

Cairnie Lodge Care Home Service

Forfar Road
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Type of inspection:
Unannounced

Completed on:
14 May 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

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CS2011300646

About the service

Cairnie Lodge care home provides long term, 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.

About the inspection

This was an unannounced inspection which took place on 13 and 14 May 2025. 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 and their families
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

Significant improvements had been made to the environment and cleanliness of the home.

Staff felt supported and morale was good.

Some care plans did not contain the level of detail required to ensure that people's required needs were being met.

Staff supervision needed to improve.

Staffing arrangements had been reviewed and this had increased supervision in one unit, which was leading to improved outcomes for people.

A new manager was in place and had a good understanding of the improvements and developments needed moving forward.

Care staff were more actively engaged with residents.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	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. This meant that there were several strengths which impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home environment was noticeably calmer and more relaxed than at our previous inspection. Staff were kind and caring and interacting well with the residents. We were told, 'Staff are wonderful, 'I'm very happy with the home. Staff are without a doubt great' and 'It's a nice place. I am not saying it is perfect but it's home'.

People had care plans in place. A range of assessments formed the basis of people's care plans. Risk assessments were in place where required, with appropriate measures in place to reduce risk for people. Life story work had been completed with people to inform staff of their preferences to influence their care. However, we found that the standard of detail required in some files did not describe the current care required to meet people's needs. **Please see requirement one under 5.1-Assessment and personal planning reflects people's outcomes and wishes.**

There was an organised process in place for medications, and this meant that people could be confident that they would receive their regular medicines as prescribed. Staff spoke positively regarding the electronic system for administration in place and how it reduced the potential for any errors. As required, (PRN) protocols were in place for people with stress and distress, which contained strategies for staff to use prior to administering medications, which was good practice.

Some people did not have access to regularly replenished fresh fluids in their rooms. Some people had jugs of juice or water in their rooms however, these were not consistently dated so we were not assured this was fresh. One person told us, 'No it's not refilled daily - just when its empty'. This impacted on people's ability to keep properly hydrated. We discussed this with the manager who advised that this would be rectified immediately.

Mealtimes were generally a pleasant and positive experience. Some people told us, 'The food isn't very good, it's bland, always the same' and one person commented that it was a sunny day and they were still offered soup and sandwiches or stovies, when a salad might've been better. Staff were assisting people where appropriate and advised that choices were available for people if they didn't like the menu options. We discussed with the manager perhaps having a menu of alternative options available for people on the tables, as some people didn't like to ask and didn't know what the alternatives were. This would ensure people were having meals they enjoyed, which would enhance their nutritional wellbeing. We will follow this up at our next inspection.

People had access to external professionals where required. Services such as the dietician, falls team and dementia liaison team had been arranged for people. This was benefitting their overall health and kept people well.

People had a range of activities to participate in if they wished. We were told, 'I like doing all the activities that are put on'. New activity stations were being used by residents and offered areas for people to spend time. For example, there was a library area, nursery and area for doing laundry. People had enjoyed visits from therapists, and outings in the minibus. Staff were involved with people they supported and were engaging them in a variety of activities each day, as well as accompanying people into the garden to enjoy the sun.

There were systems and procedures in place to help ensure safe infection prevention and control. Cleaning schedules were up to date and reflected thorough cleaning practices throughout the home. Staff had the right knowledge and skills to keep people safe in a clean environment and domestic staff were working hard to maintain standards. Staff practice reflected good knowledge around infection prevention and control (IPC) and safe practices. Personal protective equipment (PPE) was readily available in convenient areas around the home.

How good is our leadership?

3 - Adequate

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

People spoke positively regarding the temporary manager and the changes that had been made recently. Understandably there was a sense of uncertainty around, as a new manager was now in post. We were pleased to hear that the temporary manager would be staying in the home for a few more weeks to ease a smooth transition and support the new manager meantime. Both managers were visible at time of inspection and promoted an open-door policy. We look forward to consistent management and leadership within the service moving forward.

A service improvement plan was in place. This was a detailed document which highlighted areas for development, which had been identified through internal, quality assurance processes. Management therefore had a clear understanding of what was working well and what improvements were still needed. The new manager had surgeries planned whereby people could come and chat on an individual basis to discuss their views. People's feedback would therefore be used to drive future improvements. We will follow this up at our next inspection.

