Lisden
Care Home Service

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Kirriemuir
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Type of inspection:
Unannounced

Completed on:
26 August 2026

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2003010719

About the service

Lisden Care Home is part of the Balhousie Care Group and is situated in the Angus town of Kirriemuir. It is registered to provide a care service for 42 older people. It offers accommodation in two defined areas. Kinnordy provides care and support to a maximum of 16 service users with advanced dementia or other cognitive impairment related issues.

The main part of the home is on two floors (Airlie and Glamis) and offers 26 beds caring for elderly residents with nursing needs.

All rooms are single with en-suite facilities and the home has access to a range of local amenities. The home provides a warm and friendly environment for residents and visitors. The gardens are well maintained and offer a safe and enclosed area. There are summer cabins in the grounds, which are often used by people.

About the inspection

This was a follow up inspection which took place on 23 and 24 August 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 six people using the service and four of their family representatives;
- spoke with eight staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- It was positive that management arrangements were more stable, as the new management team was now in place.
- Clinical oversight of key care planning processes was improving but needed more time to fully embed to bring about sustained improvement to outcomes.
- People and relatives were feeling more confident about the service and found the new manager friendly and approachable.
- Appropriate referrals were made to external peripatetic professionals involved in the care and support of people.

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

Requirements

Requirement 1

By 15 June 2026, the provider must ensure that the care service is led and managed in a manner that results in people's health, safety, and wellbeing needs being met.

In order to achieve this you must:
a) Establish and clarify the roles and responsibilities of all staff providing leadership and/or care across the service and ensure this is shared and understood by all staff.

b) Establish clear communication processes and systems to share information about people's current or changing needs on a daily basis. This should include, but is not limited to, wound care, falls, nutrition, infections, and medication.

c) Establish clear clinical oversight in relation to care planning and delivery of treatment and care. This may include, but is not limited to, observation of people's care experiences, observation of staff practice and communication, and regular review/audit of care plans, daily notes, and records.

d) Ensure that referrals are made promptly to the relevant health professional. This includes adult support and protection referrals where concerns of potential harm are raised.

This is to comply with Regulation 4(1)(a) (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 am assessed by a qualified person, who involves other people and professionals as required'. (HSCS 1.13); and
'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 requirement was made on 12 May 2026.

Action taken on previous requirement

There was a newly appointed management team in place, with roles and responsibilities being developed to ensure these were appropriately shared across the service. This included defined areas of responsibility for senior staff, such as service quality assurance (QA) audits and clinical oversight, leading daily "flash" meetings, and overseeing the daily allocation of duties to staff. We discussed with the management team the importance of ensuring that service oversight and quality assurance processes were clearly linked to improved outcomes and experiences for people living in the service.

These arrangements represented a positive development; however, they had not yet been fully embedded across the service, and some aspects of roles, responsibilities and oversight remained under development. Further time was required for these processes to become established and for the management team to demonstrate their impact on the quality of the service and outcomes for people.

Communication processes had been improved through the daily "flash" meetings. These were attended by all heads of department across the service, providing an opportunity for key operational and clinical matters to be discussed. These meetings supported the identification of current areas of concern and outstanding actions, with responsibilities allocated to ensure that identified issues were appropriately followed up and addressed.

We observed that, although these meetings were helpful in supporting communication across the staff team, some knowledge and important information remained held by individual staff members and was not consistently reflected within people's support plans. For example, we found some inconsistencies in records that outlined how people's calorie intake could be supplemented. Also, where people required their fluids to be recorded, this had not always been documented. This created a risk that relevant information was not readily accessible to all staff involved in providing care and support.

Clinical oversight had improved, however, we discussed with the management team, the importance of continual evaluation of the experiences of people who spent long periods in their rooms. Contact with staff for people in their rooms was often task focused, and there were some missed opportunities to improve people's day to day experiences, such as ensuring someone could see the screen of the TV in their room.

There was evidence of improvements in referrals to, and relationships with, external processes, including reporting adult support and protection concerns. This minimised risks to people and supported people to access the right support at the right time.

