

Carlingwark House Care Home Service

Carlingwark Street
CASTLE DOUGLAS
DG7 1TH

Telephone: 01556 505060

Type of inspection:
Unannounced

Completed on:
27 January 2026

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2021000288

About the service

Carlingwark House is registered to provide a non-nursing care home service to a maximum of 30 older people over the age of 65 years. The provider is Park Homes (UK) Limited.

The service is located close to Castle Douglas town centre. Local amenities are within walking distance of the home.

The home is a Victorian style building. All bedrooms have en-suite toilet and sink facilities. There are three shared bathing facilities and one shared shower room.

Communal lounges are available throughout the home along with a dining and kitchen area.

The home has two floors serviced by a passenger lift and a staircase. The upper floor is currently not in use. All accommodation is provided on the ground floor of the building. There is an enclosed garden with seating, and a car park is available to visitors.

At the time of the inspection there were 23 people living at the service.

About the inspection

This was an unannounced follow-up inspection which took place on 27 January 2026 between 08:00 and 17:00. Feedback was provided on 27 January 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 nine people using the service
- for people unable to express their views, we observed interactions with staff and how they spent their time
- spoke with 11 staff and management
- spoke with one visiting health professional
- observed practice and daily life; and
- reviewed documents.

Key messages

- Personal care support had improved and was delivered more consistently, with clearer recording and stronger management oversight.
- Continence care required further development, as assessments, plans and staff responses were not consistently aligned to people's current needs.
- People benefited from enhanced opportunities for meaningful activity, with more personalised engagement contributing to reduced stress and distress.
- Quality assurance processes had strengthened, with audits and management oversight more effective in identifying issues and driving improvements.
- Environmental standards had improved, with key upgrades completed and clearer plans in place to maintain a safe and comfortable setting.
- The service had met four requirements and two areas for improvement made at the previous inspection.
- As a result of this inspection we restated one requirement, one area for improvement and made one new area 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?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

The improvements found at this visit has resulted in the evaluation for this key question changing from weak to adequate. Whilst the strengths had a positive impact key areas needed to improve.

The requirement had been met in relation to the provider ensuring that people consistently receive appropriate standards of personal care. However, ensuring that people's continence needs are consistently assessed and supported still needed to improve.

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection." and "What the service has done to meet any areas for improvement made at or since the last inspection."

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths just outweighed weaknesses. Whilst the strengths had a positive impact, key areas need to improve.

The provider ensuring that staff receive regular supervision continued to be an area for improvement. (see area for improvement 1)

We have reported on our findings under the following sections:

"What the service has done to meet any requirements made at or since the last inspection." and "What the service has done to meet any areas for improvement made at or since the last inspection."

Areas for improvement

1. To support staff wellbeing and development, the provider should ensure all staff receive regular supervision in line with the provider's supervision policy.

This should include maintaining accurate supervision records and offering opportunities for reflective discussion.

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

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

Requirements

Requirement 1

By 25 January 2026 extended from 29 October 2025, the provider must ensure that people consistently receive appropriate standards of personal care. This includes support with nail care, oral hygiene, and that any choices and preferences are respected.

This is to ensure people's basic care needs are met in a way that protects their health, dignity, and human rights. To do this, the provider must, at a minimum:

- a) Ensure personal care is delivered regularly and in line with each person's assessed needs and preferences.
- b) Maintain accurate and up-to-date care records that reflect the care provided.
- c) Ensure staff can identify when individuals require support with personal care and respond appropriately.
- d) Implement effective monitoring and management oversight to ensure care is not missed or delayed.

This is to comply with Regulation 4(1)(a) and 4(1)(b) (Welfare of users) and Regulation 5(1) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support that is right for me" (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This requirement was made on 19 August 2025.

Action taken on previous requirement

The service had made improvements in the delivery of personal care. People were seen to be supported in a way that reflected their assessed needs and preferences. People who could comment on their care told us they had no concerns about receiving help when they needed it, showing that support had become more consistent.

