

Balhousie Clement Park Care Home Service

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Telephone: 01382 610 960

Type of inspection:
Unannounced

Completed on:
22 January 2026

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010273694

About the service

Balhousesie 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.

Balhousesie Clement Park offers support for 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 ensuite 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 19 and 20 January 2026. The inspection was carried out by three 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 12 people using the service and eight of their family/friends/representatives
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The service has had a number of staff and leadership changes over recent months and as a result has experienced some instability. We identified some early signs of improvement that the service can build upon.
- People's experiences of care and support were inconsistent, varying depending on the staff team and the area of the home in which they lived.
- The Discovery Suite setting did not meet the same standard as the rest of the home. The environment appeared institutional, and upgrades are needed to support independence, wellbeing, and a sense of inclusion.
- Staff skill mix and deployment require review to ensure people's needs and outcomes are met consistently across the service.
- While some progress has been made, further improvement is required to ensure safe and consistent medication administration and management.
- Care plans need further development to ensure they are personalised, accurate, and provide clear guidance to support staff in helping people achieve their identified outcomes.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

We assessed this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Staff interactions varied significantly depending on the staff member and the unit. While some positive engagement was observed, there were also examples of "quiet care" where staff carried out tasks with limited communication or recognition of the person's individuality. Missed opportunities to use people's names, being offered a warm welcome when they entered communal areas, or being engaged in meaningful conversation reduced people's sense of identity and belonging.

Supporting and encouraging choice also varied. Some staff found it difficult to articulate how they promoted choice, stating that they "knew the person's preferences". While familiarity with people is important, it is essential that people are offered opportunities for autonomy and choice as part of everyday interactions.

Environmental factors also affected the quality of people's experience. We observed TV and music playing simultaneously in the same room, and devices being switched on or off without checking people's preferences. These practices can contribute to discomfort or disengagement and reduce people's sense of influence over their environment.

Lack of meaningful engagement can contribute to people feeling bored, appearing withdrawn, or experiencing stress and distress. Activities were available, but there was variation in staff understanding of their role in supporting meaningful occupation (Please see area for improvement 1) in the section 'Outstanding areas for improvement' for further details. We will follow up this area for improvement at our next inspection.

We had some concerns regarding staff understanding of adult protection. Discussions with staff indicated gaps in knowledge, we also noted that there had been delays in appropriate escalation in response to some recent incidents. This presents a potential risk to people's safety and wellbeing.

Communication with families was an area of concern. Although steps were being taken to improve this, further work is required to rebuild confidence and trust. Internal communication within the service had some positive elements, including detailed flash meetings and a thorough handover to night staff. It is important to ensure that relevant information is consistently cascaded across teams.

Medication issues have been highlighted in an existing requirement (Please see requirement 1 for details in the section 'Outstanding requirements'). This requirement has been restated and the timescale extended to 16 March 2026.

Several people, including family members and staff, raised concerns about food quality, although there had been some recent improvements. Changes in the kitchen team and support from an agency chef were noted. There was a lack of clear menus or accurate information about what meals were being served. People had varied experiences of mealtimes. In one unit we observed food was placed in front of a person without explanation, and when they stated they did not like it, no alternative was offered. In another unit staff appeared organised during mealtimes, and people who required assistance were supported appropriately. It was positive to see visitors making use of the kitchen area to prepare drinks for their relatives. We also observed that people were offered drinks regularly throughout the day, supporting good hydration.

How good is our leadership?

3 - Adequate

We assessed this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Recent months have been marked by instability in management arrangements, which has affected the consistency of oversight and contributed to variability in the quality of care and support. Despite this, there is evidence that leaders have begun to introduce more structured systems, and these are starting to support early improvement.

Quality assurance activity has become more organised, with regular audits, monitoring, and oversight of key risks taking place. Leaders have reinstated core processes such as Resident of the Day. Daily flash meetings are in place, creating better communication and enhanced awareness of priorities across the staff team.

The Service Improvement Plan is in place to help address areas identified as part of the Large Scale Investigation (LSI). It is important that this plan reflects contributions from people experiencing care, their families, and staff, to ensure people are involved in shaping the direction of improvement. We recognised that there were a number of staff demonstrating strong values and person-centred practice and suggested they could act as role models to strengthen the skills and confidence of the wider staff team.

Staff development was not yet consistent, and several staff required more structured support to deliver safe, person-centred care reliably. Supervision, coaching, and planned training were not yet well established. Providing these supports to staff will help to ensure that they are trained, competent and skilled and able to reflect on their practice and follow their professional and organisational codes. We have made a requirement. (See requirement 1).

