

Balhousie Coupar Angus Care Home Service

Station Road
Coupar Angus
Blairgowrie
PH13 9FB

Telephone: 01828 424 930

Type of inspection:
Unannounced

Completed on:
20 October 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010274577

About the service

Balhousie Coupar Angus is a modern, purpose-built care home and is registered to provide care and support to 41 older people. It is situated in the small town of Coupar Angus and has good access to local health services and other community facilities.

The home is comprised of four separate units, one of which is dedicated to people living with dementia, providing accommodation for 10 people. There are two units located on the ground floor that have access to an enclosed and landscaped garden, with a summer house and seating area. There are a further two units located on the first floor. Each unit has a communal living and dining area and additional quiet spaces. There were 39 people living in the home at the time of inspection.

Residents are encouraged to personalise their rooms and may, if they wish, bring small items of furniture with them. A passenger lift provides access to the first floor.

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

About the inspection

This was an unannounced inspection which took place on 20 October 2025, between the hours of 0840 and 1600 hours. The inspection was carried out by two inspectors from the Care Inspectorate.

This was a follow up inspection to evaluate progress made since our last inspection, dated 16 April 2025.

To prepare for the inspection we reviewed information about the service. This included information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- discussed care practice and support provided with people and their relatives, and staff members
- spoke with seven people using the service
- spoke with four family members/representatives of people using the service
- spoke with seven staff and management
- reviewed documents.

The people we spoke with indicated that they were happy with the care and support provided, and were positive about the staff and management of the service. Many identified that additional staff would help provide more time for direct care, social interaction, and physical exercise.

Key messages

- Staff were kind and caring, and worked well as a team. Changes to staff deployment had made a positive difference to levels of observation and improved people's mealtime experience. Despite this, people told us that care staff were still focussed on providing direct care and support (which could prove difficult on occasions), with little time available for social interaction and physical exercise.
- A previous requirement had been made in relation to staffing. Further improvement was needed to enhance people's experience of care. As a result, this requirement has been restated and extended to 31 January 2026.
- The service had met three areas for improvement, which had been made as result of a complaint submitted earlier in 2025.

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 good is our staff team?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our staff team?

3 - Adequate

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

This key question only examines our evaluation of a previous requirement related to staffing.

Staff worked well as a team and were kind and caring in their approach to people. We noted improvements in staff cover since the last inspection. Changes to staff deployment had been maintained and continued to make a positive difference to levels of observation and people's mealtime experience. A 'floating' staff member worked across all four units between 0800 and 1400 hours. We heard that they were available most days and that their presence made a real difference to the standard of care provided. Despite this, people told us that care staff were still focussed on providing direct care and support (which could prove difficult on occasions), with little time available for social interaction and physical exercise.

The service employed an activities coordinator, who mainly worked weekdays between 0800 and 1700 hours. They were enthusiastic and keen to develop opportunities for people to be involved in various activities. However, it was not possible for them to involve everyone in activities and physical exercise. It is therefore important to allow more time for care staff to deliver this, alongside direct care and support. Access to regular activities and exercise is important in helping to maintain and improve people's mental and physical health. This is a matter for service managers to address.

A previous requirement had been made in relation to staffing, as detailed under Requirement 1 in the section of this report titled 'What the service has done to meet any requirements we made at or since the last inspection'. Progress had been made in addressing this requirement; however, further improvements were needed to help staff better meet people's direct care needs, and provide more opportunities to involve people in social activities and physical exercise. The requirement has not been fully met and has been restated and extended to 31 January 2026. See requirement 1.

The service used the 'Depensys' staffing tool to assess staffing needs. This was updated regularly. The manager also assessed additional needs, which was informed by their professional judgement and the views of staff attending daily management 'flash meetings'. This had previously resulted in the allocation of an additional staff member to morning/early afternoon shifts. However, given our findings above, the service needs to give further consideration to staffing. Taking the views of staff and people using the service/their representatives into account would be helpful in respect of this.

The service was recruiting a carer and chef to cover absence and vacant posts. These posts were likely to be filled in the weeks following this inspection.

