

## Cairnie Lodge Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
15 February 2024

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300646

## About the service

Cairnie Lodge care home provides long term, intermediate, and respite care for up to 60 older people, including those with dementia and learning and physical disabilities. It is situated on the outskirts of Arbroath about half a mile from the town centre.

The home is a modern, two storey building in landscaped grounds with enclosed garden areas, freely accessible to each of the ground floor units. It has a passenger lift and access for people with disabilities. The building is divided into four distinct areas, with each floor having a larger unit with 24 bedrooms and a six bedded unit in a newer extension. A total of 12 rooms have en-suite facilities and the remainder have en-suite toilets and hand basins. The home also has dining rooms, sitting rooms, and communal bathrooms and toilets.

## About the inspection

This was an unannounced inspection which took place on 12 and 13 February 2024. 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 14 people using the service;
- spoke with six of their family/friends/representatives;
- spoke with 13 staff and management;
- observed practice and daily life;
- reviewed documents.

## Key messages

- People and their families were happy with the care provided.
- Care plans had improved and were detailed and person centred.
- A comprehensive range of quality assurance systems were in place to drive improvement.
- Staff knew people well and treated them with kindness and compassion.
- The service needed to improve how it gathered feedback from people to support improvement.

## 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?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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 were being treated with compassion, ensuring their dignity and privacy were respected. We observed staff speaking pleasantly to residents and knocking on doors before entering. Staff knew the residents well and we observed some caring, warm interactions. People told us 'Staff are great, we have a giggle, they are attentive' and 'staff are second to none'. This meant that people experienced kind, compassionate and nurturing care and support because they had positive relationships with staff.

People told us that they felt safe in the home and told us 'I do feel listened to'. It was good to hear that the culture in the home was positive and were responding appropriately.

People spoke positively about the meals and told us 'The desserts are a yes from me all the way' and 'The food's lovely, I'm not an eater but I'm eating everything in here'. We observed that drinks were available for people to enjoy in their rooms and in the main areas of the home. Staff were knowledgeable about residents who had specific dietary requirements which allowed them to offer the required support. Staff asked residents what they wanted to eat at lunch time and they were verbally given two choices. This meant it was confusing for some residents who had dementia. We discussed with management about people being offered visual choices in order for them to make their own choices.

A range of different activities was available for residents to participate if they wished. We were told 'I like the daily chat newspaper that I get to read, I like the crossword in it'. We observed three residents and a member of staff, carrying out their daily exercises, encouraging each other and having fun. They told us 'Oh this is hard work' and 'do I get a round of applause?'. It was good to see people having meaningful interaction whilst keeping active. Staff had the use of a minibus for outings and people had recently visited the local jam factory. We were told that the service was going to involve a volunteer to accompany staff and residents in future trips. It was encouraging to see that they had taken steps to enable people to access the wider local community. This meant people would be able to explore new opportunities out with the home.

People were able to access a range of services such as, GP's, podiatry, district nurses and psychiatric services, and had attended routine health screening appointments. This ensured people were appropriately accessing other professionals' support to optimise their health and wellbeing when required.

Care reviews were carried out on a six-monthly basis. There was evidence of involvement with residents, families and legal representatives where people were unable to make their needs known. Where changes to people's care needs were identified, appropriate measures were taken to address these. This provided opportunities for people to discuss their care and express their views.

There was a clear system in place for the management of medications. The service had introduced an electronic system three years ago and this was now firmly embedded. Staff told us that this system had 'tightened up medication administration' and 'reduced the possibility of any errors'. Protocols were in place for the use of as required (PRN) medication. Where medications were being administered covertly, there was a pathway in place to ensure good practice. People could be confident that medication was available and administered safely.

Personal plans were detailed and contained information on how to care for people using a person-centred approach. 'Remembering together', a life story document had been completed with residents and their families. This meant that staff could use this information to engage with people to support them to achieve their goals.

Infection prevention and control (IPC) had improved, and cleaning schedules were in place to ensure compliance with current guidance and best practice. Staff had access to personal protective equipment (PPE) which was readily available throughout the home. People could be confident that staff were knowledgeable regarding IPC and had appropriate measures in place to maintain a clean and safe home environment.

