

# Balmoral Health and Social Care Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
9 October 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 Stirling, Falkirk, Larbert, Polmont, Grangemouth and outlying areas. At the time of the inspection, the service was provided to around 130 people.

## About the inspection

This was an unannounced follow-up inspection which took place on 7, 8 and 9 October 2024. The inspection was carried out by two inspectors from the Care Inspectorate and focused on two requirements and one area for improvement that had been made at a previous inspection on 1 July 2024.

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 nine people using the service and three of their relatives
- spoke with eight staff and management
- observed practice
- reviewed documents.

**Key messages**

- People received an overall good quality of care and support.
- Staff were respectful and compassionate towards people who used the service and people spoke highly of them.
- Further support had been provided from the organisation to support the leadership and management team, with some indications of progress. Work was still needed to fully develop and implement robust and effective systems that could help ensure quality across the service.

**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 good is our leadership?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

## How good is our leadership?

## 3 - Adequate

At the last inspection we evaluated this quality indicator as adequate because strengths only just outweighed weaknesses. Whilst there had been some progress in key areas at this inspection, we have not re-evaluated this quality indicator at this time.

We followed up on one requirement that was outstanding from the last inspection. This requirement had five elements to it. We found that two of these elements were met and three remained.

There was some reporting of times of people's visits and figures indicated that work was needed to address this. The time staff spent with people did not match closely to their allocated times. We heard from some people that they were lonely, and felt staff did not have enough time with them. Other people we spoke with were very satisfied with the care and support they received and felt staff were dedicated and committed to their jobs. We did not see an action plan in relation to this, although the management team advised they had identified one was needed.

There had been some analysis carried out to identify people's medication levels and needs. Work was still needed to ensure care plans and medication practice matched to people's needs. The management team were working on developing the quality of content of care plans and ensuring this was improved across the service. We expect that this work should help inform practice around robust information on people's medication levels and needs within plans.

There had been action taken to support high quality care and support planning across the service, with learning activities and support from other services being provided. These had offered opportunities to enhance personal plans and risk assessments and improve their quality. Further work was needed to embed skills and practice around this.

We have repeated these elements in a new requirement here (see requirement 1).

### Requirements

1. By 9 December 2024, the provider must ensure that robust and effective quality assurance systems are in place and being used effectively to ensure the safe provision of care and support.

To do this the provider must develop procedures that at a minimum:

- a) ensure there is an effective system to alert, check and analyse that times of people's visits are in keeping with their agreed personal plan
- b) ensure there is an effective system to check people receive the right level of medication support and medication recording is appropriate to this need
- c) ensure there is an effective system to monitor the quality of personal plan and risk assessment information.

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 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).

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

### Requirements

#### Requirement 1

By 7 October 2024 the provider must ensure that robust and effective quality assurance systems are in place and being used effectively to ensure the safe provision of care and support.

To do this the provider must develop procedures that at a minimum:

a) ensure there is an effective system to alert, check and analyse that times of people's visits are in keeping with their agreed personal plan

b) ensure there is an effective system to check people receive the right level of medication support and medication recording is appropriate to this need

c) ensure there is an effective system to monitor and plan reviews of care and support

d) ensure there is an effective system to monitor the quality of personal plan and risk assessment information

e) ensure there is an effective system to monitor recording and practice where staff carry out financial transactions on behalf of people using the service.

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 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).

**This requirement was made on 1 July 2024.**

## Action taken on previous requirement

Two parts of this requirement were met.

Part (c) was met through the effective use of a tracking and planning tool for reviews. This is described in more detail under requirement 2.

Part (e) was met through the implementation of checks and audits on a weekly basis of all cash handled by staff on behalf of one person using the service. We suggested this system could be made more robust by asking the person using the service to sign to acknowledge receipt of change given to them by staff. The management team agreed to implement this.

There was some reporting of times of people's visits and figures indicated that work was needed to address this. We did not see an action plan in relation to this although the management team advised they had identified one was needed. Part (a) is not met. We have incorporated this into a new requirement under key question 2 'How good is our leadership?'.

There had been some analysis carried out to identify people's medication levels and needs. Work was still needed to ensure care plans and medication practice matched to people's needs. Part (b) of this requirement is not met. We have incorporated this into a new requirement under key question 2 'How good is our leadership?'.

There had been action taken to support high quality care and support planning across the service, with learning activities and support from other services being provided. These had offered opportunities to enhance personal plans and risk assessments and improve their quality. Further work was needed to embed skills and practice around this. Part (d) of the requirement is not met. We have incorporated this into a new requirement under key question 2 'How good is our leadership?'.

## Met - within timescales

### Requirement 2

By 7 October 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) 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
- b) 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).

**This requirement was made on 1 July 2024.**

#### Action taken on previous requirement

The management team had an effective tracking and planning system in place that enabled them to have accessible oversight of reviews and care plans. This had been put in place along with a better structure to resource management, meaning that key staff were given dedicated time to completing care plans and carrying out reviews for the majority of their working week. We saw early indications that this system should be effective going forward. This was supported by more reporting and tracking by the manager internally, and we asked to be included in two-weekly reports on this progress.

This requirement is met.

**Met - within 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

To ensure that staff in management and leadership roles of the service are well supported in their roles, 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).

**This area for improvement was made on 1 July 2024.**

#### Action taken since then

Some work had taken place to support leaders and managers within the service by way of learning opportunities, training sessions and staff meetings. Further work was needed to ensure the ongoing progress and development of induction that enables reflection on knowledge, practice and development needs as part of all staff induction.

This area for improvement remains and we will follow up on progress 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 good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

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