

# Willow Lodge Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
13 March 2026

**Service provided by:**  
The Willows (Falkirk) Limited

**Service provider number:**  
SP2021000090

**Service no:**  
CS2021000147

## About the service

Willow Lodge is a purpose-built mental health care home in Falkirk. It offers personalised care and support to adults living with or recovering from mental health difficulties.

There are 29 en-suite bedrooms and four self-contained flats to allow the home to meet people's needs as they regain independence and living skills. There are various lounges and recreation rooms as well as cooking areas that enable people to develop and regain skills and confidence. There is a walled garden area with seating that people can access freely.

At the time of the inspection, there were 32 people living in the home.

## About the inspection

This was an unannounced inspection which took place on 11, 12 and 13 March 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 eight people using the service and two of their relatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- received feedback from visiting professionals.

## Key messages

- People living in Willow Lodge were treated with dignity and respect.
- Staff showed compassion towards people and responded to their needs appropriately.
- We were confident that ongoing development and improvement work would continue to enhance the experience of people living in the home.

## 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?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very 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

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

People continued to be supported to maintain their health and wellbeing to a good standard. Physical health conditions, such as diabetes, were overall well managed with good recording around blood glucose monitoring for example, where necessary.

People were supported to access their local community in ways that met their needs; these could be independently, with minimal support or with staff accompanying them.

Tools and strategies used to support people in times of stress and distress had improved. There was better recording of information, using appropriate records to inform triggers, for example. Staff were more confident in using redirection techniques and in the use of ABC charts to inform care planning and actions. This meant that people were receiving more person-centred support.

People were allocated key workers based on their room number/group allocation. We discussed how the service could make this more person centred, in order to support natural connections to be built with staff and people living in the home, whilst still managing professional boundaries.

Medication was well supported and managed, and regular pharmacy audits, as well as internal audits, were taking place to ensure practice was safe and robust. Staff did not have an over-reliance on 'as required' medication to support people with stress or distress.

Work continued to be well paced and supportive around transitions for people moving into the home. Additionally, people had been supported to move on to more independent living situations. This demonstrated how the home worked to help people achieve their outcomes. Further work was needed to support people as they were moving out of the home. This should include planning for moves in conjunction with people, their families and support networks to consider how people can prepare for moving on in a planned way. We discussed how developing plans to look at budgeting, benefits, and registering with a new GP, for example, were needed in order to ensure successful moves for people.

Relationships with families were supported and feedback from relatives was overall positive.

Where people may have been at risk of harm, appropriate action was taken in line with adult protection legislation to ensure people could be safely supported. When specialist input was needed, the service worked alongside partners to achieve outcomes for people; for example, by linking in with advocacy services.

Whilst it was good to see that staff enjoyed meals with people living in the home, further work could be done to ensure a positive dining experience. We noted that in particular on the first floor, people queued up to receive their meals, despite staff attempts to prevent this. We suggested that the management team could conduct an audit of the dining experience to see what steps could be taken to improve this experience for people. There had been some choking incidents in the home. These had been responded to appropriately and relevant specialist input was obtained. We advised that as part of the dining experience audit, the management team should ensure there was consistent practice around suggested safety measures, such as drinks being available before meals were served.

Consultation with people took place in person-centred ways. This included one-to-one or group setting discussions where people could share their views or ideas. We could see that there were records kept of these discussions and advised that there should be follow on from one meeting to the next to ensure that people could build trust and confidence in the service.

We noted that some people required more support with personal care and hygiene. Staff expressed this could be challenging for them because of people's mental health conditions and low motivation. We discussed with the management team about exploring tools such as motivational interviewing, for example, to support staff to engage with people and achieve outcomes. We look forward to seeing how this progresses.

### How good is our leadership?

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 robust and effective quality assurance systems in place across the service. These included a manager service review, which was used to inform how the service was operating, and what was needed in terms of resources, training, improvement strategies and outcomes for people.

In addition, there was input from the provider's quality team that was used to help support improvement.

Supervision and appraisal for staff was ongoing and there were developments with regard to debrief record keeping after incidents to help inform practice and support staff and people living in the home. We encouraged the management team to fully embed this reflective practice and consider how they could analyse the impact of this.

Team meetings were taking place and these offered staff the opportunity to raise things and make suggestions. We could see that staff were beginning to feel more confident in raising issues and in determining how the service developed. Champion roles had been allocated to people based on their own skills and interests, giving them a bit more responsibility and autonomy in developing the home and achieving outcomes with people.

Staff were more confident in using redirection techniques with people. This may be contributing to the management of incidents. We suggested an analysis of incidents could be informative to ongoing development planning.

Adult support and protection practices were in keeping with legislation and partnership expectations. We gave advice on how the service should notify the Care Inspectorate of any protection concerns.

### How good is our staff team?

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.