The service was using a multifactorial falls risk assessment to minimise the potential risk of people falling. Where there had been unwitnessed falls or falls resulting in an injury to the head, neurological observations had been carried out inconsistently. We discussed this with management of the service and noted the correct tools were in place to monitor neurological observations. We had confidence that management would address this matter quickly to ensure consistency. This meant people were assessed to identify early detection interventions and receive additional support where required. **(See area for improvement 1).**

## Areas for improvement

1.

To support people's health and wellbeing after unwitnessed falls, or falls that have resulted in a head injury, the provider should ensure the consistent use of tools to observe people. This should include, but is not limited to, assessing people using the Glasgow Coma Scale and associated recordings.

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

**'I am assessed by a qualified person, who involves other people and professionals as required. (HSCS 1.13).**

## How good is our leadership?

**4 - Good**

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

We received positive comments from relatives about the leadership within the service. People told us "The manager is very nice, she's very approachable" and "The manager is a person I could approach about anything, anytime". Another relative told us they felt that communication was good, and people like the regular newsletter as a means to see what's going on in the service. Other relatives told us that they felt comfortable approaching the manager with any concerns as they were confident they would get a good response. People were reassured that any concerns were welcomed and responded to appropriately.

Staff and relatives' meetings were being held but did not appear to be well attended. This had been raised in management meetings where there was discussion as to how to improve participation, such as the use of surveys. Consideration of alternative ways of engaging with people to gather feedback would be beneficial. This would provide opportunities for people to contribute more to service improvement and development.

People's care plans had a 'person of the day' document, which included people's thoughts on their care and support. These contained valuable information regarding the evaluation of people's experiences. This meant that their views had been heard and taken into account to make a difference to their experience.

Staff told us that morale was low and that there was a disconnect between staff and management. Staff were not enthusiastic about staff meetings, and were not always feeling valued. We were told that management of staff absences caused frustration. We discussed ways of supporting and engaging with staff around their concerns to improve staff morale.

We noted that there was an improvement in the quality assurance processes in the home. A comprehensive range of systems were in place to evaluate how the service was performing. Daily walkarounds were being undertaken by the manager, with detailed notes and actions taken forward, particularly around the environment. This evidenced effective leadership and meant that infection prevention and control (IPC) issues, such as those picked up at previous inspections, were identified at an early point. People could be reassured that the service benefited from a culture of continuous improvement.

The senior team monitored staff competence through the use of observations of practice which was good to see. Staff told us that their competence was regularly observed, and we could see this through records of observed practice across a range of areas such as Infection prevention and control (IPC), dining experience, interactions with residents and supporting people with personal care. People could be confident that ongoing assessment aided staff competence and development.

Managers in the service knew residents well, and there was a good oversight of key areas of clinical risk such as falls; people's nutritional needs including weights; accidents and incidents; and wounds. The systems in place supported a robust overview of areas of risk, which were identified at an early point and ensured people got the right care at the right time, for example, by referrals to external professionals. We discussed ways that leaders could improve their analysis of the data that was available to them, which would help to keep people safe.

**(See area for improvement 1).**

A range of tools was in place to ensure there was tracking of audits, such as personal plans; ensuring legal paperwork was in place; maintenance; and infection prevention and control. There was a service improvement plan, but it would be more effective by including feedback about people's experiences and outcomes to drive continuous improvement.

**(See area for improvement 1).**

## Areas for improvement

1. To support people's wellbeing, the provider should ensure that systems and processes underpin continuous improvement. To do this, the provider should use feedback from people's experiences, and other data gathered, to inform the service improvement plan. The service improvement plan should be specific, measurable, achievable, realistic and timely.

**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); and**

'I can be meaningfully involved in how the organisations that support and care for me work and develop'. (HSCS 4.6).

## How good is our staff team?

## 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 benefitted from a consistent staff team who knew them well. We noted that a number of the staff we spoke to had worked at the service for a long time, so there was a stable staff team. We saw warm and kind interactions throughout the service. People told us 'the staff really understand me. Truthfully, I love the lassies' and 'I find them all so accommodating and very good'. People experienced a positive environment and were treated with kindness.

Staff were working hard and demonstrated values that were in keeping with the health and social care standards. People were supported at their own pace and we saw staff engaging in conversations and laughing with people. This meant that there was a sociable atmosphere with people being treated with dignity and respect.

