

Rannoch Lodge Care Home Care Home Service

Rannoch Drive
Condorrat
Cumbernauld
Glasgow
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Telephone: 01236 729 273

Type of inspection:
Unannounced

Completed on:
11 September 2025

Service provided by:
Greene Care Homes Ltd

Service provider number:
SP2015012426

Service no:
CS2015334976

About the service

Rannoch Lodge Care Home is situated in the Condorrat area of Cumbernauld. It is close to public transport links to Glasgow, Cumbernauld and surrounding areas. It is less than a mile from the centre of Condorrat and local facilities.

The provider increased the care home capacity, in 20023, from caring for 42 to 46 older people by adding four additional bedrooms with the approval of the Care Inspectorate. The provider intends to increase the capacity to 50 bedrooms in the near future with Care Inspectorate agreement.

Residents' bedrooms have wash-hand basins or ensuite facilities. The care home is on one level and has communal areas including dining area, conservatory and an enclosed garden.

The provider is Greene Care Homes Ltd.

About the inspection

This was an unannounced inspection which took place on 9, 10 and 11 September 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 ten people using the service
- spoke with three of their family members
- spoke with thirteen staff and management
- had email communications with two health and social care professionals.

In addition, we had the following responses to our electronic surveys:

- three people using the service
- sixteen family members
- thirteen staff and managers
- four health and social care professionals.

We also:

- observed practice and daily life
- reviewed documents.

Key messages

- The majority of people living in Rannoch Lodge were satisfied with the care and support.
- Their family members were equally satisfied with the care given to their loved ones.
- Staff were mostly happy in their role at the care home.
- Most but not all staff felt supported in their role.
- The electronic care system is not being used to its full advantage by staff or managers.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Residents at Rannoch Lodge were well presented. They choose, sometimes with the assistance of staff what they wanted to wear on a daily basis. They were clearly comfortable in the company of staff who were patient, chatty and used humour to good effect.

People had access to a tasty and varied diet at mealtimes. Menus were varied, although some people said that they could be repetitive. Mealtimes were unhurried, took place in a relaxed atmosphere with staff encouraging people to eat and providing practical support to those that required it.

In addition to mealtimes, people were offered snacks and drinks throughout the day and evening which ensures they are supported to be nourished and hydrated throughout waking hours.

We discussed with management how meals and snacks, as well as drinks could be further developed. They have agreed to review menus on a regular basis and to look at possible sandwich alternatives to main meals, taster sessions to test out new menus and introducing 'night owl' options for people who stay up late.

Some people require special or fortified diets to maintain healthy weights. To ensure this people's eating is monitored and they are weighed on a regular basis. Similarly, for health reasons, some people's fluid intake should be encouraged and monitored. The provider has accepted our views that monitoring weights and fluid intake could be improved. They have agreed to ensure that, where necessary, people's weights are regularly recorded and evaluating fluid intake should include soups, ice cream, jellies and similar items that contribute to fluid consumption.

We were satisfied that people were being properly supported with prescribed medications. We saw a small number of instances showing people were sleeping when their medications were due. It wasn't always clear that these medications were given when people woke up. We have made an area for improvement on this. See area for improvement one.

We had some concerns the lack of staff trained to provide support with medication may cause unnecessary delays for people. Management have agreed to look at ways of resolving this and we will monitor this at future inspections. in care plan). What about using water bottles to keep next to people.

From speaking to residents, families and reviewing records we saw that the service worked closely with healthcare services. This meant people benefitted from regular healthcare assessments when required. This helped ensure appropriate treatment from healthcare professionals including prevention and early detection interventions. Health and social care professionals told us the service contributed to people's overall wellbeing and worked well with them to achieve this.

Rannoch Lodge had an impressive approach to keeping people active and stimulated. This included people being offered opportunities to visit attractions like the Kelpies, cycling with appropriate support and local walks. Other activities included bingo, arts and crafts and working in the service's garden area. Local nursery children also visited the service providing both residents and children with very enjoyable

experiences. The service is committed to build on this approach and will increase the number of dedicated activity staff from the current two to three.

Areas for improvement

1. The provider should ensure people are supported with their prescribed medications at the appropriate time. Where that is not possible, the provider should give that support at the next most convenient time for the person and record this.

This is in order to comply with: Health and Social Care Standard 4.11: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

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.