The service used a range of quality assurance processes to monitor all areas of the service. Some audits were completed and were identifying areas for improvement. Actions were clearly defined following audits and followed up timeously to ensure compliance. Some processes however were not identifying issues in key areas such as personal planning. **Please see 5.1 -Assessment and personal planning reflects people's outcomes and wishes.**

Management did daily walk rounds of the home to identify any issues in the service. Any issues were acted upon quickly, which meant the service were being proactive in their approach to identify and resolve concerns.

Meetings were being held and were well attended. This gave people opportunity to discuss any concerns and give feedback. This was then used to make improvements.

Complaints were well managed and clearly documented. There was a robust complaints procedure which was visible within the home. The manager recorded informal and formal complaints, and all were dealt with appropriately, which was good practice.

The manager had good oversight of falls, accidents and incidents in the home each month. A recent review had been completed of all events in the home and extra staff allocated to reduce the frequency of such events moving forward. It will be interesting to see how this benefits people's outcomes in the future.

Notifications of events to other agencies was not always completed appropriately. The service should be clear about what needs to be notified, timeously and to whom. We discussed this with the manager and agreed to meet for further discussion regarding the notifications process.

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 should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Staff had access to a range of training opportunities. This included Adult Support and Protection, infection prevention and control and food hygiene. Further training in Adult Support and Protection was planned with the local care home support team.

The provider stated that supervision should be carried out on a six-monthly basis. We were told that this was not happening for the majority of staff. Therefore, staff supervision was not where it needed to be and needed to improve. Staff did however tell us that they felt supported by the manager. **See area for improvement 1.**

Staff competence was assessed to ensure learning and development supported better outcomes for people. Observations of practice in relation to infection prevention and control (IPC) had been completed.

Staffing arrangements were determined through a process of regular and ongoing assessment of people's needs. A recent review of incidents and accidents had highlighted where additional staff would be of benefit. Additional staff had been allocated to specific areas recently, and staff told us this had 'made a difference'. We will follow this up at our next inspection.

Staff were clearly very busy during our visit. Whilst there was still some work to do to encourage all staff to recognise opportunities for positive engagement, it was good to see staff involved in activities such as baking, music therapy and garden activities. As a result, people had purpose to their day.

Staff meetings were being held on a regular basis and were well attended. We were told that the manager asks staff opinions at meetings in order to improve care. Staff told us, 'Morale is good and we are working as a team' and 'We have better teamwork now and better skill mix'. It was clear to see that work had been put into staffing and considering changes, in order to ensure this was the most beneficial arrangement for people in the home.

Areas for improvement

1. To ensure that people receive high quality care and support from staff who are skilled and confident in their roles, the provider should ensure that all staff receive supervision meetings, and that records are kept to ensure identified actions to support staff development are followed through.

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 support is consistent with the Scottish Social Services Council (SSSC) Codes of practice for Social Service workers and Employers 2016, which state as an employer you will: 3.5- 'Provide effective, regular supervision to social service workers to support them to develop and improve through reflective practice'.

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.

Environmental improvements had progressed since our last inspection and there was an ongoing process in place to maintain standards.

There were a range of communal areas for people to enjoy, such as dining rooms and smaller, quiet lounges. Most of the communal areas offered people bright, pleasant spaces to spend time. Some positive changes had taken place in communal areas of the home and this was contributing to a calmer environment for people to enjoy.

People had their own single, en suite bedrooms which were personalised to their taste. Some rooms did appear cluttered with wheelchairs stored in ensuites, which was not appropriate from an infection prevention and control perspective. We discussed this with the manager who advised that this would be reviewed and addressed. We will follow this up at our next inspection.

People had access to outside space in the grounds surrounding the home. There was a mixture of grassed areas and an enclosed courtyard with seating that residents and families could enjoy. Some people were enjoying activities to develop the garden such as sowing seeds and planting. It was positive to see that the summer house was being prepared for greater use and that a relative had been involved in painting this and some of the fences. This meant people felt involved and included with ongoing improvements in the home.

Maintenance records were in place and up to date. A process for reporting faults and repairs was in place, and all repairs were completed timeously. Relevant certificates were in place such as gas safety, legionella and safety equipment. People felt reassured that the maintenance of the service was upkept, to maintain their safety.

How well is our care and support planned?

