

Balhousie Clement Park Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 June 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010273694

About the service

Balhousie Clement Park is a purpose-built care home and is located in the residential area of Lochee, Dundee, close to bus services, local shops, and schools.

Balhousie Clement Park offers support to up to 49 older people, including up to 10 people with enduring mental health issues. Accommodation is provided over two floors and divided into four distinct units: Discovery, Keillor, Cox, and Thomson. Each unit has its own dining and lounge area. All 49 bedrooms are single occupancy with en suite bathroom facilities. There is lift access to the upper floor.

Outside there is a secure garden area that is accessible from the ground floor units.

About the inspection

This was an unannounced inspection which took place on 23 June from 09:30-18:00 and 24 June 2025 from 09:30-17:15. The inspection was carried out by three 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 12 people using the service and two of their family/friends/representatives
- reviewed surveys from 15 people using the service/family/friends/representatives
- spoke with nine staff and management
- reviewed surveys from five staff
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Staff supported people with genuine warmth and concern.
- Staff worked cooperatively.
- Some people wanted more opportunities to be outside in the garden and in the community.
- Leaders were knowledgeable about aspects of the service which required improvement.
- Medication management requires improvement.
- Care planning requires improvement to ensure people's health and wellbeing needs are being met.

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?	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?

3 - Adequate

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

Staff were observed interacting with people in a manner that demonstrated compassion, dignity, and respect. The atmosphere throughout the home was calm and settled, which appeared to be a reflection of staff's familiarity and knowledge of people in their care. Emotional support was provided sensitively and residents were comforted appropriately when experiencing distress.

The management team had identified the need to improve people's involvement to ensure that people's views and preferences are actively sought. As part of the service action plan, initiatives included conducting resident surveys focused on daily life, enhancing the structure and frequency of resident meetings, and increasing people and families' participation in the 'resident of the day' programme. We look forward to seeing how promoting more involvement helps to progress improvements in the service.

Progress has been made in addressing previous areas for improvement related to activities. Documentation of residents' interests and preferences has improved, indicating a more person-centred approach. However, the newly formed activities team was not yet fully operational. While staff were making time to interact, opportunities for engagement with meaningful activities were somewhat limited. Several people expressed a desire for more activities and the opportunity to spend time outdoors. One person said, "There is a lack of activities". Another said, "I want to go out regularly, want to go shopping, want to do some activities, and want to go out for coffee".

The new manager and leadership team had recognised the impact of the limited opportunities and had incorporated developing activities into the service's action plan. The area for improvement has not yet been fully met. It is essential that people are provided with a diverse range of meaningful activities, including physical exercise and outdoor access, to support their overall wellbeing.

The care home had recently appointed a new clinical lead and the team was actively updating health assessments. A Plan-Do-Study-Act (PDSA) cycle had been implemented to help improve continence management. This included the appointment of a continence champion, training for staff, a revised system for pad allocation, and continence reassessments. This was a positive approach to take and had already led to improvements in the support of people's continence needs.

Internal quality assurance processes had identified significant issues related to stock counts, overstocking, and controlled drug incidents. During the inspection, a medication audit was conducted and found number of inaccurate stock counts. While efforts to address the safe management and administration of medication were ongoing, the current situation poses a potential risk to residents. We were not confident that medications were always being administered as prescribed. We have made a requirement to ensure robust systems are in place for the safe management and administration of medication (see requirement 1).

It was encouraging to observe that falls care plans were being implemented. As part of the strategy to reduce falls, opportunities for physical activity should be further developed. The introduction of a frailty assessment tool is a positive step, enhancing clinical oversight and enabling timely responses to residents' changing needs. We discussed with the leadership team the importance of having a tool in place to help monitor and have effective oversight of people's changing needs in relation to palliative and end of life care

and were advised that there was a plan for implementation. We shall follow up progress with the implementation of this at our next inspection.