While the strengths identified show that leaders are taking improvement seriously, the weaknesses remain significant. The new leadership team has addressed a number of complaints in recent weeks. It was positive that leaders were reviewing complaints, and using this feedback to help change practice and improve people's experience of care in the home.

Overall, while urgent issues have been prioritised appropriately and early progress is visible, improvements are not yet fully embedded or sustained. Recent actions demonstrate commitment, but continued work is required to strengthen leadership stability, ensure accountability, and consolidate a culture of continuous improvement.

Requirements

1. By 13 April 2026, you must ensure that the care service is led and managed in a manner that results in peoples' health, safety and wellbeing needs being met. In particular you must ensure that:

a) The quality of service users' care and the environment must be continuously assessed by knowledgeable, skilled and compassionate staff in leadership roles using a range of methods. This may include but is not limited to observation of peoples' care experiences, observation of staff practice and communication, seeking people's and staff views and review of care.

b) Where quality assurance identifies areas for improvement, leaders must take action and make any achievable improvements to peoples' care and the environment at the time. This may include but is not limited to role-modelling, providing feedback, direction and guidance to individuals or groups of staff and reviewing peoples' care plans.

c) The quality assurance must be used to identify any further staff training or support that is necessary to ensure service users' health, safety and wellbeing needs are met.

d) Action planning must be used to assist the service to plan, make and measure improvement. This must include putting in place reasonable timescales for completing and measuring the impact of improvement activities on people's experiences and outcomes.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

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

How good is our staff team?

3 - Adequate

We assessed this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Safer recruitment processes were in place, including PVG checks, references, and verification of professional registration. People could be assured that staff were recruited in line with safer staffing practices.

Training experiences were variable. Further development was needed in supporting people with their mental health and in responding to people's stress and distress. Some staff found it difficult to describe how their learning had been embedded into practice, although some staff's reflective accounts demonstrated some meaningful learning. Supervision arrangements were inconsistent, with some staff receiving regular sessions and others reporting limited follow-up. Regular supervision is essential for maintaining staff confidence, development, and safe practice.

Handovers were consistently detailed and person-centred, and it was positive that monthly team meetings had recently resumed with good attendance.

Staff interactions with people were mixed. Several positive interactions were observed, with some staff offering warm, reassuring, and inclusive support. This contributed positively to people's wellbeing. However, we also observed care being carried out to people rather than with people, with minimal communication or engagement. These missed opportunities for meaningful interaction can negatively affect people's health and sense of connection.

People experiencing care described inconsistency across the team. One person said, "It was down to the nature of the people who were on; you could go in one day and it was improved and the next day it was different." Another described concerns about a lack of compassion, stating, "Sometimes I went in and she was asleep at the table, she didn't have a blanket on - lack of basic humanity, not training."

The leadership team advised that a new rota system was planned to support improved consistency and person-centred care. There had been significant staff changes in recent weeks, and the service continued to rely on agency staff, with some shortages noted at weekends due to sickness. Some staff noted recent improvements in staffing levels, but these were not yet consistent.

Staff scheduling systems were in use; however, the overall skill mix and deployment required review. Although staffing numbers were sufficient, frequent movement of staff between units impacted continuity of care. We discussed with the leadership team the importance of having the right skill mix and deployment of staff in order to consistently supported good outcomes for people.

Requirements

1. By 16 March 2026, the provider must ensure that staff are deployed in sufficient numbers and with the right mix of skills, knowledge, and experience to meet the assessed needs of people experiencing care at all times. To achieve this, the provider must:

1. Ensure staffing levels and deployment are planned, reviewed, and adjusted based on the needs of people using the service.
2. Review and improve the skill mix to ensure staff have the appropriate skills and competence to support people safely and effectively.
3. Ensure all staff working in the service understand their roles and responsibilities and are identifiable to people experiencing care.
4. Monitor and evaluate the impact of staffing arrangements to ensure they result in positive outcomes for people.

This is in order to comply with section 8 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'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).

'I am supported and cared for by people I know so that I experience consistency' (HSCS 3.20).

How good is our setting?

3 - Adequate

Overall, we assessed that the setting provides an adequate level of care and environment for people living in the home. There are several positive aspects that support people's comfort and independence; however, these are balanced by important areas requiring improvement to ensure a consistently high quality experience across all parts of the service.

The entrance to the home was welcoming, and the open door of the management and administration office enabled people to approach staff freely, promoting accessibility and trust.

Bedrooms were generally personalised and equipped with ensuite facilities, helping create a familiar and comfortable environment. People were encouraged to bring personal items, which added to the homeliness of the space. However, some individuals reported that their bedrooms were not always kept clean and tidy, indicating inconsistency in housekeeping standards.

