

Charnwood Lodge Care Home Service

8 - 18 Annan Road
DUMFRIES
DG1 3AD

Telephone: 01387 270350

Type of inspection:
Unannounced

Completed on:
23 April 2025

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000292

About the service

Charnwood Lodge is registered to provide a non-nursing care service to a maximum of 68 older people over the age of 65 years. The provider is Park Homes.

The service is located close to Dumfries town centre within a residential area and close to public transport.

The home was purpose built, with accommodation split into six small group living areas or "households", across two floors. Each named household has 10 bedrooms, all of which have en-suite toilet and sink facilities. There are bathing facilities in each household, but currently no showering facilities.

Communal lounges and dining/kitchen areas are available throughout the home. There is also a large reception, lift to both floors and a cafe area.

The ground floor has access to well-designed garden spaces with seating, raised beds, and a greenhouse.

At the time of the inspection, there were 65 people living at the service.

About the inspection

This was an unannounced inspection which took place on 22 and 23 April 2025 between 07:30 and 17:45 hours. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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/spent time with 25 people who live in the service and four relatives.
- For people unable to express their views, we observed interactions with staff and how they spent their time.
- Received eight completed questionnaires.
- Spoke with 16 staff and the management team.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with two visiting professionals.

Key messages

Staff were kind, helpful and knew the people they supported well.

- People benefited from smaller group living.
- Dining experiences for people should be improved.
- Maintenance and the environment within the service must be improved.
- Staffing arrangements and completion of staff training should be improved.
- The provider had met three of the five areas for improvement identified at the previous inspection.
- The provider did not meet one Requirement identified at the previous inspection.
- From the findings of this inspection, we have made seven areas for 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

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

Staff were kind, helpful, and people said they had positive relationships with some staff members. Some people told us "Staff are super" and "staff team are excellent and try so hard to help and encourage all residents". This ensures people are treated with warmth and compassion.

Some people shared concerns about staff engagement and responsive care. People, relatives and staff told us of waiting long periods of time for assistance, or at times people could not find staff to provide help. A relative told us "I regularly cannot find staff to assist my wife". There were periods where staff were not always visible within the units. This shows lack of oversight and increased risk for people's safety.

People's health benefited from the support that was provided. Staff were responsive to changes in people's health needs and raised these at daily meetings. However, there was no evidence that these were being carried out at the weekends. Where people's needs had changed, appropriate referrals were made to minimise risk to people. There was monitoring of health needs, however, there was some gaps in recording. It is important to ensure these are daily, to allow oversight to monitoring people's health needs. This ensures people will receive timely care which will support their health and wellbeing.

The provider had a safe, well-managed medication system to meet people's medical needs. Staff had received training, and had clear guidance to support this task safely. This included oversight of 'as required' medication (PRN) and the recording of this. This provided confidence that people were being supported with safe administration of their medication.

People's dining experiences should be improved. Some people were seen to enjoy their meals in the dining room although, several people stayed in their rooms to eat. People were offered choices, but menus were not available, and the dining area lacked décor such as table covers and condiments (see area of improvement one). The provider had employed a new cook, and people gave positive feedback on meals provided. Staff were not consistently visible at meal times, and people were not always offered help to wash their hands before dining. This increases risk of infection and affects people's wellbeing.

The provider had a part time activity coordinator. People participated in activities in the lounge area on days she was present. On the days the activity coordinator was not present, there was less opportunity for people to be supported with activities and interaction. This mostly included group or indoor activities at set times of the day or week. Choices and opportunities to be involved in the local community were limited, and people could not access the garden freely, due to this not being secure. This is reported on further under KQ4.

Some people told us they were bored. The provider is recruiting for another activities coordinator, to ensure activities and interaction is available to people on a daily basis. Staff told us if there were increased staffing levels, this would enable them to have more opportunity for meaningful connections with people. To improve experiences for people both socially and physically, opportunities for this should be increased. This was a previous area for improvement which has not been met, due to lack of progress in supporting people with meaningful connection.

Areas for improvement

1. The provider should improve people's dining experiences to provide a more inviting and comfortable dining environment.

