Willow House Care Home
Care Home Service

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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2023000114

About the service

Willow House Care Home is situated on the outskirts of Anstruther. The service provides nursing and social care. The home comprises of two floors, each having its own communal sitting and dining areas. The upper floor can be accessed by a passenger lift. Bedrooms are all ample size with ensuite toilet and shower facilities.

The home benefits from well kept, landscaped surrounding garden areas, with garden seating. There are car parking facilities at the front of the home. The service is provided by Holmes Care Group Scotland Ltd.

About the inspection

This was an unannounced inspection which took place on 23, 24 and 25 September 2025. 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 11 people using the service and five of their representatives
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

Strengths in clinical care and oversight.

People and their relatives told us they were happy with the care at Willow House.

Focus on development was clear, and leaders had capacity for improvement.

Training and development is required for care staff in meaningful engagement.

Care staff told us they worked well together and Willow House was a nice place to work.

Care plans were detailed and person-centred.

Attention to cleanliness of soft furnishings required improvement.

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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
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? 3 - Adequate

We made an evaluation of 'adequate' for this key question. This means that where there were some strengths, these just outweighed weaknesses. While we saw strengths in how the service meets people's health needs, key improvements are needed in other areas to ensure people's overall health and wellbeing needs are consistently met.

People should have opportunities to engage meaningful in decisions about the care home. We saw that gathering people's feedback and experiences was done regularly. This included people's opinions on the food, decoration and activities. We could see how this had influenced menu planning, decoration and future events that had been planned. We discussed with the service ways in which they could further enhance how they gather people's experiences as part of their formal quality assurance systems. This keeps people's voices central to how care and support is delivered.

We saw a range of events and activities that had taken place. Efforts had been made to align the activities with people's skills, abilities and interests. One person told us, "I enjoy the things that [they] put on for activities. Keeps us busy". A relative told us, "Her quality of life is much better than it was at home". It was clear that some people living in Willow House had developed positive social bonds, looked out for one another and enjoyed each other's company. We observed that when the staff member responsible for organising and facilitating activities was absent, opportunities for meaningful engagement were reduced. The service was aware of this gap in people's experiences and had arranged training sessions for the whole staff team around meaningful interactions and engagement. Improvement here ensures a whole team approach to supporting people to have regular and consistent, meaningful interactions. Area for improvement 1 in section 'How good is our staff team?' applies.

People should benefit from comprehensive and holistic health assessment, care and support. We saw strengths in the service's clinical care and oversight. This included good oversight and management of pressure area, wound care and treatment. We found positive relationships and lines of communication were in place between the service and visiting health care professionals. One visiting professional told us, "They are good at acting on my recommendations". Relatives' comments included: "They are prompt to deal with any issues" and "[Loved one] is prone to infection but not had any since coming to Willow House". Regular clinical meetings and daily nursing handovers meant that people's acute care needs were met without delay.

Despite some of the strengths identified in nursing care, we found gaps in recording that gave us some concern. This included gaps in bowel care charts and application of prescribed topical creams. Inconsistent recording in basic care records can make it difficult to monitor if additional assessment, treatment or support is required. For example, if a person is constipated and requires additional treatment. Please see area for improvement 1. This helps to ensure that peoples care, and treatment is effective.

People's wellbeing should benefit from a healthy approach to food and drink. The service demonstrated having a motivated and proactive approach to supporting people with a nutritious diet. Our review of the kitchen found robust and safe systems were in place. The care staff and kitchen staff had clear and up to date information about people who required adapted diets. A daily menu was clear for people to view and choose from. Accommodations were made for people who had specific tastes or wishes. People told us, "Food is lovely, would have more of it" and "It's like a nice hotel". We observed a proactive approach to offering drinks and snacks to people in between mealtimes and could see that this was well received.

We expect to find a robust medication management system, which adheres to best practice guidance. We saw regular medication audits taking place to monitor safe practice. Our sample audit of medication administration records (MAR) found people were being supported to have their prescribed medications, as required. Clear systems were in place for use of 'homely remedies' to treat minor ailments. 'As required' protocols we reviewed gave sufficient detail to the medication administrator. We could be assured people were getting the right medication, at the right times.