Feedback regarding meals was mixed. One person said, "Food could be better choices and nice snacks, as I currently have to use my own as there are only cheap biscuits on offer". Another said, "I'd like more choice on food for lunch and tea". The manager had identified this as an area for improvement and initiated a PDSA cycle to involve residents in menu planning. A new chef had been appointed and updated menus have been introduced. It was agreed that this was a work in progress, however the mealtime experiences observed were relaxed and unhurried, with people being sensitively supported and encouraged to eat and drink.

Requirements

1. By 30 September 2025, the provider must ensure that service users are safe from harm by administering medication safely.

In particular, the provider must at a minimum:

- 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 the effectiveness of pain medication is evaluated and people receive pain medication promptly.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) and Regulation 15(b)(i) (Staffing) 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).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people.

The provider's quality assurance processes had identified specific areas within the service that required improvement. In response, the newly appointed manager had implemented a structured action plan. A Plan-Do-Study-Act (PDSA) improvement methodology was being used to guide and evidence progress, particularly in relation to medication management, continence care, involvement, and nutrition.

To strengthen oversight and promote accountability, the leadership team had introduced designated champion roles across key areas of care. Champions had been appointed for foot care, infection prevention and control (IPCT), continence, and wound management, with further roles planned for nutrition and dignity. This proactive initiative supported the embedding of quality assurance into daily practice and empowered staff to take ownership of service standards.

During the inspection, we observed a 'flash' meeting in which all staff actively contributed and received clear communication regarding required actions. This demonstrated an effective and structured approach to team coordination and information sharing.

Complaints were being appropriately logged, investigated, and responded to, with documented feedback provided to complainants. Learning from complaints had informed service improvements, including the development of a continence-focused PDSA cycle to help improve the quality of care and support.

There was clear evidence that the management and leadership team had a sound understanding of the service's strengths and areas for development. We discussed the importance of ensuring sufficient support was in place to sustain and progress the improvement work. The senior leadership team acknowledged this and agreed to provide additional resources to support the service's new leadership team.

While the service had not yet achieved its desired outcomes, the recent appointment of a new leadership team had led to a positive shift in culture and commitment to continuous improvement.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people.

Staffing arrangements were informed by ongoing assessments of people's needs, with staffing levels adjusted flexibly in response to changes. Staff were visible throughout the home and supported people with compassion and respect. People we spoke with described staff as "excellent" and said they felt comfortable asking for help when needed.

Staffing levels generally allowed for more than just basic care needs to be met. Staff were present in communal areas and we observed positive, person-centred interactions. Staff appeared to know individuals well and responded appropriately to their needs. However, one person told us they were unable to go outside due to a lack of available staff. Others who required two staff to support them outside the home reported relying on staff to go to the shop on their behalf. The manager should review staff deployment to ensure people are supported to access outdoor spaces and community opportunities. This has been identified as an area for improvement (see area for improvement 1).

People benefitted from a staff team that worked well together. Some staff were consistently assigned to specific units, which promoted familiarity and continuity of care. It was also positive that other staff worked flexibly across the home, ensuring people were supported by familiar staff during periods of absence or leave. A family member commented, "The staff are all wonderful".

Staff reported feeling supported in their roles. A plan was in place to ensure regular and structured supervision, which is important for staff development, wellbeing, and maintaining high standards of care.

Feedback from people using the service and their families was generally positive. Comments included:

- "Staff are always helpful"
- "I find them all very good."
- "I am looked after well."

- "The staff are too busy to stand and chat for half an hour."
- "Some staff do not listen."
- "Staff team are mainly good and helpful."

Areas for improvement

1. In order to ensure people's needs are met, the provider should ensure that staff are deployed and organised effectively within the home to ensure that people can access outside spaces and their local community should they wish to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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' (HSCS 1.25); and 'I am helped to feel safe and secure in my local community' (HSCS 3. 25).

How good is our setting?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people.

The building provided a bright and spacious environment for people to live in. Individuals were supported in small units with access to kitchen areas, and those in downstairs units had access to small courtyard spaces. Bedrooms were personalised with photographs, books, and personal belongings, contributing to a homely atmosphere.