This is to ensure that the quality of care and support provided is consistent with the Health and Social Care Standards (HSCS) which states that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'. (HSCS 1.34) and 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning'. (HSCS 1.33)

2. To support people's health and wellbeing, the provider should ensure people benefit from meaningful connections and opportunities for activities. This should include but is not limited to an increased opportunity for outings from the home and meaningful interaction and physical activity out with group activities.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: My care and support meets my needs and is right for me (HSCS 1.19) and I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. (HSCS 1.25)

How good is our leadership?

3 - Adequate

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

The provider had an improvement plan in place. This included several actions from 2022, with some completed and some remained outstanding. We discussed with management the need to review outstanding actions, that should be planned effectively and prioritised. This will reduce any potential risk and provide positive outcomes for people (see area for improvement one).

The provider had recently implemented a new quality assurance system called Lodestar. This system allowed audits to be carried out for different aspects of service delivery. Some actions from these audits continued, with further oversight needed on how these could be addressed, and where appropriate, added to the home's improvement plan. Auditing and analysing within the service assists in identifying themes and trends to reduce risk for people.

The manager had good oversight on how often audits were carried out and identified where areas needed improved with clear detail. These included dining experiences, dignity in care, catering and infection prevention and control. Some of these identified training needs for the staff team, concerns with laundry management and issues with food production and planning. Actions were not consistently being followed through, especially when the manager was not in the service. Feedback was not always provided to the staff team. For example, why changes could not be made to food planning. The provider should ensure relevant actions from quality assurance and feedback are added to homes improvement plan. Actions being carried out or any relevant updates should be shared with people, relatives, and staff to promote effective communication and reassurance.

The manager had oversight of accidents and incidents. For example, falls, and moving and assisting. As these were quarterly, they had taken place once since the new system was implemented. The provider plans to continue completing these to identify patterns of concerns and risks.

This ensures staff are aware of changes and will keep people safe.

Surveys had been undertaken with people, relatives and staff. This allowed people to be involved in evaluating the quality of the service. The service should ensure the feedback and actions, as a result of the surveys are shared with people. This ensures that people experiencing care and support, their relatives and staff had reassurances of the planned service improvements.

Areas for improvement

1. The provider should ensure actions identified within the home's improvement plans are specific, measurable, achievable, realistic and time-bound (SMART). These should be shared with people to provide reassurance and commitment to positive outcomes.

This is to ensure care and support is consistent with the Health and Social Care Standards which states that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19)

How good is our staff team?

3 - Adequate

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

The staff team included experienced staff who had worked in the care home for several years, and some staff who had recently started. Feedback from people was generally positive in relation to staff, and relatives felt they could raise an issue if they had concerns. However, comments were made about waiting periods of time for support. Feedback from questionnaires included, "due to staffing levels I sometimes have to wait for help". Staff told us "We would like to have more time to spend with people". People not receiving timely care could place them at potential risk and affect their quality of life.

Staff had been safely recruited. We were told about their induction which included mandatory training and being paired with an experienced staff member. Staff spoke about value of working within a supportive team. Comments included "We work well together as a team to help each other". Staff felt supported by seniors and managers if their assistance was needed however, felt pressure when staffing arrangements were affected. Online and practical training was available to staff to develop their knowledge and skills. However, some training had not been completed. Improved oversight of completed training will ensure staff knowledge is up to date when carrying out their roles and inform the skill mix of the team (see area of improvement one).

Supervisions were being carried out in line with company policy. No observations of practice were taking place, however, these started during the inspection. For example, handwashing. We suggested to the manager to consider dining experience as part of these. This would provide valuable feedback to staff on the care they provide. This will support their learning and development, and ensure they are carrying out their role effectively.

Team meetings took place quarterly which highlighted areas of concerns or need for discussions. We discussed with the manager to consider reviewing how often these take place given all ongoing changes. This will improve communications and self-evaluation across the team and, promote opportunities for discussion about practice and how best to improve outcomes for people.

