

Balclutha Court Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
22 September 2025

Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142878

About the service

Balclutha Court Care Home is a nursing home in the west end of Greenock. It supports up to 75 older adults and 8 younger people. At the time of inspection, there were 74 people living in the home. The provider is Barchester Healthcare Ltd.

The building has two floors. Each floor includes a dining room, communal living areas of different sizes and accessible bathrooms. 20 of the 75 single bedrooms have ensuite facilities, and there are four double bedrooms. People can access a well-maintained enclosed garden from the ground floor. The service offers both long-term care and short-term respite support.

About the inspection

We carried out an unannounced inspection on 16, 17 and 18 September 2025, between 7:00 and 21:00. Two inspectors completed the inspection. To prepare for the inspection, we reviewed previous inspection reports, registration details, and updates from the service.

In making our evaluations of the service we:

- spoke with 11 people using the service and seven of their family members
- spoke with 15 staff and management
- spoke with three visiting professionals
- reviewed 13 survey responses from family members and staff
- observed practice and daily life over three days
- reviewed documents.

Key messages

- People experienced compassionate care that supported their health and wellbeing.
- People and relatives were happy with the quality of care and leadership.
- Managers listened to feedback and helped people and families feel respected and involved.
- Medication systems needed improvement to reduce errors and protect people's safety.
- Group activities were engaging but people who were unable to join these lacked meaningful alternatives.
- Staff were skilled, but at certain times reduced staffing levels impacted timely care for people.
- The environment was safe and welcoming, but design improvements were needed to support independence for some people.

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 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?	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 because several strengths positively impacted outcomes for people's health and wellbeing. These strengths clearly outweighed the areas that needed improvement.

The home was welcoming, with compassionate and knowledgeable staff working well together to provide good quality care to people. People and their families spoke positively about the home, and several relatives said they felt welcome when visiting. One person told us, 'Staff are fantastic,' and another said, 'they really try to help you.' We saw staff making a strong effort to involve families and friends in care, by inviting them to meals, helping them host family parties, and including them in group activities. Building these relationships is vital for people's emotional and physical wellbeing. We saw frequent caring, and positive interactions between motivated staff and people, including from staff who were not directly involved in care. This caring approach from all staff helped create a strong team culture and a warm, supportive environment where people felt safe and valued.

We found improvements in the range of activities since our last inspection. Activity staff encouraged people to stay active through a varied and engaging programme of group events. Families spoke positively about seasonal activities, like summer fetes, and people in the community regularly attended the weekly book club meeting. However, people told us that there were not enough opportunities to get out in the community on the minibus. We also found that there still was not enough support for people who are not able to join group activities. This group of people should have equal opportunities to social interaction and a sense of community. We asked the service to prioritise this within their activity planning (see what the service has done to meet any areas for improvement we made at or since the last inspection).

Nursing and care staff supported people well with their health needs. They used recognised tools to assess health needs, worked closely with other professionals, and kept clear and accurate records. Records showed regular contact with GPs, dieticians, nurses, social workers, and mental health workers to support people's health in a joined-up way. Families told us that staff kept them informed about health issues. This helped everyone work together and supported person-centred care.

People enjoyed a varied and balanced diet, and we saw them eating in a relaxed and pleasant atmosphere. A new chef had added more variety to meals and several people told us food had improved. Leaders introduced different ways for residents to choose their meals and share feedback, and we saw people making individual choices during mealtimes. Personal plans did not always clearly describe people's nutritional needs. In addition, kitchen staff did not always follow best practice when it came to adding extra nutrition to meals for people with specialised diets. To help the service better meet people's nutritional needs we have made an area for improvement about nutrition (see area for improvement 1).

Areas for improvement

1. To make sure people get the right food and nutrition, the provider should make sure staff preparing modified meals have the right knowledge and feel confident in their roles.

This includes reviewing the information shared with kitchen staff, so it clearly shows what type of meal each person needs, including any changes like adding extra nutrients.

The provider should ensure staff have sufficient training and guidance to help build their skills and understanding in this area.

This is to ensure 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' (HSCS 3.14)

How good is our leadership?

4 - Good

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

The management team played an active role in the daily running of the home and welcomed feedback from residents, families, and staff. People told us they felt comfortable raising concerns, and staff responded to complaints in an open way that helped improve outcomes. The service offered several ways for people to share their views, including residents' and relatives' meetings, regular care reviews, and the approachable, day-to-day presence of leaders in the home. This open and inclusive culture helped people feel listened to and involved.

