

Balhousie Luncarty Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
5 June 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272017

About the service

Balhousie Luncarty Care Home is part of the Balhousie Care Group and is registered to provide a care service for 32 older people.

The accommodation is a Victorian era building that retains many period features. There are 10 bedrooms on the ground floor, five bedrooms are situated on level one, and the remaining bedrooms are located on the second floor. Some bedrooms have en suite facilities.

The ground floor has two lounges and dining room as well as access to a large enclosed garden. A passenger lift provides access to the upper floors and the basement. The home has access to a range of local amenities.

The Balhousie Luncarty brochure states: "The prime focus for our entire team is creating a caring environment based on respect and dignity and providing a holistic approach to the care of residents".

This service has been registered with the Care Inspectorate since 1 October 2010.

About the inspection

This was an unannounced inspection which took place on 4 and 5 June 2025. The inspection was carried out by two inspectors 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 five people using the service and two of their family/friends/representatives
- spoke with 11 staff and management
- reviewed survey responses completed by 10 people living in the service, six relatives, eight staff, and four visiting professionals
- observed practice and daily life
- reviewed documents
- spoke to a visiting professional.

Key messages

- People were generally satisfied with their care and support.
- Activities had improved in the home and people were able to access physical exercise more regularly.
- Staff worked well together.
- Safe management of medication needs to continue to improve.

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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

People should be supported to get the most out of life. People appeared to be relaxed and comfortable in their home and benefitted from the welcoming, relaxed atmosphere. Staff were attentive to people's needs and knew people well. We observed staff's caring and reassuring interactions with people. People were supported to make choices throughout the day about how they spent their time. People were supported to maintain their independence with routines that were important to them.

A range of group activities were available in the home and there was a connection with the local nursery which people enjoyed. People had been consulted about the activities they would like and these helped to inform the weekly activity plan. Activities included armchair exercises and games that promoted movement. This helped to ensure that people were supported to move regularly as well as to have fun. This contributed positively to people's physical and emotional wellbeing. It was positive to see that people were sometimes able to get outside for walks and into the garden. The service should continue to build on this and further develop use of the garden and encourage people to move regularly and remain as active as they can be.

People's health and wellbeing should benefit from their care and support. People's health and wellbeing was being monitored. This included food and fluid intake and weights. There were good links with healthcare professionals and referrals were made as needed. This helped to ensure that people were supported with their healthcare needs.

At our last inspection we identified a number of concerns regarding the safe management and administration of medication and made a requirement. The service has made some improvements in relation to the safe management and administration of medication, however we have extended the timescales of the requirement to enable the service to demonstrate sustained improvement (please see the section 'What the service has done to meet any requirements we made at or since the last inspection' for further details of this).

There was a relaxed, unhurried atmosphere at mealtimes. The service had consulted with people and, as a result, had adapted mealtimes to change the main meal of the day to lunch time. It was positive to see that people were involved in making improvements to the service. We encouraged the leadership to monitor and evaluate the changes they had made, to ensure that people's nutritional needs were being met and to consider how people could be more involved in menu planning.

There were systems and resources in place to support infection prevention and control. Staff had completed the necessary training relevant to their role. This resulted in a reduction of risk of cross infection to people experiencing care.

Overall, hand hygiene was being managed well. There was access to alcohol-based hand rub at various points throughout the home and there was signage directing people to handwash facilities. We reminded the provider during the inspection the importance of staff adhering to guidance and the use of nail products.

Staff had access to sufficient supplies of personal protective equipment (PPE) and cleaning materials. Staff were observed to use and dispose of PPE appropriately and waste management was in line with best practice guidance.

There were systems in place to monitor and review the environment and effective processes to raise concerns. When we spoke with staff they appeared to understand their responsibilities in respect of cleanliness and maintenance. Housekeeping and maintenance staff told us that they felt supported in their roles and had no issues in accessing resources or training. Together, this contributed positively to maintaining a clean and safe environment.

How good is our leadership?

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 leadership team effectively used the provider's quality assurance processes to monitor all aspects of the service. A comprehensive range of audits was carried out, with clearly defined actions contributing to the service improvement plan. It was positive to see staff from various roles involved in quality assurance activities, promoting shared responsibility and accountability.

