

## Windyedge Care Home Care Home Service

Windyedge Cottage Residential Home  
55a Strathmore Avenue  
Forfar  
DD8 1ND

Telephone: 01307 468425

**Type of inspection:**  
Unannounced

**Completed on:**  
9 January 2026

**Service provided by:**  
Windyedge Cottage Limited

**Service provider number:**  
SP2023000426

**Service no:**  
CS2023000422

## About the service

Windyedge Care Home provides support and care for up to 15 older people. The home is situated in a residential area within the Angus town of Forfar. The home is close to local amenities and public transport.

The service is in a single-storey property with a purpose-built extension. All bedrooms have an en-suite toilet and wash hand basin. There is a communal lounge and dining room within the home with access to well-maintained garden areas. The service benefits from a summerhouse situated in the car park of the property. There were 15 people living in the home at the time of the inspection.

## About the inspection

This was an unannounced inspection which took place on 06 and 07 January 2026. The inspection was carried out by one inspector 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 four people using the service and six of their family representatives;
- spoke with six staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

## Key messages

- The service was homely and welcoming.
- Staff clearly knew people well and understood their support needs.
- Some management audits and supervision of staff required updating.
- Staffing levels needed to be reviewed.
- Improvements to the building were ongoing.

## 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?	5 - Very Good
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.

There were very good interactions between people using the service, and staff. We observed that staff treated people with respect, were patient, and used banter and good humour appropriately, which created a warm friendly atmosphere in the service. People and relatives told us; 'I like it here, it's very nice, I think the staff are nice, I don't have any complaints', and 'The staff are all very good, very respectful and polite, we have no concerns'. During our inspection, a birthday party was in progress, and it was clear that staff were working hard to ensure that everyone enjoyed the occasion.

Mealtimes were relaxed, and people were encouraged and supported discretely to ensure they enjoyed their meals and had enough to eat. It was good to see that people were supported to sit where they liked, and enjoyed chatting to their friends and to staff during mealtimes. New initiatives such as 'Operation Milkshake and the 'Fluid menu', supported people experiencing nutritional difficulties, and promoted choice and variety. We reminded staff to ensure that people were regularly offered these choices verbally, in addition to the printed menu cards on tables. Jugs of fluids and snacks were available in lounges and in people's bedrooms in addition to these options, to ensure that people always had access to food and fluids if they wished.

Medication systems were well managed, and audited regularly. This ensured that any issues were identified quickly so that corrective measures could be put in place. The district nursing service also provided support to the service in checking controlled medications every month, which provided additional checks and balances for these important medications.

Care plans described people's support outcomes, and provided clear information for staff to follow when providing care and support. We found that some areas did not provide enough information regarding people's personal preferences, for example; the frequencies of when people preferred a bath or shower, and evidence that these preferences were respected. We discussed with the manager the importance of preferences being evidenced within these plans.

There was good evidence of peripatetic professional involvement where this was required, such as GPs, district nurses and involvement from the dietician and attendance at routine outpatient appointments. This meant that the service was working collaboratively with other professionals to ensure the health needs of people were monitored.

There was a good range of activities for people to enjoy if they wished, including visits from the local nursery school, the singing café at the local church, and games and quizzes. Some relatives commented, 'Most days there seems to be things going on, but the weekends are quieter', and 'The staff are very busy, and don't have time to support the activities coordinator'. We discussed staff availability to support meaningful days and activities with the manager. **Please see area for improvement 1, in the section, 'How good is our staffing'.**

During our inspection we found that the service's own minibus had not been available for several months. This meant that previously enjoyed activities, such as trips out into the local community had not taken place over this period, and we were not aware of when this would be available again. Although the local church

provided transport to the weekly 'singing café', other people who didn't choose this activity had not been out for some time.

**(See area for improvement 1).**

### Areas for improvement

1. In order to ensure that people living at the service have regular access to their community and activities of interest, the provider should ensure that transportation is available on a regular basis, and to ensure that people have access to this, in order to suit their preferences.

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

**'I can maintain and develop my interests, activities, and what matters to me in the way that I like.'**  
(HSCS 2.22).

### How good is our leadership?

**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The manager was visible in the service, and clearly knew all the residents and staff well. People told us, 'I reported a concern I had with the manager, and it was dealt with straight away', and, 'I find the manager easy to approach as are all the seniors'. We heard and observed that the manager also assisted staff when this was required, which helped her to keep up to date with the support needs of people, and supported staff at busy times.

Relatives and most of the staff told us that there were a number of meetings, which kept them up to date with their relatives, and what was happening in the service. These included staff and relative meetings, flash meetings and satisfaction surveys. This ensured people had opportunities to comment and feedback about the service and make suggestions about any improvements that they thought might be required. A quarterly newsletter was also provided to families to ensure that they were updated about the service, and upcoming events.

The deputy manager had left the service, which had impacted on some management processes. This included the frequencies of support plan audits, and the supervision of staff. We were informed that senior managers planned to support the manager to get these up to date in the near future, which we will monitor at our next inspection. **(See area for improvement 1).**

The manager had increased the number of formal observations of staff practice, which informed the manager and seniors of any practice concerns or learning requirements of staff. This will inform supervision and provide early opportunities to identify any training needs for staff.