Care records had improved, with oral hygiene charts mostly completed and personal plans setting out routines and preferences more clearly. Personal care support was recorded consistently across the sample, and staff appeared to follow the guidance set out in people's plans. This demonstrated a firmer link between the care planned and the care delivered.

Staff appeared more aware of when people needed support. People's appearance, including clean hands and nails, suggested that staff were more attentive and responded promptly to personal care needs. Observations during the visit showed that, in most cases, staff recognised and addressed care needs appropriately.

Management oversight processes had also strengthened. Daily meetings were used to monitor key risks such as pain, bowel care, skin integrity, diet and hydration, and stress and distress. Walkarounds were identifying issues, and most actions were being completed. Senior staff had effective oversight of outstanding care tasks through the digital care system, which supported improved monitoring and follow up. Some improvement was still needed in daily recording. For example, where people had refused personal care, any further support provided which would be in line with their personal plan should be clearly recorded.

Overall, the provider had made sufficient progress in improving how personal care was delivered, recorded, and overseen. Although some areas still required attention to ensure improvements were sustained, the actions taken were enough to demonstrate that this requirement had been met.

This requirement has been met.

Met - outwith timescales

Requirement 2

By 25 January 2026 extended from 29 October 2025, the provider must ensure that people's continence needs are consistently assessed and supported. In order to ensure that people receive the right care at the right time, and that continence care is delivered in a person-centred and respectful manner.

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

- a) Ensure continence assessments are accurate, up to date, and reflect each person's current needs and preferences.
- b) Ensure continence care plans clearly outline how support will be provided, including how continence will be promoted.
- c) Ensure staff have the knowledge and skills to support continence care effectively and respectfully.
- d) Ensure individuals who are able or prefer to use toilet facilities are supported to do so at the right time.
- e) Ensure monitoring systems evidence continence care is delivered consistently and appropriately.

This is to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 5(1) (Personal plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high quality care and support that is right for me." (HSCS 1.19) and "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This requirement was made on 19 August 2025.

Action taken on previous requirement

The service had made some initial progress in improving continence care, but key elements of the requirement had not been achieved. Continence assessments had been completed, but they did not include all relevant information needed to reflect people's current needs. Important details known to staff were not consistently incorporated, meaning the assessments were not fully accurate.

Personal plans lacked sufficient detail to guide staff. They stated that people should be supported but did not explain what this involved in practice. Plans did not describe how continence would be promoted, how support would be provided overnight, or how bowel care should be managed where this was needed. This limited staff's ability to deliver person centred care.

A small number of staff had completed training, and further training was planned, but observations showed that staff knowledge still required improvement. For example, one person experienced repeated episodes of incontinence, and there was no evidence that staff had adjusted the person's support to try to prevent this.

Monitoring records were being completed, however the entries were inconsistent and sometimes unclear. Duplicate or incomplete information made it difficult to evaluate whether care had been delivered at the right time or in the most appropriate way, and night time support was not reflected.

Although some improvement was evident, the actions taken were not sufficient to ensure continence needs were assessed, planned and supported consistently.

This requirement has not met, and we have agreed an extension to 3 May 2026.

Not met

Requirement 3

By 25 January 2026 extended from 29 October 2025, the provider must ensure people benefit from meaningful activity and person-centred support. In order to meet their mental, social, physical needs.

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

- a) Develop a personalised programme of activities with each individual that is part of a person centred care plan.
- b) Account must be taken of the abilities, life histories and preferences of individuals.
- c) Increase opportunity for meaningful interaction in and outwith group activities; including access to the community.

This is to comply with Regulation 4(1)a (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/201).

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 every day, both indoors and outdoors." (HSCS 1.25)

This requirement was made on 27 January 2026.

Action taken on previous requirement

Progress had been made in improving the opportunities people had for meaningful activity and person centred engagement. People appeared more settled, with several individuals showing reduced stress and distress, which was linked to increased access to appropriate activities and more interaction from staff. The range of activities available had improved and included both group sessions and individual engagement options such as creative tasks, music, gentle exercise, social events, and participation in community activities. Staff were also making better use of people's interests and life histories, and this was reflected in the activities being offered.

