

Balmoral Health and Social Care Support Service

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Type of inspection:
Unannounced

Completed on:
17 December 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 17 December 2024. The inspection was carried out by one inspector from the Care Inspectorate and was focused on one requirement and one area for improvement that had been made at previous inspections. We concluded that the requirement and area for improvement had both been met and as a result of these leading to better outcomes for people, we increased the evaluation of Key Question 2, "**How good is our leadership?**" to an evaluation of good.

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 spent time with the manager of the service and reviewed various quality assurance documents.

Key messages

The service was being managed more effectively. Systems and processes were being used appropriately in order to drive forward service improvements.

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

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| How good is our leadership? | 4 - Good |
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Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

4 - Good

The service had met one requirement and one area for improvement that were outstanding under this key question from the last inspection. We could see that there were several strengths that impacted positively on outcomes for people and clearly outweighed areas for improvement. Therefore, we re-evaluated this key question from adequate to good.

Evidence of quality assurance was available and demonstrated that the work that had taken place had been planned and well structured. Effective support, leadership and guidance had been provided to the manager to support them in their role. The area for improvement from previous inspections about this has been met. **See the section of the report "What the service has done to meet any areas for improvement we made at or since the last inspection."**

The systems in use contributed to effective overall quality assurance, and we were able to see improved outcomes for people through updated care planning and risk assessment. There was an improvement plan in the form of a compliance action plan that had been fairly regularly updated and reviewed, and had changed in line with information from the regular performance monitoring that was taking place. For example, there had been a focus on ensuring staff spent appropriate amounts of time with people, and staff had been receiving management support and guidance about this. The effective use of these systems meant that the manager had been able to direct resources to look at areas of improvement that were most needed, therefore prioritising and focusing the team's efforts to have the most impact.

Quality assurance was further supported through regular meetings with staff at various levels, daily handovers amongst the office staff team and better use of the internal reporting systems. The service was organised and calm, with clarity about roles and responsibilities.

The quality of information contained within care plans and risk assessments continued to be a work in progress and would be captured in the compliance action plan. We were confident the management team were working well together to ensure a continued focus on quality assurance and improvement and look forward to seeing how the service develops. The requirement from the last inspection has been met. **See the section of the report "What the service has done to meet any requirements we made at or since the last inspection."**

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

Requirements

Requirement 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).

This requirement was made on 9 October 2024.

Action taken on previous requirement

Significant improvements had been made in the effective use of systems that supported quality assurance and improvement within the service. These included a compliance action plan which was used to identify, plan and prioritise work objectives. Regular reporting on performance was now taking place which also helped direct resources to ensure appropriate actions were taken. We noted increased time was spent with people, reviews and care planning activities were being caught up with and feedback about the service had overall improved in regard to consistency of staff and quality of support and care provided. Medication information was clearer.

There was a plan to continue to develop and enhance the service and we look forward to seeing how this develops. This requirement has been 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

Improved support and guidance had been provided to the manager of the service in order to supplement their learning and development. Induction was carried out specific to job roles and functions. Work was continuing to ensure ongoing learning and development opportunities to all staff appropriate to their roles could be developed and provided. We felt confident that the management team would continue to be focused in ensuring ongoing improvement through induction and support to all staff.

This area for improvement has been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

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

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