

## Balquhiddier House Care Home Service

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Alexandria  
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**Type of inspection:**  
Unannounced

**Completed on:**  
19 March 2025

**Service provided by:**  
Balquhiddier Care Ltd

**Service provider number:**  
SP2014012387

**Service no:**  
CS2014332915

## About the service

Balquhiddie House are part of the Handsale group and is a care home for older people which is situated in a residential area of Alexandria, West Dunbartonshire. It is close to transport links, shops and community facilities.

The service provides nursing and residential care for up to 65 people. There were 63 people living in the home at the time of inspection.

The home has two floors and consists of four separate units; Duckbay, Lomond, McGregor and Inchmurrin. Bedrooms have ensuite facilities and some of the lower floor bedrooms have direct access to the garden area. There are communal areas within each unit; Lounges, dining areas and bathrooms. There is a self-service café at reception and secure garden areas.

## About the inspection

This was an unannounced inspection which took place on 10-12 March 2025 between the hours of 08:00 and 23:20. The inspection was carried out by two inspectors from the Care Inspectorate. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service and their families and gather their views.

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:

- gathered feedback from pre-inspection questionnaires (five responses were received from relatives and 16 responses were received from staff)
- spoke with 11 people using the service and three of their relatives
- spoke with three relatives by telephone
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

## Key messages

External professionals spoke positively about their working relationship with the home.

People and relatives we spoke to, appeared happy with the care and support provided.

Most staff felt happy and supported within their roles.

The home should make improvements to their records such as health charts and medication recordings.

Audits were not picking up on areas within the care plan that were not reflective of people's wishes and preferences around their care and support.

Staff did not have the appropriate level of dementia training required for their roles.

The service had not carried out any audits to ensure the environment was user friendly for people living with dementia.

## 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?	3 - Adequate
How good is our setting?	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 benefitted from regular health assessments and input from external health professionals. All health concerns were immediately reported, monitored and reviewed. The service ensured people were receiving good quality care which was led and delivered by experienced staff including nurses.

People appeared happy with the care and support they received. One person told us, 'I like living here' and another person told us, 'the hairdresser is great'. One relative said, 'my relative's room is spotless' whereas another told us, 'my relative is safe and secure and gets the support he needs'.

People could choose from a variety of, meals, snacks and drinks which reflected their preferences. People enjoyed their meals in a relaxed atmosphere. We shared some aspects of the dining experience that should be improved particularly for people living with a cognitive impairment.

There were opportunities for people to connect with family and friends. People also told us that they enjoyed visits from the local children. One person said, 'I love to hear them sing. Sometimes, I have a tear in my eye'. The service had established connections with the local community to enhance people's health and wellbeing.

People and their relatives were fully involved in making decisions about their care and support, including those with long-term and life limiting conditions, through their personal plans. However, health charts and medication records particularly topical medication administration records (TMars) were not being completed as intended. This meant there was no clear evidence topical medication was administered appropriately. Therefore, we will repeat an area for improvement from the last inspection (**see previous area for improvement 2**).

## How good is our leadership?

3 - Adequate

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

Leaders at all levels knew their role in monitoring practice and identifying, directing and supporting improvement activities. There were systems in place for monitoring standards of care including clinical and care governance. However, the service were not picking up on all areas that should be improved upon particularly within care plans. The service also had a high number of people living with dementia and had no audits in place to ensure the environment was user friendly (**see previous area for improvement 3**).

Mandatory training within the service was up to date. There was also evidence of bespoke training to enhance some people's care and support. We found that the service had not carried out a recent training needs analysis to ensure that the staff team had all the necessary skills and knowledge required for their roles. The staff team had not been trained in alignment with best practice guidance to support people living with dementia (*Promoting Excellence framework*). Therefore, there was a risk that people were not being supported by a skilled and competent workforce (**see area for improvement 1**).

People and their relatives were clear on how to raise concerns or make a complaint. Relatives told us that they felt the service were very responsive when they raised issues and felt these were dealt with promptly. The service had evidence of this.

The service had an improvement plan in place which was reflective of what we had seen and heard during the inspection.

### Areas for improvement

1. To support people's wellbeing, the provider needs to ensure that the staff team are equipped with the skills and knowledge they need to fulfil their job roles by carrying out a training needs analysis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

## How good is our staff team?

### 3 - Adequate

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

Relatives spoke positively about the staff. One relative said, 'My relative is full of praise for the staff members who support them', whereas another said, 'staff listen to my relative and try to make them comfortable'.

The service were monitoring their staffing arrangements to ensure they had the right number of staff working at all times to meet people's needs. Most staff told us they enjoyed their roles and felt supported at work. However, there were a few staff who felt that staffing levels and mix could be better. There was limited evidence that the views of staff were being taken into account when monitoring staffing arrangements which is part of one of the guiding principles within The Health and Care (Staffing) (Scotland) Act 2019 (see area for improvement 1).

Observations of staff practice were regularly undertaken to assess learning and competence with moving and handling, infection prevention and control and the safe administration of medication. Nurse competency assessments had been completed also. However there was no evidence observations had taken place with other aspects of care and support which meant gaps in staff knowledge surrounding their role, may not always be picked up (see area for improvement in section, 'How good is our leadership').

