

Balmoral Homecare – Ayr Housing Support Service

Heritage House
Ladykirk Business Park
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Prestwick
KA9 2TA

Telephone: 01902625070

Type of inspection:
Unannounced

Completed on:
24 September 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 22, 23 and 24 September. 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 15 people using the service and eight of their relatives.
- Spoke with eight staff and management
- Observed practice and daily life
- Reviewed documents
- Reviewed the requirements made at the previous inspection

Key messages

- Detailed action plan submitted which clearly highlighted what was required and by whom.
- Service had responded and met all their requirements made at previous inspection.
- Temporary management arrangement in place and operating satisfactorily.
- Good feedback and positive comments from people who use the service and their relatives.
- Need to improve on the one day induction programme for new staff.

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
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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

After reviewing the evidence and information gathered during this follow up inspection we have decided to upgrade this key question to grade 4 good.

This is to reflect the progress in meeting requirements and also in recognition of the feedback and comments regarding the care staff.

This follow-up inspection focused on evaluating progress against five requirements and one area for improvement identified during the previous inspection on 25 June 2025.

The service have met both requirements made under this key question.

The service have reported an increase in communication from the care staff regarding any concerns or issues and the management have implemented checks to ensure escalation policy and procedures are acted upon. We noted more detailed and accurate notifications being submitted to the Care Inspectorate, after providing some guidance and advice.

Medication reviews and assessments were undertaken and on going pre admission assessment has been implemented to ensure agreed evaluation criteria had been applied.

We continued to receive positive feedback from people who use the service and their relatives about the care staff, describing them as friendly, polite and caring.

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

Requirements

Requirement 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 requirement was made on 25 June 2025.

Action taken on previous requirement

- Staff have completed TURAS training on reporting and recording.
- Increased reporting and escalation of concerns noted.
- Management oversight has improved, with better documentation and responsiveness.
- Spot checks and fact-finding meetings are being used effectively.
- People supported expressed satisfaction with care and felt safe and respected.

Feedback and checks indicate increased reporting and levels of information from carers increased.

The manager has been reporting notifications in accordance with Care Inspectorate guidelines and reporting adult support and protection issues accordingly. Management oversight input in the process and taking appropriate action in response.

Good feedback and comments from people who use the service and their relatives, describing the staff as friendly, helpful and caring.

Met - outwith timescales**Requirement 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 requirement was made on 25 June 2025.

Action taken on previous requirement

From the evidence and information we reviewed we found that:

- Staff have completed TURAS training on reporting and recording.
- Increased reporting and escalation of concerns noted.
- Management oversight has improved, with better documentation and responsiveness.
- Spot checks and fact-finding meetings are being used effectively.
- People supported expressed satisfaction with care and felt safe and respected.

Overview of all people being supported and discussions are ongoing with social workers regarding the initial assessments when people are starting the service.

This requirement has been met and will continue as an area of improvement.

Met - outwith timescales

Requirement 3

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 requirement was made on 25 June 2025.

Action taken on previous requirement

- Quality Assurance workshops attended by a majority of staff.
- Birdie audits and spot checks are underway, though some gaps remain.
- Management has responded transparently to incidents, with disciplinary actions taken where necessary.
- Systems are being updated, but challenges remain in data extraction and integration

Updating the systems and ensuring staff follow procedures

Manager reporting issues and checking through Birdie and other audits

Good action plans in place and progress in addressing issues.

This requirement has been met and will continue as an area of improvement.

Met - outwith timescales

Requirement 4

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 requirement was made on 25 June 2025.

Action taken on previous requirement

- Temporary management cover in place, with the area manager providing oversight.
- Weekly updates and monitoring visits are being conducted.
- Action plans are in place, and communication with senior management is ongoing.

Birdie audits on going in place to look at the data from the system.

Action plan submitted with clear detail and evidence of progress.

This requirement has been met and will continue as an area of improvement.

Met - outwith timescales

Requirement 5

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 requirement was made on 25 June 2025.

Action taken on previous requirement

- "How to support me" documentation has been rolled out and is positively received.
- Staff are using both handwritten and electronic systems, which adds time and complexity.
- Care plans are being updated, but the documentation system needs review to ensure it remains fit for purpose.
- Quality assurance of care plans is ongoing, with audits planned

This requirement has been met and will continue as an area of improvement.

Met - outwith timescales

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**

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)

This area for improvement was made on 25 June 2025.

Action taken since then

- The induction remains a one-day process, which is insufficient.
- Staff are completing the National Induction Framework, but often in their own time.
- Management is encouraging completion.
- Feedback indicates that a longer induction would better embed service values and expectations.

The current induction process does not adequately prepare staff, which may contribute to inconsistencies in care delivery and ethos.

This area of 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

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