

Cairnie Lodge Care Home Service

Forfar Road
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Type of inspection:
Unannounced

Completed on:
7 April 2026

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300646

About the service

Cairnie Lodge care home provides long term, and respite care for up to 60 older people, including those with dementia and learning and physical disabilities. It is situated on the outskirts of Arbroath about half a mile from the town centre.

The home is a modern, two storey building in landscaped grounds with enclosed garden areas, freely accessible to each of the ground floor units. It has a passenger lift and access for people with disabilities. The building is divided into three distinct areas, with the ground floor having a larger unit with 24 bedrooms and a six bedded unit in a newer extension. The first floor has a unit incorporating 30 bedrooms.

About the inspection

This was an unannounced inspection which took place on 01 and 02 April 2026. The inspection was carried out by three inspectors 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 13 people using the service and five of their relatives
- spoke with 14 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People spoke positively regarding their care and a good level of satisfaction was reported by people.

The environment had significantly improved since our last visit and was clean and tidy.

Staffing levels had increased and this was having a positive impact on people's care.

Staff had more time to spend with people for activities and meaningful connection.

There had been some progress with people's dining experience however this still needed to improve further.

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?	4 - Good
How good is our staff team?	4 - 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 this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had a warm, welcoming atmosphere and most people told us they were happy living in the home. People told us, 'I'm quite happy here' and 'I have no complaints'. There was a good level of satisfaction reported from stakeholders, who were happy with the care and support in the home.

An organised process for medication administration was in place. The manager and senior team had a process of regular audits taking place to identify any issues. Controlled drug procedures had also improved. A recent, external pharmacy audit confirmed that processes were in place to ensure people were receiving their medications safely, and as prescribed.

People had varying opinions on the meals currently on offer. People told us, 'The food could be better. When I first came it is was excellent and the cook used to come and talk to us. It's my only complaint' and 'The foods rubbish'. There was a sense that people did not get offered choices beyond what was on the menu, and just 'Took what was on offer'. Mealtimes experiences could have been better, as some people were sitting for long periods without a drink or food. This appeared to be more of an organisational issue rather than from lack of staff. We discussed this with the manager who had measures in place to monitor this and make further improvements. We will reinstate an existing area for improvement and follow this up at our next inspection. **See section 'What the service has done to meet any areas for improvement made at or since the last inspection'.**

Managers had completed regular walk rounds to ensure standards of cleanliness were met. However, some mattress covers were stained, and some beds had been made with debris evident on sheets. We discussed this with the manager to ensure staff were aware of this, and to ensure this was improved moving forward. We also discussed that people would benefit from new bedlinen, as some sheets and duvet sets appeared old and worn. Prompt action was taken by the manager to rectify this, and new bedlinen was ordered before the end of our inspection. We will follow this up at our next inspection.

People had a variety of different activities to keep them active and engaged. There were activity coordinators in the home, with a weekly planner evident on a blackboard at the entrance and displayed around the home on notice boards. There was evidence of seated exercise classes, therapies and entertainment in the home, such as dress up days and a disco. People had enjoyed recent trips out to a local gallery and other facilities in the local community. The service also had access to a shared minibus to facilitate outings. Time was also made for 1-1 activity, for those who couldn't attend group activities, or who preferred to stay in their room. People told us, 'Staff come and visit to tell me about activities and take me out and about. I had a day out in Dundee recently with a couple of other people so that was nice'. The recent addition of a sensory room had been a success, with people reporting that it was nice to spend time with loved ones in there, and how relaxing it was.

The service had recently implemented an electronic care plan system and had made good progress with this in a relatively short period of time. Care plans sampled had detailed information describing how best to care and support people, with specific details guiding staff for people with stress and distress. Wound care documentation sampled detailed initial and ongoing measures in place to promote healing. This meant people had personal plans which reflected their current level of need, in order to keep them well.

Where restrictive practice was necessary, this was kept to a minimum, with appropriate risk assessments and consents in place. This helped to keep people safe.

