

Abbey Lodge Care Home Care Home Service

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East Kilbride
Glasgow
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Telephone: 01355 266 622

Type of inspection:
Unannounced

Completed on:
9 January 2026

Service provided by:
Abbey Healthcare Homes (East
Kilbride) Limited

Service provider number:
SP2004004066

Service no:
CS2003041409

About the service

Abbey Lodge Care Home is a purpose-built care home registered to provide a care service to a maximum of 80 older people. The provider is Abbey Healthcare (East Kilbride) Limited.

The care home is situated in the Murray area of East Kilbride. It has easy access to local amenities and transport links.

The home is on three levels, two of which are for use by residents. Each floor has single occupancy bedrooms with en-suite shower facilities. There is a passenger lift providing access to the upper floor. There are communal lounges, dining areas, a sensory room, and two additional bathrooms on each floor.

Residents have access to well laid out, secure gardens which offer places to sit for people to enjoy being outside. There are car parking spaces to the front of the building.

At the time of this inspection there were 68 people living at the home.

About the inspection

This was an unannounced inspection which took place between 7 and 9 January 2026 between 07:30 and 18:00. 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 15 people using the service, and eight of their friends and family
- received questionnaire feedback from 14 people being supported, and eight of their relatives
- spoke with 22 staff and management, and received 12 questionnaire responses
- received feedback from three visiting professionals
- observed practice and daily life, and
- reviewed documents.

Key messages

- People experienced warm, compassionate, and trusting relationships, which had a significant positive impact on their emotional wellbeing.
- A wide range of meaningful, person-centred activities helped people stay connected, active, and included.
- Improvements made to medication management ensured practice was safe, structured, and showed sustained improvement, contributing to people's safety and wellbeing.
- Health needs were well monitored through robust systems, ensuring early identification of changes, and timely action.
- Personal plans had been developed to now include detailed life histories and person-centred information on people's characters and values.
- The environment had significantly improved, creating warm, welcoming, and high-quality facilities that enhanced people's daily living experience.
- Dementia friendly redesign, including the sensory room and themed corridors, positively supported orientation, reduced anxiety, and encouraged engagement.

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 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 evaluated this key question as very good, as several important strengths had a significant positive impact on people's wellbeing, and clearly outweighed the few areas where further improvement could enhance experiences.

People experienced warm, compassionate, and meaningful interactions that promoted emotional wellbeing. Staff knew people well, and built relationships characterised by humour, kindness, and genuine affection. One person told us, "Good crowd, like family," and another said, "staff always say nice things about me, it makes me feel lovely." These nurturing relationships helped people feel valued and supported, contributing to a strong sense of belonging.

Staff were approachable, attentive, and responsive, and people consistently expressed confidence in the care provided. Although some relatives mentioned occasional delays with call bells, we observed staff checking in with people regularly and responding promptly to requests. While some staff shared recent staffing pressures experienced during unplanned sickness absences, this did not impact the quality of people's experiences, and we saw no concerns at the time of the inspection. The management team were continuing to monitor this closely to ensure positive outcomes remain, whilst supporting staff wellbeing.

People benefited from a wide range of meaningful activities, facilitated by both activity and care staff. People living at Abbey Lodge spoke enthusiastically about the activities they enjoyed, sharing comments such as, "We have a great laugh in here," and "It was wonderful, all the activities during Christmas." Activities supported social connection, engagement, and community outing opportunities. We observed friendships, relaxed conversations, and families being welcomed warmly, which strengthened inclusion.

There were robust systems to monitor people's health. Daily flash meetings, effective handovers, and structured staff allocation ensured clear communication and oversight. Regular audits of falls, wounds, nutrition, and weight supported early intervention and continuous improvement.

People had timely access to healthcare professionals including GPs, dietitians, speech, and language therapists, dentists, and district nurses. Staff demonstrated good knowledge of people's health conditions, and responded promptly when needs changed.

Personal plans were up-to-date and person-centred, with clear risk assessments for needs such as nutrition, stress, and distress, falls, and swallowing difficulties. Plans now included detailed life histories, which strengthened personalised support. We discussed how this person-centred information could be further embedded into personal plans, to ensure people's values and personalities are captured throughout. People's life histories were now displayed in bedrooms, which further supported relationship building and meaningful conversations with staff.

Positive behaviour support plans had improved, and were comprehensive and informed by best practice, providing clear strategies for communication and de-escalation.

Mealtimes were calm, sociable, and dignified, with staff offering support sensitively. People had access to nutritious meals, and although a few people expressed mixed views about choice on the menu, the service had already taken steps to gather feedback and adapt future menus to support improvement. Alternatives were offered when needed, however, we shared some feedback from relatives that these could be repetitive

at times. The kitchen and management staff will continue to support improvements in this area to ensure that meals are enjoyable, and support a varied balanced diet. Dietary fortification processes were clear and well communicated, ensuring people's nutritional needs were met.