The manager had very good oversight of the service and had a detailed improvement plan in place, which identified the areas of improvement that she wanted to achieve. We discussed how the timing of some of these action points could improve the plan, and help her achieve this more effectively.

We found that the manager was proactive and keen to work with other professional staff, and had taken on a number of new initiatives to support improved outcomes for people. These included; 'Operation Milkshake' and the recently introduced 'fluid menu', which involved working with the dietician to support improved food and nutrition outcomes for people, vitamin D supplementation for people where this was appropriate, and 'Paincheck', which meant that people living at the service were regularly checked to ensure they were comfortable, especially for those who struggled to communicate their needs easily. The manager was clearly well informed about her service, and keen to make improvements where needed.

## Areas for improvement

1. In order to ensure that the provider has effective and up to date oversight of the service and staff, the provider should ensure that oversight of staff and quality assurance processes are up to date.

This should include but is not limited to:

- a) case file audits;
- b) supervision of staff at intervals as stated in service's own policies.

**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**

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

Staff worked well together and worked hard to create a warm and friendly atmosphere in the service and clearly knew people well. Care and support was carried out at a relaxed pace, and staff took time to enjoy good natured banter, and to chat to people. People and relatives told us, 'the staff here are all very good', and 'the staff are all very good, very respectful and polite, we have no concerns about any of the staff here'. This meant that people had confidence in the staff, which reassured people that their relatives were well cared for.

Recruitment of new staff followed current good practice guidance, with relevant checks carried out prior to working in the service. This included ensuring that references, protecting vulnerable groups (PVG), and right to work checks were completed prior to employment. This meant that robust measures were in place to ensure people were kept safe from harm.

Staff told us that their induction to the service had supported them to understand their roles, and that senior staff and the wider team continued to support their on-going development after starting with the service.

Core and essential training was provided via an online e-learning portal, and some face to face training such as moving and handling people safely. Staff training records evidenced that most staff were up to date with their training, and processes were in place to remind them of any updates that they were required to

complete. This ensured that that management team were monitoring and ensuring that staff competencies were maintained.

At the time of this inspection, we found that some staff had been off sick for a prolonged period, and there were some staff vacancies. This meant that staff were carrying out other duties not usually expected of them, such as supporting the laundry, and kitchen staff. Some relatives and staff told us that this impacted on time with residents, especially at busy times, and when supporting people with activities and meaningful days. We heard that some people were becoming frailer and required more time with their care and support needs, however, staffing levels had not increased. The manager had completed a dependency tool to measure these concerns, however, agreed that this required to be reviewed to ensure that right numbers of staff were available to support people, especially during emergencies. We will review this at our next inspection. **(See area for improvement1).**

### Areas for improvement

1. In order to ensure that people are supported with the right number of staff, and to keep people safe, the provider should ensure that dependency levels are regularly carried out and reviewed, in order to accurately reflect the care and support needs of people, and that staffing levels are able to flex to accommodate people's changing support requirements.

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

**'My needs are met by the right number of people'. (HSCS 3.15).**

### How good is our setting?

### 3 - Adequate

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

The service was small, comfortable and homely, with two main areas for people to enjoy during the day such as the dining /sitting room, another lounge area and people's own bedrooms if they preferred. Bedroom areas were personalised to reflect the people who lived at the service, and relatives told us; 'we like that it is small and feels like home'.

Due to the large open hatch connecting the kitchen /dining area, cooking and home baking smells also contributed to the homely atmosphere in the service.

People could enjoy a safe and enclosed garden area during warmer weather, which was also provided with bird feeders, which people could observe and enjoy from the sitting areas.

The service was presented as clean and tidy, and maintenance was underway during our inspection. Routine maintenance records were completed, which ensured that the building was safe and regularly inspected.

An improvement plan was in place at the time our inspection, and building works to improve the laundry, staffing area and bathroom availability were underway. We will monitor progress of the plan and review this area at our next inspection.

## 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.

Care and support plans were in place for people, which included good detail of people's life history and support outcomes. We found that some risk assessments had not been reviewed at the stated intervals within support plans, such as falls assessments, or that some information was incomplete. These areas should have been identified during routine audits, and we have addressed this area under section two of this report.

**See area for improvement 1 in section two of this report, 'how good is our leadership'.**

People had received a six-monthly review of their care and support, which had involved families and other professionals as required. The service had worked hard to improve the detail in these reports which provided up to date information regarding the support needs of people.

Legal information was available, such as Power of Attorney (POA), guardianship and medical treatment orders. These informed staff of who was involved in people's support, and who should be consulted for reviews and regular updates about people. These supported people to be fully represented and ensured that their rights were upheld.

We discussed the importance of ensuring that good information was available within plans to clarify people's capacity in situations where a POA was in place but not fully operational, for example; where people were making some decisions for themselves, or where the POA had not been activated. Some people did not have 'Do not attempt cardiovascular pulmonary resuscitation' (DNACPR) and anticipatory care plans in place, due to either the resident or POA not agreeing to these. However, there was a lack of information regarding if these discussions had taken place during reviews. The manager agreed that decision making for some people needed to be clearer and we will review this at our next inspection.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



## 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
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.