

## Balmoral Homecare – Ayr Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
25 June 2025

**Service provided by:**  
Balmoral Homecare Ltd

**Service provider number:**  
SP2005007958

**Service no:**  
CS2025000065

## About the service

Balmoral Homecare - Ayr is registered to provide a care at home and housing support service to adults and older people living in North, South and East Ayrshire.

The office is based in Prestwick and at the time of inspection the service was supporting 350 people.

The service provides flexible packages of care and support to meet people's need including: personal care and support with domestic tasks.

## About the inspection

This was an unannounced inspection which took place on 17 - 19 June 2025. 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 20 people using the service and 13 of their relatives
- Spoke with 10 staff and management
- Observed practice and daily life
- Reviewed documents including service questionnaires from 13 people who use the service and 39 relatives or representatives.

## Key messages

- People using the service and their relatives were satisfied with the quality of service provided.
- Comments about the consistent care staff was good and people appreciated this.
- Records need to accurately reflect the care and support that people receive and action taken when refused
- Care staff must understand the importance of promptly identifying and escalating issues.
- Care and support planning information should be more accessible, and tailored to be person-centred and focused on individual needs.
- Review meeting documentation should be more person-centred, particularly in reflecting the views and experiences of the individual and their relatives.
- Audits and spot checks should clearly show when issues have been identified and what actions have been taken to address them, especially if the issues are recurring.

## 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?	3 - Adequate
How good is our staff team?	3 - Adequate
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 made an evaluation of adequate for this key question. Whilst we identified some strengths, these were compromised by some weaknesses.

We reviewed the quality of care and support provided. While there were evident strengths within the service, we also identified weaknesses that could potentially lead to poor outcomes for people's overall health and well-being.

During our inspection visits to people in the community, we observed care staff engaging with individuals in a kind and compassionate manner. Staff demonstrated a strong understanding of the people they supported, with some having worked with the same individuals for several years. This continuity helped foster positive, trusting relationships with both individuals and their relatives, providing reassurance and confidence in the care being delivered. However, this level of consistency was not always maintained. Some people reported that when non-regular staff attended, the quality and standard of support did not meet the same expectations.

The service rotas did not include allocated travel time between visits, raising concerns about how staff could realistically meet scheduled appointments without reducing the time spent with individuals. As a result, we could not see how the rotas could operate effectively without impacting the duration of support provided. We raised this with senior management and recommended a review of rota planning to ensure individuals receive their full allocated support time.

We recognise that individual's wishes and preferences can influence the duration of care visits. For example, some people regularly declined personal care such as showers, resulting in shorter visit times. However, we were concerned that such instances were not being appropriately escalated or communicated to senior management. (See Requirement 1)

We also noted that the current care planning system did not effectively support data tracking or analysis to identify patterns. For example, when an individual consistently refuses care or support. The service must demonstrate how it responds to such issues and ensure that relevant agencies and professionals are informed and kept up to date with any developments.

We reviewed the medication administration procedures in place and noted that the assessment information regarding individual's medication competency required review. Several people we visited had been assessed as only needing prompts to take their medication; however, it was evident that they were unable to manage their medication independently and relied on staff for physical assistance. During the inspection, the service provider initiated a full review of all individuals receiving medication support to ensure that appropriate levels of assistance were being provided. (See Requirement 2)

We reviewed feedback from individuals we visited in the community, as well as responses from people who use the service and their relatives through returned questionnaire surveys. Overall, the feedback indicated general satisfaction with the quality of care provided.

Many comments, both written and verbal, praised the consistency and kindness of regular care staff, noting that their relatives felt settled and well supported.

Whilst another expressed "high satisfaction with the care provided and stated that the carers have given her confidence and reassurance, helping her feel safe at home." Some also commented on the variable nature of the support, "While there have been occasional issues when unfamiliar or non-local carers attend we're slightly rushed." They did not express any ongoing concerns and overall felt the service was working well.

## Requirements

1.

By 15 September 2025, the provider must ensure effective monitoring and tracking of individual's specific health and personal care needs to promote their overall health and well-being.

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

- a) ensure that intimate personal care is delivered in a timely manner and with dignity at all times
- b) ensure that any concerns about an individual's personal or health care needs are appropriately communicated and escalated with clear documentation of the service provider's response and actions taken to address issues.

This is to comply with Regulation 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: 'My care and support meets my needs and is right for me' (HSCS 1.19); and 'I am confident that people respond promptly, including when I ask for help' (HSCS 3.17).

2.

By 15 September 2025, the provider must ensure that individuals supported in the community receive their prescribed medication in the correct dosage and at the appropriate times.

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

- a) ensure up-to-date and accurate assessments of each person's competency and capability to manage their medication
- b) ensure care staff receive effective training and competency assessments
- c) ensure robust procedures are in place to monitor and manage the quality of medication administration records, and to escalate any concerns appropriately
- d) ensure senior management are made aware of any issues or ongoing risks in a timely manner.

This is to comply with Regulation 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 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' (HSCS 3.14).

## How good is our leadership?

## 3 - Adequate

We made an evaluation of adequate for this key question. Whilst we identified some strengths, these were compromised by some weaknesses.