Staff had access to ongoing online and face-to-face training, which was appropriate to their roles and responsibilities. This is important in ensuring that staff have the necessary knowledge and skills to deliver high quality care.

Requirements

1. By 1 August 2024 the provider must, having regard for the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users:

a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210)).

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

This requirement was first made as part of a four-element requirement on 6 June 2024, and was extended to 30 November 2024. Improvements were noted following review and another extension was made to 16 February 2025 to allow for further improvements.

At our inspection, dated 16 April 2025, three of the four elements of the original requirement were met. Improvements were also noted in relation to this element of the requirement. Therefore, additional time was allowed for further improvement. The remaining element of the original requirement was restated and extended to 31 July 2025.

At this inspection, progress had been made in addressing the requirement; however, further improvements were needed to help staff better meet people's direct care needs and provide more opportunities to involve people in social activities and physical exercise. The requirement has not been fully met, and has been restated and extended to 31 January 2026.

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

Requirements

Requirement 1

By 1 August 2024 the provider must, having regard for the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users:

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This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

This requirement was made on 6 June 2024.

Action taken on previous requirement

This requirement has not been fully met. It was first made as part of a four-element requirement on 6 June 2024, and was extended to 30 November 2024. Improvements were noted following review and another extension was made to 16 February 2025 to allow for further improvements.

At our inspection, dated 16 April 2025, three of the four elements of the original requirement were met. Improvements were also noted in relation to this element of the requirement. Therefore, additional time was allowed for further improvement. The remaining element of the original requirement was restated and extended to 31 July 2025.

At this inspection, progress had been made in addressing the requirement; however, further improvements were needed to help staff better meet people's direct care needs and provide more opportunities to involve people in social activities and physical exercise. The requirement has therefore been restated and extended to 31 January 2026.

Please see Key Question 3: 'How good is our staff team?' for details of our findings.

Not met

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

Complaint case number: 2025138360 (26/03/2025)

Complaint area for improvement 1

To ensure positive outcomes for people, the provider should ensure that the staff team are responsive to changes in people's health and presentation utilising appropriate monitoring processes and recording.

This is to ensure care and support is consistent with Health and Social Care Standard 1.14: My future care and support needs are anticipated as part of my assessment.

This area for improvement was made on 20 May 2025.

Action taken since then

Staff received training appropriate to their roles and responsibilities, and an in-house trainer was available to update staff on the use of the service's electronic care planning system.

People's health and social care needs were discussed at daily 'flash meetings' and monthly staff meetings. We also heard that group supervision had been provided for nursing and care staff around monitoring and recording people's healthcare needs.

The care plans examined showed that people's care and support needs had recently been reviewed.

On the basis of our findings, this area for improvement has been met.

Previous area for improvement 2

Complaint case number: 2025138360 (26/03/2025)

Complaint area for improvement 2

People experiencing care should expect to receive the care and support they need to maintain health bowel habits and their individual needs considered. The provider should ensure staff have the skills, knowledge and continence products required to deliver effective timely continence care and support.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 20 May 2025.

Action taken since then

Relevant staff had completed training related to urinary continence, catheter management, and bowel care. Appropriate assessments had been carried out with involvement of the local NHS continence service. No recent issues regarding supply of continence products were identified.

On the basis of our findings, this area for improvement has been met.

Previous area for improvement 3

Complaint case number: 2025138360 (26/03/2025)

Complaint area for improvement 3

The provider should ensure that residents, relatives and their representatives experience appropriate, and timely communication regarding their general health and welfare. Preferences for contacts should be established and records to be kept demonstrating effective communication with representatives.

This is to ensure care and support is consistent with Health and Social Care Standard 4.3: I experience care and support where all people are respected and valued.

This area for improvement was made on 20 May 2025.

Action taken since then

We examined several care plans. All were up to date and there was evidence of regular communication with people's relatives. The service had emailed relatives in June 2025 asking for their communication preferences, with responses recorded in care plans.

Feedback from people's relatives during our inspection identified that communication from the service was effective and timely.

On the basis of our findings, this area for improvement has 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 good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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