Domestic staff were visible, and cleaning schedules were in place. Signage within the Thomson, Cox, and Keillor suites supported independent movement, and these areas appeared warm, tidy, and homely with appropriate décor and table settings. Menus, however, were not always accurate, limiting people's ability to make informed choices about meals.

Improvements had been made to the garden area, including raised planters, demonstrating efforts to enhance outdoor spaces.

Despite these strengths, the Discovery Suite did not meet the same standard as the rest of the home. The environment appeared institutional, and upgrades to décor, furnishings, and signage were needed to support independence, wellbeing, and a sense of inclusion.

The activity room had been used for staff handovers and training, with staff information displayed on the walls. This reduced its role as a meaningful space for residents. The leadership team reported that handovers have now been moved, which is a positive response.

The wider outdoor area did not offer a welcoming or relaxing space, and some areas, including the smoking area, were not clean or well maintained. A requirement has been made to address the concerns identified.

Maintenance staff reported good access to equipment and sufficient time to complete their work. Safety checks were being carried out appropriately at weekly, monthly, and annual intervals.

Laundry staff demonstrated strong knowledge of infection prevention measures and clothing/linen systems, but people continued to report issues with missing clothing and bedding.

Requirements

1. By 30 June 2026, the provider must ensure that the environment supports people's wellbeing, independence and outcomes.

To achieve this, the provider must at a minimum:

1. Carry out a full assessment of the Discovery Suite to identify environmental areas requiring improvement.
2. Develop and implement a comprehensive improvement plan that ensures the environment meets people's needs, promotes independence, and creates a safe, welcoming, and enabling setting.
3. Involve key stakeholders—including people experiencing care, staff, and relevant professionals—in the assessment, planning, and evaluation of improvements.

This is to comply with regulation 10.2 (a) and (d) Fitness of Premises of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS 5.6).

How well is our care and support planned?

3 - Adequate

We assessed this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Assessment and personal planning should reflect people's outcomes and wishes, and personal plans should support leaders and staff to deliver care and support effectively.

Wound care treatment plans had improved. However, tissue viability care plans were not consistently updated to reflect new wounds, for example, when people returned from hospital. This creates a risk that care delivery does not fully reflect people's current clinical needs.

It was positive to see development within the "What Matters to Me/Meaningful Connections/Activity and Wellbeing" section of care plans. In several cases, this included helpful and personalised information. However, it was not always clear that people's identified preferences or needs were being consistently translated into practice.

We found a number of inconsistencies across care plans. For example, Palliative Performance Scale (PPS) scores were not updated in all relevant areas. One person's tissue viability care plan recorded a three hour repositioning frequency, while their planned care day scheduled repositioning every two hours during the day and every four hours overnight. Turning chart entries did not consistently reflect either schedule. Such inconsistencies increase the risk that people's needs may not be met as intended.

Although the electronic system identified when reviews were due, evidence of completed review documentation could not always be found. This meant we could not be assured that reviews were taking place as planned, or that any required actions were being identified, documented, and implemented. There was also no clear leadership oversight or tracking system to monitor the completion and quality of care plan reviews across the service.

Ensuring reviews are completed on time and that they meaningfully involve people and their chosen supporters is essential. Further work is required to strengthen the quality of reviews, particularly in ensuring that people's voices, preferences, and views are clearly captured and reflected in their plans. Maximising people's involvement will help ensure that care plans accurately represent their need

The timescale for the existing requirement has been extended to 13 April 2026 to allow the service sufficient time to develop care and support planning so it consistently informs all aspects of people's care.

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) and Regulation 15(b)(i) (Staffing) 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 was made on 4 August 2025.

Action taken on previous requirement

This requirement was made as we identified a number of concerns in relation to the safe management and administration of medication at our previous inspection. This meant that we were not confident that people's health, safety, and wellbeing needs were being met.

The service has taken steps to improve medication management systems. All staff responsible for administering medication have completed practical and electronic competency training, with further training being rolled out at the time of inspection. This should help ensure staff administering medication have the appropriate skills and knowledge.

A medication audit identified improvements in the medication reordering process, with fewer instances of medication running out. Systems were in place to audit medication stock, identify discrepancies, and investigate concerns. These processes also supported the identification of staff training needs.

However, despite these improvements, the medication audit identified a number of ongoing concerns. These included missing medication, inaccurate stock balances, and medication being used beyond its safe use date once opened. In addition, medication was found to be unsecured, including items left on work surfaces and within a lockable fridge that was not secure. We also were concerned by the lack of stock management for nutritional supplement/meal replacement drinks.

