Cumbrae Lodge Care Home
Care Home Service

Cumbrae Lodge Nursing Home
Castlepark
Irvine
KA12 8SZ

Telephone: 01294313311

Type of inspection:
Unannounced

Completed on:
20 July 2026

Service provided by:
Cumbrae Lodge Care Limited

Service provider number:
SP2024000320

Service no:
CS2025000187

About the service

Cumbrae Lodge Care Home is a care home for older people situated in Irvine. The provider is Alor Healthcare.

The service provided nursing care for up to 78 people specialising in dementia care. The home is on one level and six separate units allow people to experience smaller group living. The home had an extensive garden area.

There were 67 people living at the home at the time of inspection.

About the inspection

This was an unannounced inspection which took place on 17, 18 and 20 July, 2026. The inspection was carried out by two 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 11 people using the service and 10 of their family
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents including care plans, quality assurance audits and the service improvement plan
- spoke with one visiting professional.

Key messages

- Relatives were meaningfully involved in the care and support of their loved ones.
- People benefited from kind, compassionate staff who knew them well.
- People living in the service and their relatives were positive about the standard of care and the relationships developed with staff.
- Staff support and opportunities for staff to be heard and involved in service development required improvement.
- Improvement planning required further development and should include people living in the home, relatives, staff and other stakeholders.
- Further work was required to ensure the environment and garden maximised opportunities for people while keeping them safe and well.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	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.

We observed positive, nurturing and warm interactions between staff and people living in the service. Discreet support when assisting with mealtimes and personal care promoted dignity.

Staff had a good understanding of each person's needs and preferences which helped achieve positive outcomes for people.

Visitors were welcomed. They confirmed they assisted at mealtimes. This was inclusive, natural and benefited people.

Feedback from families was overwhelmingly positive about the care and support provided. Families shared that communication was generally good with staff updating them when there had been changes to the health and wellbeing of their loved ones. One family shared that their family member was well supported and described the care as "outstanding," with another saying that staff were kind and attentive, involved them in care planning and reviews, and maintained good communication.

Recognised health assessment tools had been used effectively and informed the content of care plans. Individual plans were in place to support a range of complex health needs. Staff worked in partnership with a range of relevant external health professionals. Professionals confirmed advice was sought and acted upon and people's health improved as a result. A family member shared their confidence that a family member's complex health needs were well supported and noted that their condition had improved.

This collaborative approach promoted consistent care following best practice to benefit people supported. The manager planned to review quality assurance oversight to strengthen some identified recording gaps.

Medication was managed well and was administered by the nursing team. Covert pathways were in place where assessed as necessary and the use of "as required" medication was recorded appropriately. Staff were seen to use alternative interventions in advance of administration of medications for people who may experience episodes of stress or distress. This helped to keep people well and reduced anxiety.

Having good nutrition and access to regular drinks is important for keeping well. Where specific health risks had been identified there were good systems used to monitor individuals and help them to eat and drink well. Dietary needs of each person had been communicated to kitchen staff and meals offered were tailored to match needs and preferences. Drinks and snacks were offered regularly outwith mealtimes. People were seen to have relatives assist with mealtimes and this greatly improved their mealtime experience and encouraged good eating routines. We saw that some people had gained weight since admission. This gave assurance that peoples nutritional needs were appropriately managed.

The management planned to increase observations to enhance the mealtime experience by reviewing the availability of menus, hand cleaning in advance of meals and offering a visual choice to promote decision-making and empower individuals.

Having meaningful things to do is important for giving people a sense of wellbeing. A good range of activities had been developed around the needs, wishes and abilities of people. The activities team helped people maintain their skills, interests, observe their religious wishes and connect with others in the home and the wider community. The manager agreed to review the role of other staff in being involved in meaningful interactions. This would provide a whole home approach and enhance daily interactions and experiences for people.

How good is our leadership? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had been acquired by a new provider. A period of adjustment was evident in terms of adapting to new approaches, paperwork and ways of working. Care staff shared that they would benefit from improved communication and access to the management team about changes and future plans. The senior management team planned to enhance the current arrangements and have a more visible, accessible presence within the home. This would improve communication and support staff to feel more included in developments and influence improvements. (See area for improvement 1)

People should benefit from a culture of continuous improvement. The service was embedding new organisational quality assurance processes which provided robust and transparent oversight of key areas of service delivery. This allowed checks to be completed electronically, actions to be delegated to named staff, and managers to maintain oversight of progress.

Analysis of accidents and incidents helped identify changes needed to reduce the risk of recurrence. Regular clinical risk meetings between nursing staff and management supported open discussion about accidents, incidents, treatment plans and changes to planned care. This helped keep people safe. The management team agreed to look at ways to include care staff in these oversight/clinical risk forums.

The service improvement plan was informed by external audits which identified areas to be improved in the home. The management team need to develop this to include views and suggestions of people living in the home, stakeholders and to ensure staff feel part of the improvement planning process. (See area for improvement 1)

The service had an appropriate complaints policy and managed complaints appropriately. The manager agreed to ensure all aspects of the policy and procedure were implemented including the provision of formal written outcomes for people who had made complaints. This would provide assurance for people that complaints were managed according to best practice.