Leaders carried out thorough audits to check the quality of care. They kept clear records and had effective management oversight, which helped them spot and follow up on any issues. The service's improvement plan was based on these up-to-date audits and feedback from people and relatives, which puts people's experience at centre of service improvement. Leaders had clear systems to check and record people's health needs, including falls, infections, weight, and skin wounds. They collected this information to help guide decisions and improve care. They didn't always act on the patterns they found. For example, information showed times where people were more likely to fall in the home. There was no evidence that the home had made changes, like increasing staff, or seeking advice from health professionals, to support better outcomes for people during this time. Managers listened to feedback in this area and showed they were willing to act when people raised concerns. This gave us confidence that people were not being negatively affected.

Medication systems were generally well managed, however in one case, the quality assurance systems did not pick up an important error. We found one person had missed their medication for several days because of a communication and recording issue. Although the service acted quickly during our inspection to make sure the person received the right medication, this issue showed that the current quality checks didn't pick up the error. We have made an area for improvement to help the service strengthen its medication management to keep people safe (see area for improvement 1).

Areas for improvement

1. To help keep people safe and ensure they get the right medication at the right time, the provider should strengthen their quality assurance processes for medication management.

This should include, but is not limited to, reviewing how medication records are checked and how communication between staff is managed, to help prevent errors and missed doses.

This is to ensure 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' (HSC 1.19) and 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

How good is our staff team?

4 - Good

We evaluated this key question as good. While the service needed to make some improvements, the strengths in staffing arrangements clearly impacted people's experience positively.

The home had a stable, skilled, and experienced staff team who knew people well. Many staff had worked there for years, which helped build strong, trusting relationships and ensured consistent care. Management recruited new team members safely and organised training well. Staff had completed essential training, and the service used competency checks to make sure they had the right skills to deliver good care.

We saw staff across all roles providing warm, compassionate, and person-centred support. This extended to families and helped create a welcoming, inclusive atmosphere. People and relatives spoke positively about staff, describing them as responsive and attentive to individual needs.

Staff took part in regular team meetings, supervisions, and appraisals. These gave them time to reflect on their work, discuss training, and supported their wellbeing and personal growth.

Staffing levels were generally effective in meeting people's needs. There was a good mix of skills across shifts, which meant staff had access to the right support and guidance. The service used a dependency tool to assess people's care needs and plan staffing levels. The tool didn't fully account for peak times or changes in people's needs. One example of this was during the evening shift. We saw that staff did not have enough time during the evening shift to meet people's increased care needs, especially when two staff had to support one person. This led to some delays in care. We asked the service to review staffing levels during peak times, to help keep care safe, responsive, and person-centred (see what the service has done to meet any areas for improvement we made at or since the last inspection).

How good is our setting?

4 - Good

We evaluated this key question as good because we saw several strengths in the environment that supported positive outcomes for people. These strengths clearly outweighed the areas that needed improvement.

Staff kept the home clean and well maintained, which helped protect people from infection and accidents. One family member said, 'The home is immaculate.' We found some gaps in cleaning records, which made it hard to confirm whether staff completed all tasks. Despite this, domestic staff showed good knowledge and worked hard to maintain high standards of cleanliness in the home. Laundry staff also managed clothing and bedding well but needed more training on how to handle infectious laundry safely, in line with good practice guidance. This training is important to help protect people who were more at risk of infection.

The service carried out regular servicing and maintenance checks for equipment such as lifts, hoists, water temperature, and gas systems. Staff organised these checks well and kept clear records, this assured us that equipment was safe for people. We identified a fire safety concern during the inspection. Staff used fire escape corridors to store laundry bins and clothes rails. This presented a significant safety risk, so we made an area for improvement for the service (see area for improvement 1).

The service had made improvements to the home's environment since the last inspection. Some bathrooms had been updated and there were plans to modernise others. People spent time in both private and shared areas, which felt comfortable and personal. People's bedrooms reflected their personalities, and staff were redecorating rooms during the inspection. However, some parts of the home looked tired and worn. Communal areas needed fresh paint, and several bedroom doors had deep scratches from wheelchairs and equipment. A well-maintained environment supported people's dignity and helped them feel at home.

An accessible environment is essential to supporting people's independence, rights, and wellbeing. Given this, the building design did not fully support people with dementia or cognitive impairments. Dementia-friendly design recommends using contrasting colours, clear signage, and visual landmarks to support wayfinding and independence. We asked the service to improve décor and wayfinding so people could move around their home more easily and safely (see area for improvement 2).

Areas for improvement

1. To help keep people safe in the event of a fire, the provider should make sure that fire escape routes are always kept clear of combustible items.