Although improvements had been made since our last inspection, we found that the service required more time to embed and further improve. This requirement was therefore not met.

We have extended this requirement to 04 November 2026.

Not met

Requirement 2

By 15 June 2026, the provider must ensure that quality assurance systems are robust and used consistently to ensure that the health, safety, and wellbeing requirements of people receiving care are met and that they experience positive outcomes.

To do this, the provider must, at a minimum:
a) Ensure that all staff understand their roles and responsibilities in relation to quality assurance.

b) That audits and checks are used consistently which enable the quality of the service to be monitored and which impact directly on improving outcomes for people.

c) Ensure any identified areas for improvement are addressed without delay.

d) Ensure there is always appropriate and effective leadership of the service.

e) Ensure that concerns and complaints are clearly recorded, actions identified and feedback provided to relevant people.

This is in order to comply with Regulation 4(1)(a) (Welfare of users); and Regulation 10(2)(a), (b), and (d) (Fitness of premises) 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 was made on 12 May 2026.

Action taken on previous requirement

Key oversight audits, including medication, care plans, falls and environmental audits, had been delegated across the management team. The service improvement plan had detailed actions based on areas for improvement identified through the quality assurance processes and audits. The manager and deputy manager were both newly appointed and were still familiarising themselves with their roles and the service. This meant that some elements of the governance and quality assurance arrangements were still developing.

Further work relating to falls trackers and referrals, which were maintained separately from the service's online management system, was ongoing. Responsibility for this work was being transferred to the new manager to ensure continued oversight, monitoring and appropriate follow-up of falls-related actions and referrals.

Other members of the leadership team had started to take a more active role in quality assurance. This included infection prevention and control (IPC) checks undertaken by the housekeeper, registered nurses leading the daily "flash" meetings with heads of department, and daily walkarounds. These arrangements provided regular updates on people living in the service and the environment, with actions recorded to support follow-up and accountability. This supported a whole team approach to quality assurance and improved outcomes for people.

Daily allocation sheets had been introduced to ensure that care staff were clear about their areas of responsibility during each shift. The allocations also considered the skill mix of staff to support people's individual care and support needs. On the first day of the inspection, we observed one occasion where staff did not follow the agreed allocations. This resulted in the dining room being left unsupervised during breakfast and increased the potential risk to people. This concern was raised with the managers at the time to ensure that regular checks were implemented to confirm staff understood the importance of following these instructions consistently and in full.

Leadership training had been arranged to support the senior team, which was beneficial in strengthening the team's knowledge, confidence and effectiveness in their leadership roles. It was positive to observe that staff appeared more confident and were increasingly taking an active leadership role within the service.

The service had not received any formal complaints since the last inspection, however, we discussed the importance of recognising and capturing all comments and feedback from people and their families. This should be used to enhance people's participation and inclusion in how the service is run.

Overall, we were satisfied that sufficient progress had been made, and we assessed this requirement to be met.

Met - outwith timescales

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

In order to ensure people are cared for in an environment that is designed and organised to meet their needs, the provider should undertake further observation and consultation in relation to the space and layout of the environment to ensure that people's needs and outcomes can be consistently met.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that;
'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.' (HSCS 5.1).

This area for improvement was made on 23 April 2026.

Action taken since then

A King's Fund assessment of the environment had been completed, which had resulted in a number of improvements to the Kinnordy unit of the service. These included the use of contrasting colours on light switches and improvements to access to the garden area. Some redecoration had also taken place, and the sitting/dining room had been reorganised to create additional space. These changes had improved the environment for people living in the service and were positively received by relatives. One relative told us, "The service is looking a lot better now with fresh paint on the surfaces, which really does make a difference".

Wider consultation with people living in the service, their relatives and staff, had not yet taken place to establish what further environmental changes they would like to see or consider beneficial. The new management team had only recently taken up their posts, and this area of engagement and consultation remained under development. Further consultation would help ensure that future improvements reflected the views, preferences and needs of people living in the service.

This area of improvement is not met and has been re-stated and will be followed up 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.scot.

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