

Willowbank Care Home Service

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Type of inspection:
Unannounced

Completed on:
30 September 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2003000403

About the service

Willowbank is a care home for older people situated in a quiet residential area of Carnoustie. It is close to local transport links, shops, and community services. The service provides residential care for up to 40 people.

The service provides accommodation over two floors in single bedrooms with en suite facilities. There are a variety of communal areas where people can choose to spend time and an enclosed garden.

About the inspection

This was an unannounced inspection which took place on 24 and 25 September 2025. 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 12 people using the service and 10 of their family and friends
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from other professionals.

Key messages

- The service was very good at engaging with and involving people and their families.
- The provider should improve on the application of quality assurance processes.
- Staff were good at developing meaningful relationships with residents.
- People were able to remain connected to their community.

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?	4 - Good
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

There were a number of important strengths identified in supporting people's wellbeing. Therefore, we have evaluated this key question as good. The strengths had a significant positive impact on people's experiences and outcomes, however improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People benefitted from holistic needs assessments which supported the formulation of personal plans directing care and support. The quality of information between plans was not consistent, some plans were quite limited while others contained in-depth information about the way in which people wished to be cared for and supported.

People and their families told us that they were very much involved in the development and review of their care and that information was shared and permission sought where people were subject to guardianship or power of attorney. We had some concerns around the documentation for safe management of these frameworks (see 'How well is our care and support planned?').

Staff were kind and caring in their interactions with people. One person told us that staff "can not do enough for me". Another said, "I feel listened to, they really are a good bunch". As a result, people felt confident to ask for assistance when they needed it.

People looked well. They had been supported to dress in a way that they would have wished with attention to detail, such as ensuring people were wearing their favourite jewellery. We saw staff gently encourage people to change clothing that had become soiled with foodstuffs to ensure that their dignity was maintained.

Staff knew people well and were vigilant to changes in their presentation which might indicate a decline in health. The service had developed close working relationships with health partners, such as GPs and district nurses, and called for advice or made referrals for support when needed. As a result, people received the right support from the right people at an early stage.

People were very happy about the quality of the food. Healthy options and treats were available and alternatives could be provided when people did not want what was on the menu. The chef demonstrated good knowledge about people's dietary requirements, including textured or fortified meals. Despite the availability of choice, during mealtimes people were not always offered these by staff supporting them to eat. For example, with drinks or flavour of yogurt. This resulted in missed opportunities for person-centred care.

We observed one person whose movement had been restricted by the use of a table. While the service had placed the table for safety, supporting documentation of this was not available. This can be viewed as restrictive practice (see area for improvement 1).

Administration and management of medication generally followed best practice guidance. However, we saw that some topical medication did not display opening dates, which is essential for creams that lose effectiveness once they reach expiry date. Some concerns were raised around the training competencies of night staff who were witness to the administration of controlled medications. The level of training did not meet the provider's own policies (see area for improvement 2).

Areas for improvement

1. To ensure that the rights of people are upheld and that care and support meets best practice guidance, the provider should ensure that any restrictions on a person's freedoms are proportionate, the least restrictive necessary, complies with relevant legal frameworks, and is supported by appropriate documentation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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' (HSCS 1.3).

2. To support people's wellbeing, the provider should ensure that administration of medication is in accordance with best practice.

This should include, but is not limited to, ensuring that staff administering and witnessing administration of controlled medication are suitably trained to do so.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

The provider had a comprehensive suite of quality assurance audits and checks in place which covered all areas of service functions and processes. However, these processes were not being used as intended or to best effect. As a result, they had failed to identify some of the issues highlighted by the inspection.

Most staff were unaware of the service improvement plan or what improvements the service was working towards. There was a lack of wider engagement within the staff team as part of quality assurance processes and ineffective evaluation of performance. Together with a lack of leadership oversight, this led to the overall service action plan being limited which inhibited improvement (see requirement 1).

Staff were subject to some observations of practice to assess learning and competence, with outcomes discussed as part of their ongoing professional supervision. This contributed positively to staff practice.

People were able to provide feedback about their experiences through care reviews and resident/relative meetings, and actions had been taken where people had expressed a wish for changes to be made. For example, where people requested changes to the menu or the development of the outside space. This led to people feeling involved and empowered.

People were aware of how to raise concerns and complaints and reported that issues raised previously with leaders had been resolved swiftly and positively.

The provider had processes in place for investigating and reviewing complaints and incidents, information from these led to shared learning and service improvement. For example, we saw that where an issue had been raised around practice compliance, staff were directed to complete further training relating to their role, resulting in a safer environment for people experiencing care.

Requirements

1. By 30 November 2025, the provider must ensure that quality assurance processes are embedded and are effective in identifying 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 comply with Regulation 4(1)(c) (Welfare of users) 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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

There were a number of important strengths identified with staffing arrangements and how well the team worked together. Strengths had a significant positive impact on people's experiences and outcomes, however some improvement is required to ensure that people consistently have experiences and outcomes which are as positive as possible.

