

Castle Lodge Care Home Service

Castle Lodge Care Home
Kirkburn
Inverbervie
Montrose
DD10 0RS

Telephone: 01561 361206

Type of inspection:
Unannounced

Completed on:
17 July 2025

Service provided by:
Castle Lodge (Inverbervie) Limited

Service provider number:
SP2023000433

Service no:
CS2023000418

About the service

Castle Lodge is a care home for older people situated in a residential area of Inverbervie. The home holds a prominent position overlooking the sea front offering spectacular views to the beach and out to the sea. It is close to local transport, shops and community services. The service provides residential care for up to 21 people.

Accommodation is arranged over two floors in single bedrooms. There is a communal lounge dining room, bathroom and shower room for people to use.

21 people were living in the service at the time of this inspection.

About the inspection

This was an unannounced inspection which took place on 14 and 15 July 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we viewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluations we:

- Spoke with six people using the service.
- Spoke with three families.
- Spoke with seven staff and management.
- Received online surveys sent out prior to the inspection. We received feedback from two people using the service, 13 families, six external professionals and eight staff members.
- Observed practice.
- Reviewed documents.

Key messages

- People and their families were generally happy with the care and support provided.
- The prevention and management of falls needed to improve.
- Improvements were required to ensure people were receiving their medication as prescribed.
- Staffing arrangements for the service needed to be reviewed.
- The manager should review and make improvements to quality assurance systems.
- The provider should continue to improve upon the environment
- Record keeping needed to be improved and some people's personal plans required to be updated.

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?	4 - Good
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.

Most people and their families spoke positively about the care and support they received. Whilst people were treated with kindness and respect during care tasks, there was little or no meaningful engagement from staff out with these times. One family member shared, "I would like my relative to get some more attention throughout the day", and another told us they would like "staff to have more time to just chat to the residents. They are always so busy". Staff arrangements should be reviewed to ensure staff are available when required. We will report on this further under key question 'How good is our staff team?'.

People's personal plans were not always updated timeously, due to this we could not be confident that people's current needs were known to staff particularly if there had been changes. (See 'How well is our care and support planned?').

People benefited from regular access to healthcare professionals including specialist nurses, opticians and GPs. Some referrals had been made to relevant healthcare professionals when people who use the service required treatment, or their health condition was not improving. One family member told us, "Staff are always aware of changes in my mother and take early action to address these". This meant people's health benefitted from the right healthcare at the right time.

We received mixed feedback from people and families about the activities on offer within the home. One family member told us there were "Plenty of activities and we join in too", whilst another relative told us their family member "gets bored and frustrated". The activity coordinator was absent during our inspection. As a result, people sat for extended periods of time with little interaction and nothing to keep them occupied except from the tv which was playing loudly. We saw some activities took place, however, these were limited or provided by external sources and did not extend to people who spent time in their rooms. This meant people were not spending their time purposefully. A lack of connection can lead to social isolation and loneliness which can have a detrimental effect on people's health and wellbeing. We will report on this further under key question 'How good is our staff team?'

There were limited opportunities for people to spend time outside. The home did not have a secure garden area for people to enjoy unsupervised. Connecting with the world beyond the care home is important to people's wellbeing.

The service had an outstanding area for improvement regarding the prevention and management of falls. This has not been met and will now become a requirement.

We reported our findings under the following sections of this report: What the service has done to meet any areas for improvement made at our since the last inspection.' **(See requirement 1).**

Where there was a concern about someone's skin integrity, repositioning charts were in place, to ensure they were supported to move in an agreed timescale. This may prevent fragile skin from breaking down. However, we found people were not always being repositioned timeously. Such omissions increase the risk of pressure damage and pain. **(See area for improvement 1).**

Most people's nutrition and hydration needs were being met. We observed a mealtime experience. This was relaxed and people reported that they enjoyed their food. Meals were home cooked and well

presented. Kitchen staff had a good overview of people's nutritional needs. This ensured people's food, diet and texture was tailored to their needs.

We found that medication practices needed to improve. Medication administration records used to document topical medication such as creams were completed inconsistently and some contained conflicting information. This meant people may not always receive the right medication or treatment at the right time. **(See area for improvement 2).**

Medication audits were being carried out which had identified areas of improvement. However, we found these actions had not been prioritised which put people at risk of receiving the wrong medication. (See 'How good is our leadership?').

Requirements

1. By 8 September 2025, the provider must ensure people receive adequate support, supervision and assessment in respect of the prevention and management of falls. This should include a meaningful post falls analysis which looks at any follow up action to be taken for that person to reduce reoccurrence and the identification of lessons learned.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm,' (HSCS 3.21); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'. (HSCS 4.19).