The home had been working alongside external professionals to support improvements to their medication management processes. Medication management was safe, well-structured, and early indicators showed improvements including a reduction in medication errors. The move to paper recording charts enhanced accuracy and staff confidence. Staff on one unit had adapted administration practices to minimise distractions, however, we observed people's medication being administered in the communal areas in other units. We discussed future opportunities, such as exploring medication pods in bedrooms for people, which may enhance dignity and independence.

How good is our setting?

5 - Very Good

We evaluated this key question as very good, as several important strengths had a significant positive impact on people's comfort, safety, and quality of life, and clearly outweighed the areas for improvement.

The home felt warm, welcoming, and homely, and people told us they were pleased with the environment. One resident said, "I get my room cleaned daily and it's kept very nicely for me... it's all been painted and looking nice,". Others commented positively on environmental improvements including reminiscence artwork, which stimulated memories and conversation. "The photos remind me of when I was young". The refreshed décor contributed to a calm and settled atmosphere, particularly in the dementia unit, where environmental improvements had clearly enhanced people's living experience.

Since the last inspection, the provider had made significant environmental upgrades, particularly in the dementia unit. These included a sensory room with calming lights and tactile objects, and redesigned corridors with soothing colours, artwork, foliage, and themed features, such as a bus stop installation aimed at promoting very good experiences for people living with dementia. These changes were carefully designed and creative. They enhanced orientation, reduced anxiety, and supported engagement for people living with cognitive impairment.

People had opportunities to influence improvements, and families had provided feedback on recent changes. Continued involvement will ensure the environment reflects the preferences of those who live there. The design also supported privacy, choice, and dignity, with quiet spaces, communal areas, and the sensory room offering options for different needs and moods.

Accessibility had improved, and key adaptations such as clear visual cues and contrasting colours helped people navigate the home with confidence. Corridors and communal areas were uncluttered and supported safe movement for people using mobility aids. The overall environment felt comfortable, relaxed, and homely, which had a positive impact on people's wellbeing.

Maintenance was well managed, with up-to-date compliance checks, including fire safety, gas and water systems, equipment servicing, and environmental risk assessments. Daily walk rounds and management oversight provided assurance that the environment was safe. A development plan for 2026 demonstrated a clear commitment to continuous improvement and long-term investment in the quality of the environment.

Outdoor areas were used more in better weather, and uneven paving had already been identified and added to the service improvement plan.

Laundry systems were generally well organised, and staff took pride in their work. However, some clothing items were not tagged or collected, resulting in unclaimed belongings. This appeared to be a tagging issue rather than a lack of staff effort. Reinforcing tagging protocols will reduce the risk of items going missing.

Infection prevention and control (IPC) practices were strong and proactive. Touchpoint cleaning occurred regularly, and staff were confident in following outbreak protocols in line with best practice. Domestic staff maintained high standards despite recent staffing pressures, and the management team gave assurances regarding future contingency planning, to ensure domestic staffing arrangements supported ongoing high standards. Minor issues identified during room checks were addressed immediately, demonstrating responsiveness. We encouraged coaching care staff to be more proactive in identifying wear and tear, or cleanliness issues during daily routines, will further ensure very good standards are maintained.

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

The provider should ensure that people, and where appropriate their families, are supported to discuss and develop anticipatory care plans. These should include people's wishes to meet their future care needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My future care and support needs are anticipated as part of my assessment' (HSCS 1.4).

This area for improvement was made on 1 February 2024.

Action taken since then

Anticipatory care plans were in place for most residents, and there was a matrix to support management overview of this and relevant documentation including RESPECT forms to guide healthcare staff in instances of deterioration in someone's health. Oversight spreadsheets indicated that the majority of people in the home have a future care plan in place.

The service had continued to work effectively alongside local health colleagues to develop RESPECT documents, while using the Gold Standard Framework to support future care planning in line with best practice. Personal plans we reviewed held details of future care plans, and provided staff guidance on what was important to people at end of life, including involvement of the relevant people. RESPECT documents were uploaded onto personal plans, and shared appropriately with medical services to ensure people received care in line with their preferences.

This area for improvement has been met.

Previous area for improvement 2

To support better outcomes for people, the provider should ensure personal plans capture people's life history, values, and what matters to them. Consideration should be given to how people get a copy of their personal plan in a format that best suits them.

This is to ensure that care and support is in line with the Health and Social Care Standards (HSCS) which state: "I am fully involved in developing and reviewing my personal plan, which is always available to me." (HSCS 2.17); and "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 area for improvement was made on 13 November 2024.

Action taken since then

Life histories had been developed for everyone living in the home and were easily accessible, with copies attached to personal plans and displayed discreetly on bedroom doors. These provided rich, person-centred

information about what mattered to people, their life experiences, and their preferences. This supported staff to build meaningful relationships and deliver care that reflected people's identities, choices, and what was important to them.

As a next step, we discussed how personal plans could be strengthened, by ensuring this high-quality information is fully embedded throughout the care plans, rather than sitting as a separate attachment. Embedding life-story detail and person-centred information throughout the plans, would ensure personal plans provide a fuller picture of each person, and remain consistently person-centred. While staff knew residents well and information was available at the point of care, ongoing development of the written plans would further support continuity, especially for new or temporary staff.

This area for improvement has been 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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