

Crudenlea Care Home Service

17 Cruden Terrace Stonehaven AB39 2LQ

Telephone: 01569 765 512

Type of inspection:

Unannounced

Completed on:

14 July 2025

Service provided by:

Cornerstone Community Care

Service no: CS2003000275

Service provider number: SP2003000013



Inspection report

About the service

Crudenlea is a care home that provides care and support to a maximum of 11 people with a learning disability and associated needs. At the time of this inspection, there were 10 people living in the home.

It is set in the North East coastal town of Stonehaven, which has good road and rail links to Aberdeen and Dundee.

The service states it aims "to enable people who require support to enjoy a valued life". In addition, the service's written statement of aims and objectives was developed from the provider's mission statement and takes into account the individual needs of the service users within the home.

About the inspection

This was an unannounced inspection which took place on 14 July 2025. 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 three people using the service
- · spoke with five staff and management
- · observed practice and daily life
- · reviewed documents
- spoke with visiting professionals.

Key messages

This was a follow up inspection where we considered progress made to meet requirements made at our previous full inspection which was completed on 10 April 2025.

- People were happy living at Crudenlea.
- Staff were working hard to bring about improvements.
- There had been good progress made to improve care plans and documentation.
- There had been an improvement in the quality of information in accident and incident reports.
- Medication practices had improved, however further work is required to fully meet the outstanding requirement.

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

Requirements

Requirement 1

By 10 July 2025 the provider must demonstrate that safe systems are in place for the management and administration of medication.

In particular:

- the provider must ensure medication is administered at regular intervals as instructed by the prescriber and in line with the residents' lifestyle and daily routine.
- the provider must ensure staff are appropriately trained and supported in medication management.
- the provider must ensure that in the event of errors, staff seek advice and guidance from the prescriber or other appropriately qualified practitioner.
- the provider must ensure that there is robust oversight of medication errors that highlight what improvements are required.

This is to comply with Regulation 4 (1)(a) welfare of users of the Social Work and Social Care 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: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This requirement was made on 10 April 2025.

Action taken on previous requirement

All staff with responsibilities for handling medication had received appropriate training. This was reinforced with competency assessments through observation.

Following our last inspection the team had met to discuss this requirement and consider where improvements were required and what action would help bring about these improvements.

The managers completed monthly audits of all incidents and provided feedback to the staff team.

Whilst there had been some improvements, errors continued in be reported. Most errors reported had been followed up appropriately and advice sought from a medical professional.

Some of the errors reported were recording errors and as such managers could not be sure all staff were following the processes expected in order to ensure safe management of people's medication. This could lead to further administration errors.

The manager should agree with relevant stakeholders when notifications should be made following an error.

This requirement has not been met and the timescale has been extended to 24 October 2025.

Not met

Requirement 2

By 10 July 2025, the provider must ensure that service users' care plans are outcome focussed and provide robust, accurate information that sets out how their health, welfare and safety needs are to be met. In order to achieve this, the provider must:

- Ensure that the written plan is clear and concise, and the plan has supporting evaluation documentation that will evidence staff practice.
- Ensure that care and support plans are reviewed in consultation with the person and their representatives at least once every six months.
- Ensure that the written plan is being effectively assessed, monitored and audited.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210 Regulation 5.

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This requirement was made on 10 April 2025.

Action taken on previous requirement

The staff team had worked hard to ensure that information within personal plan folders was organised and complete.

Whilst the plan was to transition all information to the electronic care planning database, hard copies of complete plans and information were available for staff to refer to. This would help to ensure that people are receiving the support they require to achieve good outcomes.

This requirement has been met.

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

In order to ensure people experience safe and responsive care, the provider should ensure there is sufficient detail within accident and incident reports that enable a robust analysis. This would help to identify any actions required to help minimise the potential for further accident or incident.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 10 April 2025.

Action taken since then

The quality of information in accident and incident reports had improved. Managers actions were fully completed and referred to where further action or information would be available.

This area for improvement had been met.

Previous area for improvement 2

In order to ensure peoples rights are upheld, the manager should ensure that all staff are familiar with relevant guidance around assistive technology and restrictive practices and this is reflected in peoples support plans.

This is to ensure that care and support is consistent with the Health and Social care Standards which state; My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used. (HSCS 2.7)

This area for improvement was made on 10 April 2025.

Action taken since then

There was clear information about any assistive technology that was in use and the reasons for this. This helped to ensure that people were not experiencing any un-necessary restrictions. Staff were directed to further information and best practice through care plans.

This area for improvement is 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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