

Lochduhar Care Home Service

1 Blackley Park Road
Off Hardthorn Road
Dumfries
DG2 9JW

Telephone: 01387 256 524

Type of inspection:
Unannounced

Completed on:
9 January 2026

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142858

About the service

Lochduhar is registered to provide a care home service to a maximum of 86 older people, of whom 27 places are available within Burns Lodge for people with mental health problems.

The provider is Barchester Healthcare Limited.

The home is situated in a residential area in Dumfries. The home is purpose built and the service is provided over two floors serviced by a passenger lift and staircase.

All bedrooms are provided on a single basis and most have an en-suite toilet and wash hand basin. Shared bathing and shower facilities are available. People have access to communal lounges and dining rooms on both floors.

Garden space is located at the rear of the home and a courtyard can be accessed via Burns Lodge. Visitors' parking is located at the front of the home.

At the time of the inspection, 82 people were living in the home.

About the inspection

This was an unannounced inspection which commenced on 6 January and continued on 7 January 2026 between 07:45 and 18:30 hours. Inspection feedback was provided on 9 January 2026. 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 registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with 19 people using the service and observed interactions with other people; we received feedback via our survey from four people
- spoke with 11 relatives / visitors and received feedback via our survey from 10 relatives
- spoke with 25 staff and management and received feedback via our survey from 11 staff
- spoke with two visiting professionals and received feedback via our survey from five professionals
- observed practice and daily life
- reviewed documentation.

Key messages

- People living in the home and their relatives were very happy with the care and support provided.
- The staff liaised well with community health and social care teams to meet people's needs.
- Record keeping should be improved.
- People's access to the call bell system should be reviewed.
- The provider and registered manager engaged with the inspection process and took immediate action to address suggested improvements.
- The provider met one area for improvement; we have continued two and made two new areas for improvement.

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. There were a number of important strengths which, taken together, clearly outweighed areas for improvement. The strengths identified had a significant positive impact on people's experiences and outcomes.

To understand how well the service were performing, we spent time speaking with people who lived in the home and their relatives. People told us: "I feel my mum's wellbeing has improved since moving into Lochduhar," "I am happy that my husband is well cared for and genuinely loved by staff. The standard of care is excellent," and "The staff are really friendly and make you feel that you are also a part of Lochduhar." Other comments included, "I would like to see more staff, as at times they can be busy and do not always have the time they would like to spend with people." Overall, we found people to be very satisfied with the care and support provided.

Staff received a handover at the start of each shift, and all staff had access to a handheld device containing handover information and people's care plans. A daily 'step-up' meeting was held to discuss day-to-day matters and people's care. Team meetings and residents' meetings also took place to share information and gather people's views. Relatives told us communication was good and that staff kept them well informed.

Residents had an electronic personal plan in place, which were reviewed and updated monthly. The provider should review how residents and relatives access their plan. A good level of detail and person-centred information was recorded, including life history, likes, dislikes, and preferences. 'Getting to Know Me' booklets were completed with families on admission, which were positive. Some areas of the plans, however, would benefit from more specific detail to guide staff on the care and support to be provided. Intervention required by staff must be up to date and accurately recorded.

Improvements were needed in the recording and monitoring of information. Some monitoring recorded were not fully completed as intended and there were some gaps within timeline records. Incomplete records makes it difficult to evaluate the care that has been provided. While the new electronic system is still being embedded and staff are becoming familiar with it, assurance is required that records fully reflect the care delivered (see area for improvement 1).

Staff presence was observed throughout the home, and staff were attentive and provided responsive care and support. However, we raised concerns with the registered manager about people's access to call systems when they required assistance.

The provider's brochure states that all bedrooms were fitted with a call bell system for added peace of mind. Some of these had been removed following assessments of people's ability to use them. Alternative arrangements put in place were not being consistently followed or recorded during monitoring checks. People in communal areas did not have access to a means of alerting staff should they require support (see area for improvement 2).

People's health and wellbeing benefitted from safe and effective medication practices. Medication systems were in place, and staff completed appropriate training, ensuring the safe management and administration of medication within the home.

Staff completed safeguarding training. A system for reporting and escalating concerns was in place and

outcomes received from social work were recorded. Safeguarding matters were discussed during daily 'step-up' meetings, ensuring ongoing awareness and oversight.

To support people's physical and mental wellbeing, the home offered a well-structured weekly activity programme that reflected people's preferences. A range of activities was provided, including physical activities, such as 'Let's Get Sporty', and strong intergenerational links with a local nursery. People expressed satisfaction, and we observed meaningful connections being supported.

Health assessments were completed, with referrals made or care plans implemented as needed, and clinical needs were continuously monitored and reviewed by the staff team and at clinical meetings. Key areas, such as skin integrity, infections, and falls, were regularly analysed to ensure appropriate action was taken and to reduce further risk.

Concerns were reported and escalated when required, with clear evidence of issues being identified and acted upon. There were timely referrals to external professionals, including the speech and language team, the community mental health team, and the advanced nurse practitioner. Visiting professionals spoke positively about the service, noting effective processes, helpful information shared ahead of visits, and consistent follow-up by staff to support people's health needs.

People could choose where they ate their meals, with a well-presented dining area being one of the options. This offered people a social aspect to their mealtime. Dining experiences varied across the different units. The ground floor and upper floor provided calm and positive dining environments. In contrast, Burns Lodge was noticeably busy, with people seated in proximity. It would be beneficial to review the mealtime experience within Burns Lodge.

People were provided with a choice of freshly cooked meals. Menus varied, and meals looked appetising. Staff supported people with meals in a respectful and person-centred manner. Adapted plates and cutlery were available to help people maintain their independence. Drinks and snacks were accessible throughout the day.

