

Balclutha Court Care Home Care Home Service

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Greenock
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
Barchester Healthcare Ltd

Service provider number:
SP2003002454

Service no:
CS2007142878

About the service

Balclutha Court Care Home is a nursing home in the west end of Greenock. It supports up to 74 older adults and nine younger people. At the time of inspection, there were 79 people living in the home.

The building has two floors. Each floor includes a dining room, communal living areas of different sizes and accessible bathrooms. 20 of the 75 single bedrooms have ensuite facilities and there are four double bedrooms. People can access a well-maintained, enclosed garden from the ground floor. The service offers both long term care and short term respite support.

About the inspection

This was an unannounced inspection which took place on 11, 12, 13 and 14 May 2026, between the hours of 09:00 and 22:20. The inspection was carried out by two 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 18 people using the service, and nine of their relatives
- spoke with 23 staff and management
- reviewed questionnaires received from eight staff, nine relatives and one external professional
- observed practice and daily life
- reviewed documents
- had contact with external professionals linked to the service.

Key messages

- People benefited from kind, compassionate staff who knew them well and supported their wellbeing.
- Quality assurance systems were not consistently effective, meaning risks were not always identified or addressed promptly.
- Care was sometimes influenced by routine and staffing, leading to delays and reduced choice, independence and control.
- Care planning and communication with families was variable, which at times, resulted in inconsistencies in support guidance for staff.
- Improvements were needed to the environment and infection prevention, to ensure people experience a safe, clean and comfortable home.
- The management team demonstrated capacity to improve, with more robust systems needed to deliver consistent, high-quality care.

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?	3 - Adequate
How good is our setting?	3 - Adequate
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?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement. However, improvements were required to maximise wellbeing and ensure people experience positive outcomes.

People experienced kind, compassionate care from staff who knew them well, which supported their sense of safety, comfort and emotional wellbeing. We observed warm, respectful interactions. People and their relatives told us many staff went above and beyond to support them. This helped people feel valued, reassured and cared for in a way that recognised them as individuals. A person supported shared with us, "The staff are marvellous. I can't mobilise independently, staff respond quickly when I need them. I wouldn't have planned to live in a care home, but I am well looked after and have everything I need."

Staff were generally knowledgeable about people's needs and preferences, and were usually able to recognise changes in their health and respond appropriately. This supported people to receive timely care and treatment, helping maintain their wellbeing. An external health professional told us, "Staff are really good, they pick up on issues quickly and communicate appropriately with ourselves."

Improvements had been made to medication practices to ensure they were safe and well managed, contributing to people's comfort and overall health and wellbeing. There were also developing strengths in the use of electronic systems, particularly in monitoring areas, such as wound care, which supported better tracking and management of specific health needs.

However, these strengths were not always consistently supported by robust systems and clear approaches, which reduced assurance that good outcomes were reliably experienced by everyone.

Monitoring and recording of key health information, including fluid intake and bowel care, were inconsistent, and there was not clear oversight of this. This reduced assurance that early signs of deterioration would be identified and acted upon promptly, which could impact people's health if changes were not recognised quickly. (Please see area for improvement one).

People's care and support should meet their needs and be right for them. We found that some care was influenced by routine and staffing arrangements, rather than being consistently shaped around people's individual needs and preferences. This meant people did not always experience care that fully supported their choice, independence and control. People told us that access to bathing, flexibility around bedtimes and support where two staff were required could sometimes result in delays. This meant people had to wait for support, which impacted their dignity, comfort and overall experience. A person shared with us, "Main issue is having to book in for a shower and staff having to stay in the room, I am able to do this myself at home. I can see why it might be necessary for some, but don't feel it's necessary for me."

Similarly, overnight checks were not always based on individual risk. For some people, these checks were intrusive and disruptive, affecting their sleep, privacy and overall wellbeing. (Please see area for improvement two).

People should be able to choose suitably presented and healthy meals and snacks. Generally, people had access to food and drinks, over the course of the day. The service had shown a willingness to respond to feedback by reviewing meal times when some people said timings did not suit them.

For those requiring modified or textured diets, meaningful choice was limited and care plans were not always accurate. This reduced people's enjoyment, dignity and autonomy at meal times. While hydration stations supported independence in communal areas, people who spent more time in their rooms did not always have the same access, increasing the risk of reduced fluid intake. (Please see outstanding areas for improvement one for further information).

There were opportunities for group activities and community connections, which people enjoyed when they attended. However, these were not always consistently accessible, particularly for people who required encouragement or one to one support. As a result, some people, especially those spending more time in their rooms, were at risk of reduced stimulation, limited social interaction and increased isolation. (Please see outstanding areas for improvement two, for further information).