We reviewed the service's quality assurance procedures and noted that several methods were in place, including review meetings, spot checks, and staff observations, aimed at evaluating service delivery and user satisfaction. However, it was unclear how effectively these procedures were functioning, as some of the issues identified during our inspection should have been addressed through these existing systems. We could see where concerns had been raised, there was limited evidence of how the service had responded or implemented changes to resolve them.

When we reviewed the various quality assurance methods in place, including observing a review meeting and sampling completed documentation, we found that the format and volume of questions appeared to prioritise form completion over meaningful, person-centred engagement. The provider must demonstrate that quality assurance procedures are effective and lead to improvements in service delivery. (See Requirement 1)

The service provider has acknowledged the need for temporary management cover to ensure effective management of the service during the current managers forthcoming leave. We requested that senior management submit an action plan outlining the interim management arrangements to ensure the continuity of the service and the ongoing development and effectiveness of quality assurance processes. (See Requirement 2)

### Requirements

1.

By 15 September 2025, the provider must demonstrate that quality assurance procedures are effective in safeguarding individuals and ensuring consistently positive outcomes for those receiving support. This should include how feedback and information are used to inform changes and drive continuous improvement in the overall quality of the service.

This is to comply with Regulation 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).

2.

By 15 September 2025, the provider must ensure that there is appropriate and competent management of the service during the manager's forthcoming leave.

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

a) submit an action plan to the Care Inspectorate outlining the interim management arrangements to be put in place to ensure the continuity of the service and the ongoing development and effectiveness of quality assurance processes.

This is to comply with Regulation 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 use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our staff team?

## 3 - Adequate

We made an evaluation of adequate for this key question. Whilst we identified some strengths, these were compromised by some weaknesses.

We reviewed the recruitment procedures in place to ensure that individuals employed by the service are suitably qualified and experienced to support vulnerable adults in the community. Recruitment is managed centrally from an office in England, where all relevant safety checks and documentation are completed before staff begin mandatory training and induction.

Currently, the induction process includes a single day at the office to review mandatory online training and operational procedures. We advised the service provider to consider extending this induction period, as the volume of information and checks involved may benefit from additional time. A longer induction could help staff feel more supported and valued, while reinforcing the importance of a thorough and well-structured supportive induction process. (See Area for Improvement 1)

Staff supervision and quality assurance spot checks were in place and had been useful in identifying issues. However, we noted that some previously identified concerns continue to occur. We expect to see a more proactive response from the service provider in addressing and acting upon the findings from these observations.

Feedback from people using the service and their relatives was generally positive, particularly in relation to long-term, consistent staff members. These staff have built strong, supportive relationships over time, which has helped foster trust and effective engagement with both individuals and their families.

### Areas for improvement

1.

The provider should review the current one-day induction process to ensure it offers sufficient support to staff at the start of their employment. Extending the induction would provide a more comprehensive introduction to the service, reinforce key guidelines and procedures, and better prepare staff for delivering care in the community.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: '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' (HSCS 3.14).

## How well is our care and support planned?

## 3 - Adequate

We made an evaluation of adequate for this key question. Whilst we identified some strengths, these were compromised by some weaknesses.

The electronic care planning system in use, while extensive and comprehensive in scope, was found to be cumbersome and made it difficult to easily locate individual's specific care and support needs. Although hard copies were available in people's homes, these contained only basic instructions such as assistance with personal care or meal preparation. More detailed information was accessible only through the mobile handsets staff had allocated to them. The care and support plans were largely functional and task-oriented, and lacked a person-centred approach that reflected individual's preferences, choices, and wishes.

Daily recording and progress notes were found to be basic and task-oriented, with limited information about individual's responses and interactions. The provider should consider developing a more person-centred approach to care planning that captures individuals' personalities, preferences, and the quality of their experiences during visits, alongside their specific care and support needs. (See Requirement 1)

We sampled completed review meeting documentation and observed one being carried out. We noted that the questions asked during the meeting were extensive but came across as functional and missed the opportunity for a more person focused meeting with discussion about outcomes and how their satisfaction with the care and support provided and if there were any issues or concerns. We also noted that although some issues were raised at review meetings, it was unclear how these had been resolved.

The assessment information regarding the individual and their level of medication competency, needs to be reviewed. Several people we visited were assessed as only needing a prompt for their medication, however, it was clear these individuals could not physically manage their medication and relied on staff to provide physical assistance.

During the inspection process the service provider implemented a full review of all the people they support with medication to ensure this was being undertaken appropriately.

### Requirements

1. By 15 September 2025, the service provider must ensure that people they are supporting in the community have an up to date accurate care and support plan in place and this information is easily available to care staff. This should clearly explain and describe the level and type of care and support each person requires and how people's health, wellbeing and safety needs will be met

In order to achieve this, the provider must, at a minimum:

- a) ensure personal support plans are reviewed and revised when there are any changes in the condition of an individual's health, or in their support needs.
- b) ensure assessments are up to date and in place to guide care staff in meeting individual's needs.
- c) ensure all assessments completed are accurate and available.
- d) ensure detailed information is accurately completed to confirm the daily support provided to each person.
- e) ensure management implement an ongoing quality assurance system for reviewing and evaluating personal support plans and daily records to ensure recording standards are maintained.



This is to ensure care and support is consistent with Health and Social Care Standard 1.15: 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. This is in order to comply with: Regulations 5(2)(b)(ii) and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 / 210)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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