

## Queens Bay Lodge Care Home Service

49 Milton Road East  
Edinburgh  
EH15 2NN

Telephone: 01316 692 828

**Type of inspection:**  
Unannounced

**Completed on:**  
23 October 2025

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003010907

## About the service

Queens Bay Lodge is a care home for older adults based on the outskirts of Edinburgh. The provider is Crossreach, the social care arm of the Church of Scotland and a registered charity.

At the time of the inspection, the service was providing care and support to 27 people living in the care home.

## About the inspection

This was an unannounced inspection which took place between 13 and 21 October 2025. The inspection was carried out by one inspector 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
- Intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke with 13 people using the service and six of their friends and relatives
- Spoke with 11 staff and management
- Reviewed questionnaires completed by seven staff, three professionals, and nine people experiencing care
- Observed practice and daily life
- Reviewed documents.

## Key messages

- People's health and wellbeing benefitted from their care and support.
- Personal plans contained good information and were reviewed regularly.
- Daily recording of people's care, connection, and activities should be improved.
- Access to outside activities and trips should be improved.
- The setting was comfortable and clean.
- Staff, management, and volunteers worked well together to create a welcoming, caring environment.

## 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 setting?	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.

Staff interactions with people experiencing care were warm and encouraging. Staff were knowledgeable about people's individual support needs and preferences. This meant that people experienced good health and wellbeing outcomes as a result of their care and support.

While there was still some dependency on agency cover, the provider had worked hard to build the staff team, and more permanent staff members were in post. The leadership team were visible and approachable. This helped improve consistency for people experiencing care.

Relatives we spoke with rated the service highly. One said, "It has brought a new lease of life to mum since she came to the care home." People experiencing care were also positive about their support. Comments included, "It's marvellous here" and "They are very good, very kind." This demonstrated that people felt comfortable in their home and were treated with respect.

A range of professionals visited the service to support people. Family members told us the service kept in touch about their relative and any health-related issues they may have. This meant people received responsive care from the right person at the right time, which helped maintain their health and wellbeing.

Good medication recording, storage, and administration processes were in place to support people. Leaders audited medication regularly and staff had regular training and updates. This good practice helped reduce errors and kept people well.

Staff worked well together, with good communication at handover and flash meetings. Everyone's health and care needs were well documented in their personal plan, which was reviewed regularly. We found that daily care records and health monitoring charts were not always consistently completed, and there was limited recording of people's social activities and meaningful connection with others. We have made this an area for improvement (see area for improvement 1).

Activity coordinators worked Monday - Friday, supplemented by regular volunteer visits and visiting entertainers. The activity programme consisted of quizzes, reminiscence, physical exercise, music, and daily devotions. We observed that people who chose to take part were engaged and had fun. One person said, "We have a little laugh." The service had a minibus and while there had been some trips out, we saw from discussion in resident's meetings that there was a strong request for more outings. We heard comments that while activities had improved, people would like to have more social opportunities, including at weekends, and go outside more often. We also observed that at times there was a lack of evidence of meaningful 1:1 communication with people who did not enjoy group activities or preferred to spend time in their rooms. We have made this an area for improvement (see area for improvement 2).

Menus were varied and people had the opportunity to influence these at regular resident meetings. People's dietary requirements were well known to the chef. Comments about the food were generally positive. One person said, "If you don't like what is on the menu [you] can have something else." The mealtime experience was calm and relaxed. Positive changes had been introduced since the last inspection which supported people to retain skills and maximise their independence. Where people did need support to eat

and drink, this was provided in a respectful way and at a pace suitable to the person. This meant that people experienced good support to eat and drink well.

### Areas for improvement

1. To support people's health and wellbeing, the provider should improve the quality of record keeping, including more consistent completion of health monitoring charts, daily records of care required and provided, and recording of people's social activities and meaningful connection with others.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

2. The provider should improve people's wellbeing by providing daily opportunities for all people experiencing care to participate in social, recreational and stimulating activities, both indoors and outdoors, which are meaningful to them and take account of their recorded interests, needs, choices and preferences.

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

'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); and

'I can maintain and develop my interests, activities and what matters to me in the way that I like' (HSCS 2.22).

### 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.

Family members were free to visit when they wished. One said, "We have been invited to stay for a few meals, which was lovely. They always make you feel very welcome." This approach was also valued by the person experiencing care who said about these visits, "These are the things you remember." This showed that families were included and important connections were supported. We spoke with the manager about building on this good practice by reviewing policies and procedures to ensure alignment with the Care Inspectorate document, 'Supporting Meaningful Connection (2025): Good Practice Guidance for Care Homes.' We will review this at the next inspection.

There had been some upgrading and decoration of the building, which was welcoming and homely. There were two lounges on the lower floor, one of which had open access to an enclosed courtyard. Support was given to people to access these spaces as required. We saw some people making use of outdoor areas. This resulted in relationships being formed which enhanced people's quality of life. The service was in the process of developing another space on the upper floor for people and their visitors to spend time. This meant that people benefitted from living in a well decorated and pleasant setting.

People's rooms were comfortable and personalised with photos and belongings. People had the equipment suitable for their mobility requirements and independence. This demonstrated that people's choices were respected, and this supported them to feel as comfortable as possible in their home.

Staff were seen to wear, use and dispose of personal protective equipment such as gloves and aprons in line with guidance. Care equipment was subject to regular maintenance checks to ensure items continued to be safe for people to use. The building was clean, tidy, and peaceful with no intrusive noises or smells. Schedules were in place to ensure good standards of cleanliness were upheld. Good cleaning and hygiene practices ensured a pleasant living environment for people and improved their wellbeing outcomes.

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

  

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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11 Riverside Drive  
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