Appropriate paperwork was in place for people who lacked capacity, such as power of attorney. This informed staff of who the home could be consulting with regarding the care of the person.

Some people told us that they were receiving reviews of their care. In the absence of a consistent management team recently, this was still not where it needed to be. The manager had already identified this, and this was now part of the new deputy's workload, which they would oversee until up to date and consistently completed with people. A review planner was now in place to keep on track. This will ensure people and their loved ones have regular opportunity to openly discuss their care to ensure this meets all of their needs. We will follow this up at our next visit.

Where there were changes in people's conditions, staff had been proactive in involving external professionals to review their care. There was input from a variety of different professionals such as speech and language therapy (SALT), dietician, podiatry and the dementia liaison team. This gave people confidence that specialists were involved to offer additional support and advice, in order for people to maintain their health and wellbeing.

Infection prevention and control (IPC) procedures in place were effective and helped keep people safe. The standard of cleanliness in the home had significantly improved since our last visit and was clean, tidy, and free from any offensive odours. Cleaning schedules were in place for each area of the home and were completed well.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

A temporary manager was in place at the time of inspection, who knew the home well, and was making good progress in driving improvements and setting high standards throughout the home.

We discussed with the manager that we had confidence in their abilities to make a significant impact, improvement wise, in the home for people. Staff also told us that they had confidence in the managers ability to lead and develop the home, whilst supporting the staff team along the way.

However, due to the historical issues with fluctuating management and leadership over a significant period of time, we discussed our concerns moving forward with sustained, strong leadership. The manager advised that a permanent manager had not yet been recruited but they were committed to staying in the service until it was stabilised and a new manager in post. A new, deputy manager was also in post which was seen as a positive development for the service. The manager was passionate about the home's future and was keen to take responsibility for driving it forward to success.

A service improvement plan was in place which was monitored and reviewed regularly, and reflected input from people. This meant that people were consulted and were very much driving improvements in the home.

The manager was very visible at the time of inspection and clearly worked closely with the staff in each unit. There was a high level of confidence in management, from people that any issues would be dealt with appropriately and timeously.

Meetings were being held on a regular basis with good attendance. People were kept informed of developments and changes within the service and had a chance to express their views and concerns.

The service used a range of quality assurance processes to monitor all areas of the service. Audits were completed and were identifying areas for improvement. The manager had good oversight of all key areas of the service and plans in place where improvement were required. This meant that there was good oversight in order to maintain standards for people.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Recruitment records sampled confirmed that safer recruitment checks were undertaken prior to new staff commencing in post. At times, interview records reflected only one interviewer conducting interviews centrally, by 'Teams'. We discussed this with the manager, who advised that they had recently changed this to ensure that they were involved in the interviews at a local level, so that they could make a more robust decision about the suitability of candidates for their home and staff teams. Conducting interviews locally provides greater opportunity for people who use the service and their families to be involved, and this should be explored further. We will follow this up at our next inspection.

Staffing arrangements were determined through a process of regular and ongoing assessment of people's needs. The current dependency assessment was displayed in the entrance area for visitors' information. Staffing levels were adapted to meet people's changing needs, and changes in the population. People told us that the managers assessment through audits and observations of practice had resulted in an increase in staffing across the day. This had helped to provide more consistent supervision in areas where it was needed, and ultimately improved outcomes for people who lived in the home.

Unfamiliar agency staff were not used in the home at the time of our visit. The manager used a collaborative approach with sister homes to seek staff to cover shortfalls instead. This maintained the consistency of care and support for people, as much as possible.

Staff were visible and responsive to people's needs throughout the inspection. Staff were flexible in their approach which helped to ensure people received the right support at the right times. Some people however did tell us that they had to wait for buzzers to be answered for longer than expected. Some also told us buzzers were answered quickly. A call bell audit was in place and staffing levels had been increased to help this issue. We will monitor this at our next visit.

People told us, 'Staff notice if things go wrong, they are right on the ball' and 'First class. Staff are good'. Feedback from all stakeholders was positive regarding the staff in the home.

