

## South Lodge Care Home Service

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Ayr  
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**Type of inspection:**  
Unannounced

**Completed on:**  
6 November 2025

**Service provided by:**  
South Ayrshire Council

**Service provider number:**  
SP2003003269

**Service no:**  
CS2003001315

## About the service

South Lodge care home is registered to provide care for 39 older people, of which a maximum of five places can be used for respite care/people 45 years and over.

The home also has one palliative room, with welcoming space for loved ones.

The provider is South Ayrshire Council. South Lodge care home is situated in Ayr, South Ayrshire.

Accommodation is split over three floors. The top floor has been used for intermediate short term support. All levels of the home can be accessed via stairs or a passenger lift.

All bedrooms are single occupancy with wash hand basins. There are no en-suite toilet facilities within bedrooms. Several communal toilet and bathing/shower facilities are available on each floor. Kitchen and laundry facilities provide the opportunity to increase peoples independence and prepare them for returning home; where appropriate.

The home has large grounds to the front of the property and patio with garden area to the rear.

There were 26 people living at the service during the inspection visit.

## About the inspection

This was an unannounced inspection, which took place on 4, 5 and 6 November 2025.

The inspection was carried out by two inspectors. 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 13 people using the service and three of their relatives. We also received 13 completed questionnaires
- spoke with 10 staff and management. We also received 10 completed questionnaires
- observed practice and daily life
- reviewed documents
- had contact with five professionals connected with the service. We also received three completed questionnaires.

## Key messages

- South Lodge had a homely, welcoming, and nurturing atmosphere; this supported the positive interactions we observed with people and the staff team.
- People spoke very positively about the care and support they received. People were supported to maintain their independence, social connections and links with their local community.
- People received reliable and consistent support from a familiar staff team with whom they had trusting and caring relationships.
- Regular health and personal risk assessments and working with external health professionals were well managed.
- Leaders knew the strengths and areas for development of the service well and used effective quality assurance to drive good practice.
- Improvements had been made to the environment, which helped create welcoming and comfortable spaces for people.
- Overall the care and support of people was personalised and responsive, in addition to good communication and involvement.

## 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? | 5 - Very Good |
| How good is our staff team?                | 5 - Very Good |
| How good is our setting?                   | 5 - Very Good |

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

During the inspection, we observed staff engaging positively with people experiencing care. They were respectful and attentive, taking time to support individuals at their own pace. Staff demonstrated a strong knowledge of the people they cared for, which showed that individuals were valued and treated as unique. One person receiving support commented: "The staff are lovely; you couldn't ask for better." "The staff are all lovely, I'm getting very well looked after." "I'm quite happy." "very happy here, the staff are all brilliant." "The service they provide is nothing short of amazing."

People had access to a range of specialist health and social care professionals to ensure their physical and mental health needs were met. We saw clear evidence of health monitoring and regular reviews, and medication was managed safely.

Governance of medicines management was strong, supported by training, competency checks, and audits. Recording, counts, and audits were satisfactory. Work was ongoing to fully implement "as required" medication protocols, and we saw this being addressed responsibly.

Health colleagues noted that staff were welcoming and demonstrated good knowledge and understanding of residents, as well as strong rapport. They were helpful and supportive during our visits.

Comments from health professionals included, "We were impressed by the work undertaken to manage residents' falls." "Each incident had been thoroughly assessed, and a variety of interventions were tried, including referrals to other services to address specific issues."

"Care staff demonstrated a good understanding of the resident's needs and actively supported rehabilitation, encouraging independence in areas such as food preparation, medication management, and shopping." "Overall, we observed good person-centred care."

Personal plans were person-centred and outcomes-focused, clearly outlining how care needs would be met. Plans reflected staff's sound knowledge of individuals' needs, wishes, and preferences. Comprehensive plans were in place, reviewed and updated regularly. Staff identified concerns early and involved other professionals appropriately. Monthly reviews demonstrated good oversight of planned care, and we saw evidence of involvement from both the person and their family.

Six-monthly reviews were completed on time with family involvement where appropriate. Risks were fully assessed, and clear guidance was provided for staff. Risk assessments were detailed and could be strengthened by noting what individuals can do independently. We saw evidence of collaborative working where staff acted quickly to reduce health risks.

**How good is our staff team?****5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

People should feel confident that they are supported by trained, competent, and skilled staff. All staff were up to date with mandatory training and demonstrated the knowledge, competence, and development required to provide high-quality care and support.

Managers and senior staff actively monitored staff competence and practice. They measured the quality of care and support to improve outcomes and experiences for people. We sampled annual development plans, which clearly supported improving outcomes and ensuring people's experiences were the best they could be. Staff practice was managed and enhanced through effective supervision and appraisal.

By checking staffs competence, managers ensured people were cared for by individuals who understood and were sensitive to their needs and wishes. Feedback and comments were used to identify learning needs and implement support measures or adjustments, promoting continuous improvement.

The large number of thank-you cards received from families highlighted confidence in staff skills and competence. Comments frequently noted that staff had "turned recovery around," "given loved ones their lives back," and "helped them return home with little or no support."

A clear structure was in place for training across all roles within the service. Staff benefitted from personal and professional wellbeing support, including debriefing after difficult situations, personal safety guidance, workload assessment, and bereavement support. Evidence of these supports was seen during the inspection.

Managers and seniors conducted observations, supervisions, and team meetings that reinforced values, reflective practice, the Health and Social Care Standards, and relevant codes of practice and conduct. These sessions also address specific areas of practice.

