

Ailsa Lodge Care Home Care Home Service

21 Erskine Ferry Road
Bishopton
PA7 5PP

Telephone: 01418 124 994

Type of inspection:
Unannounced

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11 November 2025

Service provided by:
McKenzie Care Ltd

Service provider number:
SP2012011987

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CS2012313838

About the service

Ailsa Lodge Care Home is a care service for 37 older people, operated by McKenzie Care Limited. It is located outside Bishopton on the main road to Erskine. A regular bus route operates between the two towns with a stop outside the service. Parking is available on site.

The service has three wings with accommodation for people residing in the care home on the ground and first floors. Communal areas including dining and lounge areas are on the ground floor. People have independent access to an enclosed garden area.

At the time of the inspection, there were 35 people living in the home. The registered manager was supported by the deputy manager, five senior carers and a team of carers.

About the inspection

This was an unannounced inspection which took place on 03, 04, 05, 06 and 07 November 2025, between 09:30 and 00:15. The inspection was carried out by one inspector and an inspection volunteer 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 15 people using the service and eight of their relatives
- spoke with 16 staff and management
- reviewed 18 electronic questionnaires returned from staff
- observed practice and daily life
- reviewed documents
- had contact with visiting professionals

Key messages

- Staff were very good at building consistent and compassionate relationships which supported positive experiences for people.
- People were offered choice and control in their daily lives and were encouraged to participate in decisions about the service.
- Group activities had a positive impact and encouraged participation while one to one activities were developing and needed further improvement to ensure personalised support.
- Health and wellbeing needs were well supported with safe medication practice and effective links to external professionals.
- Leadership was strong with clear systems for oversight and improvement which promoted confidence in the quality of care.
- Staffing levels and deployment were appropriate and morale was high, which contributed to a positive atmosphere in the home.
- The environment had improved and felt homely, further developments would continue to enhance peoples experience.
- Care planning was detailed and regularly reviewed, though some information needed to be clearer and more consistent.

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?	5 - Very Good
How good is our staff team?	5 - Very 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. The strengths had a positive impact on people's experience and outcomes.

People should experience stability in their care and support from people who know their needs, choices and wishes. We observed people experiencing warm and compassionate care from a stable staff team who knew them well. There was very limited agency use, which enabled people and their relatives to build meaningful relationships with staff and gave confidence that care was consistent. A relative shared with us "consistency of staff has been much better recently, they are very good at supporting him when he is distressed". We observed many positive and natural interactions between people and staff over the course of the inspection, which showed genuine connection and kindness.

Families told us that the transition into the home had been handled with compassion and patience and that staff were attentive to the emotional needs of their loved ones, particularly when settling was difficult.

People were offered choice in their daily routines, including when to go to bed and when to rise in the morning. Staff were mindful of respecting these preferences especially within the night shift team.

Residents and relatives meetings were held regularly, with people contributing to decisions such as the redecoration of communal areas if the home and the development of new menus. This gave a sense of involvement and ownership.

Regular planned outings to local community groups were increasing, which people were enjoying, enhancing their sense of connectedness. We were told "we have been getting out and about more in the bus now, I really enjoy doing this". We heard that sometimes other outings were disrupted when the bus was needed for appointments. It would be helpful for alternative transport to be sourced to minimise the impact and disappointment for people in these instances.

People should be supported to participate fully as a citizen in their local community in the way that they want. Celebrations such as birthdays and special occasions were enjoyed by all. There were regular visits from the local nursery, church and the Salvation Army. This helped people stay connected to their local community and was greatly valued. Group activities were developing and were encouraging people to leave their rooms and engage socially. There was, however, limited planned one to one interactions with people who were not wishing to or were not able to link in with peer activities. It is important that everyone has access to stimulating and meaningful activities that reflect their individual preferences.

(Please see area for improvement one).

People's health and wellbeing needs were supported by staff who were attentive and responsive. Relationships with external professionals such as pharmacy and the extended support team were strong and feedback was positive about staff responsiveness to health concerns. Referrals were made to other agencies such as Advance Nurse Practitioner, Community Psychiatric Nurse and Dietician when required. An external health professional shared "Ailsa Lodge has a hard working team who are patient focused and who work well with myself in carrying out any interventions I have in my role".

Most families felt confident that concerns were identified and shared with them timeously. We heard that some relatives would appreciate information when their loved one had not accepted support, so they were kept informed of their current situation.

There was good oversight of food and fluid intake, which was followed up over the course of the day. Bowel monitoring was well recorded, with clear links to the use of as required medication. Handovers were clear and linked to monitoring information.

Falls were recognised as an element of positive risk taking within the home. Incident forms were completed appropriately, demonstrating that risks were managed while promoting people's independence.