Areas for improvement

1. To ensure people's skin integrity is maintained, people should be supported to reposition at regular intervals.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm'. (HSCS 3.21).

2. To ensure people receive their medication as prescribed, the service should ensure medication administration records are fully completed, accurate and up to date.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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.

The manager was observed to be visible and accessible to people visitors and staff. Staff and relatives told us they were able to raise any issues or concerns. One external professional told us "The manager is always approachable and creates an environment where I feel comfortable raising any concerns". This meant people felt valued and listened to.

Quality assurance processes were not as effective as they could have been. The leadership of the service had systems in place to assess the performance of the service and undertook a range of audits. Each audit generated an action plan for the home. However, some issues were either not highlighted or prioritised. A more robust approach was needed to ensure people's needs were met with improved outcomes. **(See area for improvement 1).**

A service improvement plan was in development. Staff were not aware of this, however, they did feel they would be able to offer ideas for improvement and would be listened to by leaders in the service. Therefore, we recommend that the improvement plan is continually developed as a tool that is discussed reviewed and updated with staff, people's families and other stakeholders.

Staff were able to identify signs of potential harm and how they should respond, escalate and record concerns. This supported good outcomes for people and reduced the likelihood of repeat occurrences. The manager had identified that notifications to the Care Inspectorate had not always been made. We signposted them to the Care Inspectorate's notification guidance and going forward there would be an expectation that this was being adhered to.

People's views about the service were actively sought. A survey had been completed, and regular resident and family meetings took place. The manager should incorporate this feedback into the service improvement plan to evidence how suggestions and feedback received have been taken forward. One family member told us, "I am always asked our opinion, and they do listen to what we say".

Systems were in place to safeguard people's finances and people had access to their money when required. This promoted choice and a sense of wellbeing for people.

Areas for improvement

1. To ensure people benefit from a culture of continuous improvement, the provider should develop their quality assurance processes to ensure areas for improvement are identified. Actions should be prioritised and undertaken timeously based on the level of risk.

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).

How good is our staff team?

3 - Adequate

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

The staff team were valued by people experiencing care. One person told us, "The staff are very good", and a family member shared, "It has always appeared to me that there is good leadership and team working". Staff were welcoming, warm and working with the best intentions to meet people's needs. All staff we spoke with said they were happy working in the service.

There did not appear to be sufficient staff to care and support people. We were concerned about the availability and visibility of staff to respond to people's needs. One person told us "They have been short staffed; means we need to wait a bit longer", and a family member shared that their relative has "buzzed for help but has had to wait a long time". Some staff appeared stressed and under pressure. We heard an instance of poor engagement that did not reflect the principles of the health and social care standards. Our findings reported under 'How well do we support peoples' wellbeing?' highlight the impacts this had on the people who use the service. We have made a requirement. **(See requirement 1)**.

Staff rotas were planned in advance. Gaps in rotas were covered by staff moving into other roles or by a pool of bank staff. One family member told us "I don't feel there are enough staff, and it concerns me that you often see people doing other people's jobs, like the activities person in the kitchen or carers on domestic, it then means carers are short or there are no activities". This was impacting on people's care and support.

There was a record of dependency assessments for people to assess and plan staffing levels and skill mix. Comments from people and their families, and our observations concluded that the dependency tool was ineffective. A more robust approach was required which takes into consideration people's desired outcomes, the environment and wellbeing of staff.

Staff did not always have time to take their breaks, or they had to take breaks very late. This was often exacerbated due to staff absence both planned and unplanned. Staff prioritised the wellbeing of people experiencing care over their own, while this is admirable it is not acceptable. Improvement is necessary to ensure the wellbeing and resilience of staff

Staff told us they had opportunities for professional development. The service had a training matrix and overview of staff training. One external professional told us, "Staff and care home manager actively engage with the training. Their participation reflects a strong commitment to delivering person-centred care and maintaining high standards". Staff had accessed a range of training which included adult support and protection, dementia awareness and first aid. This helped ensure people were supported by staff who were suitably trained.

Observations of staff practice were carried out to assess learning and competence. However, the provider should further develop this to assess the impact training has had on staff and how this improves staff practice and outcomes for people. For example, staff we spoke with lacked knowledge on the National Infection Prevention and Control Manual despite receiving IPC training and information being on display within the home. **(See area for improvement 1)**.

Staff reported feeling supported in their role. Staff benefitted from regular supervision sessions, and this was used constructively with individual actions plans being developed.

