

Braehill Lodge Care Home Service

2 Balmachie Road
Carnoustie
DD7 7SR

Telephone: 01241 852 534

Type of inspection:
Unannounced

Completed on:
11 March 2026

Service provided by:
Braehill Limited

Service provider number:
SP2003000045

Service no:
CS2003000384

About the service

Braehill Lodge is a care home for older people situated in a residential area of Carnoustie. It is close to local transport, shops, and community services. The service provides residential care for up to 24 people. There were 14 people living in the service at the time of this inspection.

Accommodation is arranged over two floors, in single bedrooms with en-suite facilities. There are two lounges, bathroom, dining room, and activity room for people to use. The service has an accessible landscaped garden to provide outdoor space for people to enjoy.

About the inspection

This was an unannounced inspection which took place on 8 and 9 March 2026. The inspection was carried out by three inspectors from the Care Inspectorate.

Our inspection on 23 October 2025 raised significant concerns in relation to how people's health, welfare and safety needs were met and we issued an Improvement Notice on 28 October 2025. For further details of this enforcement see the service's page on our website at www.care.inspectorate.com.

The purpose of this inspection was to assess what improvements the provider had made in response to the Improvement Notice, and to follow up one outstanding requirement and one area for improvement made at our previous inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spoke with 13 people using the service.
- Spoke with seven families.
- Spoke with 10 staff and management.
- Walked round the building.
- Observed practice and daily life.
- Reviewed documentation.

Key messages

- The management team and staff had made progress to meet the improvements required in the Improvement Notice issued on 28 October 2025. For further details of this enforcement see the service's page on our website at www.care.inspectorate.com.
- The quality of people's lives had improved, and risks had reduced.
- There was an improvement to management oversight and leadership of the service.
- The service should continue to develop and embed improvements into practice.

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 leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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

We made an evaluation of weak for this key question at our last inspection in October 2025. An Improvement Notice was issued. The Improvement Notice was met at this inspection. The evaluation has now been changed to adequate. Whilst the strengths had a positive impact the improvements need to be embedded and sustained.

We observed staff to be respectful, patient, and kind in their interactions with people. There were positive, supportive, and friendly relationships evident with the appropriate use of humour. People told us they were happy living in the home and appeared relaxed in their surroundings. This contributed to a calm, comfortable atmosphere. One family told us, "Staff were attentive and responding to people".

People were observed to be well presented, and feedback confirmed that they felt supported well in these aspects of their care. Weekly personal care charts were maintained, with management undertaking daily reviews to ensure that care was delivered consistently and responsively to people's needs. However, one person had not received oral care on three occasions in one week. Therefore, oversight should be further strengthened to ensure people receive the care and support they require.

People received timely and appropriate responses to changes in their health and wellbeing, for example, when they had a temperature, pain, or an infection. This meant changes in people's health needs were recognised promptly and addressed effectively.

People's nutrition and hydration needs were met. We found people enjoyed their meals in an unhurried, relaxed atmosphere. People were offered fluids throughout the day and had been prompted to drink. A new snack area had been introduced into the lounge which contained crisps and biscuits for people to enjoy. There was improved oversight of people's nutrition and hydration intake, which supported people's overall health and wellbeing.

The service demonstrated partnership working with their local pharmacy. This resulted in written guidance being provided for staff regarding the administration of topical medication such as creams. We sampled records and found people had received their topical medication as prescribed. Topical creams were labelled with the date of opening. This helped to reduce the risks of people receiving medication past its shelf life.

Some medication practice needed improvement. We observed a medication administration record was untidy and unclear. This increased the risk of errors and reduced our confidence that people had received their medication correctly. One person lacked a protocol for an "as required" medication. This meant there was not the guidance in place to direct staff as to when the person required the medication. We observed that someone was given an "as required" sleep medication on five out of six nights, but the reason for the medication was incorrectly recorded. These recording issues need to be addressed to ensure safe and accurate practice. **(See area for improvement 1).**

Infection prevention and control (IPC) practices helped keep people safe. The home was clean and tidy. Personal protective equipment (PPE) was readily available. Handwashing facilities and hand sanitiser were available throughout the home. This contributed to ensuring possible cross infection was minimised. Staff had undergone competency assessments in relation to donning and doffing PPE and handwashing. This helped to ensure a confident and competent workforce.

