

Cairnie Lodge Care Home Service

Forfar Road
Arbroath
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Telephone: 01241 431 118

Type of inspection:
Unannounced

Completed on:
21 July 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
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 three distinct areas, with the ground floor having a larger unit with 24 bedrooms and a six bedded unit in a newer extension. The first floor has a unit incorporating 30 bedrooms.

About the inspection

This was an unannounced, follow up inspection which took place on 21 July 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 four people using the service
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The overall atmosphere in the home had improved since our last inspection and it felt calm and relaxed.
- Staff were visible and engaging residents with meaningful activities.
- Staffing arrangements had been reviewed, which had resulted in a reduction in falls within the service.
- Formal supervision still needed to improve, however, staff were happier and told us they felt safer and supported by the manager.
- Some areas of care planning documentation still required improvement, however, there was a plan in place to address this soon.
- The manager had made a positive impact on addressing key areas for development through quality assurance processes and had good oversight of what still needed to improve.

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

Requirements

Requirement 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).

This requirement was made on 23 May 2025.

Action taken on previous requirement

There were inconsistencies in some people's personal plans. Information contained in some plans and assessments was being reviewed, however, some plans did not provide enough detail. For example, one resident had had a pressure wound which staff were able to tell us was now healed. The documentation did not state this and the last record indicated that there were still two, grade 2 areas present. This meant that documentation was confusing and didn't reflect the persons current level of need.

A multi factorial risk assessment (MFRA) for one resident was out of date and had not been completed in full, thus not providing relevant information for the personal plan. There were some other MFRAs that were missing important information as they had not been completed fully, nor signed by the assessing member of staff. This meant that some information regarding people's conditions had not contributed to the assessment which could have affected the outcome.

Some people's falls care plans contained detailed information regarding recent accidents and incidents. The falls diary in place didn't always align with information contained in people's care plans and this meant that there were inconsistencies within the recording of information. We discussed this with the manager to perhaps review the need for the falls diary, in addition to the falls care plan. We will follow this up at our next inspection.

A new, electronic care planning system is to be implemented in the service in September 2025. The manager informed us that there would be comprehensive training for management and staff prior to the new system implementation. Staff members have been identified for roles of digital ambassador and care plan migrators, which will further support staff with this transition. We look forward to seeing how this system develops and helps staff to support and plan people's outcomes.

We acknowledged that the manager had only been in post for twelve weeks and in this short time had been working hard to improve staffing arrangements and staff morale as a priority. This had made a noticeable improvement since our last visit and this was evidenced through our observations, and people's positive feedback.

This requirement has therefore not been met and will be extended to 13 October 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 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'.

This area for improvement was made on 23 May 2025.

Action taken since then

A supervision policy was in place stating that this would be carried out quarterly. The manager explained that although supervision was not currently where it needed to be, there was a plan in place, moving forward.

A staff supervision and growth tracker was in place and all staff had an allocated supervisor. Some staff had received some form of supervision but this hadn't been completed for everyone.

The manager had been completing debriefing sessions with staff, when incidents had occurred. This was seen as positive, as staff were now involved in reflective practice and were learning how to improve their practice and approaches from these events. As a result, outcomes were improving for people.

Staff told us they feel more supported and safe and that the culture in the staff team was much better.

This area for improvement has not been fully met and has therefore been extended. We will follow this up at our next visit.

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 23 August 2024.

Action taken since then

A robust quality assurance process was in place and identifying areas for improvement. There was a variety of different audits completed each month covering all key areas of the home. This had improved since our last visit.

All actions identified from the audit process, were followed through to completion. It was clear to see that the quality assurance was working well, as people were benefitting from improvements.

The manager had good oversight and knowledge around what improvements were still required in the service.

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.

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