Nutritional needs were assessed and discussed at clinical meetings, with support plans implemented where required. It was positive to see visual meal options being presented to people to support decision-making at mealtimes.

Areas for improvement

1. The provider should ensure people's personal plans are used to guide staff on the care and support to be provided. Personal plan records, including monitoring records and daily notes must be fully completed to reflect all interventions that have taken place.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as my 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); and 'My care and support meets my needs and is right for me' (HSCS 1.19).

2. The provider should ensure people's care needs are supported without delay. This should include people having access to call bell systems to summon help when required. Where call bell systems are not appropriate, records should evidence alternative arrangements are being followed.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

How good is our setting?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

The home benefits from a bright, open and welcoming reception area that was in continual use throughout our visit.

Accommodation was provided within three separate units, the ground floor, upper floor and Burns Lodge. Each unit was dedicated to offering specific care and support including nursing, residential and dementia care.

The ground floor and upstairs unit were well-furnished and decorated to a high standard. Burns Lodge unit was undergoing a refurbishment to improve the standard of the environment and furnishings.

People could choose where they spent their time during the day. Comfortable communal lounges offered people opportunities to spend time with others and join activities which were offered in these areas.

Quieter lounges were available; corridors were spacious and offered seated areas where people could rest. Wayfinding signage supported people to find their way around the home.

The home had a well-maintained garden at the back of the building and an enclosed courtyard accessible via Burns Lodge. These both had seated areas and offered people the opportunity to spend time outside. People told us they enjoyed the outside space in the better weather.

People's bedrooms were generally well sized and comfortable, with most offering an en-suite toilet and wash hand basin. Bedrooms we visited were overall clean, tidy and personalised to reflect people's individual needs and preferences. Most featured photos and personal items, which created a familiar and homely environment.

Equipment was in place to support good outcomes for people, including mechanical aids, accessible baths and specialised chairs. The home had Wi-Fi which people used for connecting with family members, online activities and supported the home's activity programme, including accessing virtual church services.

Staff worked hard to keep the home and equipment clean, and cleaning schedules were in place to reflect the frequency of cleaning. People's bedrooms were deep cleaned as part of 'resident of the day'. On closer inspection, some improvements were needed in relation to cleanliness within Burns Lodge. We have reported on this under, 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

The provider had good systems in place to oversee the home environment. This included maintenance records for safety equipment and the ongoing monitoring and maintenance of the building. The documentation we reviewed was in good order.

The maintenance staff who completed the environmental and equipment checks also carried out some of the maintenance jobs identified. Arrangements were in place for external contractors to attend the home to service areas such as lifting equipment, water systems and appliances in line with recommended guidance. This maintained a safe environment and equipment and reduced risks to people living in the home.

The provider had a satisfaction survey in place and facilitated meetings with residents and their relatives. These gave people the opportunity to voice their opinions and influence any environmental improvements required. Feedback we received included: "A lovely environment, but some parts need upgrading," "It's a lovely setting and feels very homely," and "Pleasing ambience and restful areas."

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 manager should ensure that acceptable standards of infection prevention and control and the cleanliness of the home and equipment, used by people experiencing care, are maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 9 March 2023.

Action taken since then

Procedures were in place to support good infection prevention and control measures within the home. These included staff training, managers' daily walk-arounds, completion of cleaning schedules, and infection prevention and control audits. Action plans were implemented where improvements were required. Staff we spoke with were knowledgeable about expected standards and infection prevention and control practices.

Bedrooms and communal areas sampled were mostly found to be clean. There was evidence that shared equipment was being cleaned.

However, we found areas where some furnishings were not cleaned to the expected standard, and these were shared with the registered manager at the time of the inspection. Immediate action was taken to address this.

Some specialised equipment used by people also required cleaning or replacement, including pressure-relieving cushions and bedrail cushioning. Procedures for monitoring the cleanliness and condition of this equipment and furnishings should be reviewed.

This area for improvement had not been met.

Previous area for improvement 2

To support the independence of people, the manager should consider specialist dementia design when planning any renovations or redecoration within the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'The premises have been adapted, equipped and furnished to meet my needs' (HSCS 5.18); and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.24).

This area for improvement was made on 9 March 2023.

Action taken since then

The home demonstrated good practice by using the Kings Fund Environmental Audit Tool to identify areas for improvement. These included updating furnishings, introducing rummage boxes, ensuring names and photographs were displayed on all doors, and consistently setting tables with menus. These actions were reflected in the home development plan and CAP Actions. There was evidence of consultation with people supported and families to gather their views.

Signage and some visual aids were in place throughout the home to support people to orientate themselves around the home.

Burns Lodge was in the process of being refurbished. Stage 1 had been completed. Further work was planned, including work scheduled to replace and update furnishings. We acknowledge the progress made to date, and this area for improvement continues to be taken forward.

This area for improvement had not been met.

Previous area for improvement 3

The manager should review the information requested within anticipatory care plans to ensure they include detailed information regarding individuals' needs and wishes during the end stages of their lives.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively' (HSCS 1.7).

This area for improvement was made on 17 August 2017.

Action taken since then

The Care Inspectorate received a detailed action plan from the registered manager outlining the actions being taken to address this area for improvement. What was previously referred to as anticipatory care planning is now described as future care planning.

The electronic personal planning system used by the provider included a section on future care planning. The information recorded varied depending on the conversations staff had with the person and, where appropriate, their relative. Some plans included people's wishes and where they would prefer to receive their care should their needs change.

A system was in place to monitor who had a future care plan. People's six-monthly reviews provided an opportunity to discuss, develop, and review their future care plans.

This area for improvement had 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?	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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