It is important that staff have regular opportunities for formal supervision with their managers. This is a forum for staff to reflect and discuss their roles and their development needs. Whilst there had been some improvements noted in this area, more recently this improvement had not been sustained. The manager had already identified this and had a plan in place for staff, moving forward. Staff told us that they did feel supported by managers. We will follow this up next time.

The manager was keen to praise good staff practice and had introduced some incentives to increase morale, such as takeaway nights and gifts of easter eggs with a thank you note. Staff spoke positively about new arrangement that had been introduced to allocate activities and time to spend with people over and above basic care activities. This was a very new development that could lead to improved outcomes for people however it was too early to evaluate the impact at this inspection. We will look forward to reviewing this approach at a future inspection.

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

Requirements

Requirement 1

By 20 January 2026, you the provider, must ensure that staffing arrangements are right and that people receive responsive care that meets all of their care needs and enables them to experience meaningful connection. In particular you must ensure that:

- a) Managers carry out a full staffing review to ensure there are enough staff in each unit to meet people's needs and that there is a clear contingency plan in place for covering shortfalls
- b) Managers use a variety of different methods of collecting information to determine/inform staffing arrangements, for example, through observations and discussions with people
- c) The numbers and skill mix of staff employed are based on an accurate assessment of people's needs and identified areas for potential harm. For example, areas of high risk are supervised at all times as required
- d) Ensure leaders are visible, involved and providing direction to staff to ensure the smooth running of the shift, maintaining standards of care for people and identifying any issues through the homes internal processes.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing)(Scotland) Act 2019.

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 '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 24 October 2025.

Action taken on previous requirement

The manager had carried out a review of staffing arrangements and had identified a need for increased staffing on each shift. Staffing arrangements had been discussed at recent meetings and also monitored through practical observations. The review also incorporated call bell audits to review response times from staff, and also included unannounced night visits from the manager. It was clear to see that a variety of different methods had informed the new staffing structure. Rotas also reflected the increased staffing levels, and there was good staff visibility at the time of inspection.

The manager advised that in addition to the current increased staffing levels; she was recruiting an additional 20% staff over and above what the current requirement was at present. This was to cover any shortfalls. Staff told us the manager was working hard to ensure that all shifts were covered, in order to meet people's needs.

The manager had also established good links with sister homes in the local area and was proactive in seeking staff to cover any shortfalls.

Staff told us that they had seen a difference since the staffing levels had increased, and advised that this had resulted in them being able to spend more meaningful time with people, for example, going for walks or sitting chatting. Staff told us that this had also reduced the waiting time for some people when answering buzzers. This was observed at the time of inspection, where interactions between staff and people was positive.

Skill mix and deployment had improved. Areas of high risk were being supervised at all times. Staff supervised lounges and corridors on rotation, and a new process had started to incorporate meaningful activity into this too, whilst supervising. This had led to a reduced number of falls and a more responsive approach when supporting people with stress and distress. Ancillary staff and activities staff offered extra support at key times of the day.

The manager was very visible around the home and was spending time role modelling for staff to ensure standards were met. Regular walk rounds were being carried out to ensure standards were being maintained. Regular meetings with people were being held, leading to enhanced communication and better oversight of the service. People told us that managers were visible and approachable, and had confidence that concerns raised would be actioned appropriately. The manager had good oversight of all rotas each day, and completed staff allocations for each unit. Staff allocations were noted on new notice boards in each unit to keep on track and ensure everyone was clear about where they were working, and their allocated role for the day. A deputy manager was now in place to enhance leadership potential. Staff reported better communication and prompt response to concerns.

Overall, these actions demonstrated consistent progress within the service.

Met - outwith timescales

Requirement 2

By 28 February 2026, the provider must ensure residents' choices about when they go to bed and get up are fully respected and supported, in line with their needs, rights, and preferences. To do this, the provider must, at a minimum:

- a) Ensure that no resident is woken, washed, dressed, or otherwise supported with morning routines unless this reflects their stated preference or assessed need.
- b) Ensure that staff understand and follow each resident's preferred daily routines as recorded in their personal plan.
- c) Review and update personal plans to clearly reflect each resident's preferences for rising and bedtime, ensuring this information is accessible to all relevant staff.
- d) Provide staff with clear guidance and oversight so that practice consistently aligns with residents' choices and the Health and Social Care Standards.
- e) Implement effective monitoring and quality assurance measures to ensure these practices are followed.

