

Fordmill Care Home Care Home Service

Barchester Healthcare Ltd
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Montrose
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Telephone: 01674 677 398

Type of inspection:
Unannounced

Completed on:
2 March 2026

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142950

About the service

Fordmill Care Home is owned and managed by Barchester Healthcare Ltd and is registered to provide nursing care and support to a maximum of 60 adults. This includes older people, young physically disabled adults and older people with enduring mental health problems.

Fordmill Care Home is a purpose-built home located within the residential area of Montrose. The service is close to local amenities and transport links. The service operates on two levels, each floor being self-contained with shared accommodation. Three beds are available to provide intermediate care. A main dining room is located on the lower floor and can be accessed by the lift. The home has well maintained, landscaped grounds.

About the inspection

This was an unannounced inspection which took place on 25 and 26 February 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 20 people using the service and four of their relatives
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People spoke positively about the service and told us they were happy living at Fordmill.

People had a variety of personalised activities to engage with which kept them active and stimulated.

People were not always given the opportunity to participate in regulatory six-monthly reviews.

People benefitted from a consistent staff team who knew them well.

Care plan documentation needed to improve to reflect people's needs to ensure consistency in care and support.

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 setting?	5 - Very 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.

Fordmill is a warm and welcoming home where people told us they enjoyed living. We heard that; 'Staff are good in fact, they're so nice, they always want to try and help. If anything goes wrong, they are there' and 'They ask opinions. It's a nice home; I have no complaints'. Feedback from people overall was very positive and reflected our observations during this inspection.

People's health and wellbeing benefitted from a range of activities and opportunities both within the home and out with. Many activities promoted movement and participation which contributed positively to people's physical and emotional wellbeing.

Attention was paid to people who preferred to spend time in their rooms. There was regular and planned opportunities for people to participate in activities of their choice which helped to minimise the risk of isolation. People told us, 'Activities are important, that's the main reason I chose Fordmill for my relative'. Some people however also told us, 'We don't get out much' and 'I think they need more staff to get people out more'. We saw that staffing levels did support people getting out on the bus, out to the pub/shops in the local town and the garden areas were well used with a range of activities and events for people to participate in or to simply spectate. The activities team consistently worked hard to plan a varied timetable for people living in the home and their families which nurtured and supported meaningful connections for people.

We would expect staffing arrangements to allow for more than basic care to be met and support people to get the most out of life. Some staff told us they didn't have time to always spend time meaningfully with people. We discussed this with the management team. Staffing levels were sufficient to meet people's needs and for staff to spend time with people however some staff missed opportunities to do so. The managers were aware of this and were working with the staff team to make improvements in this area. The aim should be that people are enabled, more about how staff were choosing to spend any extra time out with tasks experiencing individual, meaningful time with staff should they want to.

Family and friends could visit at any time and there was free access to hot drinks and snacks which promoted a welcoming and friendly atmosphere. We saw people spending time with their visitors in the café area. People who lived in the home had also developed relationships with each other and this enhanced their social networks and helped to promote a feeling of belonging within the home.

People's health benefitted from a varied menu and were enjoying positive mealtime experiences. Mealtimes felt unrushed and at an appropriate pace for people and staff knew what nutritional needs people had. The lunchtime service did feel a bit of a one size fits all approach rather than personalised as no visual choices of food and drinks were being offered to people. We appreciated that a lot of residents were able to verbalise their choices however there were some residents who may have benefitted from being given visual choices to aid their decisions. People told us, 'Food is alright and I can ask for what I want. I'm not complaining'.

The Provider had introduced a new electronic care planning database since our last inspection and was still working through some recording issues. Care plans broadly laid out what care and support was required to meet people's needs. However, some of the information was conflicting and potentially confusing. Whilst we recognise this system was new, we provided examples to the management team which could potentially leave people at risk of harm. It was positive to see that an audit had been established to help make improvements and to ensure that recordings of care and support reflected the needs of the person. See area for improvement 1.

