

Balmoral Dundee Housing Support Service

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Type of inspection:
Announced (short notice)

Completed on:
5 February 2025

Service provided by:
Balmoral Homecare Ltd

Service provider number:
SP2005007958

Service no:
CS2022000258

About the service

Balmoral Dundee is registered to provide a housing support and care at home service to adults and older people living in their own homes and in the community. This includes support for older people and people living with dementia, palliative and end of life care, physical disabilities and social needs. Packages can range from a few hours per week to 24-hour support.

The service operates seven days a week and is based in the city of Dundee.

About the inspection

This was a short notice announced inspection which took place on 4 and 5 February 2025. The inspection was carried out by one inspector 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 nine people using the service and eight of their family members. A further 21 people shared their views via questionnaires;
- spoke with 12 staff and management;
- observed practice and daily life; and
- reviewed documents.

Key messages

- People experienced a good quality of care and support.
- People received reliable care from a consistent group of staff.
- All of the people we had feedback from were highly complimentary about staff and the service.
- Management changes had taken place and further work was needed to develop and implement robust and effective quality assurance systems.
- Further work was needed on effective care planning and recording.

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 good is our staff team?	4 - Good
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.

People were highly complimentary about the care and support they received from the service. Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice which promoted a culture of respect. One person told us "They're all good to me and encourage me to take my time" whilst another said "I get on well with the staff. It's usually the same faces, I preferred male carers and they respected that."

The service tried to ensure that each person had a consistent group of staff. People told us "the carers are great and I expect really high standards. It's mainly one to one care so they keep the team consistent." and "it's always the same staff, they're always lovely and very respectful."

People were getting appropriate help and support in a timely manner. Staff reported any concerns they had about changes in people's health and wellbeing to the management team. When required, managers referred to appropriate professionals such as GPs, district nurses and social work. The service ensured that, when appropriate, additional visits were put in place to respond to people's changing health needs, for example if they had been prescribed antibiotics.

People could be confident that their health and wellbeing was supported by good infection prevention and control (IPC) practices. Staff wore personal protective equipment (PPE) such as aprons, gloves and masks when providing care. Staff had access to good supplies of PPE. We heard that staff were happy to wear masks when people felt more vulnerable. One person told us "I've got COPD and I prefer staff to wear a mask just to keep me safe. There's never been any bother with them putting a mask on."

Staff were understanding of people's non-verbal cues. Staff had built relationships with people and were aware of the meaning of their gestures and sounds to the extent that we were satisfied people's wishes and preferences were taken into account. Staff provided person-centred support and encouraged the individual to be as independent as they were able.

How good is our leadership?

3 - Adequate

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

There was a relatively new management team were in place. The provider was in the process of recruiting a further team leader post to ensure that there were sufficient supports in place to ensure effective management and governance.

People told us that the management team were very approachable and that communication between people experiencing care, their relatives, staff and the office was good.

Accidents and incidents were well recorded with the provider's policies and procedures being followed. Where necessary, further investigations had been carried out with follow up action plans put in place and relevant agencies notified.

It's important that people are actively encouraged to be involved in improving the service they use. The service had recently implemented the process of gathering feedback from people about the quality of their care to assess satisfaction levels. As this was at an early stage and needed more time to be developed, we will look at this again at our next inspection.

We met with the regional manager who supported the service on a weekly basis. Her role was to assess what further assistance was required to support the management team and provide a level of oversight. We felt assured that this further level of management oversight would provide sufficient governance to ensure that the manager of the service was well supported in their role.

People should expect to benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes. The service had an improvement plan in place which showed a clear list of areas where improvements could be made. This will help the service to drive forward and progress improvements. However, further work is needed to ensure that the quality assurance systems in place are effective. There were limited systems in place to ensure quality across the service. These included some carer competency assessments and spot checks as well as team meetings and staff supervision (see requirement 1).

Requirements

1. By 9 May 2025 the provider must ensure people are safe and receive care and support that is well-led and managed and which results in better outcomes for people. This should be achieved through establishing a culture of continuous improvement, with robust and transparent quality assurance processes.

To do this, the provider must:

a) ensure there are effective systems in place to monitor all aspects of the service provided.

This is in order to comply with regulations 3 and 4(1)(a) 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 states that:

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

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Although recruitment was provided from a centralised point, the provider had completed all necessary checks to ensure that staff were recruited safely and in line with current guidance. This included protecting vulnerable groups (PVG) membership and references. Immigration status and the right to work in the United Kingdom checks were completed by the provider for staff from other countries.

Feedback from people using the service and their families demonstrated that there was high levels of confidence in the support received. It was clear that the levels of trust and confidence in the members of staff, had a positive impact on the quality of life for the people using the service and their families.