To be completed by: 28 February 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(SS1 2011 / 210) This is to ensure care and support is consistent with Health and Social Care Standard 1.9: I am recognised as an expert in my own experiences, needs and wishes.

This requirement was made on 6 November 2025.

Action taken on previous requirement

The service had made clear progress in ensuring residents' choices about rising and retiring to bed were respected. Staff reported that residents were no longer woken or dressed early, unless this reflected their preference or a specific assessed need. Examples were given of residents who chose to stay in bed later, with full staff support.

Personal plans had been updated to include people's preferred routines, and staff demonstrated awareness of this information. There was increased management visibility, walk-arounds of the home, and improved communication through meetings which had helped ensure consistent practice. Monitoring arrangements, including care plan reviews and direct observations, were now in place to maintain standards of care.

Overall, residents' preferences were being supported in daily practice, and systems had been strengthened in order to maintain this.

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

The service should ensure that all moving and handling practices are carried out safely and in line with current best practice guidance. This includes ensuring staff receive up-to-date training, follow correct procedures, and use equipment appropriately to minimise the risk of harm. Management should review current practices, address identified training gaps and implement effective oversight to ensure that safe techniques are consistently applied.

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 6 November 2025.

Action taken since then

The service had made clear and sustained progress in strengthening moving and handling practices. Staff confirmed they had recently completed appropriate refresher training on moving and handling. The manager had carried out regular observations of staff practice, and staff described this as supportive and helpful in reinforcing consistent practice.

Previous issues with moving and handling equipment had been resolved, with appropriate equipment now in place for people who required this.

Satisfactory practice was observed during our visit, and staff demonstrated good awareness of safe moving and handling techniques. Overall, training, equipment use, and managerial oversight had improved to a satisfactory level since our last visit.

This area for improvement has been met.

Previous area for improvement 2

Staff should consistently follow safe controlled drug procedures, ensuring two practitioners physically count and verify medication before co-signing the register. The incident highlights gaps in practice and oversight, requiring clearer expectations, refreshed training, and improved monitoring to prevent non-compliant recording.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 6 November 2025.

Action taken since then

The service had made clear and meaningful progress in strengthening the controlled drugs procedures. Updated policies were in place, and staff had been supported through competency checks, and routine monitoring. Both daily and weekly monitoring was now well-established in practice.

Staff demonstrated a good understanding of the service expectations regarding controlled drug administration, and external audit feedback from a pharmacist confirmed accurate counts and safe practice.

Management oversight had become more visible and structured, contributing to improved consistency. Overall, controlled drug governance had improved significantly and was operating to a good standard.

This area for improvement has been met.

Previous area for improvement 3

The service should ensure that residents who require additional support with eating consistently receive one-to-one assistance in line with safe and person-centred care practices. Staff should be reminded of expected standards, and the service should review dining arrangements — such as staffing levels, allocation of responsibilities, and the potential use of staggered mealtimes — to prevent situations where one staff member supports multiple residents at the same time. Regular monitoring of mealtime practice should be implemented to ensure sustained compliance and a positive dining experience for residents.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 6 November 2025.

Action taken since then

The service had taken initial steps to strengthen the mealtime practice, but further work was required to ensure residents consistently experience safe, respectful, and well-supported dining.

Staff interviewed described recent improvements, including better general staffing levels, increased support from activity staff, and completion of updated e-learning modules relating to eating, nutrition, and choking risks. These efforts demonstrated a willingness to address concerns; however, observations during the visit showed that practice is still developing and not yet consistently aligned with best practice.

This AFI has only partially been met as although some improvements noted during the dining experience, some areas still needed to improve and be consistently sustained. We will follow this up at our next inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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