The service improvement plan outlined key development areas identified through internal quality assurance, inspection feedback, and contract monitoring. It also incorporated input from residents, their families, and staff and was made accessible via the noticeboard. This inclusive approach helped to foster a culture of continuous improvement. However, we noted delays in addressing environmental risks due to the need for provider approval before implementing changes. These delays contributed to a lack of visible progress in some areas of the plan. We acknowledged the importance of a structured approach to environmental improvements and encouraged the provider to prioritise these works and establish clear completion timelines.

Regular staff meetings provided a platform for open discussion about the home and individual roles. Meeting minutes were informative and reflected the manager's transparent and inclusive leadership style. Staff reported that service leadership was approachable and supportive and confirmed they received regular one-to-one supervision.

How good is our staff team?

4 - Good

We evaluated this key question as good. There were a number of important strengths which outweighed areas for improvement.

Systems were in place to support the assessment and deployment of staffing arrangements. People's needs were regularly reviewed to ensure the appropriate number of staff with the right skills were available at key times. However, further development is needed to ensure staffing levels consistently support individuals to engage in social activities and experience more meaningful community involvement.

Staff demonstrated responsiveness to changing needs, regularly checking on individuals supported in their bedrooms. Call bells were answered promptly and people told us they did not have to wait long for assistance.

Staff breaks were managed to minimise any impact on care delivery and staff presence was consistently visible throughout the home. Staff reported that while the service was busy, staffing levels generally felt appropriate. Planned absences and holidays were typically covered by the existing team, although unplanned absences posed more challenges. The provider had systems in place to cover absences using internal staff wherever possible, helping to maintain continuity of care.

A warm and collaborative atmosphere was evident, with staff working well together and showing commitment to service improvement. Staff were receptive to new ideas, advice, and guidance. Those not directly involved in care delivery were recognised for their contributions, which positively influenced the overall functioning of the service and outcomes for people.

Information sharing was well managed and staff demonstrated strong knowledge of residents' needs. Effective systems were in place to communicate essential information and tasks, supporting the smooth operation of the home.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While strengths had a positive impact, key areas needed to improve.

The service operates within a Victorian building which was originally a dwelling house. Modifications to the design and layout of the internal footprint of the building have resulted in functional spaces, rather than meeting the needs and preferences of people experiencing care.

The environment was clean, free from intrusive noise and odours, and staff were mindful to open windows to allow fresh air into the environment. While there had been an improvement in lighting since our last inspection, some areas of the home remained quite dark. This may continue to present a difficulty for people experiencing cognitive and visual decline. The provider should consider ways in which brightness could be improved.

People could choose from communal and private areas and most people gravitated towards the lounge area as this appeared to be the hub for activity. We did see some people attempt to move to other areas, however staff guided them back to lounges. It is important that people are supported to safely mobilise and choose where they wish to spend time.

Some areas in the home would benefit from redecoration and some fixtures and furniture required to be upgraded. The provider had identified much of these issues in their own improvement plan but progress to make improvements was slow.

Outdoor space was under development and people were now able to enjoy spending some time outside in a secure garden to the rear of the building. While people were not yet able to freely access this space, plans were ongoing to make this a possibility. People experiencing care and staff were excited about how they could continue to develop this area. We will follow up progress at our next inspection.

The provider had engaged with people experiencing care and their families about how to develop the environment. It is important that people are supported to understand their rights in experiencing a high quality environment.

We raised a concern during the inspection regarding the risk assessment and management of falls. There were insufficient measures in place with regard to stairs and walkways inside the home. The provider took immediate remedial action, however further measures are necessary to adequately assess and manage this risk (see area for improvement 1).

Areas for improvement

1. To ensure people's safety, while encouraging movement and promoting independence, the provider should adequately assess and manage the risk arising from the premises and any additional risks for individual residents. Where residents are at risk, further measures are needed to prevent them falling from height. This includes, but is not limited to, internal and external stairs and steps.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.19); and 'I can independently access parts of the premises that I use and the environment has been designed to promote this' (HSCS 5.11).

How well is our care and support planned?

4 - Good

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

People had electronic care plans that were detailed and informative, clearly outlining the care and support they required. Supporting legal documentation was in place, helping to ensure that individuals' rights were upheld and protected. Most care plans included meaningful personal information, such as what was important to the person, their interests, and life history.

A range of assessment and screening tools informed support planning. These were reviewed regularly and helped identify potential risks to health and wellbeing, including skin integrity, nutritional status, and falls. Where appropriate, timely referrals were made to external professionals, ensuring people received the right support to maintain their health and wellbeing.

