Craigielea Care Home
Care Home Service

French Street
Renfrew
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Telephone: 01418 863 365

Type of inspection:
Unannounced

Completed on:
21 August 2026

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379132

About the service

Craigielea is registered as a care home to provide care and support for up to 85 people, this includes 20 adults with a physical disability and 65 older people.

The service is based in a purpose-built care home, with single en-suite accommodation for all, over two floors, and four individual units. There are lounges and dining rooms in each unit, and a hairdressing salon at the front of the service. The care home has a car park to the front of the building and a large, enclosed garden and patio area to the rear, which provides a pleasant and private space for residents. The home is situated in a residential area of Renfrew and there are shops and other facilities nearby.

At the time of inspection there were 80 people living in the home.

About the inspection

This was an unannounced inspection which took place on 19 and 20 August 2026 between the hours of 09:00 and 20:30. The inspection was carried out by two inspectors 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 six people using the service and eight of their family and friends
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents and nine completed questionnaires from people supported and their family members.

Key messages

- People and relatives consistently described staff as caring, respectful and kind.
- Clinical oversight systems were in place to help keep people safe.
- People reported that the availability and quality of food was good on the whole with the alternative menu being praised.
- Staff spoke positively about colleagues and several described the manager as approachable and supportive.
- Agency workers did not always possess the specialist skills required and sometimes lacked knowledge of residents' preferences.

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
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate

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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People experienced warm, caring and compassionate support from staff who knew them well and demonstrated positive relationships with the people they cared for. Throughout the inspection we observed respectful interactions and a calm atmosphere across the home. People and relatives consistently told us that staff were kind, caring and treated people with dignity and respect. Many relatives described the positive impact that familiar staff had on people's wellbeing, confidence and sense of security. "Staff know exactly what to say to my Mum when she is upset which prevents things from escalating "

People benefited from detailed and person-centred care planning. Records generally contained relevant information about people's health conditions, preferences and support needs, with evidence of involvement from a range of healthcare professionals including dietitians, speech and language therapists, GPs, tissue viability services and learning disability nurses. We saw examples of comprehensive care planning for people with complex health needs, including specialist equipment being in place to promote safety, comfort and independence.

Nutrition and hydration were recognised as important aspects of people's wellbeing. We saw evidence of multidisciplinary involvement in nutritional screening and support, with referrals and specialist advice sought appropriately. A number of relatives told us that their family members had gained weight and experienced improvements in their overall health since moving to the home. Most people spoke positively about the food available and appreciated alternatives when preferred meals were not available.

There were systems in place to support clinical oversight, including monitoring of wounds, falls, weights and nutritional risks. Staff demonstrated a commitment to supporting people and knew individuals well. This helped promote positive outcomes and contributed to people feeling safe and valued.

How good is our leadership? 4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people supported and clearly outweighed areas for improvement.

The service demonstrated a commitment to improvement and had established a range of governance and quality assurance systems to support the delivery of care. The manager was able to identify areas requiring further development. We found evidence of ongoing improvement activity, partnership working and a willingness to learn from concerns and incidents.

A number of systems were in place to monitor care delivery and identify areas for improvement. These included clinical oversight meetings, flash meetings, risk registers, environmental audits, medication audits and wound monitoring systems. We observed a flash meeting where managers and clinical staff reviewed significant events, clinical risks, admissions, falls, wound care and people requiring additional monitoring. This demonstrated that there were opportunities to review information and respond to emerging concerns.

The service had an improvement plan in place which demonstrated actions being taken to improve staffing, recruitment, environmental improvements and clinical oversight. Complaints records demonstrated a generally open and transparent approach to responding to concerns, with evidence that learning had been identified and shared. Recruitment processes were robust and training compliance was generally good, providing some assurance that staff had access to learning and development opportunities.

However, although governance systems were in place, they were not always fully effective in identifying and addressing issues before they impacted on people. During our review we found examples where audits had identified concerns but did not consistently include clear action plans, named responsibilities or timescales for improvement. This reduced assurance that identified issues were being systematically addressed and monitored to completion.

Feedback from staff highlighted that opportunities for supervision and meaningful engagement were not always consistent. Several staff reported limited opportunities to influence service development through team meetings. Whilst there was evidence of efforts to improve culture and communication, further work is required to ensure staff feel consistently listened to, valued and involved in improvement activity.

How good is our staff team? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Staffing arrangements ensured that sufficient numbers of staff were available to meet assessed dependency levels across the service. Rotas and allocation sheets showed that planned staffing levels were generally achieved, and recruitment files sampled demonstrated safe recruitment practices. Staff spoke positively about their colleagues and the support they received from one another .

Training compliance was generally positive, with most mandatory and essential training achieving compliance rates above 80%, and moving and handling training at 94%. Staff had also accessed additional specialist training, including Swallowing Matters and Caring for Smiles, intended to improve outcomes for people with complex healthcare and nutritional needs. These arrangements provided some assurance that staff had access to learning opportunities to support their role.