Staff were supported to stay up to date with current and emerging best practice through easy access to guidance and resources. A strong learning culture is embedded within the care home, encouraging reflective practice during discussions, debriefings, meetings, and supervisions. Staff feel comfortable acknowledging learning needs, challenging poor practice, and are confident these issues will be addressed.

Training approaches catered to different learning styles. All staff have access to training and maintain individual plans that identify gaps and outline how these will be addressed.

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

We observed that staffing arrangements were appropriate, and staff worked well together. This was supported by positive feedback from people experiencing care, relatives, health colleagues, and other stakeholders. The whole team demonstrated strong support for each other.

The service used a dependency tool to plan, assess, and evaluate care and support needs. Leaders chart changes in people's needs daily to assess and evaluate ensuring the right number and mix of staff are available at key times. New staff were supported through a comprehensive induction process, including reviewing support plans, observations, shadow shifts, and training. Shadow shifts were flexible and tailored to the individual's experience, ensuring they were fully prepared before working independently. We sampled induction and probation records, all of which were fully completed. These were carried out over several sessions, allowing staff sufficient time to benefit from training. Shadowing experiences were agreed and planned, providing coaching and mentoring to invest in staffs learning and development.

During the inspection, we noted that staff were responsive to changes across the unit. Staff reported having enough time to support people in a calm, unhurried manner. Reviewing the previous four weeks of staffing rotas evidenced good staffing levels, with adjustments made to support changes across the unit. Daily dependency checks ensured prompt allocation of staff to specific floors or individuals as needed.

Managers checked in with staff daily, both informally and formally, through feedback sessions, planned supervision, PDRs, observations, and incident debriefs. All interactions were recorded. Staff told us they felt well supported, listened to, and had everything they needed to perform their roles to a high standard.

Recruitment practices complied with the Safer Recruitment Through Better Recruitment guidance. We sampled recruitment files and found them compliant.

We sampled return-to-work checks after staff absences and saw evidence that managers had used discretion and provided significant support to staff.

Exit interviews were completed, but findings were only shared by HR when negative. We suggested that positive feedback should also be captured and used for learning. Managers agreed to consider documenting informal discussions about reasons for leaving and how this information could be utilised.

We reviewed the training matrix and plan, which included mandatory training. We also saw evidence of specialised training targeted at individual service users' needs.

Scottish Social Services Council (SSSC) registration monitoring showed no concerns.

Observations and reflective practice was evident and feedback used for learning and development. Staff champions were in place, this provided a specific person who had significant training and knowledge in their specialised area.

Communication systems included handover meetings, team meetings, senior team meetings, and communication books. Urgent communication was delivered face-to-face, and all communications were recorded. We sampled staff meeting minutes and monthly senior meeting and audits. Staff feedback included: "Management team are very approachable and will always support where support is requested."

"Care staff work to a very high standard of care, staff always go above and beyond, providing person-centred care."

"As a team we learn as we go along, we adapt as we go to provide person-centred care."

We observed a strong emphasis on staff wellbeing within the service. A dedicated wellbeing group met regularly to identify priorities and initiatives to support staff. The service had received generous donations from people and their families as a gesture of appreciation for the very good care and support provided.

The management team clearly values staff and demonstrates genuine concern for their wellbeing. Staff told us they felt well supported by the management team and confident that their needs were listened to and addressed.

## How good is our setting?

## 5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people. We therefore evaluated this key question as very good.

The setting promotes people's independence. The service places a strong emphasis on reablement, supporting people to build confidence with the aim of returning home. We heard numerous success stories of individuals who had returned home with minimal or no ongoing care required.

Key features that promote independence included, kitchens on each floor to encourage people to prepare meals where possible. Ample access to toilets and bathrooms, ensuring convenience and dignity. Good signage and lighting, making the home easy to navigate. Safe and accessible gardens, allowing people to spend time outdoors independently.

People were encouraged to use facilities such as kitchens and have control over their own lighting, ventilation, and bedroom security. People could freely move around the home and outdoor areas. Those in the reablement unit were encouraged to prepare breakfast and one main meal daily, with the other meal provided by the kitchen. Reablement plans, gradually increased with people's confidence, for example short periods, building up to overnight stays at home.

People had influenced the setting and how spaces were used. A Dementia-friendly environmental assessment tool had been completed, and its findings informed improvements.

The environmental action plan was regularly updated and considered, technology and equipment. Décor enhancements and creation of activity areas within the home. Also Fire safety, and garden development.

People with physical, sensory, mental health, dementia, or cognitive impairments are supported through appropriate aids and adaptations. Signage was clear and well-placed throughout the home.

Individuals had their own space, decorated as they chose, and were supported to use it in ways that suited them. A key worker system had been introduced to improve accountability for this area and to provide families with a clear point of contact.

We saw environmental cleaning schedules and those responsible were clear about their specific tasks. Staff carrying out housekeeping and cleaning in the service were familiar with required environmental and equipment sanitisation. People benefit from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and well looked-after, with no evidence of intrusive noise or smells. Feedback included: "Very clean and well-kept setting." "The lassies do a good job."

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## Detailed evaluations

|                                                                                               |               |
|-----------------------------------------------------------------------------------------------|---------------|
| How well do we support people's wellbeing?                                                    | 5 - Very Good |
| 1.3 People's health and wellbeing benefits from their care and support                        | 5 - Very Good |
| How good is our staff team?                                                                   | 5 - Very Good |
| 3.2 Staff have the right knowledge, competence and development to care for and support people | 5 - Very Good |
| 3.3 Staffing arrangements are right and staff work well together                              | 5 - Very Good |
| How good is our setting?                                                                      | 5 - Very Good |
| 4.2 The setting promotes people's independence                                                | 5 - Very Good |

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