

Balmoral Homecare - West Lothian Housing Support Service

Balmoral Health and Social Care
Unit 3
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Livingston
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Telephone: 01506243917

Type of inspection:
Unannounced

Completed on:
2 March 2026

Service provided by:
Balmoral Homecare Ltd

Service provider number:
SP2005007958

Service no:
CS2025000127

About the service

Balmoral Homecare - West Lothian was registered with the Care Inspectorate on 19 March 2025 and is registered to provide a care service to people with assessed support needs in their own homes and in the community. The service is provided by Balmoral Homecare Ltd.

The office is based in Livingston and covers the West Lothian area. At the time of this inspection, support was being provided to 72 people.

About the inspection

This was an unannounced inspection which took place on 23, 24 and 25 February and 2 March. 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 registration information, information submitted by the service and intelligence gathered since registration.

In making our evaluations of the service we:

- Spoke with nine people using the service and five of their relatives
- Received feedback via our survey from a further 22 people and relatives
- Spoke with seven staff and management and received feedback via a survey from a further five staff
- Observed practice
- Reviewed documents
- Received feedback from two professionals

Key messages

- Care and support was provided in a dignified and personalised way, in line with people's wishes and choices
- The service had a range of policies and procedures in place to ensure compliance with best practice guidance and legislation
- Many people had a small consistent staff team and regular visit times
- Care plans were of good quality, personalised and respectfully written

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Interactions between staff and people were genuinely kind, respectful and caring. Care and support was provided in a dignified and personalised way, in line with people's wishes and choices. Staff knew people well and understood what was important to them. This meant that people felt included and valued and their relationships with staff provided meaningful social interaction. People said "The carers are all really good. I've got to know them and I get on well with them all. They're respectful, gentle and kind" and "They are all so committed - genuinely caring and compassionate".

Most people told us they had a regular team of staff who knew them well and people told us how much of a difference this made to their day. One person said "It's so important to me to have trust and continuity with my carers. I have both. I have a regular team of carers, except occasionally when someone is off ill". Another said "I love all the carers. They're kind and respectful and they come in with this energy - I can be feeling low, and they come in all bright and warm and cheery, and they make me feel good".

Visits to people did not feel rushed and staff promoted choice, always checking if anything else was needed before leaving.

People's health and wellbeing was important to staff and there was gentle encouragement and support to eat and drink well, with an emphasis on choice in all support provided. Staff showed patience and understanding, and demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, and people's wellbeing was enhanced as a result.

Staff made sure that people had access to the right support from the right health professionals when they needed this.

There was a policy in place to ensure safe support with medication, however some aspects needed adjusting to ensure practice complied with this. We were reassured by the immediate action taken by the service to resolve this so that people could be assured that their support with medication was safe, appropriate and met their needs.

Relatives found it helpful that they could access an 'App' to check on support visits for their loved ones. One relative told us "I find it really helpful that I can check on the App who has been in and what she has eaten and how much she has had to drink". Other relatives told us about the relationship between their loved ones and the staff who supported them, telling us "She has a great relationship with them. She really cares about them too" and "They were extra caring and genuinely concerned for her when she had a dip in her health".

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

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

The service had a range of policies and procedures in place to ensure compliance with best practice guidance and legislation. Audits were being carried out and the service were responsive to our advice about the documenting of these along with any actions taken or needed, which in turn may inform an action plan or service development plan.

The recent transition to a new management structure had gone reasonably smoothly, and staff said they felt supported by the management team. There were regular meetings including daily catch-up's and weekly management meetings to ensure any required actions were quickly followed up.

Some improvements were needed to communication with people, their relatives and staff, however the service were aware of these and had planned improvements in this area.

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.

Recruitment of staff was carried out in line with safer recruitment guidance. This meant that people could be confident that the staff who support and care for them had been appropriately and safely recruited.

Training of staff was good, with further improvements to face-to-face induction about to commence, and there were regular supervisions and observations of staff practice. This meant that people could have confidence in staff because they were trained, competent and skilled, and able to reflect on their practice, and follow their professional and organisational codes.

Many people had a small consistent staff team and regular visit times and told us "Consistency is really good now. They're all very nice, and if I call the office to change anything they're very helpful and accommodating". The service were committed to ensuring consistency and visit times were improved for all people supported by the service.

Staff worked well together and told us they enjoyed working for Balmoral. Most said they felt valued, listened to, and well supported by the management team. Some said they felt communication could be better. The service had plans to improve communication with staff.