Staffing arrangements were determined from information in people's needs assessments, personal plans, and care reviews. We saw that regular dependency assessments were being completed.

The service had a staffing contingency plan to ensure sufficient numbers of staff were on duty in the event of increased clinical activity or unplanned absence. As a result, people's needs would continue to be met by the right number of staff.

While individual dependency assessments were being completed, and there appeared to be sufficient staff on duty, staff visibility across the service was inconsistent. At times, staff were concentrated in one area while other areas had limited presence. This impacted on supervision and engagement opportunities for people experiencing care. Further consideration should be given to the way in which staff are deployed to ensure that people receive a consistent service (see area for improvement 1).

Opportunities were sometimes missed for meaningful interactions with people experiencing care. Staff were frequently observed to pass through communal areas without acknowledging or checking on people. Sometimes staff were seen to struggle to meet the demands of people needing support to eat at meal times. One person sat for an hour with a bowl of soup and, on occasion, tried to eat it with a fork. Staff were busy providing support to others and did not notice. When staff became available to provide support, the soup was cold. This could impact negatively on the individual's nutritional status.

Staff engaged well with people and it was clear that people benefitted from strong bonds with staff. Staff knew people's individual needs and preferences very well and endeavoured to comply with people's requests for support.

Staff appeared to work well together, seniors provided direction to teams ensuring that care was compliant and that tasks were completed. Staff appeared clear about their roles and were flexible in response to changing situations. We heard staff communicate effectively and respectfully with each other throughout the inspection to ensure that people's needs were met.

Families reported that staff were visible at times when they visited and that they did not have long to wait if they wished to speak with staff. They told us that leaders in the service, while not as visible, would make themselves available when families wished to meet with them.

Areas for improvement

1. To ensure that people receive responsive care and support, the provider should improve upon the way that staff are deployed during peak times of activity.

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 care and support is provided in a planned and safe way' (HSCS 4.14).

How good is our setting?

4 - Good

We evaluated performance of this key question as good. There were a number of important strengths in the environment which had a positive impact on people's experiences and outcomes. However, some improvements are necessary to maximise wellbeing and ensure people consistently have experiences and outcomes which are as positive as possible.

The home was clean, bright, and free from intrusive noise and smells. Overall, people's bedrooms were well decorated and they were able to personalise their rooms by surrounding themselves with some of their items and photographs from home. As a result, people felt more comfortable in their surroundings.

People moved freely throughout the ground floor of the building and were able to spend time in communal areas or the privacy of their own room. Those with rooms upstairs who had decreased mobility had less choice and were generally supported downstairs in lounge areas for observation and engagement purposes.

Some signage was displayed to support people to navigate through the building. This could be improved. It is important to continue to assess and monitor the environment to ensure that it continues to meet best practice and the needs of people with declining sight and cognitive ability.

People had access to an enclosed courtyard area. Families of residents and a local business were involved in transforming this into an interesting and useable space. People told us that they were enjoying spending time relaxing in the garden and there was evidence to support that activities had taken place there. The improvement of the outside space had contributed significantly to people's overall feelings of wellbeing.

Domestic staff completed their work to a good standard. Overall, documentation was completed as necessary. However, we did see some minor issues which led to a lack of clarity about any issues identified and actions taken. The error had not been identified by the provider's quality assurance checks.

Staff had received training appropriate to their role and were aware of their responsibilities in reporting any issues or concerns in relation to the environment, following the organisation's processes. Regular health and safety checks were being completed and safety certificates were in place. Legionella certification was out of date. This was due to matters outwith the provider's control and contractors were completing the assessment at the time of inspection.

We identified that two people had bedrails fixed to their beds. While safety checks had been completed, the rationale for their use was not clearly recorded in the personal plans and there were no associated risk assessment management plans (see area for improvement 1).

Areas for improvement

1. In order to ensure the safety of people, the provider should ensure that where bedrails are used there is a clear assessment of need and appropriate management of risk detailed within people's personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24); and 'My environment is safe and secure' (HSCS 5.19).

How well is our care and support planned?

4 - Good

We have made an evaluation of good for this key question. There were a number of important strengths identified. The strengths had a positive impact on the way in which carers, families, and friends were involved in the service, however some improvements are needed to ensure that people consistently have outcomes and experiences which are as positive as possible.

We received overwhelmingly positive feedback about the service from people's families and representatives. They told us that they were always made to feel welcome and that staff knew them by name. We heard how families received regular updates about their loved one and what was going on in the home. As a result, people felt included.

While the service supported inclusion, regular family visitors to the home did not have door entry codes or access to electronic personal plans for those that held legal powers. It is important to build trust and provide comfort that the service work towards this (see area for improvement 1).