Frontline care staff told us they felt well supported in their roles by the senior management team. Residents and family members also made positive comments about managers, including referring to them being available and committed to achieving positive outcomes for people.

The service had in places and number of quality audits. These aimed to reassure managers that people were receiving the care and support they needed and staff were confident and competent in their work. Some of these audits centred on the individual resident including areas like wound management, mattress checks and nutrition. Other audits looked at broader issues like health and safety in the care home. Most of these were completed fully with clear areas for action and confirmation that such areas had been completed.

Parts of this approach to quality assurances should be reviewed and possibly changed. For instance, a regular infection control audit had around 145 areas to be evaluated. We thought this was an unrealistic undertaking for the one member of staff responsible who would have their main duties to complete as well. Management agreed to look at this

At our last inspection we made an area for improvement on audits, evaluations and observations. This has not been met will be evaluated at the next inspection. See 'What the service has done to meet any requirements made at or since the last inspection' for further information.

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.

Care and nursing staff in Rannoch Lodge enjoyed their work and felt well supported by managers. The service's training programme had a very high completion rates by most staff. Compliance rates by nursing and senior managers staff were not at the same level and will be reviewed and improved by management. We will monitor this at future inspections.

People living in the care home and staff benefit from a warm atmosphere because there are good working

relationships. We saw some great staff engagement with residents. There is effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people.

We observed great staff engagement with residents. Staff knew residents and supported them with a good mix of patience, humour and skilled interventions.

A recent staff survey by the service showed that more than half felt they did not have sufficient time to complete their duties and responsibilities. The service had methods in place to assess what kind and how many staff were required. This approach was not informed by the latest guidance on staffing and took little account of the views of staff, residents and family members. Unplanned absence due to sickness caused additional difficulties for management when looking at staffing. Management are currently reviewing how they measure staffing requirements including looking at having additional staff at key times to support people with medications.

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.

The physical layout of Rannoch Lodge limits the use of the space available. The central communal part provides the main lounge area as well as being used for mealtimes. A small lounge and a conservatory give additional space for use by residents.

The home is in a good state of repair with a clear refurbishment programme in place. Day to day maintenance is acceptable and likely to be improved when the service employs its own maintenance personnel instead of different contractors.

A number of brand additional, new, ensuite rooms have been added in recent years. Many of the older rooms have been improved to ensuite levels.

Overall, the service makes good use of the available space resulting in a welcoming, relaxed and cosy environment for residents.

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 children/people and clearly outweighed areas for improvement.

Care plans provide information about the individual being supported and guidance to staff about how that support should be provided in order to achieve the best possible outcomes for people. People benefitted from plans that were tailored to their individual circumstances.

Relatives told us they felt involved in the development of care plans for their loved ones. The service ensured that new residents had comprehensive care plans in place fairly soon after their arrival.

Recordings in care plans by staff was not always completed, meaning that it was not always possible to confirm when and how support was delivered. At our last inspection we made an area for improvement on

this. This has not been met. See 'What the service has done to meet any areas for improvement we made at or since the last inspection' for further information.

Risk assessments were in place in care plans. These helped keep people safe and well by identifying potential hazards to them, for instance when being supported to move or transfer from bed to wheelchair to toilet and so on. The risk assessments included how to reduce potential harm by giving staff guidance on how to provide support. to specific people.

Regular reviews of people's support needs took place. These ensured that the care provided was in line with any changes in people's health.

The service was not making best use of its electronic care system. Management have agreed to support staff who may need additional training on the system. Senior management will develop their approach to using the system to provide confirmation that care and support is being delivered consistently and in way that improve people's outcomes.

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 and develop the quality of support and care provided, the provider should ensure all audits, evaluation and observations have clearly identified actions for improvement together with timescales and confirmation of completion.

This is in order to comply with: Health and Social Care Standard 4.11: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

This area for improvement was made on 14 June 2024.

Action taken since then

Service not able to demonstrate effective management oversight. Audits not always fully completed or used for learning and improvement.

Previous area for improvement 2

The provider should ensure that the information contained in people's personal care plans is accurate and up-to-date. This includes how support is delivered and when. Staff should record each time support is provided or reasons why not given.

This is to ensure care and support is consistent with Health and Social Care Standards: '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) 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

This area for improvement was made on 14 June 2024.

Action taken since then

Care plans had overdue assessments including risk assessment. Some information in care plans was missing or not updated.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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