

Charnwood Lodge Care Home Service

8 - 18 Annan Road
DUMFRIES
DG1 3AD

Telephone: 01387 270350

Type of inspection:
Unannounced

Completed on:
19 January 2026

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000292

About the service

Charnwood Lodge is registered to provide a non-nursing care service to a maximum of 68 older people over the age of 65 years. The provider is Park Homes.

The service is located close to Dumfries town centre within a residential area and close to public transport.

The home was purpose built, with accommodation split into seven small group living areas or "households", across two floors. Each named household has up to 10 bedrooms. Seven of which en-suite toilet and showering facilities and all other rooms have en-suite toilet and sink facilities. There are shared bathing facilities in each household, and four shared showering facilities in different areas of the home.

Communal lounges and dining/kitchen areas are available throughout the home. There is also a large reception, lift to both floors and a cafe area.

The ground floor has access to well-designed garden spaces with seating, raised beds, and a greenhouse.

At the time of the inspection there were 66 people living at the service.

About the inspection

This was a follow up inspection which took place on 19 January 2026 between the hours of 10:00 and 15:30.

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 four senior staff, one deputy manager and the regional manager who is currently based within the care home.
- observed practice and daily life
- reviewed documents

Key messages

People's health, wellbeing and safety is monitored with systems in place to ensure people's needs are regularly reviewed to inform staffing numbers and arrangements.

People experiencing care, their families and legal representatives can feel confident that concerns and/or complaints are recorded with appropriate follow up actions taken.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 5 January 2026, to ensure the health, wellbeing and safety of individuals receiving support, the service provider must ensure there are appropriate staffing levels to provide the provision of safe and high quality support at all times.

To achieve this, the provider must, at a minimum:

- a) regularly assess and review people's care and support needs in each unit;
- b) demonstrate how the outcome of people's assessments are used to inform staffing numbers and arrangements;
- c) implement quality assurance systems to evaluate people's care experiences and assess if staffing arrangements are effective in providing responsive, person-centred support.

This requirement was made on 20 November 2025.

Action taken on previous requirement

The service had established a structured process for monthly care plan reviews, which supported staff to maintain accurate and up to date information about each person's care and support needs. The electronic care plans contained detailed and person specific information, contributing to more informed assessments within the monthly dependency tool and helping ensure staffing levels reflected people's current needs.

We viewed the dependency tool that was being used to review changes in people's needs across the units, helping the service plan and allocate staff appropriately.

Information shared during discussions confirmed that although the service has several vacant posts, active recruitment is underway. In the meantime, staffing levels are being maintained through the use of bank staff and existing staff working additional hours, helping to ensure continuity of care and minimise the impact of vacancies on people's outcomes.

Quality assurance processes had also been re established, resulting in improved oversight of people's day to day care. Increased external senior management involvement had strengthened the service's capacity to identify where improvements were required and to act on these promptly. This supported better communication with staff and contributed to more consistent and responsive care for people living in the service.

Met - within timescales

Requirement 2

By 5 January 2026, the service provider must ensure that individuals receiving support, along with their families/ legal representatives and staff, feel confident that any concerns or complaints raised are properly recorded and addressed.

To achieve this, the provider must, at a minimum:

- a) Maintain accurate records of all complaints and concerns raised;
- b) Investigate and respond to all complaints and concerns in line with the organisation's complaints policy and procedures;
- c) Document any concerns related to staff practice or risks to individuals, including clear records of the actions taken in response;
- d) Seek appropriate guidance and support from internal management when handling concerns or complaints.

This requirement was made on 20 November 2025.

Action taken on previous requirement

The re introduction of a structured system for recording complaints and concerns supported more consistent follow up and improved accountability. Records showed that when complaints were received, the regional manager logged them appropriately and action was taken in response. This helped ensure that issues raised were addressed promptly and contributed to better outcomes for people using the service.

We also saw evidence that advice from human resources was sought when needed, with plans for drop in sessions to give staff regular opportunities to raise concerns and seek clarification. These measures were designed to strengthen staff confidence and promote an open and supportive culture.

Staff practice was being managed more effectively where concerns or potential risks were identified. Input from senior management and human resources further supported timely decision making and contributed to safer, more consistent care for people supported by the service.

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 people's personal belongings are respected and cared for, the service provider should have an effective system in place to ensure all clothing is clearly identifiable and returned to the correct individual.

This area for improvement was made on 20 November 2025.

Action taken since then

During our visit we noted that some clothing remained unlabelled, and labelled items had been placed in the wrong drawers or wardrobes. This increased the risk of people not receiving their own belongings and did

not support a dignified experience.

We also viewed a record of missing clothing for one resident, which further indicated that current systems were not consistently protecting people's personal items or ensuring their belongings were treated with respect.

The service described plans to introduce a new clothing labelling system to ensure all items are easily identifiable. These improvements are intended to support better organisation, reduce the risk of items going missing, and help ensure people's belongings are managed in a way that promotes dignity and respect.

As a result, this area for improvement has not been met and will be ongoing.

Previous area for improvement 2

To support people's health and wellbeing, the service provider should ensure all prescribed supplements are clearly labelled and stored safely and appropriately.

This area for improvement was made on 20 November 2025.

Action taken since then

During our visit, we observed prescribed supplements stored in kitchen areas without clear labelling. This created a risk that staff may not reliably identify which supplement belonged to which person, as staff reported relying on memory to administer them.

Although senior staff signed the electronic medication administration records, they depended on care staff to administer the supplements, which did not provide sufficient assurance that people were receiving their prescribed nutrition safely or consistently.

As a result of these continued concerns, the area for improvement has not been met and will remain ongoing to ensure safe and accurate administration of prescribed supplements.

Previous area for improvement 3

The provider should improve people's dining experiences to provide a more inviting and comfortable dining environment.

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'. (HSCS 1.34)

and

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning'. (HSCS 1.33)

This area for improvement was made on 23 April 2025.

Action taken since then

Not assessed at this inspection

Previous area for improvement 4

To support people's health and wellbeing, the provider should ensure people benefit from meaningful connections and opportunities for activities. This should include but is not limited to an increased opportunity for outings from the home and meaningful interaction and physical activity out with group activities.

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

'My care and support meets my needs and is right for me' (HSCS 1.19)
and

'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)

This area for improvement was made on 23 April 2025.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 5

The provider should ensure training is up to date with all staff in order to carry out their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 area for improvement was made on 23 April 2025.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 6

The provider should ensure that the staffing arrangements across all departments meet the safety, wellbeing and social needs of people.

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

'I am confident that people respond promptly, including when I ask for help'. (HSCS 3.17)

This area for improvement was made on 23 April 2025.

Action taken since then

Not assessed at this inspection.

Previous area for improvement 7

In order for people to be kept safe, the provider should ensure people can access a garden area independently that is safe and secure.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state,

'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support'. (HSCS 5.1).

This area for improvement was made on 23 April 2025.

Action taken since then

Not assessed at this inspection

Previous area for improvement 8

The provider should ensure accurate recording and monitoring of people's health needs. For example, food and fluid, weight, repositioning, social activities and bowel management.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 23 April 2025.

Action taken since then

Not assessed at this inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.