When people were moving from home or hospital into the care home, they received positive support. Staff engaged in a meaningful way with them and provided support to families, recognising the emotional impact that the move may have. Families were involved in providing information to support care planning processes, resulting in people experiencing smoother transitions into care and families feeling comforted.

It is important for people's overall wellbeing that their loved ones are included in a meaningful way. The service supported people's loved ones to maintain a caring role if this was something they wished for and were able to continue to do so. Some people's loved ones continued to engage with medical professionals, supporting their loved one to attend appointments or supporting them to access facilities and events in their local community.

People were aware of the complaints policy and felt confident to raise issues or concerns. They told us that staff were responsive to requests for information or changes in care and support, leading to any issues being resolved quickly.

Where people were no longer able to make decisions, their personal plans contained information about their capacity to consent and the legal framework in which decision making was managed. However, the staff, including leaders in the service, demonstrated a limited understanding of 'The Adults with Incapacity (Scotland) Act 2000' and, in particular, the delegation of powers. We found that the service had completed

documentation without discussion or consent of those who held legal powers for people. The provider moved to remedy this situation during the inspection (see area for improvement 2).

Areas for improvement

1. To uphold people's rights and support meaningful connection, the provider should develop strategies for facilitating partnership.

This should include, but is not limited to:

a) Ensuring that family carers are able to visit without restriction, including the provision of door codes to have the freedom to come and go independently.

b) People, or those who hold legal powers to act on their behalf, have access to their electronic personal plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I am an adult living in a care home, I can nominate relatives/friends (and substitutes), who will be supported by the care home to be directly involved in providing my day-to-day care and support if this is what I want' (HSCS 5.17); and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

2. To ensure that people's rights are upheld, staff should undertake training relevant to their role to work legally and effectively with 'The Adults with Incapacity (Scotland) Act 2000'.

This is to ensure that 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).

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

In order to support good outcomes for people experiencing care, the manager should ensure that care and support is delivered in a person-centred and responsive manner to support wellbeing and dignity.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support meets my needs and is right for me' (HSCS 1.19).

This area for improvement was made on 5 September 2024.

Action taken since then

This area for improvement was made following an upheld complaint.

While, overall, people's personal plans were written in a person-centred way, we found that care delivery did not always correlate to what was described in the plans.

Sometimes, care was delivered in a service-led rather than person-centred way. For example, we saw that many people were awake and dressed prior to day staff arriving, many of these people were asleep in lounge chairs. We found that some people waited for extended periods of time for food and fluids, after waking and being brought to the lounge as breakfast was at a set time, and we saw that sometimes people were not offered choices at mealtimes. It is important that the service recognises the 24-hour function of the service in order to ensure a more person-centred delivery of care.

This area for improvement has not been met.

Previous area for improvement 2

In order to support good outcomes for people experiencing care, and their representatives, all concerns raised should be managed in line with the provider's complaints policy and procedure.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

This area for improvement was made on 5 September 2024.

Action taken since then

This area for improvement was made following an upheld complaint.

The provider had a clear complaints policy and procedure in place. There was information available to people about how to make a complaint about any aspect of the service.

When we spoke with families they told us that they were aware of who to talk to when they had any concerns and said that if they had had cause to raise any issues that staff were responsive and matters were resolved quickly.

We looked at complaints records and were confident that the provider followed policy in investigating and learning from any concerns.

This area for improvement has been met.

Previous area for improvement 3

In order to ensure the care team have the necessary skills and knowledge required to appropriately observe individuals following a fall, the service should provide information and training regarding the appropriate undertaking of neuro-observations.

This is to ensure that 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).

This area for improvement was made on 1 April 2025.

Action taken since then

This area for improvement was made following an upheld complaint.

The provider had policies and procedures in place for the management of falls. While their policy refers to staff having to complete neuro-observations post falls, this is not what is expected of staff in this type of setting. The service is a residential setting and staff would not be professionally competent to complete an assessment of this level.

Staff have completed training relevant to their role and setting, which allows them to complete general observations following a fall. Information would be relayed to external medical professionals to analyse and decide upon appropriate interventions required. Staff were following NHS Tayside's pathway for managing a resident who has fallen or been found on the floor.

We discussed with the provider the importance of updating their policies and procedures to reflect what is expected of staff in a residential setting.

This area for improvement has been met.

Previous area for improvement 4

To improve people's mental and physical wellbeing, the provider should ensure that the setting promotes independence and outdoor spaces are safe, well kept, and welcoming with more options available to get involved in gardening or other leisure pursuits.

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 me have an enabling attitude and believe in my potential' (HSCS 1.6); and 'If I live in a care home, I can use a private garden' (HSCS 5.23).

This area for improvement was made on 18 July 2024.

Action taken since then

People were able to freely access an enclosed outdoor space. People's families and a local businessman had given their time to create a bright, safe, and welcoming space.

People told us that they had enjoyed spending lots of time outside, relaxing in the garden, and we saw that lots of activities had taken place in the courtyard.

This area for improvement has been met.

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?	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?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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