

Pitcairn Lodge Nursing Home Care Home Service

Kirkston of Skene
Westhill
AB32 6XT

Telephone: 01224 742 888

Type of inspection:
Unannounced

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Service provided by:
Sanctuary Care Limited

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About the service

Pitcairn Lodge is a nursing home for older people situated in the suburban town of Westhill in Aberdeenshire. While the home is set in a woodland area it is close to some local shops and community services. The service provides nursing and residential care for up to 55 people.

Accommodation is arranged on one floor across two units. There are 55 single bedrooms, 48 with en suite toilet and handwash facilities and seven with handwash facilities only. There are a variety of communal lounges, dining areas, quiet rooms, and a hairdressing salon. There is a large, enclosed wheelchair-accessible garden to the rear of the property.

About the inspection

This was an unannounced inspection which took place on 22 and 23 February 2026. 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 12 people using the service and five of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Leaders were highly knowledgeable about all aspects of the service.
- Staff were very good at developing relationships with people.
- Some areas of infection control needed improvement.
- The team were improvement-focussed.
- People and their representatives were fully involved in planning their care.
- People experienced very good levels of meaningful engagements.

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 leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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?

4 - Good

We evaluated different parts of this key question as very good and good, with an overall grade of good. Several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

1.1 People experience compassion, dignity, and respect

People were treated with kindness, dignity, and compassion. We saw staff engaging with people in a respectful way, giving choices and gently encouraging people when care and support was being delivered.

Staff were friendly and approachable. When we spoke with people and their representatives they told us that there was a "family feel" to the service and that they felt "secure" about the level of care that their loved one received. One person told us they felt "loved and well cared for."

People were regularly asked for feedback about their experiences and what improvements they would like to see. People's views and opinions were taken on board. For example, changes to the environment and menus took place following consultation and feedback from reviews. This contributed positively to people feeling valued and continuing to receive a service that was right for them.

1.2 People get the most out of life

The service demonstrated major strengths in supporting people with meaningful contact and engagements.

We heard lots of laughter and positive, friendly exchanges between residents and staff throughout the inspection. There was lots of singing and dancing to encourage movement. People were happy.

While there was a small activity team to plan and support activity, there was a whole team approach. All staff were aware of the benefits and were invested in ensuring that people's personal outcomes were met through positive engagement experiences.

Information in people's personal plans described things they enjoyed and that were important to them. Plans contained information about people's hopes and dreams and how they could be supported to achieve them.

People were supported to celebrate religious and cultural events, as well as birthdays and anniversaries. There were regular group activities and events to choose from but people also had the opportunity to enjoy one-to-one time. This meant that people who chose to spend time in their rooms or those who required to be cared for in their rooms were not forgotten or felt isolated.

The service recognised many of its residents' rural connections and was very good at maintaining these strong links with the local community. They supported people to continue to enjoy long-held important relationships, while also making new bonds. The service had made very good use of its minibus to support people to access events and services in community halls and churches where they could meet old friends and neighbours.

We heard how one resident who was born on and worked on a farm their whole life was thrilled to be supported to attend at a "roup." This had had a very positive impact on their mental health and they were looking forward to attending more agricultural events in the summer.

Another resident who was very new to the home had regained some speech and was heard to be laughing after many months of silence. Their family told us that they felt this progress was a result of the high levels of positive engagements and activity experienced since moving into Pitcairn Lodge.

1.3 People's health and wellbeing benefits from their care and support

The service was very good at ensuring that people and their families were involved in, and kept up to date with, decisions and changes in healthcare needs.

Staff knew people well and were vigilant to changes in their presentation. They reacted quickly, seeking appropriate assistance at an early stage. This reduced the likelihood of an unnecessary decline in health.

Falls were managed well following best practice guidance. Staff encouraged people to mobilise frequently and safely, reminding and encouraging them to use walking aids and to take their time. Staff were aware of who was at high risk and possible contributing environmental factors.

People were able to choose from a healthy and varied menu and sweet treats were also made available. The cook knew people's food preferences and was vigilant about people's specific dietary needs, for example soft diet or fortified foods. People told us that the food was "excellent."

Mealtimes were not rushed and people who needed support to eat and drink received this discretely and were given time to enjoy their meal. Fluids were always available and staff reminded and prompted people to drink, contributing positively to people achieving fluid targets.

Medication was managed via an electronic system. There had been some errors when this was first introduced, however staff had worked hard to improve compliance.

'As required' medication protocols for some people would benefit from further detail about symptoms and cues that staff should be aware of before administration and any non-pharmacological interventions that should be completed first.

The provider completed regular medication audits with any identified areas for improvement actioned quickly.