Personal plans were more detailed and included information about people's past and current preferences, which helped staff plan activities that were more personalised. Observations showed more meaningful contact between staff and people, including increased one to one engagement. People also appreciated receiving information about planned activities in their rooms, which helped them choose how they wanted to spend their time.

Some further improvements were still needed. The activity board required clearer, more accessible formatting and should reflect seven day provision, not only days when the activity coordinator was on duty. Staff also needed to continue focusing on ensuring that each person experienced meaningful interaction every day, regardless of whether organised activities were taking place. Ongoing attention was also needed to support opportunities for community outings and individualised engagement.

Despite these areas for ongoing improvement, the progress made was sufficient to demonstrate that this requirement had been met.

This requirement has been met.

Met - outwith timescales

Requirement 4

By 25 January 2026, the provider must ensure that management oversight is effective in identifying and addressing areas for improvement in the service.

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

- a) Implement robust quality assurance systems that identify deficits in care, including meaningful activity, personal care, and staff interaction.
- b) Ensure that management presence in the service is regular, purposeful, and used to monitor the quality of care and staff practice.
- c) Take timely and effective action in response to identified concerns, with clear records of actions taken, outcomes achieved, and lessons learned.

This is to comply with Regulation 4(1)a (Welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/201).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I use a service and organisation that are well led and managed." (HSCS 4.23)

This requirement was made on 20 November 2025.

Action taken on previous requirement

The service had strengthened its quality assurance processes, and there was clearer evidence that audits and monitoring were being used more effectively. Staff reported increased confidence in the systems in place, and updated action planning supported a more structured approach to oversight. Routine monthly and quarterly audits had been completed, and most documentation showed that issues were being identified and acted upon. Accident and incident audits demonstrated that required follow up actions had been carried out, including making appropriate external notifications.

In most cases, actions arising from audits had been recorded with confirmation of completion or clear next steps. Delays in external referrals, which had previously been an issue, had reduced and appeared limited to isolated situations. Complaint activity had also reduced, and earlier concerns had been fully investigated with outcomes and learning recorded. Reflections and learning from past events were being captured more consistently, helping to support improvement.

Some areas still required attention. Continued monitoring of referral timescales was necessary to prevent any recurrence of previous delays. In one case, learning from an incident required clearer documentation to show what had gone wrong, what had been done in response, and what had been learned.

Overall, the service had made sufficient progress in strengthening its quality assurance processes.

This requirement has been met.

Met - within timescales

Requirement 5

By 25 January 2026 extended from 29 October 2025, the provider must ensure that the environment is consistently maintained to a standard that promotes safety, comfort, and wellbeing for people using the service. To do this, the provider must, at a minimum:

- a) Complete outstanding environmental upgrades and ensuring they are reflected in the service's environmental improvement plan;
- b) Addressing maintenance issues promptly, including upkeep and repairs to internal and external areas;
- c) Improving wayfinding and bedroom signage to support orientation;
- d) Ensuring lighting is adequate and safe throughout the premises; and
- e) Fire safety recommendations are planned and addressed promptly.

This is to comply with Regulation 4 (1) (a) (b) (Welfare of service users) and 14 (b) (Facilities in Care Homes) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state, "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

This requirement was made on 19 August 2025.

Action taken on previous requirement

The service had taken meaningful steps to improve the environment, and the standard of maintenance had progressed since the previous visit. Several outstanding actions from the environmental improvement plan had been addressed. Corridor paintwork had been completed, and work had begun on remaining areas such as skirting boards, bannisters, and door frames. Outdoor furniture that was no longer suitable had been removed, and new items had been purchased for use when weather conditions allowed.

Environmental issues were being captured within the action plan, and although some tasks were scheduled for later dates, these related mainly to routine updates rather than urgent safety matters. It was discussed that, where possible, rooms requiring cosmetic work could be completed before new occupants moved in.

Wayfinding had improved, with clearer and more personalised signage now in place to support people in orientating themselves within the building. Lighting had also been addressed. Replacement bulbs arrived during the inspection, and interim lighting was sufficient while staff worked to ensure replacements were fitted. It was suggested that holding a small stock of essential items would help prevent delays in future.