A dependency tool was used to determine the number of staff and skills needed to meet people's care needs. The rota reflected some gaps, and staff were not always visible within the units to support people's needs. In the case of absences, staff and seniors provided additional cover, but no other contingencies were in place. The provider has experienced challenges in maintaining staff but are in the process of recruitment. Having appropriate staffing arrangements and contingencies, will ensure people are receiving the right level of support (see area of improvement two).

Areas for improvement

1. The provider should ensure training is up to date with all staff in order to carry out their role.

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

2. The provider should ensure that the staffing arrangements across all departments meet the safety, wellbeing and social needs of people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I am confident that people respond promptly, including when I ask for help'. (HSCS 3.17)

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The home was designed in a way which offered people small group living, which supports good practice. Communal areas offered people the opportunity to meet others, and provided additional space for people to spend time out of their own bedrooms.

The environment was generally clean and tidy. However, some points were noted in terms of cleaning practice, which was not in keeping with national cleaning specifications. For example, some chairs were found to be stained. There were periods when there were not enough housekeeping staff scheduled to work to do what was needed. Cleaning records showed gaps when cleaning had not been completed. The cleaning of furnishings and care equipment used for people needed improvement, to protect them from the transmission of infection (see area for improvement two under K.Q. 3).

Regular maintenance checks, repairs and servicing of equipment used within the home were in place to keep people safe. The provider should ensure people carrying out checks are appropriately trained, and records contain details of checks taking place to promote the safety of people experiencing care.

The home's refurbishment plans showed areas of improvement that had been carried out. However, there continued to be areas which had been outstanding for a length of time including paintwork, replacement of furniture and garden fencing. We could see the manager had escalated these and monitored and recorded updates. Families told us the length of time some repairs had taken or still outstanding did not give them confidence in the provider. A timely response is needed to ensure people experience a high-quality environment. Due to lack of progress in relation to maintenance and environmental needs, this requirement has been extended (see Requirement 1).

There remained limited showering facilities for people as they could not be used. For example, people only used bathing facilities because the showering facilities were inaccessible. However, plans for works started during the inspection. The provider must have appropriate facilities to promote choice for people when bathing or showering. Due to the lack of progress and continued impact on people's choices and their privacy, this requirement has been extended. (See Requirement 1)

People should be able to go outside independently. At the time of inspection, people were unable to access all of the garden freely due to necessary fencing repairs, therefore it was not safe. People told us they would like to access the garden but due to staffing arrangements, support was not always available. People should be able to move freely around the home including outdoor spaces. The garden being secure would ensure people are safe and opportunities were increased to spend time outside. This benefits people's physical and mental health.

Areas for improvement

1. In order for people to be kept safe, the provider should ensure people can access a garden area independently that is safe and secure.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support. (HSCS 5.1).

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.

Personal plans showed detailed information about people's needs and what is important to them. This included their history and people had a one-page profile in their room, which would allow for good conversations and relationship building. The activity coordinator was currently looking for more information from relatives on people's life history, to support some of the activities that could be planned. This showed that conversations and meaningful interactions with people, informed the quality of personal plans.

Risk assessments were in place for people at risk of harm due to falls, stress and distress and poor dietary intake. The assessments recorded how to keep people safe, and the actions needed to reduce risk. Assessments were up to date and future reviews had been arranged. This ensures people are enabled without restriction and keeps them safe.

Reviews of the plans and outcomes were being reviewed regularly with people and their relatives where appropriate. The provider was in the process of updating people's personal plans, to include more information about people's choices. Where there were gaps within plans, this was highlighted with management. If a person's need had changed, we could see a timeline to whether referrals had been made to relevant professionals. For example, dietician, GP. This ensured people receive timely and responsive care.

Monitoring charts were in place for people when needed, for example, bowel management, weights, repositioning and activities. Gaps within charts were identified and raised during the inspection. The provider should ensure monitoring charts are up to date to reflect people's needs and reduce risk (see area for improvement one).

People had an anticipatory care plan (ACP) in place that reflected their wishes and future plans. This ensures people's rights and wishes are considered when their health deteriorates. Where people were unable to make choices or decisions, legal documentation was recorded in their personal plan. This meant that staff were clear about their role when supporting people with their decisions.

Areas for improvement

1. The provider should ensure accurate recording and monitoring of people's health needs. For example, food and fluid, weight, repositioning, social activities and bowel management.

