

Balmoral Health and Social Care Support Service

Office 8-12
Grangemouth Enterprise Centre
Falkirk Road
Grangemouth
FK3 8XA

Telephone: 01324 474 895

Type of inspection:
Unannounced

Completed on:
19 June 2025

Service provided by:
Balmoral Homecare Ltd

Service provider number:
SP2005007958

Service no:
CS2005113372

About the service

Balmoral Health and Social Care was registered with the Care Inspectorate on 27 June 2006 and is registered to provide a care service to adults and older people in their own homes, including people with mental health problems, people with alcohol misuse problems, people with physical and sensory impairment or people with learning disabilities.

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

The office is based in a business park in Grangemouth and covers Stirling, Falkirk, Larbert, Polmont, Grangemouth and outlying areas. At the time of the inspection, the service was provided to around 100 people.

About the inspection

This was an unannounced inspection which took place on 4, 5, 9, 18 and 19 June 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 10 people using the service and three of their relatives, with additional feedback from a further 13 people
- spoke with six staff and management and had feedback from a further 11 staff
- observed practice
- reviewed documents
- spoke with visiting professionals.

Key messages

- Balmoral Health and Social Care provided an overall good service to people.
- There were improved outcomes for people because review and quality assurance practices had improved.
- There were still some areas of practice to build on and the management team were focused on these.

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?	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?

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 we spoke with were overall happy with the care and support they received. People told us they liked their regular staff and felt that, in the main, they had good consistency of carer and visit times. We could see from reviewing documents and speaking to staff that there was overall good consistency and this afforded people the chance to receive care and support from staff who knew them well.

Staff were knowledgeable in regard to ensuring sufficient gaps between medication administration where necessary and supported people to do as much as they could for themselves, thereby retaining skills, abilities and independence.

Staff were aware of infection prevention and control (IPC) and food hygiene practices. We observed that staff used appropriate IPC procedures including hand washing. We noted that where any issues or concerns were raised from people using the service about staff practice this was addressed timeously, with appropriate refresher training or support being provided. Spot checks were carried out to ensure that staff practice met the level expected. People received appropriate support with topical medications and health professional feedback was very complimentary in regard to how people were supported with wounds, skin integrity and repositioning.

There was a tool in place for completing medication audits; however, this had not yet been fully implemented. We could see that the tool could offer useful insights and quality assurance and encouraged the management team to put this in place soon which they planned to do.

Some people received social support to help reduce isolation, ensure they could access essential services, and have meaningful activity. This helped to enrich people's quality of life.

Most people felt that staff were respectful of them, their home and relatives; however, a couple of people fed back that they did not feel this was the case for them, and that staff could be more careful with things like moving equipment through doorways in their homes.

Some people had call times that seemed particularly early; for example, 15:00 hours for a tea call. We were told this was due to some runs being merged to accommodate staff holidays; however, people expressed frustration at this. Recruitment was ongoing to bolster staff resources and enable more suitable call times for people.

Where people had accidents within their homes, there was appropriate action taken to ensure their safety, and staff were reminded as needed to stay with people should they be waiting on out of hours assistance or an ambulance. This demonstrated compassionate care and support.

Appropriate action was taken where there were concerns about people's wellbeing, through adult support and protection or through liaison with family health and social work to look at how issues could be addressed.

Regular reviews took place in people's homes, and this enabled people to have the opportunity to highlight

any concerns or changes they may need. We could see that care plans were updated in response to those changes which supported staff to know what needs people had.

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.

Work had been carried out to better manage people's visit times so that consistency of staff and times was improved. There was still some work to be done to complete this. However, there was good oversight of this that enabled the management team to identify where they needed to focus resources and recruitment activity.

There were some changes about to happen within the leadership team. We could see that people coming into new roles would need time to adjust into these and then further developments could be undertaken. Induction and support arrangements were in place and appeared robust enough to help staff become competent and confident in these roles.

Staff had access to out-of-hours support in the event of any issues or difficulties. We noted that, on occasion, the advice given to staff was poor; however, this had been picked up appropriately by management and actions taken to rectify the issue.

Overall, staff rotas were well planned and staff had opportunities for breaks. Some staff had merged rotas, and on these days, there was more time pressure for staff as it involved further travel distances. However, staff were clear that this was not the norm, and they knew the reasons for this; for example, that one of their colleagues was on holiday.

Staff morale was fairly good. Staff appeared to be supportive and respectful of each other and overall, they had regular back to backs with some gaps being recruited to. Staff team meetings took place fairly regularly and information was shared with staff to enable them to keep motivated and feel valued. Staff were supported in their practice through spot checks and observations.

One issue that was reported by staff suggested a concern with the moving and handling practices of some internationally recruited staff. We discussed this with the management team as this has been an issue previously. We advised the management team to look into this further in order to ensure that practice is as it should be, perhaps by making some adjustments to the observation and spot check proformas to include some feedback from people receiving the service or colleagues with regard to this aspect. Despite these comments, we received positive feedback from a number of people using the service and other professionals with regard to moving and handling practices.

The organisation was providing training for managers to support them to recognise and manage poor practice. We look forward to seeing how this be used to support the ongoing improvement of the service going forward.

Supervision and appraisal was being provided to staff with high rates of completion. We encouraged the management team to ensure new personnel into key roles were given a good handover to support this to continue.

How well is our care and support planned?

4 - Good

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

We could see that efforts had been made to improve the quality and content of personal plans since this was last inspected. Whilst some plans continued to have fairly basic information, others were much more person-centred, detailed and clear. We could see that this standard was now established and work was underway to develop all plans in line with this.

Personal plans were regularly reviewed and updated, and we noted that where people have more support activity, such as a shower day, they are given a longer time for this. The service was open to requesting more time if this was what was needed for the person.

Some people we spoke with were not aware of the service's complaints processes. This information was given to people at the start of the service; however, this could usefully be revisited. We suggested it could be helpful to revisit with people using the service as part of their review process.

Risks were identified and managed through the care planning process. Where things changed for people, this was captured within the plans and risk assessments, and staff had access to up-to-date information about people. This meant people could be supported safely.

Overall, there was progress in regard to care planning and risk assessment. There were assurances in place that meant these were regularly monitored, through the service compliance action plan, audit and overall service improvement plan. This meant that the quality of care and support planning could be supported to further improve.

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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.