

Charnwood Lodge Care Home Service

8 - 18 Annan Road
DUMFRIES
DG1 3AD

Telephone: 01387 270350

Type of inspection:
Unannounced

Completed on:
22 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 café area.

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

About the inspection

This was an unannounced follow up inspection which took place on 22 January 2026 between the hours of 10:00 and 15:00. The inspection was carried out by one inspector 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 staff and management, observed practice and daily life and reviewed documents.

Key messages

Some progress had been made in responding to the requirement, however further work is required to ensure this is fully met.

Guidance has been shared with staff on the procedure for managing covert administration of medication.

Support plans have been updated to provide information on the support required where covert administration of medication has been agreed.

Records confirmed discussion with GPs and Pharmacist on the covert administration of medication.

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

Requirements

Requirement 1

By 5 January 2026, the provider must ensure the safety, health and wellbeing of individuals by demonstrating a clear and robust approach to the management of covert medication administration. To achieve this, the provider must, at a minimum:

- a) implement support plans and covert medication pathways that clearly state the specific reasons for covert medication (including capacity assessment and best interest decision), list the medications to be administered covertly and detail the procedure for administration;
- b) ensure all staff responsible for medication administration are trained, skilled and competent and adhere to both the service policy and procedure on covert medication and the best practice guidance issued by the Mental Welfare Commission (MWC 2022);
- c) demonstrate that regular communication and systems for monitoring and review are implemented and involve the family/representative, GP and Pharmacist.

To be completed by: 05 January 2026

This is in order to comply with: Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland(Requirements for Care Services) Regulations 2011(SSI 2011 / 210) This is to ensure care and support is consistent with Health and Social Care Standard 1.3: If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.

This requirement was made on 8 December 2025.

Action taken on previous requirement

Medication reviews were completed for residents who had been receiving covert medication, and their associated support plans were updated to reflect that a covert medication approach was in place. However, we could not confirm that a procedure for regular and ongoing review of covert medication arrangements was being followed and that staff had a clear understanding of this requirement.

Covert medication pathways were not in place for all six residents. One resident had no pathway but a GP letter authorising covert medication administration, while another resident had an outdated pathway that had not been reviewed since the initial complaint visit. As a result, we were not assured that all residents receiving covert medication had the required, up to date documentation to support this practice safely.

From records, we were unable to confirm that all families/Power of Attorney (POA) for the six residents had been informed of the medication review outcomes or the implementation of covert pathways. There must be a clear and robust process for engaging with families/POAs to ensure there is a shared understanding of the approach and reasons for this. This family/POA communication should have been established prior to the administration of covert medication starting.

The manager acknowledged that the current service policy and procedure on medication will be reviewed to provide clear guidance for all staff. We were advised that staff were provided with the Mental Welfare Commission (MWC) best practice guidance, and copies were placed in each unit. However, discussions with staff indicated limited awareness of the guidance and where it could be found. Further action is therefore needed to ensure staff understand and can access relevant guidance documents when required.

An online training session was provided for staff with medication responsibilities; however, not all staff were able to attend, and no attendance record was kept. As a result, we cannot be assured that all staff responsible for administering medication and managing covert medication have received this training.

Competency assessments were developed by the manager and completed by all 12 staff with medication responsibilities. We noted an overall pass rate of approximately 66%. The manager confirmed that further work will be undertaken to ensure all relevant staff demonstrate an acceptable level of knowledge and competence in the policy and practice of covert medication.

Overall, it is recognised that progress has been made toward meeting this requirement however, further work is needed to ensure full compliance. To enable this, the timescale for completion of this requirement has been extended to 23 February 2026.

Not met

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

This Area for Improvement was not assessed at this inspection.

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

This Area for Improvement was not assessed at this inspection.

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

This Area for Improvement was 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

This Area for Improvement was 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

This Area for Improvement was 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

This Area for Improvement was 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

This Area for Improvement was 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

This Area for Improvement was 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.