1.5 People's health and wellbeing benefits from safe infection prevention and control practices and procedures

There were systems and resources available to support good infection control governance and staff had undertaken training relevant to their role. Staff followed best practice guidance when using personal protective equipment (PPE) which helped minimise the risk of cross-infection.

Overall, hand hygiene was completed appropriately. However, we did see some staff wearing nail products which is not in line with guidance and not all people were offered a means to clean their hands prior to eating.

Domestic staff demonstrated good working knowledge about cleaning products, equipment, and cleaning schedules, and we found that care equipment, including mattresses, were compliant with regular checks taking place.

Some improvement in waste management is needed. We found clinical waste in general waste streams and two clinical waste bins that were dirty. The outside waste storage area was not secured in line with

guidance and we found some discarded PPE on the ground. This can result in a risk to the environment (see area for improvement 1).

Areas for improvement

1. In order to ensure that people and the environment are protected from cross-infection, the provider should ensure that staff are aware of, and practice in line with, the 'Care Home National Infection Prevention and Control Manual'.

In particular, this should include but is not limited to:

- a) hand hygiene; and
- b) waste management.

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 based on relevant evidence, guidance, and best practice' (HSCS 4.11).

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of leadership performance and how this supported positive outcomes for people. There are very few areas for improvement, where opportunities were taken to strive for excellence within a culture of continuous improvement.

We received overwhelmingly positive feedback about the leadership team from everyone we spoke with.

Staff told us of a supportive team culture and praised leaders for the way in which the team was led. They told us that they were offered lots of opportunities for development and that they felt valued and listened to.

Leaders were very responsive to improvements identified during the inspection, taking immediate action to improve outcomes for people. They had a very good oversight of all functions of the service and what was happening for people experiencing care.

The service was improvement-focussed. Leaders regularly shared information with staff about key areas that the service should work to improve. Staff were invested in the success of the service and ensuring that people's outcomes were met.

The provider has a suite of quality assurance tools and auditing processes which leaders completed regularly, providing an honest review of service performance. Information from this fed into a comprehensive service improvement plan, which included information from feedback from all stakeholders. Together, this contributed positively to a more dynamic improvement plan.

People told us that they were aware of the provider's complaints process but did not feel that they would have to use it. They told us that where they'd had any concerns they had been resolved immediately when brought to the attention of the staff team. This rapid resolution provided people with reassurances that the team were invested in meeting the needs of their loved ones.

Where incidents or accidents had occurred, these were investigated and themes identified in order that lessons were learned. This reduced the likelihood of recurrence and contributed positively to people receiving safe and effective care.

How good is our staff team?

5 - Very Good

We found significant strengths in staffing arrangements and how well staff worked together to support positive outcomes for people. Therefore, we evaluated this key question as very good.

Information from needs assessments and personal plans informed staffing arrangements. People were being supported with their preferred routines, activities, and time outwith the home.

Dependency tools were regularly updated to identify changes in people's needs and staff engaged well with each other throughout the shift to help direct staffing to areas of increased clinical need.

Staff were always visible in communal areas, providing good levels of supervision during times of peak activity and when other staff were on breaks. Families told us that they never struggled to find staff if they had a query or wanted to pass on information.

The provider had a contingency plan for times of short-notice absences and unplanned events. While leaders were authorised to engage the services of agencies, regular staff endeavoured to cover shifts so that people would continue to be supported by people they knew and who knew them well.

Call bells were answered quickly and we did not hear people calling out for or waiting for assistance. When we spoke with people they told us that staff were always responsive to their requests for support.

While staff were clearly busy, they did not rush people to complete tasks. For example, people were supported to mobilise at their own pace whilst moving around the home.

The staff team worked very well together, regularly engaging with each other to update about people's needs and tasks that still needed to be completed.

Staff were invested in their professional development, taking opportunities to complete training that would support better outcomes for people experiencing care.

Staff in the service who were not directly involved in care delivery also impacted positively on the service function. We saw positive and supportive relationships with family members who told us that they were always made welcome, felt included, and cared for too.

How good is our setting?

5 - Very Good

There were major strengths in promoting positive outcomes for people in the setting. Therefore, we have evaluated this key question as very good.

There was a relaxed atmosphere in the home. It was clean, bright, and free from intrusive noise and smells. People appeared content in their surroundings.

The provider had completed work to improve the environment since the last inspection and further improvement had been identified to be completed. Information from resident and relative meetings and experience feedback questionnaires helped inform decisions about the environment.

Good practice guidance had been considered when making decisions about the environment. For example, good lighting, signage, and the use of object signifiers to orientate people to their surroundings.

The home has long, wide corridors where people were able to freely mobilise. Places of interest had been developed and seating made available in the corridors where people could rest and reminisce.

People were surrounded by personal items and photographs in their rooms, which promoted a sense of belonging. Photos of local landmarks and village scenes in corridors provided talking points and kept people connected to their community.

