

## Ailsa Lodge Care Home Care Home Service

21 Erskine Ferry Road  
Bishopton  
PA7 5PP

Telephone: 01418 124 994

**Type of inspection:**  
Unannounced

**Completed on:**  
12 February 2025

**Service provided by:**  
McKenzie Care Ltd

**Service provider number:**  
SP2012011987

**Service no:**  
CS2012313838

## About the service

Ailsa Lodge Care Home is a care service for 35 older people, operated by McKenzie Care Limited. It is located outside Bishopton on the main road to Erskine. A regular bus route operates between the two towns, with a stop outside the service. Parking is available on site.

The service has three wings, with accommodation for people residing in the care home on the ground and first floors. Communal areas including dining and lounge areas are on the ground floor. People have easy access to a vast and enclosed garden area.

At the time of the inspection, there were 32 people living in the home. The registered manager was supported by a deputy manager, five senior carers and a team of carers.

## About the inspection

This was an unannounced inspection, to follow up on requirements from the inspection finalised on 10 July 2024. The inspection took place on 11 and 12 February 2025 and 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 7 people using the service and 2 of their relatives
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents

## Key messages

- Activities across the home have been developed improving residents overall health and wellbeing.
- The staff team have improved medication recording, however there needs to be further development in relation to guidance around prescribed as required medication to ensure consistency of support.
- Quality assurance systems have been implemented to identify service improvements and developments and should continue to be embedded into practice.
- The management and staff team had developed more effective working relationships, which improved care and support to residents.
- Improvement was evident in most required areas made during the previous inspection. As a result, people's needs were being met more effectively and safely.

## 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

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.

In relation to this key question, two requirements and one area for improvement were evaluated from the initial inspection. Since then, the service had put an action plan in place to manage the improvements needed.

The service had enhanced their management of peoples' nutrition and hydration needs. The provision for stimulating and meaningful activities had been improved.

Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

Key question 1.3 will be re-evaluated to 4, good.

### Areas for improvement

1. In order to support better outcomes the provider should continue to enhance the provision of activities throughout the home. These should be both one to one and peer activities and designed around people's choices and preferences.

To ensure activities are meeting peoples' needs, evaluation methods should be developed with the outcomes informing future plans.

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

"I can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

2. To keep people safe the provider should ensure that medication is managed safely and effectively in line with best practice guidance.

In order to do this, the provider should at a minimum:-

- a. ensure there is a clear system in place for reporting errors or discrepancies to enable checks to be carried out and corrective actions to be taken
- b. improve consistency of administration and recording of topical medications inline with prescribers instructions
- c. ensure the system for the administration of medication is effective and carried out in a timeous manner

d. ensure as required medication protocols give clear guidance in relation to their usage and threshold of when further actions should be taken

e. ensure that effective systems are in place to assess and monitor medication management.

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)

## 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.

In relation to this key question, one area for improvement was evaluated from the initial inspection. Since then, the service had put an action plan in place to manage the improvements needed.

The service had developed their quality assurance system, giving the manager a clear overview of key activities across the service.

Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

Key question 2.2 will be re-evaluated to 4, good.

## 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.

In relation to this key question, one requirement and one area for improvement was evaluated from the initial inspection. Since then the service had put an action plan in place to manage the improvements needed.

The service had improved their oversight of assessed support hours and directly linked these to planned staff hours. There had been positive developments with regards to working relationships between the management and staff team.

Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

Key question 3.3 will be re-evaluated to 4, good

## 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.

In relation to this key question, one requirement and two areas for improvement were evaluated from the initial inspection. Since then the service had put an action plan in place to manage the improvements needed.

The service had improved the oversight of internal and external maintenance and servicing, ensuring the safety of the environment. Improvements had also been made to the environment, to promote choice and safety of people.

Please see "What the service has done to meet any requirements we made at or since the last inspection" for further details.

Key question 4.1 will be re-evaluated to 4, good.

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

### Requirements

#### Requirement 1

By 28 October 2024, the provider must improve the management of individuals' nutrition and hydration needs to support their health.

To do this the provider must at a minimum:

- a. ensure hydration and snack stations are available for people to access independently
- b. ensure people are enabled to make informed decisions regarding their meal choices, with accurate menus being available prior to meals being served, in a format people can understand
- c. ensure that nutritional passports are up to date and reflect the measures in place to support people's nutritional and hydration needs
- d. ensure all staff are aware of and promote people's choices in relation to their nutritional preferences
- e. review the timings of meals, to ensure they are spread over the course of the day to meet people's ongoing nutritional needs and requirements.