We saw some inconsistent practice in how the service monitors its medication stock. Carry forward balances were in place on some MAR charts but not all. There was no system in place to count the overstock of medication being kept in the service. In addition, we found some out of date medications. Keeping accurate records of medication stock ensures that people do not run out of their medication, prevents risk of unaccounted loss and ensures medication is safe for use. Please see area for improvement 2.

Areas for improvement

1. To promote positive outcomes for individuals, the provider must ensure that care records are accurate, sufficiently detailed, and clearly reflect the care and support planned and delivered. Additionally, there should be evidence of regular, ongoing monitoring and evaluation of these records to effectively track health and wellbeing.

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).

2. To ensure sufficient, safe and effective oversight of people's medication, the provider must ensure robust systems are in place to monitor medication over stock and accurately record carry forward balances on medication administration records.

This is to ensure 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).

How good is our leadership? 4 - Good

We made an evaluation of 'good' in relation to quality assurance and leadership. This means we found a number of important strengths which had a positive impact on people's experiences and outcomes.

We saw a number of quality assurance systems in place, being carried out by the leadership team, to monitor practice and people's experiences. This included daily manager walk round, mealtime experience observations, night time care audits and care plan audits. Periodic checks were conducted by the provider's quality assurance team, which included evaluating standards of practice and the quality of care being delivered. We saw evidence of how these audits had been successful identifying areas for improvement and had resulted in positive change. For example, clearer door signage outside people's rooms, updated photographs in people's care plans and ensuring hydration and snack stations were well stocked. This evidenced that the quality assurance being carried out was a driver for change.

Additional oversight of wound care, patterns in falls and monitoring of people's weight was in place. We saw this being reviewed as part of monthly clinical care meetings where actions taken were reviewed and further areas for improvement identified if required. We were assured of good oversight of people's health care needs.

The leaders of the service evidenced a focus on upskilling care staff to ensure consistently high-quality care and support. We saw that they had carried out observations of practice and themed discussions to drive best practice standards. Team meetings and supervisions were carried out regularly to discuss development and training needs. A staff member reported to us that: "They [managers] give us direction when we need it. When we are down, they are always there for us".

Relatives told us of the noticeable difference since the new management team started, comments included:

"[The manager] has turned the place around".

"A marked improvement".

"I can speak with the manger, they listen, and I have confidence in them that issues are resolved".

Further work is required to embed some elements of quality care and practice, this includes cleanliness of mattresses, soft furnishings and the skill and knowledge set across some of the care staff team. Although we could see that these elements had been raised as part of the earlier mentioned quality assurance systems, this practice had not been sustained and or sufficiently monitored. See section 'How good is our staff team?' and 'How good is our setting?' for details on these improvements. The leaders of the service were responsive to feedback and demonstrated capacity to use learning to address issues and drive improvement.

How good is our staff team? 3 - Adequate

We made an evaluation of 'adequate' for this key question. This means that where there were some strengths, these just outweighed weaknesses.

The provider had a clear training structure in place, using a combination of eLearning and face to face sessions. Carers staff told us they felt the training provided had equip them to carry out their roles. One staff member commented that face to face sessions were more supportive. Our review of induction and probation records for newer staff found the service was following the providers induction and probation policy. We could see regular supervisions were taking place for all staff. One staff member told us these were supportive forums to share how they were feeling and discuss development. The service had a clear system for recording what training care staff required and by when. SVQ levels 2 and 3 in Health and Social Care were being undertaken by various care staff. We suggested that the service promote training that aligns clearly with the needs of the people living in the service. This helps to ensure that people are supported by care staff who are informed and sensitive to their individual needs.

We saw patient and kind interactions between care staff and supported people. We observed examples of care staff knowing people well and responding promptly to requests for support. People told us: "Staff are delightful, the men and women, nothing is too much trouble" and "They are always cheery". This helped to keep people safe and comfortable.

Throughout our inspection we saw multiple examples of missed opportunities to interact with people meaningfully. During mealtimes communication was, at times limited. Care staff did not always respond appropriately to people who were expressing feelings of confusion and or distress. People should be supported by staff that have the necessary skills to meet all elements of their wellbeing. Please see area for improvement 1.

