

## Balmoral Health and Social Care Support Service

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**Type of inspection:**  
Announced (short notice)

**Completed on:**  
15 February 2024

**Service provided by:**  
Balmoral Homecare Ltd

**Service provider number:**  
SP2005007958

**Service no:**  
CS2005113372

## About the service

Balmoral Health and Social Care was registered with the Care Inspectorate on 27 June 2006 and is registered to provide a care service to adults and older people in their own homes, including people with mental health problems people with alcohol misuse problems, people with physical and sensory impairment or people with learning disabilities.

Balmoral Health and Social Care is part of the Grosvenor Health and Social Care group.

The office is based in a business park in Grangemouth and covers Falkirk, Larbert, Polmont, Grangemouth and outlying areas.

## About the inspection

This was a short announced inspection which took place between 12 February and 15 February 2024. 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 eight people using the service and 14 of their families
- Obtained feedback from staff and management
- Observed practice
- Reviewed documents
- Obtained feedback from other professionals.

## Key messages

- Staff treated people with compassion, dignity and respect and people they supported spoke positively about them.
- People were supported mostly by a core group of staff, however, this was less so at weekends and during sickness or annual leave.
- Improvement was needed around the staff routes to reduce the impact of travel time on the service delivery.
- The service management team were all very recently in post and demonstrated enthusiasm and commitment to their new roles.
- Improvement was required around the management of accidents and incidents.
- Improvement was required around personal planning and daily recording of support given, risk assessments and on going reviews.

## 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?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, which promoted a culture of respect. They were open and honest about what was working well and any aspects that could be improved. People they supported told us staff were kind, caring and polite. One person told us, "Staff are all nice and helpful", whilst another said, "I look forward to Balmoral coming in". A relative told us, "I know there are some staffing issues just now, especially at the weekends, but staff try their hardest", whilst another said, "Staff are absolutely lovely".

The service strived to have a consistent core group of staff for each person. Due to recent staffing issues, this was not always possible. Feedback from people they supported and their families was very mixed. One person told us, "I can't complain...there is different folk, but they try to keep it to the same people", whilst another said, "I don't like it when they send two men".

Approximately, one fifth of the care packages are to provide social support rather than personal care to people. During periods of staff shortages, the service prioritised staff allocation to personal care support before social care support. People they supported and their families were very understanding of this approach, however, this could be more of a regular occurrence for some people and often cancelled very last minute. Feedback included, "Sometimes they cancel if they have to prioritise personal care, but X has been looking forward to it" and "When support is cancelled, X sometimes has to then cancel an appointment that their support worker was going to be taking them to".

Overall, people told us that they felt well supported by the service and we heard many examples where staff had gone above and beyond what was expected of them. Comments included, "It's all going really well", "I am comfortable with the carers that come in", and "I don't know what I'd do without them".

The scheduling of staff runs needed improvement, to ensure that travel time for staff was kept to a minimum and did not overly encroach on people's support time (see area for improvement 1).

### Areas for improvement

1. To ensure that travel routes for staff do not unreasonably encroach on people's support time, the service should review the scheduling of routes for staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'People have time to support and care for me and to speak with me'. (HSCS 3.16).

## How good is our leadership?

3 - Adequate

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

A new manager had very recently been promoted within the service. There had been recent changes to other office staff, with two staff recently promoted to care co-ordinator and team leader.

This meant that all three members of the management team were currently being inducted into their new roles. They were keen and enthusiastic and were in the process of finding out what was working well and what improvements may be needed.

People told us that management were approachable and that they were confident to contact them. A few said that at times communication could be better.

We met with the regional manager, who was currently supporting the service to discuss what assistance was available from the provider, to support the new management team. Whilst we felt assured by their response, we have asked for a more formal plan in recognition of the significant work involved to address the requirements, and areas for improvement made at this inspection. (see area for improvement 1)

The service had a staff induction and on going training programme in place, which was monitored to ensure staff compliance. We found this to be sufficient for experienced staff. However, we received feedback around the training and shadow time for new staff, especially those that had been recruited internationally. On looking at this we found that international staff completed their on line training before arriving in the UK and that shadow time was minimal. We discussed this with the manager and regional manager, who assured us that they would review this. We will follow this up at the next inspection.

Improvements were required around accident/incident reporting and management to ensure the service followed the provider's own policy and procedures. There had been a lack of reporting and oversight of accidents/incidents. This put people at risk from future re-occurrence of similar events and prevented accidents/incidents from being assessed and referred to other bodies, where necessary. Several events that should have been notified to us had not been. (see requirement 1)

## Requirements

1. By 31 May 2024, the provider must ensure they keep people safe and healthy by ensuring that all accidents and incidents are properly managed.

To do this, the provider must, at a minimum:

- a) Implement a system to ensure that all unplanned events are recorded, investigated, analysed for trends and notified to other bodies, where they are legally obliged to do so.
- b) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.

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 ensures care and support is consistent with the Health and Social Care Standards, which state: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities" (HSCS 3.20) and 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event'. (HSCS 4.14)

## Areas for improvement

1. To ensure that the registered manager of the service is well supported in their new role, the provider should ensure that they facilitate a comprehensive induction programme. This programme should incorporate additional support from staff members with experience in management.

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 systems' (HSCS 4.19).

## How well is our care and support planned?

## 3 - Adequate

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

We received mixed feedback around the knowledge staff had of the care and support they were to provide when they had not been before. Whilst some comments were very positive, other comments included, "Sometimes I've got to show them and tell them everything that has to be done and where everything is kept" and "The regular carers know what to do but some others don't read the instructions before they visit, and they don't know what to do". We found that improvement was required in the information that was available to staff.

Information available for staff was inconsistent and we were unable to ascertain a template of what was expected to be in place. The new management team had identified this and were looking at the best way to address this. This meant that most staff, including staff who were attending people for the first time, were only referring to a basic task list.

The service had been working through six monthly reviews for people they supported, however, this was behind and very 'tick box' rather than meaningful. It is a legal requirement that personal plans are reviewed at least once in every six monthly period or where there is significant change in the service user's health, welfare or safety needs.

Since the last inspection, the service had changed to a new electronic recording system called Birdie. Whilst feedback was positive from staff, when we sampled the notes completed following each support visit these were inconsistent. Detail being recorded ranged from only recording the time of the visit to more informative notes which could be referred to if needed in the future.

We considered all of the above and the potential and actual poorer outcomes for people, that this meant for the people they supported and made a requirement to ensure improvements are made. (see requirement 1)

## Requirements

1. 1. By 31 May 2024, the provider must ensure each service user has a personal plan in place within one month of the date on which the service user first received the service. This must set out how the service user's health, welfare and safety needs are to be met.

To do this the provider must, at a minimum, ensure that:

a) the personal plan sets out how the service users needs will be met, as well as their choices, wishes, and preferences.

- b) relevant risk assessments are completed and used to inform the personal plan.
- c) daily support notes are completed at the end of each visit.
- d) personal plans are reviewed at least once in every six monthly period or where there is significant change in the service user's health, welfare or safety needs.
- e) people have access to a copy of their personal plan in a format of their choosing.

This is to comply with Regulation 5(1) and (2) (Personal Plans) 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: '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).

## 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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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