

Charnwood Lodge Care Home Service

8 - 18 Annan Road
DUMFRIES
DG1 3AD

Telephone: 01387 270350

Type of inspection:
Unannounced

Completed on:
4 March 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 4 March 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 staff and management, observed practice and daily life and reviewed documents.

Key messages

Further progress had been made in responding to the requirement, which is now met.

People who are receiving their medication covertly have an appropriate support plan and covert medication pathway in place which evidences involvement of GP, Pharmacy and families.

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

Three people were receiving their medication covertly at the time of this visit. All had an appropriate support plan and covert medication pathway in place which had involved consultation and engagement with GPs, pharmacy and people's family/representatives. The service medication policy and NMC guidance on covert medication were readily available for staff to reference as necessary. To support understanding and management of covert medication practice, additional training sessions are being offered online for existing and new staff. Work is also underway to ensure that all staff have completed the covert medication competency assessment, demonstrating the required level of understanding in this area. The senior management team are aware that the service policy and procedure on covert medication practice needs reviewed and so interim guidance will be developed to support staff. Overall, we found that while work

continues to support and reinforce staff knowledge and practice, we were satisfied that progress has been made and this requirement is now met.

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

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

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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