

# Balquhiddier House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
16 January 2026

**Service provided by:**  
Balquhiddier Care Ltd

**Service provider number:**  
SP2014012387

**Service no:**  
CS2014332915

## About the service

Balquhiddier House is part of the Handsale group and is a care home for older people which is situated in a residential area of Alexandria, West Dunbartonshire. It is close to transport links, shops and community facilities.

The service provides nursing and residential care for up to 65 people. There were 55 people living in the home at the time of inspection.

The home has two floors and consists of four separate units; Duckbay, Lomond, McGregor and Inchmurrin. Bedrooms have ensuite facilities and some of the lower floor bedrooms have direct access to the garden area. There are communal areas within each unit; lounges, dining areas and bathrooms. There is a self-service café at reception and secure garden areas.

## About the inspection

This was an unannounced inspection which took place on the 6,7, 8 January, 2026. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the 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 nine people using the service and ten of their family members
- spoke with sixteen staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals and evaluated survey results.

## Key messages

- People living in the home were cared for by kind staff and generally felt safe and supported.
- The home was clean, welcoming and comfortable, with improvements being made for people living with dementia.
- Staff generally worked well together and knew the people they supported.
- The service had improved how it reviewed staff training, staffing levels and quality of care.
- Recent staffing changes had been made and the service was working to give staff more time to support people well.
- Care plans and records were being improved to make sure staff had clear, up-to-date information.

## 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?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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 made an evaluation of good for this key question, as we identified a number of important strengths which, taken together, clearly outweighed areas for improvement. These strengths had a positive impact on people's experiences and outcomes, although further improvement will be required to ensure these positive outcomes are consistently supported and evidenced.

People living in the home experienced kind and attentive care and felt safe. Residents spoken with told us that staff were caring, responsive and supportive. During our visits, we observed warm and respectful interactions between staff and residents, and people appeared comfortable and relaxed with those supporting them. One relative spoke very positively about the care her mother received and said she was 'very happy' with the support provided. This showed that people and their families had confidence in the care being delivered.

Activities made a positive contribution to people's wellbeing. There were regular opportunities for people to take part in activities they enjoyed, with good involvement from staff and a volunteer. This helped people stay engaged and supported social interaction. Support from healthcare professionals, particularly GPs, was well organised and responsive, which helped ensure people's health needs were identified and addressed when required.

Mealtimes generally supported people's wellbeing, particularly at lunchtime, where staff worked well together and people received appropriate support. Staff responded when people needed help or indicated they were waiting. Some practical issues were identified, such as ill-fitting aprons, and these had already been recognised and action taken. Breakfast-time support was less consistent. Although most people received timely support we observed some missed cues, where people would have benefited from having staff respond more promptly. Overall, people were supported to eat and drink in a comfortable and unhurried way.

The service had made progress since the last inspection in how people's health and wellbeing were monitored and recorded. Medication records were generally completed accurately, and staff demonstrated improved awareness of the importance of maintaining health charts. While variation remained in the completion of some health-related records, we found that this was being addressed and systems were in place to support further improvement.

## How good is our leadership?

## 4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement. Leadership and governance arrangements supported improvement activity and had a positive impact on oversight of care, although further work was required to ensure quality assurance systems were consistently embedded and effective.

The management team had a clear understanding of the areas in which the service needed to improve and were actively working to address them. A range of systems was in place to monitor the quality and safety of care, and these showed that managers were focusing on the right areas. The manager demonstrated an open and reflective approach and was committed to learning and improvement. There was evidence that lessons from incidents were discussed and used to inform changes in practice, which supported ongoing improvement.

The service had an improvement plan in place and was using this to track progress. While improvement work was underway, some actions had taken longer than planned to complete. The service had experienced a number of pressures, including leadership absence, staff disciplinary matters and a recent flu outbreak, which had slowed the pace of improvement. This meant that progress in some areas had not yet been fully achieved.

Communication within the service was generally well organised, with clear arrangements to share key information across staff teams. This supported continuity of care and helped staff respond to people's needs. Staff were given opportunities to share their views through surveys, and management had taken action in response to feedback. This meant that staff were being supported to suggest improvements to the service and raise any concern they had.