Areas for improvement

1. A service development plan should be created with input from the people who use the service, 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)

And

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11).

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.

Staffing arrangements should be informed by regular assessment of people's nursing and care needs. The service had a recognised dependency assessment in place. This demonstrated staffing levels were sufficient to meet people's needs. However, staffing assessments need to be transparent with decisions about staffing arrangements shared with both staff and those living in the home. This will help people understand decisions and alleviate anxiety.

Relatives were overwhelmingly positive about the staff team. Comments included "the carers are very good and, the job they do is fantastic." This highlighted their dedication and commitment.

People should have confidence that the people who support them are trained, competent and skilled. A blended approach was in place for staff training. E-learning covered a wide range of mandatory training. There had been a recent increase of face-to-face training for the staff team. The staff team appreciated these opportunities.

It is important for staff to have the opportunity to share their views. Staff meetings need to be prioritised to give staff the opportunity to share views of what was working well and share suggestions for the service. Routine supervisions had fallen behind. The organisation was developing their learning and development policy and processes. This would provide more meaningful opportunities for staff to reflect on practice, have discussions about their wellbeing and feel listened to and valued. (See area for improvement 1)

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of 'Safer Recruitment, Through Better Recruitment'.

Areas for improvement

1. The provider should develop the service learning and development programme to ensure there are opportunities for staff to have protected time to reflect upon practice, discuss their learning and development needs and be assured their wellbeing is prioritised.

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

How good is our setting? 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The layout of the home afforded people a smaller group living experience. This allowed staff to get to know people well identifying how they like to move about and live. This ensured a more personal approach. Bedrooms were individualised and contained personal effects. People were encouraged to utilise a choice of communal areas with support. However, some communal areas needed to be more inviting to offer a pleasant alternative to the main lounge/dining areas. (See area for improvement 1)

The organisation planned to carry out an audit to ensure the home adhered to best practice and provided an attractive, well-appointed environment that met the current and changing needs of residents, including those who lived with dementia. People living in the home, families and staff/stakeholders would be involved in the assessment. This would enhance peoples living experience and their quality of life. (See area for improvement 1)

The home had an extensive garden area which required attention. The organisation planned to progress plans to have the outside areas developed to provide smaller more accessible areas for people to enjoy. However, in the meantime the service should provide adequate arrangements for people to sit outside and enjoy outside space. (See area for improvement 1)

Equipment was in place to promote the safety of people who had been identified as being a falls risk.

The overall standard of cleanliness was good throughout the home. Staff followed and completed cleaning aligned to schedules. Infection prevention and control guidance was displayed throughout the home and staff practice generally aligned to this. The manager planned to review quality assurance processes with the housekeeping staff to ensure appropriate supplies were available in bedrooms to promote good hand hygiene. This helps to keep people safe.

Maintenance and safety processes were being followed to promote safety.

Areas for improvement

1. To ensure people living in the home experience a high-quality environment, aligned to good practice, the provider and manager should assess and implement the findings of a dementia friendly environment audit. In the short term the outside space should be made safe, attractive and accessible to people to enjoy being outside.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that;

'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)

And

'If I live in a care home, I can use a private garden' (HSCS 5.25).

How well is our care and support planned? 4 - Good

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

Personal plans helped to direct staff about peoples support needs and their choices and wishes. The new provider had introduced their approach to improve person centred and outcome focused planning. The management team had prioritised the transition to the new paperwork and an electronic personal planning system was about to be implemented.

People could be assured that staff assessed their health needs. The information from health assessments was used to develop personal plans. When people or their families wished to be included in the development of their personal plan, this was supported. This meant that plans reflected people's health needs and their wishes.

It is important for services to keep clear and accurate records of care delivery and outcomes for individuals. Daily recordings were being completed by staff however, these were largely task focussed and lacked person centred perspective of people's experiences. Improved record keeping would help demonstrate where people benefit from their care interventions and support meaningful evaluation of peoples care arrangements.

A six-monthly review schedule gave those living in the care home and those closest to them the opportunity to be involved in evaluating and influencing their care and support. Dates had been arranged for future reviews. This helped ensure peoples care arrangements were right for them.

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

Any incident, rumour or speculation which is discovered that could have a potential negative impact on the safety and well-being of people should be formally investigated. Appropriate records, including discussions with staff where required, should be completed, and a report with findings and proposed actions should be produced.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: "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 9 January 2026.

Action taken since then

Evidence highlighted the need for improved communication and transparency between management and the care team. Staff need to feel confident that legitimate concerns will be treated consistently and investigations/follow up will be transparent with outcomes being shared as appropriate.

We were assured by the provider that robust and inclusive communication processes will be embedded which encourage staff to share, reflect and feel listened to. This area for improvement will be reviewed at the next inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.scot) 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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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