

Charnwood Lodge Care Home Service

8 - 18 Annan Road
DUMFRIES
DG1 3AD

Telephone: 01387 270350

Type of inspection:
Unannounced

Completed on:
28 July 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 seven small group living areas or "households", across two floors. Each named household has up to 10 bedrooms. Seven of which en-suite toilet and showering facilities and all other rooms have en-suite toilet and sink facilities. There are shared bathing facilities in each household, and four shared showering facilities in different areas of the home.

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 66 people living at the service.

About the inspection

This was an unannounced follow-up inspection which took place on 28 July 2025 between 08:00 and 14:15 hours. The inspection was carried out by two 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 with 8 people using the service.
- for people unable to express their views, we observed interactions with staff and how they spent their time.
- spoke with 10 staff and management.
- observed practice and daily life; and
- reviewed documents.

Key messages

- Staff knew people well and were observed to support people in a kind and caring way.
- People could now make use of accessible showering facilities.
- Activity and meaningful interaction opportunities still need improved.
- Improvement should be made to staffing arrangements.
- Staff training compliance needs to be improved.
- The service had met the one requirement and one of the seven areas for improvement identified at the previous inspection.
- As a result of the inspection, we restated five areas for improvement and one reworded area 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 is our care and support planned?	4 - Good
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Further details on the particular areas inspected are provided at the end of this report.

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.

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection." And
"What the service has done to meet any areas for improvement made at or since the last inspection."

Areas for improvement

1. The provider should ensure accurate daily recording and monitoring of people's health needs. This should include personal plans including people's preference for bathing or showering.

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 25 June 2025, extended from 24 October 2024 and 30 May 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

There are four shower rooms within the home. Recent works have been completed to improve accessibility for people using the service. At the time of the visit, these works had just concluded. All shower rooms now require a deep clean before they can be safely used. One shower tray appeared stained and worn; the service should review whether this requires replacement and take appropriate action following the deep clean.

The service has provided reassurance that the deep cleaning of all shower rooms will take place imminently.

Although individuals' bathing preferences were recorded in their personal plans, discussions had not yet been held with people to update them on the availability of the showering facilities or to confirm their current preferences. Once these discussions have taken place, the service should ensure that updated preferences are clearly recorded in personal plans. Any necessary referrals to support safe use of the facilities should also be made, and appropriate strategies documented. This has now been included in a reworded area for improvement under KQ5.

A full-time maintenance officer is employed within the home. A maintenance folder is in place to document ongoing maintenance needs. Tasks that can be addressed internally by the maintenance officer or other

staff are being completed. However, there continue to be occasional delays in addressing larger or external maintenance issues that require additional resources or approvals. The manager has implemented improved recording and follow-up processes to monitor these actions. This should help ensure that maintenance priorities are addressed in a timely manner to maintain a safe environment.

The requirement has been met.

Met - outwith 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

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)

This area for improvement was made on 23 April 2025.

Action taken since then

During the inspection, not all dining areas were observed to be prepared in a way that was inviting and comfortable for people. Condiments and menus were not always visible, and where possible, tables were not consistently set.

At the time of the visit, the service was in the process of implementing updated menus. The service should ensure that these menus are fully accessible and presented in an easy-read format to support people in making informed choices.

We also discussed the importance of supporting individuals with handwashing prior to meals. This is a key aspect of maintaining personal care and hygiene and should be consistently promoted as part of mealtime routines.

This area for improvement has not been met.

Previous area for improvement 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)

This area for improvement was made on 23 April 2025.

Action taken since then

The service currently has a part-time activity coordinator in post, with recruitment underway for an additional part-time coordinator.

At the time of inspection, activity planners were not visible or presented in an easy-read format. We discussed ideas with the service to address this promptly. This will ensure people are kept informed and can make informed choices about the activities they wish to participate in.

The home benefits from visits by befrienders, massage therapists, and various entertainers. The service expressed a clear intention to expand opportunities for entertainment, meaningful connection, and engagement in activities. However, when the activity coordinator is not present, activities are not routinely carried out.

There have been no recent outings from the home, and opportunities for walking or physical activity have been limited due to staffing levels. People told us they would like more opportunities for activities and to be supported to go out more frequently.

This area for improvement has not been met.

Previous area for improvement 3

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)

This area for improvement was made on 23 April 2025.

Action taken since then

Regular updates were evident within the homes improvement plan. Some actions that have progressed or been completed had not yet been updated accordingly. A number of entries for improvement had been reviewed and this provided good detail of the progress. However, the service should ensure that all updates are clearly dated to reflect when they were added or reviewed. It is also important that priorities are clearly identified within the plan. We discussed the importance of recording comments when new actions are added to the plan, to provide context and rationale for the changes.

There was evidence that updates and improvements had been discussed at a recent residents' and relatives' meeting and included in the service newsletter. The manager intends to continue this approach to promote transparency and ensure that everyone is kept informed of ongoing improvements within the home. Meeting minutes and newsletters are distributed to relatives via email and are also made available at the entrance to the home. The service should also ensure that these updates are discussed during staff meetings, with minutes recorded to support consistent communication and staff awareness.

This area for improvement has been met.

Previous area for improvement 4

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).

This area for improvement was made on 23 April 2025.

Action taken since then

Staff training compliance was noted to be lower than at the time of the previous inspection. This was partly attributed to a number of new staff recently starting in the home.

We observed evidence of both new and existing staff working shifts without having completed the necessary training or refresher training. This presents a potential risk to both staff and people using the service.

During the inspection, the service provided reassurance that additional support measures have recently been put in place to help staff complete their training. The service plans to address these training needs as a priority. Ensuring that all staff are appropriately trained will support safe and effective care delivery.

This area for improvement has not been met.

Previous area for improvement 5

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)

This area for improvement was made on 23 April 2025.

Action taken since then

Staffing arrangements were not consistently meeting the assessed needs of people using the service. During the inspection, when staffing levels were low, we observed individuals waiting extended periods for assistance. While staff were seen to be actively supporting people with their care needs, they did not always have the capacity to engage in meaningful interactions.

There was also a shortage of housekeeping staff, which contributed to some areas of the home being unclean. We were provided reassurance during inspection on how this would be addressed. This ensures people are living in a safe and clean environment. The service had recently experienced challenges related to staffing vacancies and staff absences, which impacted its ability to meet assessed staffing needs.

Efforts were being made to address these issues, with several new staff having recently started and additional candidates progressing through the recruitment process.

This area for improvement has not been met.

Previous area for improvement 6

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).

This area for improvement was made on 23 April 2025.

Action taken since then

People were able to spend time in the garden with staff support. However, due to incomplete fencing repairs, the garden area was not safe or secure enough to allow people to access it freely and independently.

During the inspection, the service provided reassurance that the necessary works to make the garden safe and secure are scheduled for completion in August 2025.

This area for improvement has not been met.

Previous area for improvement 7

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).

This area for improvement was made on 23 April 2025.

Action taken since then

There was evidence of good recording practices in relation to people's daily food and fluid intake. For individuals requiring support with repositioning, records showed minimal gaps, indicating consistent monitoring in this area.

However, there were several gaps noted in other aspects of care documentation, including oral care, bowel management, and engagement in activities. Accurate and consistent recording across all areas of care is essential to ensure that people's health and wellbeing needs are fully met and that any required actions are identified and addressed promptly.

This area for improvement has not been met and has been reworded under KQ5.

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 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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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