

Balhousie Luncarty Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
15 January 2026

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 26 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 three levels, 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 13 January 2026 between 09:30 and 17:00 hours. The inspection was carried out by two inspectors from the Care Inspectorate.

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

Key messages

- The provider had made improvements in medication management and administration.
- Leaders had improved oversight of the functions of the service.
- Staff had received training to improve care delivery.
- Personal planning and record keeping had improved but further improvement is needed.
- Further development of meaningful engagement and person-centred activities is necessary.

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

The provider has a policy and procedure which supports good practice for the safe administration of medication and staff were practicing in accordance with the guidance.

Medication management is currently supported by the use of an electronic system, which is designed to reduce and eliminate errors in administration and recording of medication. Staff had received support and guidance on how best to navigate and use the system which had contributed positively to compliance. Less errors and missed medications had been recorded and evidence supported that people experiencing care were receiving medication in line with the prescriber's intention.

Staff had received further training and leaders were completing observations of practice to ensure compliance.

Enhanced quality assurance checks and audits had taken place which identified any issues quickly and remedial actions taken.

The provider had detected issues in the supply systems and processes, which caused fluctuation in the records of the amounts of medications in the home. The provider was working with pharmacy partners to remedy this.

Medications were in date and stored in line with the manufacturer's guidance, ensuring that medications would remain effective at point of administration.

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 ensure care records, assessment, and associated documentation are comprehensive, accurate, and up-to-date, reflecting each individual's current health and care needs. This includes regular review and evaluation to ensure the quality, effectiveness, and consistency of care and treatment.

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 area for improvement was made on 16 December 2013.

Action taken since then

This area for improvement was made as the result of an upheld complaint.

Good progress had been made with this area for improvement.

The provider had identified actions for improvement through their own quality assurance processes also and were tracking actions through the service improvement plan, which was regularly reviewed.

The service now has a person-centred software champion, who has in-depth knowledge of the care planning system used by the provider. This will contribute positively to enhancing staff knowledge and good record keeping.

The provider had improved upon person-centred recording in some areas of people's personal plans and should continue to develop this throughout all record keeping activity. More focus on a strengths-based approach would support people to maintain their skills and independence and identify areas where people's abilities decline and needs increase. This would ensure that people would continue to receive care and support that was right for them.

Records detailed the involvement of other professionals and we heard from external health professionals that staff took on board and followed advice and guidance provided to support people's ongoing care.

Plans had been subject to regular review and overall information was accurate. We advised the service to improve upon the cross-referencing of information in people's plans and medication records to ensure staff had a good insight into conditions that impact upon one another and how this presents for people experiencing care.

Further improvement is needed on the way in which staff record daily notes. We saw entries that did not correspond with the care provided and entries made into the electronic system at times when people were not in receipt of care. Staff should be reminded of the importance of accurate record keeping and to ensure that entries are made at the point that care is given.

It was positive to hear that the provider continues to work on ensuring that people's plans are easily accessible to them or their representative, and in a format that is available to them.

In order to support improvement processes, we have continued this area for improvement and it will be reviewed as part of the ongoing scrutiny process.

This area for improvement has not been met.

Previous area for improvement 2

The provider should ensure staff are sufficiently trained so that they have a clear understanding about their role and responsibilities to meet people's individual continence care needs, which should include any measures that are appropriate to minimise the risk of incontinence.

This is to ensure that 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' (HSCS 1.19).

This area for improvement was made on 16 December 2013.

Action taken since then

This area for improvement was made as the result of an upheld complaint.

The environment was free from odours and people were not calling out or waiting for assistance to be supported to use the bathroom. Staff discretely asked, prompted, and supported people to access the bathroom and people with catheters received appropriate care and support where necessary. Regular quality assurance checks and audits were being completed to ensure that care and support was received by those who needed it.

Fluids were available in communal areas and people's rooms. Staff encouraged people to drink to ensure they remained hydrated and reduce the risk of infection.

Personal plans identified where there was a need for staff to be alert to continence related issues and records were kept of people's fluid intake or targets if this had been requested.

Staff had completed further continence training with the local continence nurse and most staff had completed workbooks on associated subjects, for example skin care. The provider's internal training officer had provided support to staff and plans were in place for further involvement. Together, this contributed positively to supporting good personal outcomes for people experiencing care.

This area for improvement has been met.

Previous area for improvement 3

In order to ensure good outcomes for people experiencing care, the service should ensure that there is a range of activities and opportunities available to people to encourage engagement and stimulation. These should be recorded where offered and detail the level of participation of the person to support and inform future opportunities.

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 16 December 2013.

Action taken since then

This area for improvement was made as the result of an upheld complaint.

Significant improvement was seen in the level and quality of engagements that people experienced. Staffing arrangements supported increased observation and support provided during people's day.

The service had engaged with people and their families to gain feedback about activities. Information from this was used to update the activity programme. A variety of activities were made available to people and they were able to access information about this from a display in the lounge, but also individual planners in their rooms.

More opportunities for individual activity and engagement time was made available. This especially benefitted people who declined to join in larger activities or those who preferred to remain in their room.

The service was making improvements in the environment to support meaningful engagements and experiences for people. Seating was arranged in small clusters which would encourage conversation, and further work is underway to create more intimate spaces for people.

Further work is necessary to cultivate a culture for connection and develop a human rights, person-centred approach to activity and engagement. Further training and development is required for the whole staff team to understand the importance of their role in supporting people achieve personal outcomes relating to meaningful engagements and activities.

Leaders were visible throughout the day, completing quality checks and speaking with people. This ensured increased oversight of service performance.

In order to support improvement processes, we have continued this area for improvement and it will be reviewed as part of the ongoing scrutiny process.

This area for improvement has not been met.

Complaints

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

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