Staffing levels appeared sufficient to meet the service's needs. Staff told us they benefited from having consistent rotas and being partnered up with regular staff if on a double shift. This meant people's care and support was consistent and stable with staff working well together.

The management and staff team demonstrated high levels of motivation in their roles and considered ways that the service could improve for the benefit of the people accessing the service.

There was a clear induction plan carried out with new staff. The induction process included essential training and an overview of the provider's policies. New staff were given the opportunity to shadow experienced colleagues to learn about people's support needs until they felt confident to work alone. An induction pack had been collated specifically for internationally recruited staff to help them integrate into the local community. Staff described feeling confident after their induction and able to take on the role. They told us that they felt well supported and listened to, which meant they could share any issues or concerns with the management team and be confident that there would be a response.

There was a good range of learning and support opportunities available for staff. Training was provided initially to staff as part of their induction with an ongoing refresher programme in place. The service would benefit from linking with local partnership health professionals to engage in more specialist training opportunities for staff. The service still had some work to do to look at building a training needs analysis that would inform them where there was a need for specific training, for example, in dysphagia awareness.

We concluded that the staffing arrangements worked well for the service. People benefited from a consistent staff team. The management and staff were highly motivated to improve outcomes for people using the service.

How well is our care and support planned?

3 - Adequate

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

The service had recently implemented an electronic care planning system, which was a strength. The system was easy to navigate and prompted staff to report any risks, concerns or incidents. Staff told us that they preferred the new system as they could access records more easily. However, we found that the quality of recordings of notes completed after each visit were inconsistent. Some staff wrote a detailed account of the visit whilst others were blank.

We sampled people's care plans to understand how well they were being used to safely direct staff to meet people's care needs. We found that not all plans had been recently updated as we would expect. Although plans were completed to an adequate standard, we thought that they could be more person centred to reflect people's individual wishes and choices. Some plans contained useful, well detailed information about people's needs and wishes. Other care plans were less informative but did have basic information needed to provide care and support.

Personal plans are important as they set out how people's needs will be met as well as their wishes and choices. Given the potential for poorer outcomes for people we have made a requirement to ensure that improvements are made (see requirement 1).

Requirements

1. By 6 June 2025, the provider must ensure that each person's care plan and daily recording reflects their current individual care and support needs.

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

- a) care plans and recordings are sufficiently detailed, written in a person-centred manner, and reflect the care assessed and provided; and
- b) care plans are monitored and evaluated routinely to ensure the care and support remains effective.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (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 states 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

In order to ensure service users experience a service with a culture of continuous improvement with a robust and transparent quality assurance process, the service should fully review systems of communication to ensure accurate and reliable recording and monitoring of communications and consultations with service users and representatives.

This is to ensure care and support is consistent with Health and Social Care Standard 4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

This area for improvement was made on 9 August 2024.

Action taken since then

This area for improvement was made following a complaint investigation.

Whilst we noted that improvements were still required for quality assurance processes, we found that systems of communication had been resolved. A range of meetings were in place on both a daily and weekly basis to improve communication and ensure that all staff were up to date on any changes. The management team also had a system in place to review any out of hours actions.

This area for improvement has been met.

Previous area for improvement 2

The service should regularly review the timing and duration of visits to ensure that the needs of the person experiencing care are being met. This should be done with the involvement of the person, and where appropriate, their family and/or representatives.

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 3 February 2023.

Action taken since then

This area for improvement had been made following a complaint investigation.

Communication had improved within the service with staff providing more detailed feedback on people's needs to ensure that the timing and duration of visits were appropriate.

This area for improvement has been met.

Previous area for improvement 3

In order to ensure that people's care and support plans are right for them, the service should ensure care plans are fully reflective of people's needs and how these needs should be met.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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.

This area for improvement was made on 3 February 2023.

Action taken since then

This area for improvement was made following a complaint investigation.

We found that further work was needed to ensure that people's care and support plans are right for them, are fully reflective of people's needs and how these needs will be met. We have made this a requirement.

See section 5, 'How well is our care and support planned?'.

Previous area for improvement 4

The manager should ensure that people's concerns and complaints are logged and responded to in line with their complaints policy. This should include, but is not limited to, maintaining a log of all concerns and complaints, actions taken and feedback offered.

This is to ensure care and support is consistent with Health and Social Care Standard 4.21: If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.

This area for improvement was made on 3 February 2023.

Action taken since then

This area for improvement was made following a complaint investigation.

The manager had a system in place to ensure that people's concerns and complaints were logged and responded to in line with the provider's complaints policy. In addition to maintaining a log of all concerns received, there were detailed notes of actions taken and feedback provided.

This area for improvement has been 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?	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 good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
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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