Overall, leadership showed a good understanding of the service's challenges and had put appropriate systems in place to support improvement. While these strengths outweighed the areas for improvement, further work is needed to ensure that improvements are fully embedded and sustained over time.

## How good is our staff team?

## 3 - Adequate

We evaluated this key question as adequate. While there were strengths which had a positive impact on people's experiences, there were also key areas that needed improvement. As a result, staffing arrangements were not yet consistently reliable across the service.

Staff generally worked well together and supported one another in their day-to-day work. During the inspection, we observed calm and organised teamwork, with staff responding appropriately to people's needs, including at busy times. Staff showed good knowledge of the people they supported, which helped people feel settled and reassured.

There was evidence that management listened to staff and took action in response to concerns. Staffing pressures had been discussed with staff, vacancies had been addressed, and additional staffing had been put in place to support busy periods. These actions showed a commitment to improving staffing arrangements. Some of these changes were recent meaning staff had not yet felt the full benefit in practice.

Although staff said they felt able to raise concerns about people's care, these were not always followed through by staff or recorded consistently across the service. This included some situations where people's needs had changed or where incidents had occurred. When concerns were not fully shared or documented, this limited accountability and reduced opportunities for learning and improvement, and it also increased the risk that people's safety and wellbeing might not be fully supported.

Staffing arrangements still need to improve to better support people living with dementia. While staff were caring and committed, further development of dementia-specific skills would help staff feel more confident and better supported when meeting complex needs. This has been made an area for improvement.

**(See area for improvement one below)**

### Areas for improvement

1.

The provider should continue to build on existing practice by supporting staff to develop their skills in dementia care in line with the Promoting Excellence framework. This includes progressing staff learning beyond introductory awareness training, so staff feel confident and well supported in providing person-centred care to people living with dementia.

This is to ensure that care and support is consistent with the Health and Social Care Standards(HSCS) which state:

'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)

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

We evaluated this key question as good, as we identified a number of strengths which, taken together, clearly outweighed areas for improvement. Overall, the physical environment supported people well and had a positive impact on their experience of living in the home.

The home was clean, welcoming and well cared for. People's bedrooms were personalised with their own belongings, which helped them feel at home. Call bells were easy to reach, and shared areas were comfortable, calm and had plenty of seating. These features helped people feel settled, safe and relaxed in their surroundings.

The service had started to make improvements to better support people living with dementia. Changes had been made to signs, colours and layout to help people find their way around more easily. This showed that the service recognised the importance of the environment in helping people feel confident and less confused. While this work was still ongoing, it was clear that the service was moving in the right direction. Continued dementia-friendly improvements to the physical environment will help people living with dementia feel more confident, calm and safe in their surroundings.

Overall, the environment was of a good standard and generally supported people's comfort, dignity and wellbeing.

**How well is our care and support planned?****3 - Adequate**

We made an evaluation of adequate for this key question. We found a number of strengths which had a positive impact on people's care. However, these strengths were limited by weaknesses in recording. As a result, care planning was not yet reliable across the service.

There were clear examples of good, person-centred care planning. Some care plans were detailed and reflected people's backgrounds, preferences, communication needs and involvement of family members. Where care plans were completed well, they gave staff clear guidance and supported personalised care. Management had begun reviewing care plans and were supporting staff to rewrite them, and there was evidence that this work was leading to significant improvement in quality.

In care plans that had not yet been reviewed, we found that information was not always kept up to date when people's needs changed. While information about risks and changes was sometimes recorded in risk

assessments or other documents, this was not always reflected in the care plan. This meant plans did not always clearly show staff how support should be adjusted, which reduced their effectiveness in supporting safe and planned care.

Short summary profiles were in place to help staff understand people's needs more quickly. These were helpful in providing basic, essential information about how people should be supported and they were valuable in assisting newer staff who were unfamiliar with the people being supported.