### Areas for improvement

1. To provide high quality care, the service should, in consultation with staff, consider and regularly review staffing levels across all units day and night to ensure people's needs can be met.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15); and 'People have time to support and care for me and speak to me' (HSCS 3.16).

## How good is our setting?

### 4 - Good

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

The home was warm and welcoming. People were able to use private and communal areas and had the right to privacy. The communal areas were spacious which some people preferred to utilise. Whereas other people preferred spending time in their own room. People's rooms were personalised and tailored to their likes and preferences. The home had a lovely garden which people could access however we did not see any people spending time in the garden during our visits.

There was clear signage to assist people with navigating their way around the home. Not all communal spaces had signage about the day and date. We also found that the service were not trained in alignment with the promoting excellence framework, so there had been no environmental dementia friendly user audits completed. There was a risk that people living with dementia may find it difficult to find their way around the home without important cues (**see previous areas for improvement 3**).

There were planned arrangements for regular monitoring and maintenance of the premises and the equipment to ensure people were kept safe. This included training and assessing staff competency to safely use and maintain any equipment their role required.

## How well is our care and support planned?

### 3 - Adequate

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

People had digital personal plans which were regularly reviewed. Personal plans were individualised however, improvements were needed within some plans. Some people had information within their personal plan which did not reflect the care and support they were receiving. The service had identified inaccuracies within personal plans and had a plan in place to make improvements to these including risk assessments. These improvements did not include the areas that we found were not being completed as they should be such as, health related charts or medication records (**see previous area for improvement 2**).

Care reviews were being carried out six monthly. Review records were in paper format and stored within the digital system. The service had evidence that people and their relatives contributed to the review process. For some people, review documentation was not within their personal plan which did not appear to have been picked up on within the care plan audit (**links to previous area for improvement 3**).

## 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

The provider should address the lack of regular activities for people to participate in. Through addressing this it should facilitate a positive impact on people's physical health and emotional wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state:

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (1.25)

**This area for improvement was made on 7 June 2022.**

#### Action taken since then

People were able to get involved in a wide range of group activities and interests. They had regular opportunities that promoted their creativity, including through arts and crafts. Wellbeing leads (activities staff) had been appointed and had implemented a standard weekly timetable of group indoor activities which included 'pancake Tuesdays' and 'wellbeing Wednesdays'. Activities were also facilitated out with the set timetable as staff had access to resources such as beach balls or arts and crafts.

**This area for improvement has been met.**

#### Previous area for improvement 2

The provider should ensure that all health charts and medication recordings are kept up to date and that they provide information which demonstrates and informs best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state:

'My care and support meets my needs and is right for me' (1.19).

**This area for improvement was made on 7 June 2022.**

#### Action taken since then

People's health care charts and medication recordings did not reflect the care and support they should receive. We found a number of charts that were not being completed consistently such as, oral health, topical MAR sheets, repositioning and continence charts. The service carried out care plan audits however, they had not picked up on this. There was a risk that people's health and wellbeing will be compromised if their health and wellbeing needs are not met in line with their care plan.

**This area for improvement has not been met.**

## Previous area for improvement 3

The provider should ensure that robust audits are put in place to ensure that people are receiving appropriate care and support of a high standard and that people receive high quality care that is delivered in a planned and safe way. The provider should also ensure that the improvement plan is regularly updated in order that the management team can track progress made on any outstanding actions which are required to improve the quality of care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state:

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

**This area for improvement was made on 7 June 2022.**

### Action taken since then

Audits of the key functions of care and support were regularly happening across the home. However, aspects of auditing were not effective and not all areas that needed improvement were being identified. There were some care plans that required attention around the information they contained and many charts did not appear accurate or reflective of people's identified care and support needs. Staff training was not in alignment with best practice guidance (promoting excellence framework) and there was no evidence that the home were monitoring the environment to ensure it met the needs of the people who were living with dementia.

**This area for improvement has not been met.**

## Previous area for improvement 4

The provider should ensure that there is a mechanism in place to obtain regular feedback from people who reside in the home and their relatives.

This is to ensure that people feel valued and included in decision making about their care. This is to ensure that care and support is consistent with the Health and Social Care Standards(HSCS) that state:

' I can be meaningfully involved in how the organisations that support and care for me work and develop'(4.6)

and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve'. (4.8)

**This area for improvement was made on 7 June 2022.**

### Action taken since then

Residents meetings were happening and being facilitated by the wellbeing leads (activities staff). There was evidence that the wellbeing leads had gathered feedback from people regarding activities, meals and the environment ensuring that people continued to be happy with these aspects of their care.



There was also regular relatives meetings which were facilitated by the management team. This ensured that relatives were up to date with what was happening in the home and were able to raise any issues or concerns.

**This area for improvement has been met.**

#### Previous area for improvement 5

The provider should ensure that staff are given regular supervision and support. Through addressing this, staff will be supported to develop and improve the quality of their practice and be able to discuss relevant issues regarding the people they are supporting.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (3.14)  
and

'I am confident that people are encouraged to be innovative in the way they support and care for me'. (4.25).

**This area for improvement was made on 7 June 2022.**

#### Action taken since then

Regular supervision and support mechanisms were in place for all staff. The service had embarked on developing the support systems they had in place for staff and had implemented strategies to further enhance their health and wellbeing.

**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](http://www.careinspectorate.com).

## 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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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