Areas for improvement

1. To keep people safe and promote their health and wellbeing, the provider should ensure recording in relation to health and wellbeing monitoring is consistent across the service.

This should include, but not be restricted to, monitoring charts being fully completed and detailing why monitoring is in place, review dates, thresholds of when actions are required and evidence of action taken when needed.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I experience high-quality care and support because people have the necessary information and resources." (HSCS 4.27).

2. The provider should ensure that care and support is consistently person-centred and based on individuals' assessed needs and identified risks. People should be enabled to maintain their independence and make choices about how their care is delivered.

This should include ensuring that daily routines, support arrangements and levels of observation are clearly tailored to each person. Care plans should provide clear guidance to support staff to deliver timely, respectful and enabling care.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "I am empowered and enabled to be as independent and as in control of my life as I want and can be." (HSCS 2.2) and

"I am as involved as I can be in agreeing and reviewing any restrictions to my independence, control and choice." (HSCS 2.6).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service had a comprehensive development plan in place, with clear actions and timescales, which was regularly reviewed. This demonstrated a structured approach to improvement and a clear intention to develop the service.

People should benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. A range of processes were in place at both organisational and service level, including audits, governance meetings and daily walkarounds. Some systems, such as the clinical governance meetings were effective and supported some positive improvements in people's care and outcomes. However, quality assurance systems were not consistently identifying key risks or providing assurances about people's experiences and outcomes. As a result, opportunities to identify issues early and drive improvements were sometimes missed.

The use of electronic systems supported some aspects of care, but these were not fully utilised to provide effective oversight. Key information, such as care reviews and legal documentation was not clearly tracked. This reduced management oversight and assurance that people's care remained up to date and reflective of their current needs. (Please see requirement one).

Communication systems were in place, including daily meetings and team discussions, which supported the sharing of information. However, these were not always effective in ensuring that staff understood changes in practice or the reasons behind decisions. This meant care could become task focused, rather than informed and responsive, which impacted on the quality of support people experienced.

Care and support should be consistent and stable because people work together well. There was a lack of clarity around roles and responsibilities, particularly following recent changes within the service. Staff were not always clear about what was expected of them in relation to care delivery, recording and oversight. This reduced accountability and made it more difficult to ensure consistent, safe and well-coordinated care. (Please see area for improvement one).

Requirements

1.
By 05 October 2026, the provider must ensure that quality assurance systems are consistently used to identify, assess and respond to risks, and are effective in improving outcomes for people.

This should include ensuring that quality assurance processes provide clear oversight of people's care, experiences and outcomes, and that information gathered is used to identify areas for improvement and take timely, effective action.

This is to comply with Regulation 4 (1)(a) (welfare of users) 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 states that: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19).

Areas for improvement

1. To support safe, consistent and effective care, the provider should ensure there are clearly defined roles and responsibilities across the staff team, based on staff skills, knowledge and professional competence.

This should include ensuring that expectations for care delivery, recording, oversight and quality assurance are clearly understood by all staff, and that responsibilities are appropriately allocated and consistently applied in practice.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "If I am supported and cared for by a team, this is well-coordinated so that I experience consistency and continuity." (HSCS 4.17).

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should expect to live in an environment that is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. There had been some investment in the building, and people benefited from access to a number of communal spaces. We acknowledge plans to upgrade lounge areas, which should further improve people's comfort and experience of living in the home.

A number of areas within the environment were tired and in need of refurbishment, and there was no clear, agreed timescale for the previously proposed full refurbishment. This reduced assurance that the environment would be consistently improved and maintained over time. Areas requiring refurbishment also impacted on the homely feel of the service and made it more difficult to maintain effective cleaning and infection prevention standards. (Please see requirement one).

We identified a number of specific environmental risks, including the downstairs shower room, which presented a risk to people due to damaged tiles. While a temporary repair had been made, a permanent solution was required to ensure people's safety. Some areas of the home appeared unkempt and required cleaning. Although this was addressed during the inspection, this highlighted a lack of consistent oversight. (Please see requirement two).

Cleaning schedules were in place, however these were not always effective in practice. Schedules did not consistently reflect the needs of the service, particularly in high use areas and key infection control points, such as hand hygiene facilities. We also observed inappropriate storage of continence products in communal areas during the inspection. Although this was addressed, it demonstrated a lack of understanding of safe and respectful practice. (Please see requirement two).

The laundry environment and processes required improvement. The area was not consistently clean, lacked appropriate handwashing facilities and did not follow a clear dirty to clean flow. Laundry practices were not always safe, with clothing transported openly and, on occasion, left in communal areas. While action was taken during the inspection, these practices increased the risk of cross contamination and impacted on people's dignity. (Please see requirement two).