Overall, while there were clear strengths in care planning and evidence of ongoing improvement, weaknesses in updating and consistency meant that care plans did not always fully support staff to deliver care in a planned and reliable way. These issues reduced the effectiveness of otherwise good practice and explain why further improvement is needed to strengthen care planning across the service. This has been made an area for improvement.

**(See Area for Improvement 1)**

## Areas for improvement

1.

The provider should continue to strengthen care planning to ensure that information from assessments, reviews, incidents and accidents is consistently recorded in people's care plans. This will help make sure staff have clear and reliable guidance on how to support people safely and appropriately when their needs change.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state:

'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)

## 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 support people's wellbeing, the provider needs to ensure that the staff team are equipped with the skills and knowledge they need to fulfil their job roles by carrying out a training needs analysis.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

**This area for improvement was made on 19 March 2025.**

#### Action taken since then

The provider had taken clear steps to understand staff training needs and to make sure staff have the right skills to support people's wellbeing. Training needs were being reviewed, gaps identified, and action taken to address these.

Managers had a clearer overview of staff training and used supervision and observation to check that learning was being applied in practice. This had helped move training beyond a tick-box exercise and link it more closely to day-to-day care.

Overall, the service has shown that this area for improvement has been addressed and systems are in place to support staff to work safely and effectively.

This area for improvement has been met.

#### Previous area for improvement 2

To provide high quality care, the service should, in consultation with staff, consider and regularly review staffing levels across all units day and night to ensure people's needs can be met.

This is to ensure that care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'My needs are met by the right number of people' (HSCS 3.15); and 'People have time to support and care for me and speak to me' (HSCS 3.16)

**This area for improvement was made on 19 March 2025.**

## Action taken since then

The provider had taken steps to review staffing levels and involve staff in discussions about workload and pressure points. Staff had been given opportunities to share their views and this information had been used to inform staffing decisions.

As a result of this review, gaps had been identified and additional staffing had been put in place to support busy times. These actions showed that the service was responding to identified need. Some of these improvements were recent and had not yet been fully embedded at the time of the inspection, meaning staff had not yet felt the full benefit in their day-to-day work.

The service has shown that this area for improvement has been addressed by putting systems in place to regularly review staffing and take action. However, it will take time for these changes to be fully embedded and for their impact to be reflected in practice.

Continued monitoring will be important to ensure staffing levels consistently support people's needs.

This area for improvement has been met.

## Previous area for improvement 3

The provider should ensure that all health charts and medication recordings are kept up to date and that they provide information which demonstrates and informs best practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state:

'My care and support meets my needs and is right for me' (1.19).

This area for improvement was made on 7 June 2022.

**This area for improvement was made on 7 June 2022.**

## Action taken since then

The provider had taken action to improve how health charts and medication records were completed and checked. Staff were expected to keep these records up to date, and there was clearer oversight to make sure this happened.

Medication records were checked more regularly, and staff understood the importance of accurate recording to keep people safe. Where issues had been found, these had been followed up with staff and used as

learning to improve practice.

Overall, the service has shown that this area for improvement has been addressed. While ongoing monitoring is still needed to keep standards consistent, recording systems are now in place and are better supporting safe and effective care.

This area for improvement has been met.

#### Previous area for improvement 4

The provider should ensure that robust audits are put in place to ensure that people are receiving appropriate care and support of a high standard and that people receive high quality care that is delivered in a planned and safe way. The provider should also ensure that the improvement plan is regularly updated in order that the management team can track progress made on any outstanding actions which are required to improve the quality of care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) that state:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (4.19).

**This area for improvement was made on 7 June 2022.**

#### Action taken since then

The provider had put systems in place to regularly check the quality and safety of care. These checks helped managers identify issues and take action to improve how care was planned and delivered.

An improvement plan was in place and was being kept up to date. Actions were tracked, and progress reviewed so managers could see what had been completed and what still needed attention. This showed a more organised approach to improving the quality of care than at the last inspection.

Overall, the service has shown that this area for improvement has been addressed. While further work is still needed to strengthen how consistently these checks lead to lasting improvement, systems are now in place to support ongoing monitoring and improvement of care quality.

This area for improvement has been met.

## Complaints

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

## 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?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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