

Cairnie Lodge Care Home Service

Forfar Road
Arbroath
DD11 3RA

Telephone: 01241 431 118

Type of inspection:
Unannounced

Completed on:
24 October 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 and 22 October 2025. The inspection was carried out by two inspectors from the Care Inspectorate. The inspection focused on the requirement and area for improvement made during the previous inspection on 14 May 2025. 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 11 people using the service and seven of their relatives
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People's care plans were person centred and clearly detailed the level of ongoing care and support required.

Some people were not receiving responsive care due to the management of the current staffing arrangements.

The frequency of staff supervision had improved and most staff felt supported.

Some areas of the home were not clean enough however prompt action was taken to rectify this.

Staff were working hard and worked well together as a team.

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 good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

During our inspection we gathered evidence from people, documentation and observations. The services' current staffing arrangements were not managed consistently well in order to support and meet people's needs. We therefore regraded this key question as adequate, where strengths only just outweighed weaknesses.

Staff were working hard in the home and knew people well. There were some kind and caring interactions observed, which helped people feel reassured and supported.

During our inspection, the service was fully staffed. Appropriate dependency assessments had been completed to ensure that staffing numbers were sufficient to support people's needs. However, there were several occasions noted where there had been shortfalls in staffing levels, mainly due to short term sickness. There was no robust contingency plan in place to ensure that a full staff compliment was in place during these times, and there was a reluctance to use agency staff as a last resort, when internal resources were exhausted. Some people's care was therefore being affected by staffing arrangements, which impacted on their overall health and wellbeing. See requirement 1.

Some people told us, 'I'm happy in here' and 'They look after me. Staff are good and they feed you well'. However, others told us, 'Sometimes we have to wait', 'The girls don't have time to sit and come and chat' and 'There's not enough staff'. This meant that in some cases, some people were waiting too long for staff to deliver the care and support they needed. See requirement 1.

Staff morale was on the whole good, with several staff acknowledging the positive effect the new manager was having in the home. Staff felt there were a lot of improvements and that the home was heading in the 'right direction'. However, some staff told us, 'Some days there's not enough staff. We don't get enough time with the residents' and 'We are always short, I don't know why management don't ask for help'. Some told us there wasn't enough staff to carry out effective personal care, nor for meaningful time to spend with people. However, others told us managers were working hard to try to improve staffing. Effective staffing should ensure that people's needs were being met fully, at all times. Not everyone was experiencing this at the time of inspection. See requirement 1.

At our last inspection, staffing had increased in one unit of the home, to ensure all communal areas were supervised at all times. This enabled staff to minimise risk for people and promote meaningful activities. It was therefore disappointing to see that this wasn't the case on day two of the inspection, where some people were left unsupervised in the conservatory for some time. This increased risk of harm for some people. See requirement 1.

Feedback from relatives was generally positive. However, some relatives had concerns regarding the staffing levels in the home and told us, 'There's not enough staff, they are run off their feet' and 'Sometimes I have to go looking for staff. One time I couldn't find anyone'. This reduced the overall time for people to spend with loved ones. See requirement 1.

One relative indicated there had been issues with accessing the home and had to wait for long periods to get in and out of the home at times. This did not support meaningful connection for people. We discussed this with managers and we will follow this up at our next visit.

The frequency of staff supervision had improved. Most staff felt supported and able to approach management as the door was always open. We discussed that documentation around staff supervision could be more comprehensive, in order to capture the support mechanisms in place, and to evidence that actions raised by staff have been taken forward. We will follow this up at our next visit.

Most people looked well presented and cared for. We did however see some people who were unshaven, with a lack of appropriate nail care. It appeared that the lack of attention to detail regarding people's personal care came from the demands placed on staff, rather than poor staff practice. Leaders should ensure shifts are led well and organised, to ensure a high quality of care is always delivered and maintained. We observed that this wasn't always happening. Strong leadership should ensure oversight of standards and offer support and guidance for care staff. Senior staff walk rounds had not identified issues in key areas. Leaders should keep on top of such issues in order for people to experience a pleasant environment to live in and a good standard of care. See requirement 1.

The standard of cleanliness in one of the units was not good enough. This had been identified as an issue at a previous inspection and had improved. It was therefore disappointing to see that this had not been maintained to an acceptable standard for people. We discussed this on day one with managers who took immediate action to rectify this situation, and a significant improvement was noted by day two. People should experience a clean and well maintained environment to live in at all times. We will follow this up at our next visit to ensure the expected standard of cleanliness has been maintained and that thorough cleaning processes are embedded in practice.

Requirements

1. By 20 January 2026, you the provider, must ensure that staffing arrangements are right and that people receive responsive care that meets all of their care needs and enables them to experience meaningful connection. In particular you must ensure that:

- a) Managers carry out a full staffing review to ensure there are enough staff in each unit to meet people's needs and that there is a clear contingency plan in place for covering shortfalls
- b) Managers use a variety of different methods of collecting information to determine/inform staffing arrangements, for example, through observations and discussions with people
- c) The numbers and skill mix of staff employed are based on an accurate assessment of people's needs and identified areas for potential harm. For example, areas of high risk are supervised at all times as required
- d) Ensure leaders are visible, involved and providing direction to staff to ensure the smooth running of the shift, maintaining standards of care for people and identifying any issues through the homes internal processes.

This is in order to comply with section 7(1)(a) 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 '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 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

The home was in the process of transferring all care documentation onto an electronic system and had made good progress with this.

Care files viewed were detailed and reflected people's current level of need.

Where people had a change to their condition, this was documented clearly and appropriate actions documented and carried out.

External professionals input and any advice given was carried out effectively by staff and clearly documented in people's plans.

Care plans were reviewed regularly. This had been carried out monthly as a minimum, and more frequently where changes occurred with people's care.

People were maintaining healthy weights which ensured their nutritional wellbeing was being monitored.

Wound care documentation was clear and following a consistent process. Appropriate measures were in place to promote healing and reduce further risk.

One person's fluid charts were not completed clearly or consistently. Other fluid charts had been completed well to ensure people were supported to maintain healthy hydration levels. We will continue to monitor this at our next visit to ensure this is embedded in practice for everyone.

Met - within 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

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 ensuring 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

Managers had a tracker in place to ensure oversight of all staff supervision. The tracker reflected that the majority of staff had supervision recently. Staff were also invited to participate in annual growth conversations to discuss their professional and personal development.

Most staff stated they had received supervision recently, had found it helpful and felt supported in their roles. Staff told us of managers having an open-door policy and were approachable.

A small number of supervision records could have been more prescriptive as to the discussions which had taken place and what support had been offered to staff. It wasn't always documented when agreed actions had been completed.

However, most supervision records on the system appeared to be more supportive and evaluative and evidenced actions that had been taken to help and support staff.

This area for improvement has been met however, this will be followed up at our next visit to ensure that all supervision documentation has been completed consistently.

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 good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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