Mandatory training was managed well via an online system and there was an effective induction programme in place for new staff. Staff told us about recent face to face training such as first aid and basic life support, and they had really felt the benefit of this being in person, rather than online. People were not enthusiastic about the online training. It was good to hear that some staff had completed the promoting excellence training (a skills and knowledge framework for dementia). The staff we spoke to said they felt they would benefit from more training on supporting people with dementia. This meant staff would have additional skills and knowledge to carry out their roles and keep people safe.

**(See area for improvement 1).**

Staff recruitment had been carried out appropriately and in line with current guidance as set out in the Scottish Social Services Council and Care Inspectorate guidance; Safer recruitment through better recruitment 2023. Staff had completed face to face mandatory training such as moving and handling prior to starting. Monthly checks were taking place to ensure staff were registered with the appropriate professional bodies. This meant people could feel reassured that they were keeping people safe.

Staff were receiving supervision on a regular basis. This had recently been reviewed and the format developed to be more supportive. This meant it was more effective at supporting staff personal and professional development. We will follow this up at future inspections to see how this has been embedded in practice.

## Areas for improvement

1. In order for people to benefit from care and support that meets their needs, the provider should source and complete specific specialist face to face training for staff supporting people with learning disabilities and complex dementia as soon as possible. This is in order to support people who have complex needs within the service.

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).

## How good is our setting?

### 4 - Good

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

We observed that the home was clean and tidy at the time of the inspection. The environment felt noisy in two of the units with loud televisions and music being played simultaneously. We discussed this with senior staff at the time of inspection who advised it had been rectified. This meant people benefitted from a calm, relaxed environment in which to spend their time.

People had single rooms with en-suite facilities. Most of the rooms were decorated well and furnished with personal items from home such as ornaments, furniture and pictures. People told us 'The wardrobe is a bit small, not much space' and 'I brought pictures from home, it's fairly nice'. People were encouraged to personalise their rooms to make them feel comfortable and homely. Some wheelchairs were stored in peoples en- suite bathrooms. We discussed this with senior staff who acknowledged this had been identified as an issue and was to be rectified. This meant that people would be able to access their en-suite facilities as needed.

Maintenance records were in place and up to date. The service had introduced environmental audits which highlighted areas of improvement. People could be reassured that regular monitoring and maintenance of the service was ongoing to keep them safe.

The home had lounge and dining areas where people were spending their time. Some units had a variety of smaller, quieter lounges which was good to see and offered a more private space to sit. Most areas were bright, well-lit with comfortable seating. However, we were told 'there's nowhere to sit with dad when we visit except his room. You can only sit in the noisy lounge with everyone else and it can be busy'. We saw relatives sitting in the corridor in one unit. Management explained that there was a café area being developed where residents and relatives could sit and that this was opening at the end of the month. This would be a positive addition to the environment and offer people alternative space to enjoy with families to relax.

The home had a service improvement plan with maintenance and ongoing upkeep of all areas in the home. Daily walk round and environmental audits were in place with actions to take any remedial action. Senior management also monitored progress. This meant the management team have good oversight of the need to maintain a pleasant environment for people.

Environmental cleaning schedules were implemented in accordance with national guidance and staff were following these to ensure safe standards of hygiene and cleanliness were maintained. This kept people safe from the spread of infection.

People had access to outside space in the large grounds surrounding the home. We were told 'we're always sitting out in the garden in summer' and 'they had a bonfire night, with sparklers out in the garden'. The gardens had large grassed areas and places to sit and could be accessed via the main entrance. Keptie unit



had a separate entrance for visitors to use where required. This meant people could access fresh air and outside space if they wanted to.

## How well is our care and support planned?

4 - Good

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

A range of assessments informed people's plans of care. This contributed positively to support their wellbeing. Senior staff had good oversight of clinical information such as food and fluid intake, weights and wound care. This meant they could identify any changes for people and ensure that appropriate referrals were made to other professionals where necessary. Plans were person centred and had been compiled with input from residents and their families. This meant that people had been involved in shaping their care.

There were a variety of risk assessments in people's files which were reviewed on a regular basis. People's level of risk was being monitored regularly to reflect any changes and ensure that current risk measures in place were appropriate.