People should be fully involved in planning and reviewing their care and support. Whilst we saw that some formal review meetings had taken place with relevant people these were not consistently at the required frequency of at least once every six months. Some families we spoke to were unsure what the frequency should be. It is important that people have regular planned opportunities to discuss their care and support and their views should be used to plan and shape their care and support. This is an area for improvement that the staff team should work towards. See area for improvement 2.

We heard that the Provider had a policy that people would receive hourly wellbeing checks. We queried this with the management team who told us that checks would be led by a clinical need and therefore not everybody must have the hourly check which may disrupt their sleep and impact on their privacy. This should be clarified further with the staff team.

People's health benefitted from access to a range of community based professionals and agencies. We could see that advice from external professionals was evident in people's files. Overall care plans had sufficient information to direct care and reflected discussions with other professionals. Managers had identified that on occasion, information from professionals was not added quickly enough to some care plans and were working to improve this. We received positive feedback from professionals including; 'Note a high staff presence when I'm in the home and have observed kind and respectful care towards residents' and, 'I find Fordmill a caring and supportive environment'.

Peoples mobility and confidence was enhanced as the staff had a positive person-centred approach to managing falls. Monthly falls meetings had helped reduce the number of falls in the home and had given staff insight into the best layout of bedrooms to support new and existing residents and reduce risk of further falls.

There were systems and procedures in place to help ensure safe infection prevention and control. Staff had the right knowledge and skills to keep people safe in a clean environment and domestic staff were working hard to maintain standards. During the inspection we identified some minor areas for improvement, and these were rectified quickly when highlighted to staff who were reminded of the expected standard and current guidance.

The home had an organised procedure for medication administration in place. Records sampled complied with their prescriptions and as a result, people's medications had been administered safely and appropriately.

We shared our current guidance in relation to notifying the Care Inspectorate of significant events. Notifications that had been overlooked have subsequently been submitted.

Areas for improvement

1. To ensure that people are receiving safe responsive care and support, the provider should ensure;

- that care plans accurately describe the care people require and
- that supporting documentation and daily recordings confirm that care is provided as required.

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

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

'My care and support meets my needs and is right for me' (HSCS 1.19).

2. To ensure that people benefit from care and support that meets their needs and personal outcomes, the provider should ensure that care and support is reviewed with the person and their family at least every six months, including a record of the discussion and actions taken.

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).

'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

How good is our setting?

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 home was decorated to a high standard in communal areas. Some of the bedrooms had not been decorated/maintained to same standard. Some areas such as ensuite doors and wardrobe doors were scuffed and scratched and in need of painting. This had been identified on improvement plan and was a working progress so will be good to see the improvements with this at next inspection.

People could choose to spend time in a range of private and communal areas. People told us that when they spent time in their rooms staff regularly checked in with them to ensure they were comfortable. We saw that people had access to call alarms so they could summon assistance if they needed it.

The home was warm and welcoming. People had sufficient space to ensure their needs could be met. The home was mostly clean and tidy and free from any intrusive odours. People were able to have personal belongings in their rooms, which helped them feel more at home.

To minimise the risk of infection, people's clothing should be covered when transporting it through the home to minimise the risk of contamination. This was highlighted during the inspection and new covered rails were ordered. There was a clear system in place for laundering of clothes to a good standard.

The home was well maintained and there were regular maintenance and servicing of safety equipment which helped to ensure people enjoyed a safe and well looked after home.

People were getting out and about in the local community. Some people told us, 'I go out to the shop across the road, but don't like going out in the cold'. There were regular bus trips out to local amenities which people enjoyed. Some told us they don't get out much or get enough fresh air at times. The activity team were working hard to create opportunities for people to get out of the home. There was evidence of numerous outings and good use was made of the garden area during better weather.

The large gardens were spacious and well maintained and offered nice outside areas for people to enjoy. Some people told us that they didn't have free access to the gardens however also confirmed that there was good staff availability to ensure people did not have to wait long for staff to help them access outside spaces.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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