

Ballantrae Rural Initiative Care in the Community Ltd Support Service

12 Main Street
Ballantrae
Girvan
KA26 0NB

Telephone: 01465 831 380

Type of inspection:
Unannounced

Completed on:
30 January 2026

Service provided by:
Ballantrae Rural Initiative Care in the
Community Ltd

Service provider number:
SP2004004419

Service no:
CS2004073930

About the service

Ballantrae Rural Initiative Care in the Community Ltd (BRICC) is registered to provide a service to adults with support needs living in their own homes. The provider of the service is a voluntary board of trustees

Support is provided to people living in the rural communities of rural South Ayrshire.

About the inspection

This was an unannounced inspection which took place on 28, 29 and 30 January 2026. The inspection was carried out by one inspector 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 three people using the service and three of their relatives
- Spoke with eight staff and management
- Observed practice and daily life
- Reviewed documents
- We reviewed 13 service questionnaire responses

Key messages

- Consistent long standing staff with many years experience.
- Feedback from people who use the service and their relatives was positive and they were appreciative of the care and support provided by the staff.
- Provider needs to invest in, and implement, managerial and administrative support and improve the office based facilities.
- Provider needs to demonstrate involvement and participation within the service.
- Provider needs to demonstrate how they respond promptly to any issues raised.
- Care planning documentation improved and area of improvement re adult protection training from previous inspection met.
- Consistent manager in post, maintaining and provided hands on support when required.

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 staff team?	4 - Good

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 evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People being supported in the community should expect to experience care and support that benefits their health and wellbeing. During this inspection we received consistent feedback highlighting the staff team's kindness, compassion, and reliability.

During home visits, people and their families repeatedly told us that staff were good and that support was delivered in a caring and respectful manner. For example, one person spoke warmly about the reassurance and comfort staff provided, emphasising the trust and rapport staff had built. This reflected a service where relationships were meaningful and where people felt valued and safe within their own homes.

The remote rural nature of the service added additional pressures, with staff travelling significant distances and often responding to unexpected challenges with flexibility and compassion. Their dedication was evident from the positive feedback we received from people they supported and their relatives. This contributed significantly to maintaining the continuity and quality of support people experienced. It was clear that people valued this commitment, and their positive experiences were a key strength of the service.

Despite staffing challenges, people continued to receive their visits and essential care. There were times when senior management had to step in to provide cover with shifts due mainly to emergency when staff shortages emerged at short notice. While this demonstrated strong commitment to people's wellbeing, it also indicated fragility within the service model and a need for the provider to ensure sustainable staffing levels.

The quality of care planning and medication support continued to be good. We noted the manager had developed some good person focused documents within the personal plans which contained relevant information about support needs, routines, and risks, and were generally up to date and signed.

The service manager also maintained regular reviews of daily progress notes and monthly audits of medication administration charts, ensuring that medication support was monitored and errors, issues or concerns were identified.

The personal plans would further benefit from the inclusion of more detailed pen profiles to enhance staff knowledge of what mattered most to each person. (See area for improvement 1)

Although support was being delivered safely overall, the increasing complexity of people's needs, along with the number of falls being reported, highlighted the importance of maintaining a small risk register and strengthening links with social work to ensure that escalating needs were promptly reassessed. (See area for improvement 2)

Overall, the service continued to perform at a good level in maintaining people's health and wellbeing. However, the provider now needed to invest strategically to support the manager and relieve operational pressure, ensuring the service could continue to respond effectively to increasing levels of need within the community.

Areas for improvement

1. The service should ensure that all personal plans include a clear and detailed pen profile at the front of the plan, reflecting what matters most to the person, their preferences, routines, and important aspects of their life. This would strengthen the person centred approach and support staff—particularly new or relief workers—to deliver care that is meaningful and consistent with the individual's wishes.

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)

2. The service should develop and maintain a small, dynamic risk register for people who are experiencing increased risks, such as frequent falls, refusals of personal care, or other emerging concerns. This would support ongoing monitoring, help the manager prioritise follow up with social work where needs are escalating, and ensure that risks are addressed promptly and effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 1.13 - I am assessed by a qualified person, who involves other people and professionals as required. 1.14 - My future care and support needs are anticipated as part of my assessment. 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.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Due to the consistent management and core group of staff who have worked for many years with the service the overall staffing arrangements continued to operate at a good level. This was underpinned by the implementation of appropriate and safe recruitment practices and regular supervision and spot checks. Staff files sampled showed that PVG checks, SSSC registration, references, and induction processes were all being followed appropriately.