This is to comply with Regulation 4(1) (a) (Welfare of 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 can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning." (HSC 1.33)

"My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSC 1.37)

**This requirement was made on 10 July 2024.**

#### Action taken on previous requirement

Hydration and snack stations had been developed on both floors, which were inviting and well stocked. These were well utilised by residents, fostering both social interaction and independence.

The clear display of menus on the walls and tables provided residents with consistent, accessible information, which minimised confusion and supported their meal choices. This could be further developed by the use of pictorial menus.

Updated nutritional passports were effectively shared with catering staff, ensuring meals were appropriately prepared and fortified to meet individual dietary needs.

We saw more effective use of fluid charts which were consistently completed, with targets met on most days. Where the target hadn't been met this had been identified and reason specified. Staff were able to demonstrate their understanding of their responsibilities and the importance of hydration monitoring.

Although menu choices were made the night before, there was flexibility to enable residents to change their meal choices at mealtime, promoting choice and respecting individual preferences. There was a clear information recorded on the choices sheet regarding specialised diets to promote staff awareness of these.

Dining experience audits were completed regularly, with actions identified and followed up, demonstrating a commitment to improving the mealtime experience.

Mealtimes observed were a pleasant experience for people, with no one sitting for long periods either before or after their meal, minimising agitation and distress.

Monthly nutrition and hydration audits had been completed, with improvement actions identified and followed through. This ensured the ongoing enhancement of nutritional and hydration support.

## Met - within timescales

### Requirement 2

By 27 January 2025 the provider must enhance the provision of activities throughout the home linked to people's choices and preferences, to support better outcomes .

This should include but is not limited to:

- a. provision of regular planned activities linked to individuals' preferences, which provide stimulation and validation
- b. opportunities for everyone to have access to meaningful activities
- c. improved availability of one-to-one support with meaningful activity
- d. effective evaluation of activities provided, which inform future plans.

This is to comply with Regulation 4(1)(a) (welfare of 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 can maintain and develop my interests, activities and what matters to me in the way that I like." (HSCS 2.22)

This requirement was made on 10 July 2024.

#### Action taken on previous requirement

A new activities staff member had been recruited, bringing enthusiasm and fresh ideas. This was positively contributing to the overall development of meaningful activities.

Regular activities were being planned to provide stimulation and meaningful engagement. While these activities were displayed on the notice board, this could be more inclusive through a pictorial timetable, ensuring all residents were aware of what had been planned.

One to one activities, such as nail care, were observed and enjoyed by the residents. It would be helpful to have a clear plan for one to one activities to demonstrate regular meaningful engagement with residents who prefer not to, or cannot participate in group activities.'

We heard that work was now beginning on gathering information on residents' preferences, which will be used to inform future activity planning. It was noted that considering therapeutic occupational engagement for residents could further enhance their quality of life, particularly through home-based activities that could reduce stress and distress. Recognition was given to the need to develop a system for evaluation activities to ensure they are effective and meaningful.

The service has developed strong connections with the local church, with monthly visits to the home and church visits scheduled in between. Additionally, nursery children were visiting Ailsa Lodge, helping residents maintain connections with the local community.

Regular residents' and relatives' meetings were held to discuss activity developments and seek suggestions and feedback. However, it was important to consider how the voices of those unable to attend these meetings were being heard.

There were noticeable improvements in activities, leading to positive impacts on residents' meaningful engagement, health, and wellbeing. This requirement will be met however we will make an area for improvement to ensure the ongoing improvement and development of ensuring the activities planned are person centred and meeting peoples needs, with clear evaluation process built in and embedded.

#### Met - within timescales

#### Requirement 3

By 28 October 2024, the provider must ensure that effective methods are in place to meet people's assessed care and support needs.

This must include, but not be restricted to:-

a. regular staffing assessments and planning are based on current guidance taking into account a variety of

meaningful measurements including people's assessed needs and support preferences. This should be responsive and adaptable to meet people's changing needs.

b. staffing levels and skills mix are based on people's outcomes and needs.

c. the whole staff team developing relationships and working together in a positive manner, to promote good outcomes for people.

This is to comply with Section 7 (1) and (2) of the Health and Care (Staffing) (Scotland) Act 2019 (HCSSA).

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

"My needs are met by the right number of people" (HSCS 3.15) and

"My care and support is consistent and stable because people work together well." (HSCS 3.19)

**This requirement was made on 10 July 2024.**

## Action taken on previous requirement

A dependency assessment was completed regularly, which generally reflected residents' changing needs. Staffing requirements had been adjusted in response to these changes, ensuring appropriate staffing levels.