To meet the needs of people, staffing numbers, skill mix, and deployment needs to be right. Good staffing numbers were observed during our inspection and care staff were visible. Following feedback from a person living in Willow House, we suggested that the service review its deployment of male and female care staff across the service, this ensures that people's preferences as to who provides their care, can be accommodated.

Staff told us, "We can work well together, and we enjoy the work" and "We have some of the best carers and good management". We saw that team meetings took place regularly and staff received a weekly memo to update them on any changes. Care staff attended the daily handover, they told us that they valued being involved in this communication, "We get a full brief before every shift, never anything hidden". This promotes a culture of learning and transparency.

Areas for improvement

1. The provider should ensure that people are supported by a staff team that are skilled and confident. Development opportunities should include but not be limited to: Engagement and meaningful days, dementia care and stress and distress.

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

How good is our setting? 3 - Adequate

We made an evaluation of 'adequate' for this key question. We found strengths in overall presentation of the environment. Key improvements are needed in specific areas to ensure people's overall health and wellbeing benefits from high quality facilities.

The setting at Willow House is warm, homely and comfortable. We saw clear efforts to ensure a presentable environment, which was inviting and free from malodour. One person living in the service told us, "It's really nice, full stop". A relative commented, "Always smells clean" and "welcoming". People benefitted from having access to various communal spaces, which offered opportunities for group engagement or relaxation. The outdoor space at Willow House was well kept and accessible. People could be assured that their home was well maintained and inviting.

The service had recently carried out a 'Kings Fund Environmental Assessment Tool' to ensure that the home was accessible to people living with a dementia illness. This concluded that signage around the home required improvement. During our inspection we observed people searching for bathroom facilities and appearing lost in searching for lounge or dining spaces. We discussed with the service how further consideration to adjustable and natural lighting could also promote a dementia friendly environment. The service shared with us their plans to make the environment as accessible and inclusive as possible, which included gaining input and feedback from residents and relatives.

There should be clear systems in place to monitor the maintenance of the building, furnishings and equipment. Overall maintenance of the premises was kept to a high standard. Clear systems were in place to maintain and report any repairs to and or servicing of equipment. Our review of furnishings and mattresses identified concerns. A high number of people's mattresses and chairs had visible stains, some of which were heavily soiled. Despite the services attempts to raise awareness to the importance of cleaning and replacing soft furnishings as required, this had not been done, and no formal assurance checks had commenced. The service was responsive to these findings and mattresses and furnishings were immediately cleaned or replaced. Although this reduced any immediate risk to people, the service must ensure that regular and robust systems are in place to monitor the condition of soft furnishings to prevent the spread of infection and ensure people living in a safe and comfortable environment. We have made a requirement. See requirement 1.

We saw examples of used and soiled personal protective equipment (PPE) being disposed of in nonclinical waste bins. This increases the risk of spread of infection. The service must also ensure that disposal of clinical waste is done securely, in line with best practice guidance. Requirement 1 applies.

Requirements

1. By 15 December 2025, you must ensure that people experience care in an environment that is safe and minimises the risk of infection. In particular you must:

a) Ensure that furnishings and mattresses are clean and safe.
b) Ensure that processes such as enhanced cleaning schedules and robust quality assurance checks of furnishings and mattresses are in place and any identified issues are remedied without delay.
c) Ensure that clinical waste is managed safely following national guidance.

This is in order to comply with Regulation 4(1)(a) and (d) and Regulation 10 (2)(b) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

How well is our care and support planned? 4 - Good

We have made an evaluation of 'good' in relation to care and support planning. This means the strengths identified have significant positive impact on people's experiences and outcomes. Some improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People's plans should reflect their choices and wishes. People and where relevant their families should also be fully involved in developing their plans. We reviewed care plans and assessments that were personalised and detailed. Efforts had been made to document individuals' life histories and identify what and who was important to them. We saw clear information about who people's next of kins were, how and when to contact them. Records indicated good communication with people's nominated person. Relatives told us communication was very good, and they felt well informed. We found that the relevant consents had been signed by the appointed legal representatives for people, where this was appropriate. This keeps people and their representatives actively engaged in directing care.