People should enjoy unhurried snack and meal times in as relaxed an atmosphere as possible. Mealtimes were positive with people offered visual choice and alternatives if they did not want what was on the menu. Staff gave dedicated time to those who required assistance in a respectful way, which promoted good nutritional intake. There were nice interactions during mealtimes which made them relaxed and sociable. Communication could be improved when there are menu changes, so people are still able to make an informed choice about their preference.

Medication practice was safe and consistent with errors quickly identified. Protocols were in place where medication was prescribed as required, giving clear guidance on strategies to try and when to escalate. Some gaps remained in recording food supplements, the management team had taken this forward over the course of the inspection.

Areas for improvement

1.

To support better outcomes for people, the provider should ensure access to meaningful engagement and connection which is linked to people's choice and preferences.

This should include planned interactions, which provide stimulation and validation for people on a one to one basis who are not engaged with peer activities. All organised activities should be effectively evaluated to inform future plans.

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

"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 leadership?

5 - Very Good

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

Peoples care and support should be consistent and stable because people work together well. Staff shared they felt comfortable approaching the management team with improvement ideas, concerns and worries. They were confident that they would be listened to and given space to share their views. This contributed to a positive culture where staff felt supported and valued.

People should be supported by a service and organisation that are well led and managed. A wide range of audits were being carried out by the management team and senior staff. These covered many areas and identified both good practice and areas for development. Actions required were re-checked and signed off which strengthened the assurance process. Clinical overviews gave a clear visual of identified risks for people. To be fully effective however, these need to be kept up to date and linked to other information such as specialised diets.

Daily flash meetings involving senior staff covered all key areas of people's health and wellbeing, the environment, daily activities and systems and processes. This gave the management team a clear overview of the day to day activities within the home and any concerns. Weekly clinical risk meetings were effective in identifying actions and following these up to improve outcomes for people.

There was a clear overview in place detailing people's legal status, which gave the management team assurance about what was in place and any actions required.

There was oversight of psychoactive and antipsychotic medication with management exploring what had been prescribed and why. Although there had been delays in GP reviews the service had been actively chasing these up.

Reflective practice logs were being completed where there were minor issues with staff practice identified, with staff encouraged to reflect on this and the impact. This was positive and could be developed further by including reflections from senior staff.

The management team were seeking feedback from professionals and visitors to the home and had received very positive comments. To encourage ongoing engagement feedback should be collated and shared with staff and other relevant parties to support learning and improvement.

The manager had oversight of staff professional registrations and all staff were registered appropriately.

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, therefore we evaluated this key question as very good.

The staff team worked well together and supported each other when needed. Staffing was more consistent with very limited agency use, which had a positive impact on people as staff were able to build stronger relationships.

Night shift staff shared that relationships with the wider team had improved, helped by some staff covering both day and night shifts, which supported understanding of roles across the service. The deputy was also covering both shifts which was strengthening these connections, although we recognise that this is still developing and there may be some underlying tensions.

New staff described feeling welcomed and quickly part of the team. Movement of staff had taken place to improve the skills mix and this had been beneficial. Staff shared that morale was much better and the atmosphere lighter, with many saying they were enjoying coming to work, and keen to pick up additional shifts. Initiatives such as "feel good Friday", where staff come together with their peers were valued and appreciated by staff. This gave the opportunity hear perspectives from colleagues across the service.

People should be supported by a staff team who have time to support, care and speak with them. The atmosphere in the home was calm and relaxed. Staff shared they had time not only to meet people's needs, but also to spend quality time with them. Some staff described feeling empowered to develop their own routines for organising the day which made better use of time and supported ownership of responsibilities. This had a positive impact on the organisation of care and on people's experiences.

Dependency assessments were being carried out regularly, to determine levels of support. There were some issues with the completion and accuracy of these, which could affect the overall assessed levels. It is important that changes in people's needs are quickly reflected in these assessments to ensure staffing remains appropriate and that forms are fully completed to give a clear picture of needs.

People's needs should be met by the right number of people. The manager was using dependency information alongside staff skills mix, feedback and appointments out with the home to determine staffing levels. We saw that planned staffing levels were above the assessed needs. Staff particularly valued the addition of an extra person in the morning which supported meeting people's needs more effectively.

Supervision was happening regularly with action plans developed from these. Team meetings were interactive and included input from across the team. It would be helpful to ensure actions from supervision are clearly linked to identified issues, so staff were supported to continue to improve practice.

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.

There was an environmental improvement plan in place covering the next five years which identified key areas for updating. Audits were being carried out by the maintenance worker and these linked to the actions required. It would be helpful for the plan to show organisational commitment to the identified actions and include a review column to detail progress.