The environment was generally clean, tidy, and free from obtrusive odours. Where odours were identified during the inspection, prompt action was taken to resolve them. We identified some issues including bedding requiring laundering or replacement. Housekeeping and cleaning staff demonstrated familiarity with environmental and equipment decontamination procedures. The manager was responsive to any issues we raised but it was recommended that expectations around maintaining a clean and odour-free environment be reinforced with all staff.

Signage throughout the home clearly directed people to handwashing facilities. Personal protective equipment (PPE) was readily available and stored conveniently, although the quality and consistency of supply should continue to be monitored.

People could be confident that their home was well maintained and safe. Maintenance records were up to date, confirming regular servicing of fixtures, fittings, and care equipment such as hoists and stand aids. A fault reporting system was in place, and most repairs were completed in a timely manner. Some areas of the home required redecoration to maintain standards, and the manager had already identified this as a priority.

Secure garden areas were available but required attention to become more inviting and accessible. A plan was in place to enhance these spaces. There was limited evidence that people were routinely supported to access outdoor areas or the wider community. One person expressed a desire to go outside but was told there were not enough staff available. Please see the area for improvement made in the section 'How good is our staff team?'.

How well is our care and support planned?

3 - Adequate

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

Assessment and personal planning should reflect people's outcomes and wishes. Care plans were regularly audited. These detailed audits effectively identified gaps in documentation and practice. In April, it was noted that 29 people had overdue reviews; by the time of inspection, this had reduced to five, demonstrating progress in meeting the required six-monthly review timescales. The addition of a 'service review' section within care plans was a positive development intended to support staff in maintaining compliance with review schedules.

While improvements had been made in review timeliness, further work was needed to enhance the quality of reviews, particularly in ensuring that people's voices and views were meaningfully captured and reflected in the process. Improved involvement had been identified by the manager and included in the service's action plan.

Wound care planning was an area where further improvement was required. Although the service had identified this as a priority and had completed detailed audits, this work had not yet translated into improved documentation or practice. Three wound photographs were found to have been taken with dressings still in place, indicating a lack of understanding of the purpose of wound photography to record progression of the wound. In one case, a person was admitted with a wound covered by a hospital dressing but no assessment had been completed to determine the wound's condition. When this was raised, the manager took immediate action and it was found that the wound had healed. While this outcome was positive, the lack of initial assessment posed a risk of wound deterioration or infection.

The electronic care planning system provided a straightforward format for wound assessment and treatment planning but it was not being used effectively. Although a wound care champion was in place and tissue viability training had recently been delivered, there was a need for stronger oversight to ensure that wound care practices were safe, consistent, and clinically sound.

We also noted some people had stair gates in place, however there was no evidence of risk assessments or care plans to support their use. As this is a form of restrictive practice, it is essential that appropriate assessments, consent, and regular reviews are documented.

Legal documentation was in place in the care plans sampled, which was positive. However, it was important to ensure that people were supported to achieve outcomes that mattered to them. For example, some individuals had "going outside" listed as a goal in their care plans, yet there was no record of any outdoor activity during the previous month. Similarly, while the manager responded promptly to requests for cigarettes or vapes, the process lacked planning and people experienced delays. We were advised that this task had previously been managed by activity staff but no contingency appeared to be in place during their absence.

As a result of these findings, a requirement has been made (see requirement 1).

Requirements

1. By 30 September 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 are accurate and up-to-date.

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

- 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 wellbeing 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 (Principles), Regulation 4(1)(a) (Welfare of users), and Regulation 5 (Personal plans) 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).

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

In order to improve people's physical and mental wellbeing, you, the service provider, should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people, within and outside the home. People should be supported and enabled to participate in the way that suits them best.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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' (HSCS 1.25).

This area for improvement was made on 14 October 2022.

Action taken since then

It was positive to see that work had been done to gather people's views and interests about activities. We saw from photographs and a social media page evidence of people doing things that mattered to them. At the time of inspection however, the wellbeing staff had moved on and there had been a gap provision while waiting on the new staff team taking up their posts. As a result, this limited the activities on offer to people.

We also had feedback from people that they would like more activities and they were not able to go out into the garden or be out in the community.

We have continued this area for improvement to enable the service to evidence sustained improvements.

This area for improvement has not been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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?	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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