

Balhousie Luncarty Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
21 November 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272017

About the service

Balhousie Luncarty is a care home for older people situated the village of Luncarty, approximately four miles north of Perth. It is close to local transport links, shops, and community services.

The service provides residential care for up to 32 people and there were 27 people living there at the time of this inspection.

The service is provided in a Victorian era building that retains many period features. Accommodation is arranged over two floors, some bedrooms have en suite toilet facilities and the remainder have handwash facilities only. There are two lounges and dining rooms on the ground floor and access to a large enclosed garden. A passenger lift provides access between floors.

About the inspection

This was an unannounced follow up inspection which took place on 18 November 2025 between 08:30 and 17:15 hours. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focussed on the requirement and area for improvement made during the previous inspection which took place on 3 and 4 June 2025. We evaluated how the service had addressed these to improve outcomes for people.

Key messages

- Some improvement was evident in the management and administration of medicines, however the inspection highlighted further issues. As a result, people's medication needs were not being met.
- The provider had taken some measures to improve environmental safety in relation to falls. Further work was completed at the time of the inspection resulting in a significant reduction in risk for people.

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

Requirements

Requirement 1

By 31 January 2025, the provider must ensure that service users are safe from harm by administering medication safely.

In particular, the provider must:

- a) Ensure that medication administration records are completed accurately.
- b) Ensure that monitoring arrangements are responsive to any errors in the administration or recording of a service user's medication.
- c) Ensure that all medication is in date and stored appropriately.

This is in order to comply with Regulation 4(1)(a) and 15(b)(i) 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: 'If I need help with medication, I am able to have as much control as possible' (HSCS 2.23).

This requirement had not been met and we have agreed an extension until 11 January 2026.

This requirement was made on 13 November 2024.

Action taken on previous requirement

Management of controlled medication highlighted no issues and regular checks were taking place. The provider was completing further training for staff who acted as witnesses for the administration of controlled medication, to meet best practice standards.

There were protocols in place for people who were prescribed 'as required' medication, however some improvement was necessary with the quality of information in records.

People received eye drops, emollients, and other topical applications as directed and staff were mindful of expiry dates. This ensured the effectiveness of the product and supported good eye health and skincare outcomes.

Medication audits were completed and had identified some discrepancies, however information was not analysed to identify root cause which increased the risk of continued poor practice.

While medication audits were completed, they failed however to identify issues highlighted through our inspection. We asked the provider to complete an in depth audit which then identified some further errors in administration and documentation. The provider took immediate action and put measures in place to reduce risk of poor outcomes for people. The manager and senior carers are receiving support from experienced personnel and further training to manage the electronic systems and associated functions to ensure effective auditing processes and responses.

We have extended the timescale for this requirement until 11 January 2026 to provide an opportunity for practice to become embedded and ensure that outcomes for people are fully met.

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

To ensure people's safety, while encouraging movement and promoting independence, the provider should adequately assess and manage the risk arising from the premises and any additional risks for individual residents. Where residents are at risk, further measures are needed to prevent them falling from height. This includes, but is not limited to, internal and external stairs and steps.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment is safe and secure' (HSCS 5.19); and 'I can independently access parts of the premises that I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 5 June 2025.

Action taken since then

Some work had been completed to make the environment safer and reduce risk of falls.

The provider had filled a gap in the corridor at the entry to the kitchen which has presented a risk previously. In the main building, door sensors had been fitted to doors on the first floor at the access points to the main stairwell, and a safety gate had been fitted at a further access point. However, door alerts did not always sound and staff did not always respond when the alarm sounded. There was no system in place to regularly check that alarms and sensors were functioning properly and people were able to access the stairwell from other points in the building. As a result, control measures were deemed insufficient to protect people as far as reasonably practicable.

The provider took immediate action and further controls were put in place during the inspection, with a safety gate being installed at the bottom of the stairs and key pad exit/entry system was booked to be installed at other access points.

People's mobility risk assessments had been updated and we directed the service to guidance from the Mental Welfare Commission for Scotland to ensure that the system and associated documentation met with best practice guidance.

This area for improvement has 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.

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