Requirements

1. By 8 September 2025, the provider must ensure that there are suitably trained and competent staff working in the service in such numbers and skill mix to effectively meet the health, welfare, and safety needs of the people living in the service.

This is to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'People have time to support and care for me and to speak with me'. (HSCS 3.16).

Areas for improvement

1. To ensure support for staff learning and development, the provider should undertake an analysis of staff training requirements and develop effective systems to assess the impact training has on staff practice and how this improves 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 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); and

'I experience high quality care and support based on relevant evidence, guidance and best practice'. (HSCS 4.11).

How good is our setting?

3 - Adequate

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

People told us they were comfortable living in the home.

The provider had not yet met some of the conditions agreed at the time of registration.

(See requirement 1).

The environment was generally clean and tidy. The overall decoration of the home was good. However, some areas of the home did not smell fresh and clean. We brought this to the provider's attention who planned corrective measures to address this.

Most people chose to spend their time in the home's large communal lounge which benefitted from views of the sea. This provided people the opportunity to social interact with others. One relative told us, "The view

from the sitting room is excellent and enjoyed by residents and visitors".

People's rooms were personalised and homely which promoted each person's experience, dignity, and respect. We found some people's mattresses were not as clean as they should have been and some bed linen was ill-fitting. One person told us this had impacted on their sleep. We brought this to the manager's attention, who took immediate action.

People with a sensory, dementia or other cognitive impairments were supported through the provision of signage. This aided people's orientation to their environment.

Access to outside space was limited. There was a seating area to the front of the property, however, this area was on a slope and was unsecure. This meant people relied on staff availability and support to access this area. **(See requirement 1).**

Equipment was maintained well, with safety checks being carried out at planned intervals. Staff had a good awareness of their responsibility and processes for reporting issues in the environment. Cleaning schedules were in place which were regularly audited by the manager. This helped to ensure people were safe and enjoyed a pleasant home environment.

The home did not offer sufficient rest areas for staff. Staff were taking their breaks outside. This meant staff did not have a healthy working environment where they could rest and eat meals. We discussed this with the provider, who agreed to put interim measures in place until a permanent solution was sought. **(See requirement 1).**

Requirements

1. By 8 September 2025, the provider must provide the Care Inspectorate with an environmental improvement plan, laying out in detail works required and expected completion dates. Furthermore, the provider must provide the Care Inspectorate with monthly progress reports of environmental improvements until agreed works are complete.

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 5.19); and

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

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.

People had electronic personal plans which included good detail around their life stories, choices and preferences. Plans were well written and easy to follow. The manager regularly evaluated the plans, however, we found where changes had been identified these had not been updated within the personal

person's plan timeously. This meant we could not be assured that all personal plans contained the most current and up to date information to support people. **(See area for improvement 1).**

We observed that there were gaps in recordings in some people's health care charts. It was concerning that there was no oversight or evaluation of these records by the senior care team. For example, incomplete records regarding people's personal care, repositioning and bed rail checks being carried out. This meant we could not be assured people were receiving their required care and support. **(See area for improvement 1).**

Daily recordings of care and support were mostly task orientated. The notes did not reflect people's views or feedback. One person's notes we sampled did not contain any detail on how the person presented, interactions held with the person or any social or recreational activities taking place. Therefore, they lacked information that would contribute to the review and evaluation of people's care and experience. **(See area for improvement 1).**

Appropriate paperwork was in place for people who lacked capacity detailing power of attorney and who the home should be consulting with regarding the care of the person. The home had consent forms in place should there be any restrictions of movement placed on them such as bed rails or motion sensors in their rooms.

People had anticipatory and end of life 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.

Areas for improvement

1. To ensure that people are supported well, the service should ensure that personal plans, health charts and daily notes are accurate, sufficiently detailed, and reflective of the care/support planned or provided.

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 areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people receive adequate support and assessment in respect of the prevention and management of falls, the provider should undertake a post falls analysis following each fall which looks at any follow up action to be taken for that person to reduce reoccurrence.

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

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm,' (HSCS 3.21); and

'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 8 April 2024.

Action taken since then

The service was using a multifactorial risk assessment to minimise the risk of falls. Where people had experienced a fall, electronic accident/incident forms were being completed. This included a post fall analysis to look at any follow up action to be taken to reduce recurrence. However, during our inspection an unwitnessed fall occurred. Whilst there was a motion sensor in this person's room, this had not been responded to which could have delayed care. This system was therefore not effective in preventing and managing falls and required to be reviewed. It was also concerning that this information had not been included within the accident form. Therefore, we could not be confident incidents would be fully investigated and lessons learned.

This area for improvement has not been met. This will now become a requirement.

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
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

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