

## Balhousie Clement Park 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:**  
CS2010273694

## About the service

Balhousie Clement Park is a purpose-built care home and is located in the residential area of Lochee, Dundee, close to bus services, local shops, and schools.

Balhousie Clement Park offers support to up to 49 older people, including up to 10 people with enduring mental health issues. Accommodation is provided over two floors and divided into four distinct units: Discovery, Keillor, Cox, and Thomson. Each unit has its own dining and lounge area. All 49 bedrooms are single occupancy with en suite bathroom facilities. There is lift access to the upper floor.

Outside there is a secure garden area that is accessible from the ground floor units.

## About the inspection

This was an unannounced inspection which took place on 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 7 people using the service and 2 of their family/friends/representatives
- spoke with 4 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

## Key messages

- the service must improve the safe administration of medication to ensure that people's health and well being needs are met
- some progress had been made with care plans, however the service must ensure that care plans are accurate and reflect people's needs and wishes and that people have regular reviews within timescales
- the service should ensure that there are sufficient staff in place to ensure that people's well being needs are met

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

### Requirements

#### Requirement 1

By 30 September 2025, the provider must ensure that service users are safe from harm by administering medication safely.

In particular, the provider must at a minimum:

- 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 the effectiveness of pain medication is evaluated and people receive pain medication promptly.

This is in order to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Section 8 The Health and Care (Staffing) (Scotland) Act 2019 (HCSA).

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 was made on 4 August 2025.**

#### Action taken on previous requirement

We made this requirement at our last inspection as we had identified a number of concerns in relation to the management of medication which meant we could not be assured that people were always receiving their medication as prescribed.

Despite some efforts to improve medication systems, we still had concerns. There continued to be a number of medication incidents and frequent notifications of stock shortages. The ordering process in the service appears to be causing difficulties with coordinating prescriptions across multiple GP practices. This had been recognised by the provider and we heard that steps were being taken to improve the ordering process to ensure it is completed in a timely manner.

Medication audits revealed a number of inconsistencies in recorded counts. Some information recorded did not reconcile, indicating gaps in accuracy and traceability. Our review of medication audits indicated that some staff had a lack of understanding of the purpose of the audit process itself and a lack of knowledge of how to complete these accurately. This meant that we could not be confident that people were always getting their medication as prescribed.

It was positive to see that staff competency assessments had been completed, however these varied in quality and detail. The purpose of competency assessments is to identify if any further support or development is needed to support the staff member to undertake their role at the required standard. The lack of consistency in these observations meant that we could not be assured that development and support needs were being identified and responded to.

These findings mean that the requirement to ensure safe administration of medication has not yet been met. We have extended the time scale of this requirement to 12 January 2026 to enable the provider to make the necessary improvements.

**Not met**

## Requirement 2

By 30 September 2025, the provider must promote the health, welfare, and safety of those who use the service by ensuring that all care plans and risk assessments are accurate and up-to-date.

To do this, the provider must, at a minimum:

- a) Accurately reflect the current health and care needs of the person and accurately describe the support required to meet those needs;
- b) Accurately identify any risks to the person's health and wellbeing and include an assessment of those risks and the steps that are to be taken to reduce or mitigate them; and
- c) Are reviewed every six months, or more often if required, with the person and/or their representative.

This is in order to comply with Regulation 3 (Principles), Regulation 4(1)(a) (Welfare of users), and Regulation 5 (Personal plans) 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: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

**This requirement was made on 4 August 2025.**

## Action taken on previous requirement

We made this requirement as we had identified a number of inconsistencies in care plans which meant that we could not be assured that people received care that met their needs and wishes. In particular, we had identified concerns in relation to wound care and tissue viability.

There had been some progress in improving care plans, with improvements made to the information contained in the electronic personal planning system, review sections, and meaningful connection documentation. It was positive to see personalised information to support staff to provide people's care in accordance with people's needs and wishes.

Wound care planning had also improved since the previous inspection. However, some inconsistencies remained. For example, we found care plans identifying a need for two-hourly repositioning, however the 'planned care' documentation indicated three-hourly intervals for repositioning. Records for repositioning showed that people were not consistently being repositioned at the appropriate frequency for them. This put people's health and well being at risk.

It was positive to see that a review section had been in place in the care plan to help track reviews, however there was insufficient evidence that reviews were consistently completed every six months, as required.

Although improvements have been made, further work is needed to ensure care plans are accurate, consistent, and support people to have their health and well being needs met. We have extended the time scale for this requirement to 12 January 2026 to enable the provider to further progress this work.

**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

In order to ensure people's needs are met, the provider should ensure that staff are deployed and organised effectively within the home to ensure that people can access outside spaces and their local community should they wish to.

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); and 'I am helped to feel safe and secure in my local community' (HSCS 3.25).

**This area for improvement was made on 26 June 2025.**

#### Action taken since then

The service has made improvements to the outdoor space, and records confirmed that some people have been able to access the garden. However, recent staffing challenges, particularly the absence of wellbeing staff, have significantly limited opportunities for people to access outdoor areas and participate in community activities. This impacted on the ability of the service to fully meet people's choices in relation to independence and living actively.

We will follow up this at our next inspection.

#### Previous area for improvement 2

In order to improve people's physical and mental wellbeing, you, the service provider, should review the way in which activities and social interaction are organised. This should focus on the quality and amount of physical and social activity made available for people, within and outside the home. People should be supported and enabled to participate in the way that suits them best.

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 14 October 2022.**

#### Action taken since then

The service has made improvements to the outdoor space, and records confirm that some people have been able to access the garden. These changes were positive steps toward supporting meaningful engagement with the environment.

It was positive to see that some people had a personalised section in their care plans covering 'What matters to me/Meaningful Connections/Activity and Wellbeing.' However, there have been ongoing staffing challenges, particularly a lack of wellbeing staff, that have significantly limited opportunities for people to have their wellbeing needs met and to access outdoor areas and participate in community activities. This shortfall impacts the ability of the service to fully meet people's well being needs.

This area for improvement has been in place for a significant time period without being met and we will follow this up at our next inspection.

## Previous area for improvement 3

1. The service should strengthen its approach to palliative care by ensuring care is individualised, consistently reviewed, and delivered in line with best practice.

This is in order to comply with:

Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

**This area for improvement was made on 30 May 2025.**

### Action taken since then

This area for improvement was the outcome of a complaint investigation. We did not follow it up during this inspection. We will check the progress made by the service at our next inspection.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.



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