

## Balmoral Gate Care Home Service

Flat 0/3  
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Glasgow  
G14 9FF

Telephone: 01419 590 672

**Type of inspection:**  
Unannounced

**Completed on:**  
14 March 2025

**Service provided by:**  
The Richmond Fellowship Scotland  
Limited

**Service provider number:**  
SP2004006282

**Service no:**  
CS2003000932

## About the service

Balmoral Gate is registered as a care home service, to provide care for up to 10 people with a range of mental health needs and in addition, autism and learning disabilities. The provider is The Richmond Fellowship Scotland (TRFS). At the time of inspection, there were nine people using the service.

The service is based in a modern building within the Scotstoun area of Glasgow and is close to local shops, with good transport links. People are supported over three floors across two adjacent blocks. Each person has access to their own, two bedroom furnished flat. A staff base is located on the ground floor. A senior support worker is responsible for the running of the service, supported by a team of support practitioners, with a registered manager providing management support.

The service aims are to increase people's daily living skills which results in confidence building and full independence, meaning that support is decreased as people grow in confidence, whilst meeting agreed outcomes.

## About the inspection

This was an unannounced inspection which took place on 11, 12 and 14 March 2025. Two inspectors carried out the inspection. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- Spoke to three people using the service and one of their family members.
- Spoke with four members of staff and management.
- Spoke with one visiting professional.
- Observed practice and daily life.
- Reviewed documents.

## Key messages

- People were supported by a skilled and consistent staff team, this ensured continuity of care.
- An open culture created positive relationships between staff and people receiving care.
- People were supported to access the local community to improve social outcomes.
- Personal plans needed to be updated more regularly to fully reflect people's wishes.

## 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?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

There was a relaxed atmosphere in the service and we observed people being spoken to in a compassionate and kind manner. We observed warm interactions between staff and people living there. This meant people felt valued and benefitted from positive trusting relationships.

Staff and management worked hard to make the moving in process a positive experience. Additional staff, clear communication with people and their representatives and a focus on creating a homely and welcoming environment, enabled a smooth and safe transition for people. People could personalise their flats which promoted a sense of belonging.

People's health should benefit from their care and support. Staff had good links with external health professionals and supported people to attend hospital appointments. This helped them to keep well. Medication was well managed. People were supported to manage aspects of their medication independently where possible. Medication audits helped ensure expected standards of practice were in place. A structured audit schedule would enhance existing checks.

The stable staff team meant staff knew people's needs and wishes. This meant people could be confident their support was right for them. Personal plans gave good information about people's needs and preferences. However, aspects of personal planning could be improved. We have reflected this in an Area for Improvement in Key Question 5 of this report, that deals directly with assessment and personal planning.

The service placed importance on supporting people to spend time enjoying activities of their choice in their local community. This included weekly group outings with their peers. People were supported to participate in individual activity choices including art classes, music sessions, education opportunities and to pursue other personal interests. Staff encouraged individuals to spend time outdoors. A relative told us they believed their loved one would be socially isolated without the support of the service. One person told us they had previously spent time in hospital and moving to the service had created new positive independent travel opportunities for them. The service should review recording in this area, to fully demonstrate the positive impact these activities had on people's wellbeing, confidence and independence.

## How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The management team placed importance on staff wellbeing. This ensured staff felt valued, worked well together and morale was high. Staff were motivated and clear about their roles. Staff told us "there is a great team here".

We observed effective communication and positive interactions between management, staff, and supported people. People were comfortable approaching the staff base for support when they wished. People told us "the staff are great and I don't know how I would cope without them". This open door culture had created a safe and supportive service for people.

There were sufficient staff to respond appropriately to people's needs. Staff worked flexibly to ensure people benefited from continuity.

People could be confident staff were safely recruited. The provider planned to implement a tracker, to ensure staff were registered with the appropriate governing body within the required timeframe.

Staff benefited from a comprehensive training programme. This helped ensure they had the appropriate knowledge to meet people's needs. The management team agreed to improve their oversight of the training staff had participated in.

Regular team meetings took place. These were well attended and productive. The format could be enhanced to offer greater opportunities for staff, to feedback on what was working well, developments needed and fully reflect the focus placed on staff wellbeing.

An employee assist programme was in place to promote staff wellbeing. Staff received regular formal supervisions where they were given the chance to reflect on their practice and discuss development needs. Staff told us they felt supported by management and were able to have informal conversations to further support their wellbeing. This meant staff felt listened to.

### How well is our care and support planned?

**4 - Good**

We evaluated this key question as good, because there were a number of important strengths which, taken together, clearly outweighed areas for improvement.

A personal plan provides a comprehensive overview of people's wishes and outcomes. Plans were person-centred and highlighted people's likes and dislikes, their health and social needs, and how they wanted to be supported in an individual way. Legal documents, risk assessments and risk reduction measures to mitigate potential risks were recorded well to keep people safe from harm. However, some personal plans and risk assessments were out of date. We were reassured that the management team had self-identified this issue and were working to resolve this. In line with legislation, personal plans should be reviewed and evaluated at minimum every six months, to ensure they reflect people's care needs and their wishes. Risk assessments should be updated to keep people safe and free from harm (see area for improvement 1).

People and their representatives should be involved in reviews and given an opportunity to discuss their care. A tracker had been introduced to help ensure that reviews were consistently completed within the expected timeframe.

Personal plans were stored within the staff base and it was not clear how often people were able to view or contribute to their plan. We were reassured to hear that the service planned to make personal plans more accessible to people, by offering people the choice to store their personal plan in their flat. This would improve opportunities for people to contribute to their plans and ensure they were fully involved in all aspects of their care.

Regular audits of people's personal plans help to ensure that people's care arrangements remain right for them. To make this process more meaningful, we asked the service to ensure comprehensive action plans reflected any improvements required. This will support improvement and ensure personal plans accurately reflect people's changing needs and choices.

## Areas for improvement

1. To promote people's wellbeing, the provider should improve the quality of personal care planning.

This should include, but is not limited to, ensuring plans are fully reflective of people's holistic needs and wishes, reviewed within agreed timescales, and regularly audited to promote accuracy.

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 that people's flats can be cleaned effectively, to minimise the risk of contamination or infection, the service should as a minimum ensure:

- Kitchens with damaged work surfaces, doors, drawers or kick plates are repaired or replaced.
- Bathrooms with mould should be cleaned or sealants replaced
- Walls which have been damaged should be repaired and thereafter painted.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment" (HSCS 5.22).

**This area for improvement was made on 15 July 2022.**

### Action taken since then

We reviewed people's flats and found them to be well presented, freshly painted, and clean. The service had implemented weekly health and safety checks, to ensure this was sustained and organised, any repairs as required.

The service achieved a balance of ensuring compliance with infection prevention and control standards whilst recognising flats were people's homes, and people had rights and choices. This area for improvement had 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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good



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