

Balmoral By Northcare Care Home Service

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Type of inspection:
Unannounced

Completed on:
24 March 2025

Service provided by:
Northcare (Scotland) Ltd

Service provider number:
SP2003002314

Service no:
CS2022000108

About the service

Balmoral by Northcare care home is registered to provide a care service to a maximum of 69 older people over the age of 65 years. The provider is Northcare (Scotland) Ltd. The home is located in the southside of Glasgow, near local amenities including shops and is served with good public transport routes.

The home is purpose built and describes itself as "a luxury care home". The home has 69 beds over three floors. All bedrooms include en-suite's with double bed, call bell, telephone facility, wireless internet connectivity and Sky TV facility. There are many communal areas in the care home and the third floor has no bedrooms but is a large space which hosts a cafe, hair and beauty salon, cinema, and private dining space.

There is a large secure garden which has a path leading to a work shed area.

The service aims and objectives state "Our vision is to make a real and lasting difference to the people we support by achieving positive outcomes and enabling as normal and fulfilling a life as possible."

About the inspection

This was an unannounced follow up inspection which took place on 12 December 2024. The inspection was carried out by two inspectors from the Care Inspectorate to follow up on one requirement that was made on 10 January 2025 as a result of complaint investigation findings.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, complaint reports, registration information, information and action plan submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we reviewed documents, observed daily life, and spoke with staff and the management team.

Key messages

In January 2025, an upheld complaint resulted in the service being issued with one requirement. This were due to be completed by 10 March 2025 and this is the first follow up inspection.

We noted significant improvement in the administration and witnessing of controlled drugs.

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 staff team?	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 staff team?

4 - Good

We re-evaluated this key question as good because there were several important strengths which, taken together, clearly outweighed areas for improvement. We concluded there had been notable improvements made in relation to the safe administration of controlled drugs. We saw the management team had supported staff to undertake training, which enabled better deployment of staff, and safer outcomes for people. The management team had oversight, and we evidenced that action was taken when improvements were identified.

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

Requirements

Requirement 1

By 10 March 2025, the provider must ensure all controlled drugs are administered safely. To achieve this, the provider must, at a minimum:

- a) deploy a sufficient number of appropriately trained staff to each shift to administer controlled drugs safely and in line with recognised good practice guidance;
 - b) ensure all staff who witness controlled drug administration are competent and have completed appropriate training;
 - c) demonstrate that staff understand and follow policy and procedure for the safe administration of controlled drugs;
 - d) ensure medication audits provide quality assurance that controlled drugs have been administered safely and in line with the provider's policy and procedures.
- To be completed by: 10 March 2025.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with: Section 7(1) of the Health and Care (Staffing) (Scotland) Act 2019.

This requirement was made on 10 January 2025.

Action taken on previous requirement

As noted in key question three, significant improvements had been made to ensure all controlled drugs are administered safely.

The manager had met with staff individually following the recent complaint to ensure they had space to reflect and to provide feedback on what improvements were required. This demonstrated an inclusive approach to improvement.

The provider had introduced a new policy and procedure for the safe administration and witnessing of controlled drugs. This was shared with all staff and copies were made available at key points in the service for staff to refer to at point of drug administration.

To support staff development, the provider had arranged for key nightshift staff to undertake 'Witnessing the administration of controlled drugs' training. This was provided by an external Nurse Consultant and

competency assessments and workbooks were then completed by the staff who attended. A review of rotas confirmed there were sufficient numbers of appropriately trained staff on each shift to meet people's needs. This enhanced staff development and staff deployment was evidenced to have promoted safer outcomes for people who received controlled drugs.

The management team had completed robust, twice weekly nightshift observations and medication audits. This included staff observations, administration and witnessing of controlled drugs, controlled drug book audits and medication audits. Issues that were identified during these exercises were included in an action plan and we evidenced these had been followed up in a timely manner.

This requirement was met within timescales.

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 support people's health and wellbeing, the provider should ensure all staff are aware of their responsibility to fully and accurately complete care records. This should include, but is not limited to, recording information at the point of care delivery and ensuring the manager has quality assurance arrangements in place to establish consistency with staff practice.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18: I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty.

This area for improvement was made on 10 January 2025.

Action taken since then

This area for improvement was not reviewed at this follow-up inspection, and will be assessed at the service's next full inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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