While we were assured that care plan reviews were taking place, we noted that risk assessments and care plans were not always updated promptly following incidents, accidents, or changes in a person's needs. It is essential that these documents remain current to support individuals in a risk-enabled way that promotes people's independence. The management team had identified this issue and planned to support staff in improving the responsiveness of care planning to ensure care plans are accurate and guide staff to deliver appropriate care and support.

Progress had also been made in supporting people to identify their preferences and wishes for future healthcare and support. This is a positive development and should continue to be built upon.

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

Requirements

Requirement 1

By 16 June 2023, the provider must ensure that service users experience a service which is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes.

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

- a) ensure there is a quality assurance system in place to support a culture of continuous improvement;
- b) ensure effective action planning takes place within reasonable timescales which addresses identified areas for improvement; and
- c) ensure the quality assurance systems and processes in relation to maintenance checks are carried out routinely.

This is in order to comply with Regulations 3 and 4(1)(a) 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: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 5 April 2023.

Action taken on previous requirement

This requirement was made at a previous inspection where it was found that audits were incomplete and some routine checks were not being carried out.

Since then, quality assurance systems have been implemented and embedded. They are being used to identify areas for improvement (please see the section 'How good is our leadership?' for further details). The manager has actively involved all stakeholders in driving the service forward and it was encouraging to see the high level of engagement. This collaborative approach is helping to foster a culture of continuous improvement.

It was positive to see that the leadership team had identified the need for some environmental improvements via quality assurance processes. However, this work had not yet been scheduled due to delays in obtaining approval from the provider. We highlighted this to senior management and they agreed to progress this.

Met - outwith timescales

Requirement 2

By 31 January 2025, the provider must ensure that service users are safe from harm by administering medication safely.

In particular, the provider must:

- a) Ensure that medication administration records are completed accurately.
- b) Ensure that monitoring arrangements are responsive to any errors in the administration or recording of a service user's medication.
- c) Ensure that all medication is in date and stored appropriately.

This is in order to comply with Regulation 4(1)(a) and 15(b)(i) 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: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

This requirement was made on 13 November 2024.

Action taken on previous requirement

We made this requirement at our last inspection as we had identified a number of concerns regarding the safe management and administration of medication. There was the potential for out-of-date medication to be administered and a number of people's stock counts were inaccurate. There was a risk that they were not receiving their medication as prescribed. This had the potential to affect people's physical and emotional wellbeing.

Staff responsible for medication had undertaken refresher training and new systems had been put in place in relation to stock checks. Reflective practice and competency assessments were being used to support practice as well as increased checks and audits in relation to medication.

We found that medication administration recording had generally improved, however we identified that a medication dose had been changed by the prescriber but this had not been changed on the system. We were able to establish that medication was given as prescribed, however staff administering medication had not recognised this recording error for several weeks. We also found some items that were no longer in date. The service was responsive and rectified these issues.

We have extended the timescale for this requirement until 1 September 2025, to ensure that safe practice in the administration and storage of medication is sustained.

Not met

Requirement 3

By 28 February 2025, the provider, must promote the health, welfare, and safety of those who use the service by ensuring that all care plans and risk assessments:

- a) accurately reflect the current health and care needs of the person and accurately describe the support required to meet those needs;
- b) accurately identify any risks to the person's health and include an assessment of those risks and the steps that are to be taken to reduce or mitigate them; and
- c) are reviewed every six months or more often if required, with the person and/or their representative.

This is in order to comply with Regulation 3, Regulation 4(1)(a), and 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 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).

This requirement was made on 13 November 2024.

Action taken on previous requirement

We made this requirement at a previous inspection as we had concerns that reviews were not being undertaken within timescales and some care plans contained inaccurate or conflicting information.

We found that the service had made a number of improvements in relation to this. Care plans had been reviewed and appeared to accurately reflect people's current health and care needs and the support they required. The service should continue to build on people's involvement in their care planning and reviews to ensure that they are personalised and reflect people's needs and aspirations.

Risk assessments were in place, however we discussed the importance of these being updated promptly in response to incidents and accidents. The administrator had implemented a tracker which supported the service to ensure that reviews were undertaken within timescales.

Met - outwith timescales

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?	3 - Adequate
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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