We observed that staffing levels were consistent. Staff reported that there was enough staff to meet peoples' needs with sufficient time to spend with them. Given the staff team is more settled now, it would be helpful to explore staff deployment over the course of the day, to ensure all needs are met effectively. This would be particularly relevant during quieter periods like mid-morning, mid afternoon and evening when some residents showed signs of needing engagement within communal areas.

Supervisions and team meetings were now held more regularly, with staff sharing that they found them helpful and engaging. The importance of acknowledging that night shift staff should still have access to the same information as the day shift even if they were unable to attend team meetings.

The rotation of staff between day and night shifts had helped develop a better appreciation of the challenges of each shift and supported a mutual understanding of expectations.

Feedback was sought on the leadership of the service in October last year. This showed high levels of positive responses from staff, who recognised wide ranging improvements across the home.

Staff shared that they appreciated "Feel Good Friday" as an opportunity to reflect on the week and connect with colleagues. This initiative had contributed to a more positive relationship between staff and management and a sense of camaraderie among staff.

**Met - within timescales**

**Requirement 4**

By 28 October 2024, the provider must ensure that the environment is safe and protects people who live, visit and work in the service from harm.

To do this the provider must ensure that all maintenance, servicing and safety checks are being carried out inline with good practice guidance and organisation requirements. Any resultant actions must be detailed and taken without delay.

This is to comply with Regulation 4(1) (a) (Welfare of users) and Regulation 10(2)(b) and (d) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services), Regulations 2011 (SSI 2011/210).

**This requirement was made on 10 July 2024.**

**Action taken on previous requirement**

We appreciate that there had been challenges in securing a consistent maintenance person, since the initial inspection. However, the service had managed to maintain effective maintenance overall.

Almost all external maintenance and servicing had been carried out as required, with good oversight from the management team.

Regular internal maintenance checks had been carried out as planned, with oversight from senior management. This ensured that any gaps were promptly identified and addressed.

We were reassured to hear there was a contingency plan in place, to cover for absence of maintenance staff, given the crucial role they have in ensuring the safety of the home.

**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 keep people safe the provider should ensure that medication is managed safely and effectively in line with best practice guidance.

In order to do this, the provider should at a minimum:-

- a. ensure there is a clear system in place for reporting errors or discrepancies to enable checks to be carried out and corrective actions to be taken

- b. improve consistency of administration and recording of topical medications inline with prescribers instructions
- c. ensure the system for the administration of medication is effective and carried out in a timeous manner
- d. ensure as required medication protocols give clear guidance in relation to their usage and threshold of when further actions should be taken
- e. ensure that effective systems are in place to assess and monitor medication management.

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 area for improvement was made on 10 July 2024.**

## Action taken since then

We saw improvements in regular medication administration recording, including ongoing medication counts.

Protocols for as required medications were in place, but needed to be more detailed and descriptive regarding when medications should be administered and when further assistance, such as from a GP, should be sought. Where more than one medication is prescribed for a condition, it should be explicit what should be given and when.

While there had been improvements in overall medication recording, further development was needed to ensure appropriate and timely administration particularly of as required medication.

This area for improvement is not met and will be reinstated.

## Previous area for improvement 2

To continue the improvement journey, the provider should ensure that quality assurance is well led to ensure people experience consistently good outcomes.

This should include at a minimum:-

- a. the registered manager having complete oversight of the service and ongoing key activities
- b. the registered manager ensuring audits are effective in improving outcomes for residents. Quality audits and action plans should be accurate, up-to-date and lead to the necessary action to achieve improvements without delay
- c. utilising evidence based information to review and update quality assurance tools, to

ensure they are effective and driving forward improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 10 July 2024.**

#### Action taken since then

The registered manager had a much clearer oversight of the service and key ongoing activities. This ensured better management and understanding of areas of good practice and further development.

A wide range of audits were being completed regularly, with clear actions identified and signed off once completed. This included a number of out of hours manager visits. The regional support manager also provided oversight of the completed audits and actions, ensuring accountability.

Quality assurance systems were being threaded into practice across all areas of the service, driving forward improvements. It is important to continue developing and embedding quality assurance processes to ensure their ongoing effectiveness in driving improvements within the service.

This area for improvement has been met.

#### Previous area for improvement 3

To ensure consistency of support and the safety of people, the provider should ensure external staff, have a clear understanding of the expectations and requirements of their role.