There was significant improvement across this key question since the last inspection. We found staff to be

more motivated, engaged and cohesive. They worked in a way that demonstrated respect and valuing of each other. The culture was more relaxed, open, friendly, reflective and a learning culture was being developed and promoted. Staff skills mix was more clearly considered and allocation of duties was felt to be more equal. Staff expressed confidence that they could tell their line manager if they needed extra support with something and they would get it. This meant that staff were less likely to feel stressed or unhappy in their work and staff continuity was improved.

Improvements had been made to the induction process, informed by a staff member in the service who had identified gaps and put together an improved induction schedule that the organisation was now looking to implement. This included allocating two mentors for new staff and widening the champion roles, so that morale and motivation for staff was lifted.

Staff resources were allocated in keeping with the needs of the service for the most part. Occasional use of relief or agency staff happened in order to ensure cover was sufficient to meet people's needs and, where possible, cover was kept to people who knew the service.

The service had introduced care box talks as a bite-sized learning tool to support staff in their roles. We noted there was a really interesting and informative range of topics covered within the care box talks and these were relevant to staff needs. Staff spoke positively about these. We suggested that motivational interviewing could be a topic for a care box talk to introduce this concept to staff. We encouraged the management team to consider other ways to further enhance the learning culture that was being built amongst the staff team in order to support outcomes for people and staff.

## 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 is purpose-built with natural light and easy access to outdoor space in a walled garden area. People's rooms and communal areas were clean and pleasant with no malodours evident and high-quality fixtures and fittings provided. People were encouraged to personalise their bedrooms to make these as homely as possible.

Improvements had been made based on feedback from people living in the home; for example, a table tennis table had been requested and was provided in one of the spare lounges. Movie nights and games nights, such as bingo and visiting entertainers, were regular features in the home. People were not obliged to join in activities; however, a lot of people really enjoyed the regular cooking classes that a staff member ran, with a focus on healthy and enjoyable recipes. People had been able to access art therapy as part of the service's engagement with university students. This was helping people to process personal issues and trauma.

People's personal spaces were very well-maintained and communal areas were maintained to an exemplary standard by the housekeeping team.

Facilities that promoted people to be independent in daily life were available. People had access to a small laundry area and were able to prepare snacks and drinks for themselves.

There was level access to outdoor space, comprising of a small seating area/smoking area with gardening events being planned at the time of the inspection, which appealed to some of the people living in the home.

The home was overall well-maintained, with regular decoration and attention to any repairs or renewals actioned. Routine checks and maintenance activities were carried out and records kept to show any actions taken or needed.

Some people needed more support than others with allowing deep cleans of their bedroom spaces, and this was something that housekeeping staff were aware of and worked hard to address in a supportive way. This helped people keep safe and well without causing undue distress.

## 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.

People had personal plans completed based on their assessed needs. These varied in content as staff got to know people and trusting relationships were built. The service continued to use two separate planning systems, its own "CareMore" system and an outcomes star tool. Staff were more confident and competent with outcome star tool, and it was good to see that organisationally this was being embedded in the provider's mental health strategy. This could support continuing improvement in practice.

People had personal plans that were overall relevant to their needs and wishes. Risk assessments took place and risk reduction measures were mostly clearly noted. We advised the managers of some examples where we found some gaps.

There was clearer information about the actions to be taken in relation to supporting people to manage stress and distress using a traffic light system. We made some suggestions on how the visual layout of these could be improved to be more user friendly.

Reviews took place regularly in order to ensure personal plans continued to be appropriate for people. There was relevant involvement from people living in the home, relatives, social work and other specialist teams as needed to ensure reviews were as effective as possible.

Improvement work was underway to make any legislation applicable to people living in the home more clear and accessible within their personal plans. This should enable staff to support people in keeping with any relevant legal requirements.

## 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

Staff should be knowledgeable and confident in how to use the outcomes tools chosen to be used in the service. This will ensure people are being supported to achieve their set goals in person led way.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

**This area for improvement was made on 8 August 2024.**

#### Action taken since then

We were satisfied that training had been provided to staff in sufficient numbers and quality to support them to effectively use the outcomes tools as part of planning with people. There was an effective system in place to ensure any new or untrained staff could receive this in a timely manner.

**This area for improvement has been met.**

#### Previous area for improvement 2

In order to ensure people have care provided sensitively, anticipating issues and planning for known vulnerabilities, and maximising their involvement in any potential consideration of moving on, the provider should ensure there is a record of the review of support provided and what potential solutions were discussed prior to considering a termination notice being issued. If no reasonable solutions are identified, then the provider should implement and execute the notice and termination arrangements in line with their tenancy agreement. This should include, but is not limited to, ensuring all information is available to the person and their representative.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

**This area for improvement was made on 20 October 2023.**

**Action taken since then**

As no one had been served notice since this area for improvement was made, we were unable to assess if the service had improved.

**We will revisit this area for improvement at the 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
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
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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