

Willowbank Care Home Service

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Carnoustie
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Type of inspection:
Unannounced

Completed on:
17 December 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 follow up inspection which took place on 15 December 2025 between 08:00 and 16:00 hours. The inspection was carried out by three inspectors from the Care Inspectorate.

The inspection focussed on the requirement and areas for improvement made during the previous inspection which took place on 24 and 25 September 2025. We evaluated how the service had addressed these to improve outcomes for people.

Key messages

- Quality assurance processes and leadership oversight needed to improve.
- Staff were working in a more person-centred way.
- Understanding of restrictive practice had improved.
- The service was working in accordance with The Adults with Incapacity (Scotland) Act 2000.

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

Requirements

Requirement 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).

This requirement had not been met and we have agreed an extension until 15 February 2026.

This requirement was made on 6 November 2025.

Action taken on previous requirement

The provider has a comprehensive suite of quality improvement audit tools and processes which cover all the functions of the service. The service did not always follow the procedures and some quality assurance tasks were not being completed effectively, and some documentation was missing.

More staff have been involved in completing quality audits which could lead to a more dynamic approach to service improvement, however leaders in the service were not giving guidance or checking audits, resulting in poor practice continuing.

The service did not complete tasks that they had identified in their own action plan following the last inspection. As a result, gaps in service provision were not being identified.

We have extended the timescale for this requirement until 15 February 2026 to provide an opportunity for practice to become embedded and ensure that outcomes for people are fully met.

This requirement had not been met and we have agreed an extension until 15 February 2026.

Not met

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 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).

This area for improvement was made on 30 September 2025.

Action taken since then

We completed observations in the service and did not identify practice that may be viewed as restrictive. A detailed restraint register was in place and an audit of all equipment in use had been undertaken. Risk assessment and management plans were in place and reviewed where changes were necessary.

People's personal plans contained information about their capacity and relevant legal documentation was included where people were no longer able to make decisions for themselves. Some plans still contained conflicting information about the legal frameworks people were managed under. However, staff demonstrated a greater understanding of their role in managing these.

Staff had undertaken relevant training and completed reflective accounts evidencing learning from the training.

This area for improvement has been met.

Previous area for improvement 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).

This area for improvement was made on 30 September 2025.

Action taken since then

Staff had completed training with regard to supporting the witnessing of the administration of controlled drugs. Relevant documentation was in place for staff and competency checks had been completed.

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We reminded the service during the inspection that they should continue to highlight the importance of an open culture in practice when reporting drug errors. This needs to be fostered in order to encourage immediate reporting of errors or incidents in the administration of medication.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 30 September 2025.

Action taken since then

The provider had developed documentation to support effective deployment of staff. This resulted in the service appearing more organised and care delivery being less chaotic.

The provider discussed staffing levels as part of resident, relative, and team meetings and had reviewed dependencies regularly. Information from the reviews did not appear to have been used to effectively deploy staff during periods of increased activity, resulting in people waiting or missing required support.

During our observations in two separate areas of the home, we found that while staff engagement was, on the whole much more positive, staff were not afforded the opportunity to spend time with people outwith care tasks due to the level of competing priorities.

This area for improvement has not been met.

Previous area for improvement 4

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).

This area for improvement was made on 30 September 2025.

Action taken since then

The provider had completed a review of the use of bedrails across the facility, resulting in a significant reduction of usage. Personal plans were updated to reflect this and were accurately describing equipment in use.

There was a detailed risk register noting all levels of restraint and risk assessment, and management documentation had been updated and relevant consent sought where equipment was necessary. We reminded the provider about ensuring that minutes of clinical risk meetings be included in people's documentation.

This area for improvement has been met.

Previous area for improvement 5

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).

This area for improvement was made on 30 September 2025.

Action taken since then

The provider had commenced upgrades to the door entry system to ensure that people's family would be able to visit without restriction.

Staff completed training on Anne's Law, including the completion of reflective accounts to demonstrate an understanding of their learning.

Opportunities were taken to discuss meaningful connections at resident, relative, and staff meetings and information leaflets were made available to people.

The provider had not yet progressed accessibility to digital personal plans for people or their representatives but offered printed copies if requested. We guided the provider to the Care Inspectorate's self evaluation tool 'Embedding a rights-based approach to digital social care'.

This area for improvement has not been met.

Previous area for improvement 6

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).

This area for improvement was made on 30 September 2025.

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Action taken since then

Staff had completed training regarding The Adults with Incapacity (Scotland) Act 2000 and had written reflective accounts to support their learning. When we spoke with staff they told us that they had benefitted from the training and reported it as being of good quality. This would impact positively on people's experiences and outcomes.

This area for improvement has been met.

Previous area for improvement 7

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.

Personal plans had been reviewed since our last inspection.

Staff had completed a suite of training, which included dignity in care. Opportunities were provided for staff to engage in "tool box talks" which consist of short topic-specific engagement with staff to raise awareness and improve staff practice.

Staff knew people well, what care and support they needed, and how they liked this to be delivered.

Leaders completed regular observations of practice, highlighting any additional training needs. This contributed positively to the team being able to deliver care in a person-centred manner.

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.

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