Support plans and assessments that we reviewed reflected best practice guidance. Clear guidance was in place for support staff to follow, and took into account people's mobility needs, skin integrity, continence care, and emotional wellbeing. Instructions were clear around use of appropriate moving and handling equipment, completing regular skin checks and people's food and fluid preferences. We suggested the service enhance some of the information recorded within stress and distress plans. This will help to clearly guide care staff in how to support people during periods of distress.

Care plans were regularly reviewed and updated in the areas of basic healthcare. Reviews could be further developed by including other elements of wellbeing, such as mood, engagement, and goals. This would enable staff to evaluate people's care in a more holistic and meaningful way. We made an area for improvement. Area for improvement 1 applies.

Plans to outline end of life care and anticipatory care did not contain enough detail. This raised concerns that people's end-of-life wishes and preferences might not be known or respected. The service had identified a gap in knowledge and training around supporting people and their loved ones in conversations about anticipatory and end of life care. See area for improvement 2.

Areas for improvement

1. To promote responsive care and make sure that people have the right care at the right time, the provider should ensure its review processes are effective in identifying inaccuracies within care records and evaluate whether the care being provided meets people's needs, wishes and outcomes.

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) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To support people's wellbeing, the provider should ensure that end of life care is subject to early assessment and care planning which involves that person and/or their representatives to ensure their choices, wishes and preferences are documented and met when they become unwell.

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).

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

The manager should ensure that the admission policy and procedure is used to assess the suitability of the care home for potential residents. Respite admissions should be carried out in line with the provider's procedures.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 17 March 2025.

Action taken since then

The service have not offered any emergency respite since the last inspection. They have compiled a 'Respite care and support plan' that requires completion at least 24 hours prior to the admission.

Area for improvement is MET.

Previous area for improvement 2

In order to support good outcomes for people experiencing care, any concerns around medication administration should be escalated with the appropriate professionals. Care records should clearly reflect issues and any actions taken to resolve these.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 17 March 2025.

Action taken since then

We saw positive lines of communication in place with the local pharmacy and GP. Relatives told us changes to medication or health care needs were dealt with promptly. We observed good practice around administration of medication during our inspection.

Area for Improvement is MET.

Previous area for improvement 3

In order to ensure good outcomes for people experiencing care, their representatives' preferences and wishes for contact, should be clearly recorded and easily accessible to staff to promote good communication.

This is to ensure care and support is consistent with Health and Social Care Standard 1.9: I am recognised as an expert in my own experiences, needs and wishes.

This area for improvement was made on 17 March 2025.

Action taken since then

Information about people's representatives' preferences and wishes for contact were clear within support plans. Records evidenced good communication. Relatives told us they felt well informed.

Area for improvement is MET.

Previous area for improvement 4

In order to support good outcomes for people experiencing care, the manager should ensure that people's personal care needs are attended to in line with their needs and preferences.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 17 March 2025.

Action taken since then

Care recorded indicated regular support with personal care, including bathing, oral care and nail care. One relative told us, "Oral care had improved". We observed people being well presented. We saw that people's frequency of shower preferences had being respected.

Area for improvement is MET.

Previous area for improvement 5

In order to support good outcomes for people experiencing care, the manager should ensure that people's belongings are properly looked after and accounted for. A checklist of belongings should be completed when a person is leaving the care home to ensure all items are accounted for.

This is to ensure care and support is consistent with Health and Social Care Standard 5.3: I have an accessible, secure place to keep my belongings.

This area for improvement was made on 17 March 2025.

Action taken since then

We found no concerns around the management of the laundry. Relatives reported no concerns with missing belongings. Inventory was in place within people's files of belongings.

Area for improvement is MET.

Previous area for improvement 6

In order to support good outcomes for people experiencing care, the manager should ensure all accidents are properly followed up to identify, and if required treat, any injuries sustained.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 17 March 2025.

Action taken since then

We found good oversight was in place of incidents, including falls and post falls treatment. Clinical oversight and monitoring meetings meant that any incidents or accidents were reviewed, patterns identified and further actions taken to mitigate any risk.

Area for improvement is MET.

Previous area for improvement 7

To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place, that offer clear and up to date guidance to staff.

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).

This area for improvement was made on 1 July 2024.

Action taken since then

Please refer to section 'How well is our care and support planned?' for evidence. We found plans were clear and up to date.

Area for improvement is 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
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

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