People's environment should be relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. Many areas of the home had been redecorated and improved which gave a warmer and more homely feel. There was recognition that further work was needed in some areas which were still in need of attention. A relative shared "When we came into the home, it felt really welcoming and happy, it was homely and not clinical like a care home".

The home was clean and free from odours. Cleaning schedules gave clear direction on what was to be carried out and when. Staff were knowledgeable about expectations and how to carry out their role. Laundry arrangements had improved with the introduction of a new worker, and was well managed, with clear guidance for all staff to minimise the risk of cross infection.

Two bedrooms did not have ensuite facilities. While this was not currently impacting the people living there, it is not ideal to have rooms without facilities and options should continue to be explored.

The maintenance worker had created organised systems which gave more effective oversight of the maintenance cycle. This should continue to be developed to ensure all equipment was subject to the required servicing and testing. Clear action plans should be developed and followed up detailing improvement actions taken.

The service had only one operational bath, at the time of inspection. While this had limited impact as there was a bath available upstairs, it would be good to move forward with replacing this to minimise disruption for people.

People should be able to easily access a toilet from the rooms they use and be able to use this when needed. The layout of the home could make navigation difficult. While recent decorating and upgrades had improved the environment, further consideration should be given to supporting people to find their way around more easily particularly to toilets and communal areas. It was positive to hear about personalisation of bedroom doors which supported recognition although at the time of inspection some doors had no names or numbers.

People supported and their families told us they had enjoyed spending time in the garden which there was unrestricted access to. People were able to spend time outdoors with their peers and family.

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.

People should be supported to get the most out of life, because the people and organisation who support and care for them have an enabling attitude and believe in their potential. Care plans contained good information about people and we could see that they were being updated regularly. For some people there was good strengths based information which clearly set out what people were able to do for themselves, alongside the support they required. This supported staff to deliver care in a way that promoted independence and dignity. For others, however, there was conflicting information which could cause confusion about the support required in key areas of care.

We recognised the improvements in revamping care plans and that auditing was still ongoing. We appreciate this meant there would be continual updates and improvements. It is important that staff are clear about what is expected of them when changes to people's health and support needs occur or when new information becomes available so that care plans remain accurate and consistent.

We heard about the work being undertaken with the Advance Nurse Practitioner service in relation to future care planning which was good to see. It is important that the information contained in these plans is consistent with what is recorded elsewhere, to minimise confusion and ensure clarity for staff.

Review dates were being tracked, detailing date of last review and next planned review. This demonstrated that reviews were being carried out regularly with people and those important to them. This gave assurance that care and support was being reviewed appropriately and continued to meet people's needs.

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

In order to support better outcomes the provider should continue to enhance the provision of activities throughout the home. These should be both one to one and peer activities and designed around people's choices and preferences. To ensure activities are meeting peoples' needs, evaluation methods should be developed with the outcomes informing future plans.

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

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

This area for improvement was made on 10 July 2024.

Action taken since then

Planned peer activities have been developing recently, with more engagement from a range of people. There had been increased use of the minibus, which was being utilised at least two afternoons per week to access groups within local communities.

Whilst there were ongoing interactions with people over the course of the day, we were not able to see regular one to one planned activities for people who did not want or were not able to engage in the group activities.

The newly recruited Activities Worker was getting to know people and their likes and dislikes and was creating fortnightly activity planners to accommodate a range of preferences.

Whilst there was no formal evaluation of the peer activities as yet, the Activities Worker was assessing each session and making changes depending on her findings. To ensure ongoing development of the activities programme, it would be helpful to develop and implement a clear evaluation process.

This area for improvement has been met.

Previous area for improvement 2

To keep people safe the provider should ensure that medication is managed safely and effectively in line with best practice guidance. In order to do this, the provider should at a minimum:-

- a. ensure there is a clear system in place for reporting errors or discrepancies to enable checks to be carried out and corrective actions to be taken
- b. improve consistency of administration and recording of topical medications inline with prescribers instructions
- c. ensure the system for the administration of medication is effective and carried out in a timeous manner
- d. ensure as required medication protocols give clear guidance in relation to their usage and threshold of when further actions should be taken
- e. ensure that effective systems are in place to assess and monitor medication management.

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)

This area for improvement was made on 10 July 2024.

Action taken since then

Medication administration and recording was clear and consistent. Where there were errors, these had been identified quickly.

Topical medication administered was being recorded regularly, demonstrating medication being supported as per prescriber instructions. Where people had been applying creams themselves, this was being recorded.

Protocols were in place for medication prescribed as required medication. For stress and distress medication, these gave clear direction in relation what to look for, other strategies to try and when to escalate.

This area for improvement is met.

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
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very 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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