People had access to care equipment to support independence. For example, mobility aids. Staff were very good at reminding people to use these to minimise the risk of falls.

Snacks and drinks were freely available and spaces for supported cooking activities were made. This helped promote and maintain people's independence skills.

Work had been completed to improve the appearance and safety of outdoor spaces and we heard how people were able to enjoy this space to rest and garden in the spring and summer. Outdoor space is not yet freely accessible and we asked the provider to consider how to make this possible.

Some of the areas not accessed by residents, for example clinical rooms, were in need of improvement. Some of the doors and surfaces were chipped and had sticky residue from old Sellotape. This would make them difficult to clean and not be compliant with infection control procedures (see area for improvement 1 in 'How well do we support people's wellbeing?').

Regular maintenance checks were being completed and safety certification was available. Staff were aware of maintenance procedures and their responsibility for reporting concerns. Repairs were completed quickly by the on-site maintenance team where possible. Some repairs required external contractors which were wholly dependent on the availability of the contractors.

How well is our care and support planned?

5 - Very Good

An evaluation of very good was made for this key question. The service demonstrated major strengths in supporting positive outcomes in the way in which personal care was planned and managed.

Personal planning was managed electronically and people were supported to access this on-site if they request to do so. Some improvement is needed to consider how people can freely access their plans in a format that is meaningful to them.

Personal plans contained details of people's assessment of need and tracked how these had changed over time. Plans were reviewed and updated regularly. The care and support that people received matched what was recorded in their plan. This contributed positively to people continuing to receiving care that was right for them.

People and their representatives were involved in meaningful ways to ensure that their views were taken into account when developing and reviewing personal plans. This contributed to people continuing to have control over how they are cared for and supported.

Information for care reviews was collected from the multi-disciplinary team, including external health professionals, and reviews were generally completed by nursing staff. Sometimes opportunities were missed to provide details of the positive impact of activities and engagement provided by the service, focussing instead on clinical information. A more holistic assessment would benefit people experiencing care.

Some plans contained more detail and better quality information than others. Further development for staff about person-centred recording would benefit outcomes for people.

We observed some very positive engagements and outcomes for people but did not always see this reflected in what was recorded. Daily recordings for some were task-focussed, missing the rich information about how people experienced their day. The provider's own quality assurance checks had also highlighted this and staff were working towards improvement.

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 people's independence and to help them look and feel their best, staff should ensure that they follow guidance in care plans in respect of the use and care of personal care aids and equipment.

This should include, but is not limited to:

- a) Ensuring that required aids and equipment is worn in line with the prescriber's intention.
- b) Ensuring that personal aids and equipment is kept safe and maintained well.

This is to ensure that 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 respected' (HSCS 1.23).

This area for improvement was made on 25 November 2025.

Action taken since then

Personal plans identified what personal care aids and equipment people needed to support better personal outcomes. We saw that staff ensured that people were wearing glasses and hearing aids where this was detailed in their plans. Staff were good at reminding people to use walking aids to safely mobilise throughout the home.

This area for improvement has been met.

Previous area for improvement 2

To support people's physical and mental wellbeing, the provider should ensure that people are provided with:

- a) Encouragement, support, and opportunities to move frequently throughout the day.
- b) Opportunities to experience meaningful engagement on a one-to-one basis every day.

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

This area for improvement was made on 25 November 2025.

Action taken since then

We saw that people were given regular opportunities to move throughout the day. People who could mobilise independently were encouraged to do so and support was provided for those who could not. Staff used activities such as exercise, music, and dance to incorporate fun into movement. This had a positive impact on people's mental and physical health.

This area for improvement has been met.

Previous area for improvement 3

In order to ensure there is a culture of sustained improvement, the provider must ensure that regular quality assurance processes are embedded and are effective in identifying, preventing, and promoting outcome-focused care. The processes should be responsive to improving the outcomes for service users, actively drive good practice and standards, and include other stakeholders in the processes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 25 November 2025.

Action taken since then

The provider has a suite of quality assurance and audit tools to analyse and report on the quality of the services provided. Leaders in the service regularly completed quality assurance activities, giving them a very good oversight of what was working and where improvements were needed.

This area for improvement has been met.

Previous area for improvement 4

In order to promote people's independence, the provider should ensure that the service is designed and operates in such a way to develop and maintain people's activities of daily living.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6); and 'I can independently access parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 25 November 2025.

Action taken since then

The provider had made investments in improving the environment. Thought had been given in how to arrange the service with regard to best practice and supporting personal outcomes for people experiencing care. The service had engaged with and taken on board suggestions from people and their families as to what would help them feel more at home. Activities were designed in a person-centred way in order to support individuality and independence.

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
4.2 The setting promotes people's independence	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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