This should include but not be limited to information regarding key responsibilities, people's routines, likes and dislikes and an overview of support to be provided.

This is to ensure 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." (HSC1.19)

**This area for improvement was made on 10 July 2024.**

#### Action taken since then

Information had been collated to provide agency staff with a clear and up to date overview of the service, enhancing their understanding of the operational requirements.

The folder included clear guidance on when to contact on call support, with the policy outlining situations where contact was necessary. However, the policy required updating to specify who should be contacted when required.

Clear information was provided, regarding the duties of senior day shifts and night shifts and how tasks

should be allocated across the team. This would improve the consistency of support, particularly when an agency senior staff member was required.

We acknowledged that, whilst this information would be beneficial for guiding external staff, it was noted that the management team had been working hard to reduce their reliance on agency staff. At the time of inspection almost no agency staff were being utilised, which had greatly improved the consistency of support provided to residents.

This area for improvement has been met.

## Previous area for improvement 4

To promote choice and support people's health and wellbeing, the provider should explore options to provide showering facilities, where people do not have access to an en-suite shower. There should be clear discussions during the pre-admission phase regarding the options available to people and how personal care needs will be met.

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

"If I require intimate personal care, there is a suitable area for this, including a sink if needed." (HSCS 5.4)

**This area for improvement was made on 10 July 2024.**

### Action taken since then

The provider recognised the importance of residents having a choice in relation to how their personal care needs were met. Since the initial inspection a shower had been installed on the ground floor, giving all residents the choice of a shower or bath even if their room was not an en-suite.

This area for improvement has been met.

## Previous area for improvement 5

To minimise risk and impact on people when the lift is non-operational, a contingency plan should be developed to ensure time is minimised and people are able as much as possible to move freely around the home. All staff should be aware of the plan and be able to implement this without delay.

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

"I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSC 5.11)

**This area for improvement was made on 10 July 2024.**

### Action taken since then

A clear plan had been developed, detailing how to manage issues with the lift, to ensure in the event of a breakdown this is dealt with safely and consistently by all staff.

A stair lift had been installed to ensure residents have access to both floors should the lift be out of commission.

This area for improvement has been met.

### Previous area for improvement 6

To ensure that people receive the right support at the right time, the provider should ensure care plans are up to date and detail accurate information for all residents.

This should include at a minimum:-

- a. care plan folders should be streamlined, archiving information that is not currently required, to make information more accessible.
- b. informative life histories should be recorded for all residents to give a baseline knowledge of people
- c. all care plans should be person centred, strengths based and detail how support should be provided
- d. end of life care plans should be detailed and person specific, with staff fully informed of the persons wishes
- e. care plans, including end of life plans should be fully reviewed and updated where there are changes in people's needs.

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

**This area for improvement was made on 10 July 2024.**

### Action taken since then

All care plans had been updated and reviewed over the previous six months, detailing current support needs and requirements.

Some of the care plans sampled, included a detailed overview of residents' life histories, including family, work life, and hobbies. This served as a good foundation for developing relationships and initiating discussions. As yet not all plans were as detailed, although we appreciate that staff were working with relatives to enhance these.

Care plans included clear information about residents' health appointments, such as optician and dentist visits, and noted when the last appointments had occurred. This ensured that medical needs were well documented and able to be followed up.

Care plans had been updated to reflect key changes in residents' conditions and how these impacted support needs. This ensured support needs would be provided consistently by the staff team. It is important that these changes are reflected in the dependency information, as discussed earlier.

A clear connection between the information in care plans and other documents, such as the nutritional passport, had been established, ensuring comprehensive support for residents.

Some care plans contained really nice examples of strength based information, highlighting what residents were able to do for themselves. However, this approach was not consistent across all plans and could be further developed.

Anticipatory care plans were in place, though the information provided was very general and basic. To ensure the plans are as meaningful as possible and capture all the information staff know about residents and their wishes, it would be good to revisit these.

This area for improvement is met.

## Previous area for improvement 7

To ensure consistency of support, the provider should ensure stress and distress care plans are in place, for residents who display signs of stress and distress. These should be descriptive giving clear guidance on how support should be provided.

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

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty." (HSCS 3.18)

**This area for improvement was made on 10 July 2024.**

### Action taken since then

We sampled a number of stress and distress plans within the care plans. Most of these gave clear information on how to support residents when they were feeling stressed or anxious. These gave guidance and direction on how to provide support and what techniques could be used to provide distractions. It would be helpful to ensure all residents have a clear plan in place where stress and distress has been identified.

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](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
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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.