3 - Adequate

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

Everyone had a personal plan which included some useful information about their life stories, choices and preferences. Some care plans lacked detail where changes had occurred and hadn't been updated timeously to reflect these changes. For example, one person had a red area of skin identified on admission, however there were no subsequent entries to evidence that staff had rechecked this area of skin to ensure it hadn't deteriorated. There was no skin integrity care plan in place to highlight this area of skin and the care required to monitor this until healthy again. This therefore placed people at risk of skin breakdown and other health implications. Some care plans had conflicting information throughout and this left room for error, which could impact of people's health and wellbeing. All of the care plans we reviewed needed improvement, as they evidenced areas of concern and were not of the standard required. **See requirement 1.**

Some people had anticipatory care plans in place. The plans reflected people's individual needs and wishes. This meant people's specific wishes and preferences could be attended in the event of a person's condition deteriorating.

Where legal powers were in place, this was clearly documented in people's plans. For example, copies of power of attorney were in place, advising staff who to consult where required.

People's care was being reviewed within the regulatory timescales and involved residents and their appropriate others. This ensured people were involved in reviewing their care and support.

Requirements

1. By 21 July 2025, the provider must ensure people's care is planned, accurately recorded, and reviewed to ensure they receive appropriate, responsive up to date person-centred care.

In order to achieve this the provider must:

- a) Ensure that documentation and records are accurate, sufficiently detailed, and organised and reflective of the care and support planned or provided.
- b) Ensure the quality of people's care and support is evaluated and recorded where a person's care needs or risk level changes, for example, after an incident.
- c) Ensure that where people are assessed as at risk of a pressure ulcer or skin damage, a wound or pressure ulcer, their care plan and records include the frequency of skin checks and regular review, evaluation and a record of any progress.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 5 (personal plans) 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 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).

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

Requirements

Requirement 1

By 15 February 2025, the provider must provide the Care Inspectorate with an environmental improvement plan, laying out in detail all internal works required. You must include expected commencement and completion dates of planned work. Furthermore, the provider must provide the Care Inspectorate with, at a minimum, three monthly progress reports of environmental improvement work.

This is to comply with Regulation 10(2)(a) and (b) (Fitness of premises) 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 5.17) and 'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment' (HSCS 5.22).

This requirement was made on 15 August 2024.

Action taken on previous requirement

An environmental improvement plan was in place and was monitored regularly for progress. The manager had a good understanding of future improvements and developments required in the service.

The manager had sent regular updates on improvements in the home, with pictorial evidence since last inspection.

Significant improvements were noted in the environment in the home, including fixtures, fittings, cleanliness and decoration. The manager advised that a painter was available for as long as the service required, until all jobs were completed.

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's safety and protection from the risk of infection, the provider should ensure all staff are familiar with the current National Infection Prevention Control (NIPC) guidance. This includes but is not limited to, hand hygiene and donning and doffing of personal protective equipment. Management oversight should be robust in order to maintain standards that reflect best practice.

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 15 August 2024.

This area for improvement was made on 15 August 2024.

Action taken since then

Management oversight was good regarding hand hygiene and competency assessments were being carried out as well as hand hygiene observations, to maintain standards.

Staff had good knowledge around infection prevention and control and a significant improvement was seen in the cleanliness of the home.

Management carried out daily walk rounds which were thorough to ensure all aspects of the service were monitored closely.

This area for improvement has been met.

Previous area for improvement 2

In order for quality assurance systems to identify, influence and drive improvements, the provider should ensure that a robust auditing process is undertaken regularly to monitor all key aspects of the service. This will improve positive outcomes for people.

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 15 August 2024.

This area for improvement was made on 15 August 2024.

Action taken since then

A monthly audit plan was in place. Some audits sampled were identifying areas for improvements. Actions were followed up to ensure completion. Improvements were noted in the home since our last inspection.

Audits of accidents and falls had resulted in an increased staffing level in one unit, which in time should reduce the number of incidents.

Staff spoke of positive changes in the home, with a calmer atmosphere and residents no longer banging on the door most of the day. This has impacted positively on people's lives.

This area for improvement has not been fully met due to issues with care plans not being identified through internal quality assurance processes. We will reinstate this and follow this up at our next visit.

Previous area for improvement 3

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).

This area for improvement was made on 15 February 2023

This area for improvement was made on 15 February 2023.

Action taken since then

A comprehensive service improvement plan was in place which was reviewed regularly by the manager.

Actions identified through quality assurance were added to the improvement plan and were driving improvements.

People's feedback wasn't reflected in the service improvement plan so far but a plan was in place to ensure feedback from daily walk rounds, meetings and questionnaires was fed into the plan moving forward. The new manager plans to hold regular surgeries for people to come chat on a one to one basis.

We have confidence that this will be developed and will follow this up at our next inspection.

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.

Detailed evaluations

How well do we support people's wellbeing?	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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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