People had Personal Emergency Evacuation Plans in place, and staff were aware of the fire evacuation procedures. This ensured people would receive appropriate support in an emergency.

Overall, people experienced improved outcomes in their health, wellbeing, and daily experience. Continued consistency in medication administration and recording will help strengthen safe care practices.

Areas for improvement

1. To ensure people receive their medication as prescribed, the service should ensure medication administration records are clear and accurate. Medication protocols should be in place to reflect the current prescribed medication for the person.

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?

3 - Adequate

We made an evaluation of weak for this key question at our last inspection in October 2025. An Improvement Notice was issued. The Improvement Notice was met at this inspection. The evaluation has now been changed to adequate. Whilst the strengths had a positive impact the improvements need to be embedded and sustained.

The management and leadership changes have had a positive impact. The manager demonstrated an understanding of what was working well and what improvements were still needed within the service. One person told us they "could not have chosen a better manager; he is great". Leaders were visible in the service and modelled respectful practice, which promoted a positive culture for staff and people experiencing care.

A system of audits covered key areas of service delivery. These were completed regularly, with associated action plans signed off on completion. This strengthened oversight and helped ensure improvements were identified and progressed. Daily health and safety walk rounds enabled leaders to monitor the environment and address issues promptly.

The service had an outstanding area for improvement which we had made at our last inspection. This was to develop an improvement plan to support continuous improvement within the service. This has been met. We have reported our findings under: 'What the service has done to meet any areas for improvement made at or since the last inspection'.

Staff were using an accident and incident book which had been implemented in the service last year. There was an improved analysis of the actions which needed to be taken when accidents and incidents occurred. Notifications were submitted appropriately, and there was an improvement in the recognition of adult support and protection concerns.

Clear 'post falls' monitoring guidelines supported staff to respond consistently when a fall or suspected injury occurred. However, we found staff had not followed this guidance on one occasion. The manager

recognised the lapse and had taken appropriate steps to address the issue with the staff involved. This helped to reduce the risk of this happening again.

Information on how to make a complaint was clearly displayed at the entrance. This ensured people and visitors knew how to raise concerns.

Overall, leadership quality assurance and risk management processes had improved. Continued embedding of these systems and processes will help ensure consistent protection of people's health, safety, and wellbeing.

How good is our staff team?

3 - Adequate

We made an evaluation of weak for this key question at our last inspection in October 2025. An Improvement Notice was issued. The Improvement Notice was met at this inspection. The evaluation has now been changed to adequate. Whilst the strengths had a positive impact the improvements need to be embedded and sustained.

Staffing levels had improved and were sufficient to meet people's needs. Staff were visible throughout the home. This contributed to improved supervision, quicker responses, and a calmer environment. Families told us, "Staff having time to spend with people was positive", staff also shared this view and talked about the improved outcomes for people.

The service continued to rely on agency staff to cover rota gaps; the volume of this had reduced, however, managers placed a clear emphasis on continuity by requesting familiar agency workers wherever possible. This supported more stable relationships and helped reduce disruption to people's daily routines. There was an improvement to the induction process for agency staff working in the service.

A new handover sheet had been implemented to support clearer allocation of duties and more structured management of staff breaks. This improved the flow of information and helped ensure essential tasks were completed throughout the day.

The provider used a dependency assessment tool to determine staffing requirements and consistently rostered staffing levels above the calculated minimum. This meant people received the support they needed at the right time. The introduction of a safer staffing safety cross enabled ongoing evaluation of staffing adequacy, and staff wellbeing with staff feedback gathered at the end of each shift to inform planning and promote a culture of continuous improvement.

Additional activity workers had been recruited, and this had a positive impact on people's daily experience. People benefited from a wider range of meaningful activities both within the home and in the local community, including opportunities to attend events such as local tea dances. This contributed to people feeling more socially connected and supported their wellbeing.