However, weaknesses were identified which affected our confidence that people consistently experienced support from staff with the right skills, knowledge and familiarity to meet their needs. Agency staff did not always possess the specialist skills required and sometimes lacked knowledge of residents' preferences, routines and healthcare needs. Concerns were identified regarding the consistent delivery and recording of clinical care for people with complex healthcare needs. These issues reduced assurance that people were consistently receiving care in line with their assessed needs and that there was competent and knowledgeable oversight at all times. This meant that changes to peoples condition may not be recognised promptly.

(See requirement 1).

The service had also not fully addressed a previous area for improvement regarding staff continuity within different units. This remained a significant concern within Adams Unit where familiarity, consistency and specialist knowledge are particularly important to achieving positive outcomes for people.

While the service maintained a supervision tracker and recognised there were delays associated with system changes and management transitions, the absence of regular supervision reduced opportunities for reflective practice, competency assessment and professional development. We also found no evidence of a structured programme of staff observations despite this being a previous area for improvement. As a result, the service could not demonstrate how it routinely assessed staff competence in key aspects of care practice.

Requirements

1.

By 23 October 2026, the provider must ensure that people receive care and support from staff who have the appropriate skills, knowledge, competence and familiarity with their needs to achieve positive outcomes and promote their health, safety and wellbeing.

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

Ensure all staff, including agency staff, are assessed as competent and suitably skilled to meet the specific health and support needs of the people they care for.

This is in order to comply with section 7(1)(a) and 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 which state:

"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)

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 ensure that people receive support from staff who are aware of their needs the provider should consider staff continuity within different units.

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

'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8).

This area for improvement was made on 24 November 2025.

Action taken since then

The use of agency staff presented challenges to staff continuity. There were resulting gaps in care due to a lack of knowledge of people supported.

This area for improvement is not met.

Previous area for improvement 2

Managers and senior staff should develop a plan where all staff receive observation of practice.

Areas to be observed should include, but are not limited to:

- provision of personal care,
- nutrition and how to prevent choking hazards • skin and pressure care treatments.

The observation should be recorded and can be discussed at the time, as well as being revisited at the next supervision session.

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 25 November 2025.

Action taken since then

There were no planned observations of staff practice taking place.

This area for improvement is not met.

Previous area for improvement 3

The provider should implement improvements that would ensure staff can experience rest breaks in a comfortable and well maintained area to be made to the staffing area. This should include consultation with staff.

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

'If I have a carer, their needs are assessed and support provided' (HSCS 4.26).

This area for improvement was made on 25 November 2025.

Action taken since then

The upgrade of staff facilities was in progress .

This area for improvement is not met.

Previous area for improvement 4

The manager should ensure that people are supported in accordance with their current needs. In order to achieve this the provider should:

- Ensure that all statutory reviews of personal plans are stored in one accessible area where all staff are able to access them easily.
- Ensure that they available for people and their families to view if they so wish.

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 because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 25 November 2025.

Action taken since then

The personal plans are scanned onto the electronic records system and can be viewed from there or printed off. A tracker is in place to ensure reviews take place at required intervals.

This area for improvement is met

Previous area for improvement 5

To support positive outcomes for people experiencing care, the provider should ensure that daily notes and communication records are an accurate reflection of people's support and any communication which has taken place. This should include, but is not limited to, ensuring records of contact with people's representatives and other professionals are accurately recorded, and ensuring staff have an understanding of the communication preferences of people's representatives.

This is in order to comply with:

Health and Social Care Standard (3.19:) My care and support is consistent and stable because people work together well.

This area for improvement was made on 17 November 2025.

Action taken since then

The service has purchased additional handsets to facilitate the recording of information. Recording of daily information and communication with others has improved.

This area for improvement has been met.

Previous area for improvement 6

To ensure people receive safe and effective care, the manager should provide assurance that significant changes in a person's condition are identified, monitored and responded to appropriately. This should include, but is not limited to, ensuring clinical assessments and relevant observations are recorded promptly and accurately, ensuring care plans are updated timeously to reflect any changes in a person's health, including any guidance and advice received from external professionals and ensuring all required post-incident investigations are completed in line with organisational policy.

This is in order to comply with:

Health and Social Care Standard (3.18:) I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 17 November 2025.

Action taken since then

Assessments and observations were routinely updated as part of resident of the day in addition to when changes in peoples condition had taken place. There were omissions which required to be addressed such as seizure management plans.

This area for improvement has not been met.

Previous area for improvement 7

To promote positive outcomes for people experiencing care, the provider should ensure that individuals' assessed needs and preferences relating to personal care are clearly documented within their care plan, consistently implemented in practice, and appropriately recorded by staff. This should include, but is not limited to, showering, bathing, continence care, dressing and nail care.

This is in order to comply with:

Health and Social Care Standard 1.4: If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.

This area for improvement was made on 25 May 2026.

Action taken since then

The care plans contained personalised and relevant information to guide staff in accordance with peoples wishes and preferences.

This area for improvement is met

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) for details of complaints about the service which have been upheld.

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

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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