This includes removing laundry bins, clothes rails, or any other flammable materials from corridors used as fire exits, and ensuring regular checks are carried out and issues followed up quickly.

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

'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

2. To support people's independence and help them move around safely, the provider should improve signage and wayfinding in the environment.

This should include, but is not limited to, making sure signs are clear, easy to understand, and placed where people need them most.

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

'I can independently access the parts of the premises 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 because we saw several strengths in assessment and planning that supported positive outcomes for people. These strengths clearly outweighed the areas that needed improvement.

The service recently moved to a new system for personal plans, and this took strong teamwork and leadership. The new plans were well structured, person-centred, and detailed. They reflected people's choices, preferences, and outcomes, including hobbies and interests. Sections about health needs and end-

of-life care were also thoughtful and person-centred. Leaders supported planning with regular audits to improve practice.

Staff used a key-worker system and carried out timely, in-person reviews of personal plans. These reviews included families and relevant health and social care professionals. While records showed a collaborative approach, the samples we reviewed lacked clear action plans. This made it harder to track progress and measure outcomes that could improve people's lives. The review records also did not include a dedicated section for the person's own views and wishes. Without this, staff may not have fully heard or reflected people's voices in their reviews. We asked the service to add this section.

Risk assessments we sampled needed improvement. Some risk assessments lacked up to date information, while we considered others to be overly restrictive. For example, we saw plans that required hourly overnight checks for people with bed rails. This conflicts with people's right to privacy. We have advised the service to take a more balanced approach to risk, to support people to exercise their rights and live more independently.

Despite these areas for improvement in personal planning, outcomes for people remained positive. Staff were attentive, responsive, and showed a strong understanding of people's needs and personalities. This helped people feel supported, valued, and respected.

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

To contribute to maintaining and improving individual health and wellbeing the provider should ensure that all people have opportunities to engage in meaningful activity. This should be well documented and regularly evaluated. To achieve this the provider should review staffing of activity provision to ensure all residents have access to meaningful activity in line with their preferences and choices including people who prefer support in their room.

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 17 December 2024.

Action taken since then

The service had made improvements to increase staffing for activities. There were regular group activities taking place twice a day, with many people actively taking part and enjoying them. People and families spoke highly of these sessions. We did not see evidence of regular activities for people who were not able to attend group activities. Family members also raised this concern. We asked the service to find out what matters to each person and plan activities that reflect those interests, including for people who cannot join group sessions. More regular community outings would also help people stay connected and engaged.

This area for improvement has not been met.

Previous area for improvement 2

To ensure people have choice in the food they eat the provider should ensure people supported are able to participate in menu planning including people who require modified diets. The provider should regularly gather feedback and check on the quality and variety of meals provided.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33).

This area for improvement was made on 17 December 2024.

Action taken since then

People had several ways to share feedback and help plan meals. The chef spoke with each resident once a month to learn about their preferences. Feedback forms were available in the dining rooms and people used them to share their views. Staff also discussed food choices during residents' meetings and daily handovers. These changes gave people more choice and control over the meals they ate.

This area for improvement has been met.

Previous area for improvement 3

To ensure that all people supported can access shower and bathing in line with their preferences bathing schedules should be removed to promote people's choice and dignity. The provider should ensure hot water is available when required throughout the home and arrangements should be made to ensure adequate storage of equipment away from peoples bathrooms.

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

'As an adult living in a care home, I have ensuite facilities with a shower and can choose to use a bath if I want. If I live in a small care home that has not been purpose built, I might need to share a bathroom with other people' (HSCS 5.30) and

'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected' (HSCS 1.4).

This area for improvement was made on 17 December 2024.

Action taken since then

We identified no issues with hot water during the inspection. Staff had removed bathing schedules, and we saw clear examples of people making their own choices about bathing in their personal plans. Everyone had access to a full range of bathing options that suited their preferences.

This area for improvement has been met.

Previous area for improvement 4

To ensure that people's assessed care and support needs can be met, including at mealtimes, the provider should ensure adequate staff are available to provide support at mealtimes. Determination of staffing levels should include effective and regular analysis of care and support needs and preferences. Staffing levels and skills mix should be adaptable and responsive to meet people's changing needs. How safe staffing levels are assessed should be shared.

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

'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 17 December 2024.

Action taken since then

Mealtimes were calm and well supported, with enough staff available to assist people. Throughout the day, staffing levels generally met people's needs. However, in the evening, staff didn't always have enough time

to respond to increased care needs. We asked the service to review evening staffing to help ensure care stays safe and responsive.

This area for improvement has not been met.

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

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