Staff spoke positively about their roles and were clearly committed to delivering compassionate care to the people they supported. This was particularly evident in the rural context of Ballantrae, where staff often travelled long distances and routinely accommodated last-minute changes to ensure no one went without support. Their dedication and compassion were central to maintaining the quality of the service.

However, the inspection identified significant pressures on staffing sustainability. Sudden sickness absence or unexpected cancellations, meant that the manager and director had increasingly been required to cover care shifts. This was not a sustainable model and placed additional strain on management capacity.

While their efforts ensured that people did not miss essential support, the situation highlighted a clear need for the provider to strengthen its staffing resilience and ensure that the manager had adequate operational support to fulfil their leadership responsibilities. (See area for improvement 1)

Training provision could also be improved. staff were accessing only the basic mandatory modules available through an on line training platform, and not all staff had completed the required topics. Although some key areas such as adult support and protection, pressure care and GDPR had been achieved, additional training would be advantageous and help to improve and enhance the knowledge of the staff team.

This represented a gap in the provider's responsibility to ensure that staff possessed the full range of skills and knowledge required to support people safely and confidently. (See area for improvement 2)

During feedback we raised with the provider issues regarding the offices base and administrative support. These issues within the service demonstrated a lack of provider investment. The office environment was visibly worn, with stained carpets and no signs of refurbishment since previous inspections. (See area for improvement 3)

Despite these challenges, the staff team at Ballantrae continued to deliver compassionate, reliable care, and their efforts were widely recognised by people experiencing support.

This commitment was fundamental to the service maintaining a good grade. However, to sustain and strengthen quality, the provider now needs to demonstrate meaningful investment in staff training, environmental improvements, and managerial support.

Areas for improvement

1. The provider should ensure that the manager has sufficient administrative and operational support to carry out their role effectively, including strengthening administrative cover and progressing recruitment to stabilise the staffing structure.

This would reduce the need for the manager and director to cover care shifts and would allow improved oversight, leadership, and development of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): 3.14 - 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.

2. The provider should strengthen the staff training programme to ensure the workforce has the skills, knowledge, and confidence required to provide safe and high quality care. This should include:

- Introducing a blended training model that includes face to face sessions, practical skills training, observed competencies, and opportunities for reflective practice.
- Developing and maintaining a training matrix to track completion rates, refresher dates, and identified learning needs.
- Ensuring staff receive training aligned to the needs of the people they support, such as adult support and protection, medication support, managing stress and distress, and communication approaches.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): • 3.14 "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."

3. The provider should invest in improving the office environment, ensuring the base is safe, warm, appropriately equipped, and fit for purpose. The current heating issues, worn furnishings, and unsuitable working conditions require attention so that staff and management have a professional and functional workspace that supports effective service delivery..

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): 5.17 My environment is secure and safe. 5.18 My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells.

5.19 My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted. 5.24 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

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 needs to ensure that the manager of the service is supported to undertake and complete the tasks associated with their job roles and responsibilities. The provider needs to ensure that the manager has the resources and time to allow them to fulfil the functions of their job.

This is to ensure that care and support is consistent with the Health and Social care standards. (HSCS) which state: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19)

This area for improvement was made on 28 October 2024.

Action taken since then

The office based administrative staffing resources has been reduced due to sickness and needs to be replaced. The manager is still having to cover shifts at times usually due to last minute absence or unforeseen sickness. The office base requires considerable upgrading and refurbishment to ensure this is suitable and the central heating system has be broken and requiring repair for some time.

This area of improvement has not been met and will be repeated.

Previous area for improvement 2

The service management need to ensure that the principles of adult support and protection procedures are understood and implemented within the culture and knowledge of the staff team within the service. We discussed this at the feedback meeting and advised the manager undertake further training in this area.

This is to comply with the Health and Social Care Standards, (HSCS) My support my life; Which states: I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organizational codes. (HSCS 3.14)

This area for improvement was made on 28 October 2024.

Action taken since then

The manager has undertaken additional training and had also sourced some further training for the staff as well. Notifications are being made appropriately in relation to raising concerns and sharing information regarding potential adult protection issues.

This area of 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.

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
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