Staff told us they felt supported in their roles, and morale within the team had improved. Most staff had received recent supervision, and a tracker was in place to ensure future sessions were scheduled and completed. The service had recently hosted a Staff Wellbeing Week. Staff reported feeling valued, and these initiatives contributed to a more supportive workplace culture.

Overall, staffing arrangements were more stable, better coordinated, and increasingly responsive to people's

needs. While improvements had been made, processes require to be consistently embedded to sustain positive outcomes.

How good is our setting?

3 - Adequate

The service had an outstanding requirement which we had made at our last inspection. This was to ensure people experienced care in an environment that was safe. We have reported our findings under: 'What the service has done to meet any requirements made at or since the last inspection'.

Sufficient improvement had been made to meet this requirement.

How well is our care and support planned?

3 - Adequate

We made an evaluation of weak for this key question at our last inspection in October 2025. An Improvement Notice was issued. The Improvement Notice was met at this inspection. The evaluation has now been changed to adequate. Whilst the strengths had a positive impact the improvements need to be embedded and sustained.

The service had made progress towards improving the content and accuracy of people's personal plans. The implementation of one-page profiles and quick-reference summaries supported these plans. This benefited new and agency staff who were unfamiliar with people's preferences and needs. This reassured us that staff had essential information required to provide person centred support.

A resident of the day system had been adopted which meant people's care and support was reviewed monthly. This regular review allowed any changes in people's needs to be identified and addressed promptly. As a result, people benefited from more responsive care tailored to their needs and preferences.

People's health and supplementary care recording charts were now consistently in place, fully completed, and maintained, for example, people at risk of developing pressure areas now had records to effectively manage their care. However, additional work was necessary to ensure that the information contained in daily supplementary charts and forms was accurately connected to the information documented in people's daily notes.

(See area for improvement 1).

The filing of people's information had been reorganised, resulting in a more efficient, user-friendly system. There was improved management oversight. This enabled ongoing evaluation and assessment to adequately meet people's current and evolving needs.

Areas for improvement

1. To ensure people's care and experiences are recorded, the provider should ensure all daily notes are evaluated and completed in full.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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).

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 people experience care in an environment that is safe.

In order to achieve this, the provider must as a minimum:

- (a) Ensure people do not have access to high-risk areas of the home that could put people at risk of harm, such as the kitchen unsupervised.
- (b) Undertake a risk assessment regarding the stairs and take appropriate actions to keep people safe.
- (c) Carry out a review of people's bed rails to ensure people are not at risk of entrapment.
- (d) Ensure all pieces of large furniture are secured to prevent them falling.
- (e) Review all notice boards to ensure information is current and accurate.

This is in order to comply with Regulation 3, Regulation 4(1)(a), Regulation 4(1)(d) and Regulation 10 (b) 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:

'My environment is safe and secure'. (HSCS 5.19).

This requirement was made on 23 October 2025.

Action taken on previous requirement

Access to high-risk areas, such as the kitchen, was effectively restricted, which helped reduce avoidable harm and kept people safe.

A risk assessment of the stairs was completed, and appropriate actions were taken to minimise risk and support people's safe movement around the home.

Bed rails were reviewed to ensure they were used safely, reducing the risk of entrapment.

Large items of furniture were secured appropriately, preventing them from falling and contributing to a safer living environment.

Noticeboards were reviewed and updated. This ensured that people, staff, and visitors had access to accurate and current information.

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 ensure people benefit from a culture of continuous improvement, the provider should develop a service improvement plan, this should be created with input from the people who live in the home, their families/representatives, staff, and stakeholders.

This is to ensure 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 2 September 2024.

Action taken since then

A service improvement plan had been developed which was centred on the Care Inspectorate's quality framework. We noted that one action identified in the plan was to establish a relative/resident committee. It would be beneficial to discuss the improvement plan with the committee when it is established to promote co-production and partnership working to ensure people contribute to service improvements.

Some staff we spoke with were unaware of the improvement plan and again we would advise this is regularly discussed with the team to promote awareness and engagement. We were confident this would be implemented.

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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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