Information regarding legal powers in place, was evident in the care files. This was for people who lacked the ability to make decisions for themselves. This helped to inform staff about who should be consulted with regards to people's care.

Do not attempt cardio pulmonary resuscitation (DNACPR) documents were in place for people, as were end of life care plans. Although these were not completed for all residents, it was clear through the documentation that some people did not wish to discuss their plans at that time. Consideration should be given to continue to develop anticipatory care plans with residents and their families. This would ensure that a detailed plan would be in place with people's wishes, to be actioned at the end of life. We will consider this at our next inspection.

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

### Requirements

#### Requirement 1

By 25/07/2022 the Provider must ensure that people experience care in an environment that is safe, well maintained and minimises the risk of infection. In order to achieve this the provider must:

- a) Ensure that the premises, furnishings and equipment are clean, tidy, and well-maintained.
- b) Ensure that processes such as enhanced cleaning schedules and regular quality assurance checks are in

place and effective to ensure that the environment is clean.

c) Ensure that safe infection control practices are adhered to by all staff at all times.

This is to comply with Regulations 4 (1) (a) and (d) Welfare of Users and procedures for the prevention and control of infection) 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:

'My environment is secure and safe.' (HSCS 5.19); and

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.24).

This requirement was made on 19 May 2022.

## Action taken on previous requirement

The service was bright, clean and tidy at the time of inspection.

Furniture was clean, comfortable and appropriate for residents' needs.

The equipment was clean and was labelled to show when they were last cleaned.

Maintenance environmental audits were in place highlighting areas to be improved and when these were completed.

Maintenance books were kept in each unit for staff to document any faults or repairs required. These were checked daily and marked as completed when actioned.

Daily walk rounds were comprehensive and being completed by management. Any issues were identified through action plans.

Observations of staff practice were in place regarding infection prevention and control (IPC) to ensure compliance with current guidance.

Staff had good knowledge regarding infection prevention and control and two IPC champions were trained to monitor compliance.

Cleaning records were completed daily and audited by the senior housekeeper and home manager to ensure compliance and to highlight any remedial action.

This requirement has been met.

## Met - within timescales

### Requirement 2

By 25/07/22 the provider must ensure the home environment, fixtures and fittings are in a good state of repair to help ensure effective cleaning of all areas.

To do this the Provider must as a minimum;

- a) Carry out an environmental audit that identifies any maintenance and refurbishments required.
- b) Develop an action plan that describes the action taken, who is responsible and timescales.
- c) Share the action plan with the Care Inspectorate

**This is to comply with Regulation 4. (1) (a) make proper provision for the health, welfare and safety of service users. 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 experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.24).**

**This requirement was made on 19 May 2022.**

#### **Action taken on previous requirement**

Environmental audits were being completed, highlighting areas to be improved regarding maintenance, furnishings, rooms, and redecoration. This was planned on an ongoing rolling programme.

Daily walk rounds incorporated action plans of any issues identified and who was responsible for successful completion.

There was an improvement in the environment since last inspection. Decoration was fresh in main areas such as corridors, lounges and dining rooms, with doors having been repainted.

**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**

The provider should develop a robust quality assurance system that shows how they;

- Maintain and develop existing quality assurance measures, and ensure that these are effective, accurate and identify areas for improvement for the service. These should include:

- Monitoring and improvement of infection prevention and control measures in all areas of the service.
- Identify and act on areas of the home that require refurbishment in order to ensure that the service is comfortable and homely.
- Act on feedback from people who use the service, relatives and staff.
- Ensure that staff have regular access to supervision and appraisal as per service own policies and procedures.

**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 area for improvement was made on 19 May 2022.**

## Action taken since then

A comprehensive range of quality assurance systems were in place to evaluate how the service was performing.

Audits were undertaken at service level, and also by senior leaders within the organisation. This kept a focus on continuous improvement.

Leaders monitored staff competence through the use of observations of practice. Staff told us that their competence was regularly observed.

A range of tools to support good oversight across areas of clinical risk.

There was an ongoing programme of maintenance to identify areas that require refurbishment, and this has been progressed since previous inspections. We found the service to be homely.

The service were using feedback from people to drive improvement.

Staff had access to regular supervision.

**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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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