How well is our care and support planned?

4 - Good

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

Care plans were of good quality, personalised and respectfully written, and held detailed information about what was important to people, their preferences and wishes, and how they wished their care and support to be carried out. This meant that people could be confident that their support plan set out how their needs would be met, as well as their wishes and choices.

Appropriate risk assessments were in place which detailed risks and actions to be taken to minimise any identified risks.

Detailed and accurate personal plans and risk assessments were available to staff to ensure they were aware of people's desired outcomes and of how to support them with these. There was a plan in place to ensure up-to-date paper copies were available to those who wished a copy in this format.

Some information relating to support with medication was not appropriately recorded in related documents. The service put a plan in place when we highlighted this, so that people could be confident that their support plans set out how their support needs in terms of medication would be safely met.

There was a system in place to evaluate personal plans, risk assessments, and daily records of care regularly or as people's needs changed, and to ensure any changes were actioned appropriately.

Reviews were being carried out to ensure that people were getting the right support to meet their needs and wishes.

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

Requirements

Requirement 1

By 28 November 2025, the provider must ensure that there are at all times adequate staffing arrangements to deliver care and support that meets people's health, welfare and safety needs.

To do this the provider must at a minimum:

- a) ensure people are provided support in line with their assessed needs, this should include the identified number of staff required;
- b) plan visit schedules in advance, informing and involving people of their planned support and, where possible, if changes are to take place;
- c) maintain appropriate records of visit plans and support provided, this should include recording any changes which took place;
- d) notify the Care Inspectorate, in line with notification guidance, when there are any missed visits;
- e) ensure there is a responsive on-call system that facilitates a prompt response when concerns are shared;
- f) implement effective systems to monitor that people are provided support in line with their assessed needs and implement any actions identified.

This is in order to comply with: Sections 7(1)(a) and 7(1)(b) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This requirement was made on 19 August 2025.

Action taken on previous requirement

We reviewed this requirement at our follow up inspection.

An action plan had been put in place to review progress in meeting this requirement. We saw that people were being provided with support in line with their assessed needs, including the appropriate number of staff to meet their assessed needs.

Visits were being planned in advance and planned support was discussed at reviews.

Work was in progress to improve communication to people of any changes to their support and there was appropriate documentation of support provided.

Missed visits and any incidents had been appropriately notified to Care Inspectorate and a responsive on-call system was in place. Most people, relatives and staff told us this facilitated a prompt and appropriate response when any concerns were shared.

Auditing systems were in place to ensure effective monitoring of people's support and to ensure any required actions were identified.

Met - within timescales

Requirement 2

By 28 November 2025, the provider must ensure all personal plans, risk assessments, and related recording tools are accurate and contain sufficient information to inform and record how people's needs are met.

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

- a) risk assessments are completed detailing risks and actions to minimise any identified risks. This should include, but is not limited to, medication and moving and handling risk assessments;
- b) people experiencing care have a detailed personal plan which reflects their desired outcomes and details how they are to be supported to achieve this;
- c) records are kept detailing the support provided to people;
- d) there is a system in place to evaluate personal plans, risk assessments, and daily records of care regularly or as people's needs change. Any actions identified should be implemented.

This is in order to comply with: Regulations 4(1)(a) and 5(1) 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 is consistent 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 requirement was made on 19 August 2025.

Action taken on previous requirement

We reviewed this requirement at our follow up inspection.

Risk assessments were in place which detailed risks and actions to be taken to minimise any identified risks.

Detailed and accurate personal plans and risk assessments were in place and available to staff to ensure they were aware of people's desired outcomes and of how to support them with these. There was a plan in place to ensure up-to-date paper copies were available to those who wished a copy in this format.

Records were kept detailing the support provided to people and there was a system in place to evaluate personal plans, risk assessments, and daily records of care regularly or as people's needs changed, and to ensure any changes were actioned appropriately.

Met - within 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

To promote positive outcomes for people, the provider should ensure they adhere to their organisational complaints procedures and regularly evaluate and audit complaints to ensure they progress learning.

This is to ensure care and support is consistent with Health and Social Care Standard 4.7: I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership

This area for improvement was made on 4 December 2025.

Action taken since then

We reviewed this area for improvement at our follow up inspection and saw evidence that the service were adhering to their organisational complaints procedures and regularly evaluating and auditing complaints to ensure they progressed learning from these.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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