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

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

Requirements

Requirement 1

By 24 October 2024, the provider must ensure people experience care in an environment that is well maintained and have access to sufficient bathing and showering facilities. This will enhance the living conditions and improve outcomes for people. This must include, but not limited to:

- a) Ensure there are accessible shower facilities and people's choices of bathing or showering are held in personal plans.
- b) Address maintenance and environmental needs identified in the service action plans.

This is to comply with Regulation 4(1)(a)(b) (Welfare of service users) and 14(d) (Facilities in Care Homes) 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 which state, "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 30 May 2024.

Action taken on previous requirement

Plans had started to address showering facilities during the inspection and timescales were provided for completion of work.

Maintenance and environmental needs were identified in the service action plans. However, actions were not being consistently followed through.

This requirement has not been met and we have agreed an extension until 25 June 2025.

Not met

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 support people's wellbeing, opportunities for activities and meaningful connections should be increased.

This should include taking part in regular activities and more trips out of the home. This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that, "I can maintain and develop my interests, activities and what matters to me in the way that I like". (HSCS 2.22).

This area for improvement was made on 23 August 2022.

Action taken since then

There was planned activities each day which were displayed in each area of the home. We discussed at inspection making these easier for people to read/pictorial as they were handwritten on A4 paper. Most people and staff were not able to tell us what activities were planned for the day.

Staff told us it is hard to fulfil these when the activity coordinator is off. They will support this as much as they can, but it can depend if people need assistance if unwell or assistance with personal care so majority of time they do not go ahead.

The activity coordinator spent time individually with people, and then a group activity in the afternoon that family were also taking part in. People appeared to enjoy this time with each other.

This area of improvement has not been met and has been reworded under KQ 1.3.

Previous area for improvement 2

The provider should hold regular consultation with people and relatives to share information and gain feedback on the service. Actions should be recorded in the service improvement plan.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve". (HSCS 4.8) This area for improvement was made on 30 May 2024.

This area for improvement was made on 30 May 2024.

Action taken since then

There had been one event of consultation since last inspection May 2024. One relatives meeting had been arranged recently with 3 people attending. The activity coordinator had met some people in the home to gain feedback.

We discussed during inspection exploring ways to ensure effective communication and gain feedback from people and relatives how they chose. Recent surveys were completed with people and relatives March 2024.

Relevant actions from this had not yet been added to the homes improvement plan or shared with people and relatives.

This area of improvement has been met.

Previous area for improvement 3

To support people's wellbeing and social inclusion, the provider should review the staffing arrangements in the home.

This is to ensure staff have time to provide care and support with compassion and engage in meaningful conversations and interactions with people. This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people" (HSCS 3.15) and "People have time to support and care for me and to speak with me". (HSCS 3.16).

This area for improvement was made on 30 May 2024.

Action taken since then

Staffing was less than what was needed for the provider using their assessment tool. Therefore, the provider has been unable to review staffing arrangements within the home to support social inclusion. There have been challenges recruiting and there are times when there have been staff absences. This meant staff were more task-focused when supporting people's needs and struggled to support with activities to promote social inclusion.

This area of improvement has not been met and has been reworded under KQ 3.3.

Previous area for improvement 4

The provider should ensure people's personal plans document their own personalised outcomes. These should be regularly reviewed with people and, where appropriate their relatives.

This is to ensure care and support is consistent with 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)

This area for improvement was made on 30 May 2024.

Action taken since then

The electronic system has an allocated outcomes section, though at present, this is not used. However, outcomes and wishes are noted in actions throughout people's personal plan under each care section. The provider are continuing to work in ensuring these are personalised for people.

Reviews of the plans and outcomes were being reviewed regularly with people and their relatives where appropriate.

This area of improvement has been met.

Previous area for improvement 5

To ensure people can be confident in the care service, the provider should ensure all staff read and sign their understanding of the service falls management policy and procedure.

This area for improvement was made on 18 July 2024.

Action taken since then

Management had gathered signatures, to ensure staff had read and signed their understanding of the falls management policy and procedure.

This area of 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?	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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.