

Balmoral Health and Social Care East Dunbarton Support Service

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Type of inspection:
Unannounced

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Service provided by:
Balmoral Homecare Ltd

Service provider number:
SP2005007958

Service no:
CS2020379230

About the service

Balmoral Health and Social Care East Dunbarton was registered with the Care Inspectorate on 2 July 2020 and is registered to provide a care service to adults aged 60 or over living in their own homes.

Balmoral Health and Social Care is part of the Grosvenor Health and Social Care group.

The office is based in Bearsden and covers Bearsden, Milngavie, Bishopbriggs and outlying areas.

A new manager was in post since December 2024. The manager held the previous post of deputy manager so was familiar with the service.

About the inspection

This was an unannounced inspection which took place on 13, 14, 15 and 16 May 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 eight people using the service and two relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- People were mostly very happy with the service provided.
- A few people were disappointed about the timings of their support.
- There was a very positive change in the manager and leadership roles.
- Staff were particularly well established so familiar with people's needs.
- Care plans were not in every home for people to access.

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 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.

Staff were effective at identifying when people's health had deteriorated and took prompt action. This was evidenced through accident and incident logs together with the notifications the Care Inspectorate received from the service. Furthermore, staff contacted relevant professionals such as emergency services, pharmacy, social workers, and district nurses. This meant people got the right care at the right time.

The provider offers an 'on call' service which people utilise if they need support or advice outwith the normal office hours. This meant people had the opportunity to access urgent support and assurance if they needed it.

Some people had access to technology to summon help if needed from an external response team. Balmoral staff also used this system if they felt the person needed help to get up after a fall.

Medication administration was supported well by staff with a person-centred approach. People were supported to be as independent as possible within their abilities. For example, one person directed the staff with the medication to be dispensed. This ensured people felt empowered and in control.

There had been some medication errors previously; however, these had reduced over the recent months following refresher training for staff.

People were mostly very happy with their support and spoke highly of the staff team. Some comments were:

"They are excellent, I have no complaints."

"I have had experiences of other services, and this one is by far the best."

"I couldn't fault them; the staff are very good."

"She takes good care of me, she's very good and very attentive."

"I'm not happy, they didn't turn up on time, but the staff are great."

"Sometimes when my usual staff go off on holiday the replacement staff don't come at my usual time."

A couple of people advised that sometimes staff did not turn up on time. This meant that people were potentially waiting longer to get a drink, a meal or to be supported with personal care. Some time had been built in and agreed with people to allow for such incidents as busy traffic or people with medical emergencies. However, this should not be happening on a regular basis. The manager advised that they were improving the rota system to limit such situations (see area for improvement 1).

One person did not have a positive experience regarding a staff member; we discussed this with the manager who took immediate action, arranging a meeting with the person during the inspection.

Complaints and concerns from people experiencing care and their relatives had been acknowledged and responded to by the manager. We noted investigations had taken place by the manager in accordance with their complaints policy. The service adopted a learning and development approach from the complaint outcomes, which ensured continuous improvement.

The Health and Social Care Partnership were very positive about the working relationship they have with the service. Additionally, they felt staff delivered a high standard of care to people.

We observed good infection, prevention and control practice while shadowing the staff supporting people. There was sufficient Personal Protective Equipment (PPE) for staff to use to limit the spread of infection and disease. This meant people could feel confident their health and safety were supported.

Areas for improvement

1. The provider should ensure that people's health, welfare and safety is supported by the effective delivery of visit schedules.

To do this, the provider must at a minimum:

- a) Plan visit schedules in advance and review these regularly to ensure they reflect people's care and support needs.
- b) Any changes to agreed schedules are to be communicated with people receiving care or their representative.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our staff team?

4 - Good

We have evaluated this key question as good, as several positive aspects of the service resulted in people having good outcomes, which outweighed any areas of improvement.

People told us that staff identified when their health had deteriorated and had taken responsive action to seek advice and support. This was confirmed and evidenced through the notifications the Care Inspectorate received. This had resulted in positive health and wellbeing outcomes for people.

There was good consistency of staff delivering support with a low staff turnover. The scheduling of staff support was in the process of an improvement journey. The new coordinator and manager were working closely and effectively together to deliver the right support at the right time.

Staff felt well supported by management and peers. This had been a recent improvement since the new management structure was recruited into posts. Staff felt their views and opinions were now listened to and acknowledged. This contributed to higher staff morale and a positive team culture which people benefitted from.

The new manager and frontline leaders were still learning their roles and responsibilities. Experienced line

managers and coordinators from their other services had arranged to offer input and peer support. This would contribute to a more effective and meaningful induction for the management team.

Staff were matched to people according to their preferences and needs. The Health and Social Care Partnership contributed to this process as they were familiar with some of the staff characteristics and skills. As a result, people were supported by staff who could best support their outcomes.

The service tried to accommodate people's wishes relating to the times they wished support. This was successful most of the time, although a few people had been disappointed that this was not always the case. We fed this back to the manager who assured us they would improve this.

Staff communicated well through handheld devices which recorded what support had been carried out with the person. Team meetings were regularly held for staff to share service and organisational information. As a result, staff were kept updated to any changes and had the opportunity of shared learning.

How well is our care and support planned?

3 - Adequate

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

Care plans were in place for people and could be accessed through digital means, handsets and in most houses. Some people could access paper copies of their plans in their home and some not. People should have copies and access to their care plan within 28 days of starting the service. These paper copies should be updated as soon as changes are made. This ensures people's information is accurate and up to date (see requirement 1).

Care plans were task orientated and basic in information. Although the support needed for people was stated, they were sometimes limited in guiding staff on how. Staff used their knowledge of people rather than care plans to guide them in supporting people's outcomes. This could result in people being at risk (see requirement 1).

Care plans and care plan reviews should be outcome focussed and person centred. This would ensure meaningfulness and that staff were clear about how to support people to achieve their outcomes. Managers must have oversight of the reviews and guide staff and how to complete these (see requirement 1).

Requirements

1. By 1 August 2025, the provider must support people's health and wellbeing by ensuring a personal plan is in place that reflects people's outcomes and wishes.

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

- (a) Personal plans set out how people's health, welfare and safety needs are to be met.
- (b) Personal plans are subject to regular evaluation and audit to monitor quality and effectiveness.

This is to comply with Regulation 5 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:

'My personal plan (sometimes referred to 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).

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

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 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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