Fire safety recommendations had been reviewed, and the service had an action plan confirming when relevant work had been completed. Although heavy rain during the inspection resulted in water ingress in a few areas, repairs had already been requested, and arrangements were being made for further assessment. The provider agreed to confirm once remedial work had been completed to ensure the building remained watertight.

Overall, the service had made sufficient progress in addressing environmental improvements and maintaining a safe and comfortable setting.

This requirement has been met.

Met - outwith 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 support meaningful involvement, the provider should improve how people experiencing care, relatives, and staff share their views and experiences. This should include exploring preferred ways to give feedback, increasing opportunities for engagement, and using observation to understand people's experiences and the home environment.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership." (HSCS 4.7) and "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

This area for improvement was made on 19 August 2025.

Action taken since then

The service had broadened the ways it gathered views from people, relatives and staff. A compliments book had been introduced to encourage informal feedback, and staff surveys had been completed. Relative surveys had been issued, and communication with families had improved through regular updates and a new online platform that allowed messages to be shared easily. Families were being contacted routinely as part of the "resident of the day" process, and additional methods, such as planned newsletters and regular meetings, supported wider engagement. A "You Said, We Did" board was being used to show how feedback had been acted on, and observations of practice were taking place with plans to increase their use.

Informal feedback was being gathered more often, and although recording could be more consistent, it was clear that multiple opportunities to contribute were now in place.

This area for improvement has been met.

Previous area for improvement 2

To support staff wellbeing and development, the provider should ensure all staff receive regular supervision and opportunities to attend team meetings.

This should include maintaining accurate supervision records, offering reflective discussions, and creating forums for staff to share ideas, raise concerns, and support each other.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state 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 19 August 2025.

Action taken since then

The service had taken steps to strengthen staff supervision and support. Group supervisions had taken place, focusing on key areas of practice, and these were supported by observations already being carried out within the service. The observations were useful and could be further improved by consistently recording areas for development and what went well to ensure positive practice was recognised. Although full implementation of the supervision policy was still developing, samples of the new one to one supervision format showed that a more structured approach was being introduced. Regular team meetings were also taking place and included clear feedback, agreed actions and named responsibilities, which supported better communication and accountability within the staff team.

This area for improvement is no longer in place and a new reworded area for improvement has been made under "How good is our staff team?"

Previous area for improvement 3

To ensure staffing arrangements continue to meet people's needs, the provider should ensure that staffing assessments take into account environmental factors such as the layout of the building and communal areas, as well as feedback from people using the service, their representatives, and staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people." (HSCS 3.15) and "People have time to support and care for me and to speak with me." (HSCS 3.16)

This area for improvement was made on 20 November 2025.

Action taken since then

The service had begun discussing staffing needs during team meetings, but this information had not yet been fully brought together into a clear staffing assessment. Feedback from residents and relatives had not been consistently included, so the assessment did not yet reflect the full picture. Environmental factors, including the building layout, were acknowledged as important, but these were not being recorded in enough detail to show how they affected staffing decisions.

Although the staffing assessment stated that the environment had been considered, it did not explain how this influenced staff deployment or helped ensure people received timely support. Staff also reported ongoing pressure due to people's high levels of need, including difficulty taking breaks or spending more meaningful time with people.

This area for improvement has not been met.

Previous area for improvement 4

The provider should ensure that all personal plans contain clear, individualised strategies that reflect each person's needs, preferences, and routines. This includes consistent detail on how to support people during episodes of stress or distress, and how to promote independence in daily life.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that: "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 19 August 2025.

Action taken since then

The service had made progress in improving personal plans, particularly in relation to supporting people during stress or distress. Staff who had completed specialist training were applying this learning well, and this contributed to a noticeable reduction in distress episodes. Plans were updated to include clearer strategies, and staff were where possible using meaningful activities more consistently to reduce triggers and promote independence. Monitoring tools were being used more accurately, and people now had individualised guidance in place that reflected their needs and routines.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

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