

North Inch House Care Home Service

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Type of inspection:
Unannounced

Completed on:
18 November 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2003009765

About the service

North Inch House is located in Perth, within easy access of local parks, the city centre and its amenities.

The care home is registered for 78 older people. The original building, North Inch House, is registered for 40 older people. The home is on one level and provides easy access to garden areas for people. Units have their own dining room, small kitchen area, and sitting room. The main dining room has an activity area, and space for events and entertainment.

The newer building, separate but within the same grounds, is called North Grove, and is registered for 38 people with a specific diagnosis of dementia. The home is on two levels and split into four separate units. Each unit has its own sitting room, dining room and small kitchen area.

About the inspection

This was an unannounced inspection which took place on 17 and 18 November 2025. The inspection was carried out by two 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 six people using the service and seven of their families and friends
- spoke with thirteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

Key messages

- People benefited from good care and support.
- Staff were knowledgeable and caring.
- Management oversight was effective and supported by quality assurance systems.
- The service need to ensure that all monitoring charts are fully completed and accurate.
- The service were working to further improve systems to include clear and accountable action plans following audits.
- A wide range of activities were available to people to enjoy.

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', where there are a number of important strengths which clearly outweigh areas for improvement.

It is important that people experience warm, caring relationships with staff who support them well. People were cared for by a regular team of staff who knew their needs well. There was a low turnover of staff which helped people to be familiar with the team supporting them. We observed warm relationships between staff and people. This meant staff recognised and delivered care that was right for people.

We asked people about their staff team, comments included "They are a nice bunch who know me well, we get on", "the staff are good here" and "I'm well looked after". Relatives were positive about the staff team, one commented "it's a nice home for people if the need it, staff couldn't be better".

Two dedicated activity staff provided a range of group and one-to-one activities for people to participate in. We observed people leaving the home on trips and outings. One event was rickshaw bikes which one person commented on "I love doing this, getting outside is great"

People's health and wellbeing should benefit from their care and support. We found systems in place for recording and analysis of accidents and incidents including appropriate actions taken to reduce risk and keep people safe. Management used information about falls and other indicators to assess and improve outcomes experienced by people. The service should review whether every person with an alert mat benefits from this. We observed one person move the mat away from them.

Systems were in place for recording and analysis of accidents and incidents including appropriate actions taken to minimise risks and keep people safe. Prompt referrals were made to health professionals meaning that people had the most appropriate health care at the correct time. This gave confidence that staff would be alert to people's changing health needs.

Mealtimes were relaxed, unhurried and people received the correct levels of support. People were encouraged to sit in friendship groups. Choices were available. One person commented if they didn't like the menu they could choose something not on the menu. These factors together encourage mealtimes to be a pleasant experience and to help good nutrition.

Food and fluid charts were in place where people were at risk. Whilst the majority of these were fully completed and reflected good intake, a couple were incomplete. The leadership team agreed to address this.

How good is our leadership?**4 - Good**

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

Support staff told us that leaders of the service were supportive. Comments from staff included, "The management are supportive." and "They are approachable and listen".

Leaders of the service demonstrated a culture of improvement and welcomed feedback to enable positive change. Visiting professionals told us the leaders operated an open-door policy and they knew about people's needs.

Quality assurance audits were carried out regularly in line with the provider's policies and procedures. These included audits of personal plans, management oversight, health and safety, complaints, accidents, incidents, falls and the environment. The monthly falls analysis would benefit from being evaluated. This would help demonstrate identification of risks and enable steps to be taken to reduce these.

A daily meeting was held with heads of departments to share updates on people's welfare and events in the home. The manager regularly walked round the home making observations and speaking with people. These measures helped to ensure good outcomes for people.

The service had a improvement plan, this was in order to help them identify what was working well and where improvements were needed. The improvement plan was informed by the audit system and through people's observations of the service. Where improvements were required action plans were in place.

How good is our staff team?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 1 April 2024. In terms of the provision of social care services, the legislation placed a duty on service providers to make appropriate staffing arrangements to ensure the health, welfare and safety of people using the service. This included ensuring, at all times, appropriate levels of staff who have the required qualifications and training to provide safe, high quality care. There were adequate numbers of staff available to support people's needs. Staff told us that they had enough staff to support people well. We observed staff to spend time with people and take time to talk with them in an unhurried way. One family member felt that staffing levels could be improved as they sometimes had to seek out staff. The service had recently increased staffing levels in North Inch to include additional support in the busy mornings. This demonstrated that the service were being responsive to people's changing needs.

The service had a training schedule that staff followed and management had oversight of to ensure staff had the right skills to support individuals. We observed good standards of care based on this training. For example staff supported people to move safely when they needed assistance to walk or transfer between chairs. Staff were able to describe to us their role in keeping people from risk of harm. Staff supervision was established and offered opportunities for them to discuss their practice.

People told us that the staff were very kind and caring, and they were always treated with dignity and respect. Relatives told us the team were supportive and approachable.

How good is our setting?**4 - Good**

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

Overall the environment was of a good standard, with a homely feel. Equipment and furnishings were in a good state of repair.

Domestic staff were visible within the home and were clear on their tasks and priorities.

The service had recruited a new full time maintenance officer who was due to commence once safe recruitment checks were in place. We noted that whilst the most essential environmental checks were in place, a full range as identified by the provider were not. This is important to ensure a safe environment.

There was evidence that people had been consulted when redecoration took place in lounges of North Inch. People told us that they were happy with the home environment. Comments included "They keep it nice and clean", "I like the new wallpaper, cheers the place up" and "My bedroom is my wee haven".

Private bedrooms were decorated individually and families commented that they were always clean and well presented. Rooms across the home were of varying sizes and facilities.

How well is our care and support planned?

4 - Good

We evaluated this key question as 'good', where there are a number of important strengths which clearly outweigh areas for improvement.

Everyone had a personal plan in place, which included detailed information about what mattered to them, such as routines, preferences and interests. This helped staff provide care that reflected individual choices.

Staff showed a good understanding of these needs in practice, which supported positive relationships and helped create a caring environment.

Personal plans included end-of-life preferences, showing that the service aimed to support people well throughout their lives. The end of life plans sampled would benefit from being reviewed to include more detailed guidance to staff about their wishes.

Clinical tools and risk assessments were included in personal plans when needed, and staff shared information to manage risks. This meant staff had the necessary information to support people safely.

We saw evidence of care reviews and family involvement, which helped ensure that care reflected people's preferences and life history.

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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