gain a better understanding of the importance of activity for people's physical and emotional wellbeing.

Activity care plans were informative and regularly evaluated which kept staff informed of how to best meet people's needs. It was pleasing to see that people were involved in decision making in relation to activity planning during their monthly meetings.

We were satisfied that this requirement had been met.

Met - within timescales

Requirement 2

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 the result of a previous inspection. It was made because we 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 or identify and plan improvements.

During this inspection we saw the manager was complying with all organisational quality assurance systems. Management had a good overview of people's needs including falls, and accident/incident management.

Where areas for improvement had been identified, an action plan was in place identifying the people responsible, and timescale, for making the improvements which were signed off by management on completion.

It was pleasing to see that people living in the service and their loved ones had opportunities to be involved in decision making relating to service delivery. Monthly resident/relative meetings were held, and quarterly newsletters were circulated to keep people up to date. People we spoke with told us they were always invited to attend care plans so they can express their views about the care and support they and loved ones receive.

Management and staff had worked hard to make the necessary improvements to meet the three outstanding requirements and two of the three outstanding areas for improvement.

Met - within timescales

Requirement 3

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)

This requirement was made on 31 October 2025.

Action taken on previous requirement

This requirement was made as a result of the previous inspection. It was made because 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.

Also, 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.

During this inspection we saw mandatory training was up to date. At the time of the inspection the service was having a staff appreciation week and staff were being awarded with a gift for reaching 100% completion. We saw evidence of staff not being able to work if not compliant with training expectations. A training analysis had been carried out for all staff to identify what training they would like/benefit from taking into account people's needs. Families were involved by way of questionnaires asking what training they think staff would benefit from. We also saw evidence of families being invited to attend the training should they wish to do so.

We saw evidence of post training reflective accounts completed by staff; this helps to ensure they understand the training undertaken.

Staff supervision, including personal development plans, had been implemented and a schedule was in place. This enables staff to forward plan and help reach their identified goals.

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 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).

This area for improvement was made on 31 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because 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.

During this inspection we saw 'as required' protocols were more informative, detailing non-pharmaceutical interventions to be applied; using medication as a last resort. However, in most cases, the desired effect was recorded as 'good effect', or 'effective'. This does not enable effective evaluation as it may mean the person slept all night /day rather than being alert and but not experiencing distress/agitation. The manager agreed that further improvement is required.

This area for improvement has not been met.

Previous area for improvement 2

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.

This area for improvement was made on 31 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because 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.

During this inspection we saw fire drills were being carried out monthly. Two thirds of staff had participated, and the rest were scheduled. The manager said the drills will continue so staff feel confident should an evacuation be necessary.

This area for improvement has been met.

Previous area for improvement 3

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)

This area for improvement was made on 31 October 2025.

Action taken since then

This area for improvement was made as a result of the previous inspection. It was made because 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.

During this inspection we saw that care plans are reviewed as part of the 'resident of the day' assessments. Every care plan checked had monthly one-page reviews, included people's weights, and covered all care plans. Risk assessments were also completed monthly. Families spoken with said they are invited to all 6 monthly reviews.

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.

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