Although medication systems are improving, these issues remain serious and pose a risk to people's health, safety and wellbeing. We were not assured that everyone was consistently receiving their medication as prescribed.

This requirement has not been met and we have extended the timescale to 16 March 2026.

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 requirement was made on 4 August 2025.

Action taken on previous requirement

Overall, wound care treatment plans show signs of improvement. However, it was noted that tissue viability care plans were not consistently updated to reflect new wounds following a person's return from hospital. This presents a risk that care delivery may not fully reflect current clinical needs.

Some care plans demonstrated positive development, particularly within the "What Matters to Me/ Meaningful Connections/Activity and Wellbeing" section. In several cases, this section contained helpful and personalised information. However, it was not always clear that the identified preferences or needs were being consistently translated into planned actions or care delivery.

A number of examples were found where information within care plans was inconsistent which puts people at risk of not receiving appropriate care and support at the right time. For example: PPS (Palliative Performance Scale) scores were not updated across all relevant sections of the care plan when the person's level of need had changed. Another person's tissue viability care plan specified repositioning every three hours, while the planned care day scheduled repositioning every two hours during the day and four hours overnight. Records on the individual's turning chart did not consistently reflect either of these planned frequencies. There is a potential risk that inconsistent information in the care plan could result in the delivery of care not meeting people's needs.

Although review care plans identify when a person's next review is due, evidence of the completed review documentation could not always be located within the electronic care planning system. As a result, it is not possible to be assured that reviews were taking place as scheduled, or that actions arising from those reviews are being identified, documented, and implemented by the service.

At present, there is no clear leadership oversight or tracking mechanism to monitor the status and completion of care plan reviews across the service.

Ensuring that reviews are completed within agreed timescales and that they meaningfully involve the person and their identified supporters is essential. This will support assurance that care plans accurately reflect people's current needs, wishes, and aspirations, and will be a key requirement in demonstrating effective, person-centred care planning.

We have extended the timescale of this requirement to 13 April 2026.

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 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 area for improvement was made on 14 October 2022.

Action taken since then

This area for improvement has been in place for a significant period of time. Progress has been difficult for the service to evidence, largely due to changes in wellbeing staffing and periods where the service lacked dedicated wellbeing staff. This has affected the service's ability to demonstrate sustained and consistent improvement.

It was positive to see that wellbeing plans are now in place, providing a clearer structure for supporting meaningful activity. We also noted several recent events that had taken place over the past couple of weeks, including a Spanish fiesta, visits from ponies, newly formed links with the local nursery, and a concert held during the inspection. These developments show renewed efforts to create engaging and person-centred experiences for people.

A wellbeing planner is also now in place, which should support more consistent planning and delivery of meaningful activities.

Although these recent actions are encouraging, the service needs more time to demonstrate that improvements are being sustained and that people consistently experience opportunities for meaningful engagement in line with their wishes and needs. This area for improvement has not been met, we will follow this up at our next inspection.

Previous area for improvement 2

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 area for improvement was made on 26 June 2025.

Action taken since then

This area for improvement was made as we had concerns that people living in the service had limited opportunities to access outside spaces and their local community.

We could see early examples of progress for some people, with activities such as community walks and shopping trips beginning to be scheduled. Walks were also scheduled within people's planned care day. At first glance, the activity charts suggested that these walks were taking place. However, when individual entries were opened, many were recorded as the person watching TV or the person declining the walk. This made it difficult to determine whether people were genuinely being supported to access outdoor spaces and the local community.

While the service has made a start in addressing this area for improvement, more time is needed to demonstrate consistent practice. The service must show that people are regularly supported to access meaningful outdoor activity and community engagement in line with their preferences and assessed needs.

This area for improvement has not been met, we will follow this up at our next inspection.

Previous area for improvement 3

In order to ensure individual's representatives, both formal and informal, experience effective communication the service should make improvements to systems of agreeing and recording preferences and methods of communication as well as the recording of communications. The service should also ensure that the Care Plan or Personal Support Plan is always available to Powers of Attorney.

This area for improvement was made on 13 October 2025.

Action taken since then

This area for improvement was made as a result of a complaint investigation.

We did not assess this at this inspection and will follow up at our next inspection.

Previous area for improvement 4

In order to ensure individuals experience good foot and toe nail care the service should:

Make improvements to care planning and recording of regular foot and toe nail care.

This area for improvement was made on 13 October 2025.

Action taken since then

This area for improvement was made as a result of a complaint investigation.

We did not assess this at this inspection and will follow up at our next inspection.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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