The environment did not consistently support people's independence and orientation. While some signage was in place, there was limited use of dementia friendly or wayfinding approaches to help people navigate the home independently. This meant people may have been more reliant on staff support than necessary. (Please see outstanding areas for improvement six for further details).

Access to outdoor space was not fully enabling. People were dependent on staff to access and return from the garden, which meant some people had to wait, both to go out and come back in. This limited people's ability to safely and freely access outdoor spaces, which is important for their wellbeing, independence and quality of life. (Please see requirement three).

Requirements

1. By 05 October 2026, the provider must ensure there is a clearly defined and authorised environmental improvement plan in place to maintain and improve the quality, safety and condition of the premises.

The plan should identify short, medium and longer term priorities, include realistic timescales, and be used to monitor progress and drive improvement in the environment.

This is to comply with Regulation 4(1)(a) 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 the Health and Social Care Standards which state that: "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22).

2. By 13 July 2026, the provider must ensure the environment is safe, clean and well-maintained, with effective systems in place to identify and address risks.

This should include ensuring that all areas of the premises, equipment and facilities are maintained in good repair, that cleanliness and infection prevention practices are consistently applied and that any environmental hazards are identified and addressed in a timely way.

This is to comply with Regulation 4(1)(a) 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 the Health and Social Care Standards which state that: "My environment is secure and safe." (HSCS 5.17) and

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22).

3. By 13 July 2026, the provider must ensure that people are able to access and move in and out of the building, including outdoor areas, in a way that is safe, dignified and promotes independence, based on their assessed needs and risks.

Arrangements should ensure that access to outdoor space is not unnecessarily restricted, and that people are supported to maintain their independence wherever it is safe to do so.

This is to comply with Regulation 4(1)(a) 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 the Health and Social Care Standards which state that: "I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSCS 5.11).

How well is our care and support planned?

4 - Good

We evaluated this key question as good, where several strengths supported positive outcomes for people, and clearly outweighed areas for improvement.

People should expect to develop and review their personal plan, which is always available to them. Overall, we saw that there were some strong foundations in care planning, although the content was inconsistent.

We saw examples of in-depth pre-assessments and some care plans that were detailed, person-centred and clearly describing how support should be delivered. This helped staff provide care that reflected what mattered to people. Others lacked key information, particularly in relation to supporting people experiencing stress and distress. This could lead to inconsistent responses and missed opportunities to reduce distress and improve people's wellbeing. For a small number of people, there was conflicting information about their nutritional needs. This created a risk that staff may not always have clear or accurate information, which could impact the consistency and safety of care provided.

Although care plans were updated regularly, these updates were not always meaningful. Changes in people's needs or experiences were not always clearly reflected, which meant care plans did not always provide an accurate picture of people's current care and support needs.

Staff knew people well and were able to describe their needs, preferences and routines with confidence. This knowledge helped ensure that people's care was generally responsive and individualised, even where written information was not always as clear as it could be. As a result, many people experienced care that felt familiar, consistent and centred around them.

Similarly, on occasion, reviews did not always demonstrate meaningful involvement from families or clearly reflect the care being delivered. This limited opportunities to work in partnership, agree outcomes and follow through on actions. Where commitments were not clearly recorded or reviewed, this led to frustration and reduced trust for families.

Systems such as 'resident of the day' were in place, to improve the effectiveness of care planning, although, these were not always utilised in practice. Whilst there were instances where this regular overview and update of people's care and support had been beneficial, we heard that families were not always contacted and important issues were not identified. This reduced the effectiveness of the system in improving people's care. (Please see area for improvement one).

Areas for improvement

1. To ensure care is consistently well planned, delivered and understood, the provider should ensure that care planning processes are clear, accurate and effectively communicated with people, their families and staff.

This should include, but not be restricted to, ensuring care plans are regularly updated to reflect people's current needs and preferences, including the views of people and their families. Ongoing discussions about care and support should be meaningful and linked into the care planning and regular review process.

This is to ensure 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).

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 make sure people get the right food and nutrition, the provider should make sure staff preparing modified meals have the right knowledge and feel confident in their roles.

This includes reviewing the information shared with kitchen staff, so it clearly shows what type of meal each person needs, including any changes like adding extra nutrients.

The provider should ensure staff have sufficient training and guidance to help build their skills and understanding in this area.

This is to ensure 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." (HSCS 3.14).

This area for improvement was made on 22 September 2025.

Action taken since then

All staff had completed relevant training, including dysphagia, International Dysphagia Diet Standardisation Initiative (IDDSI) and food safety training.

Staff demonstrated a sound awareness of which people required modified or fortified diets. Kitchen staff utilised information boards and attended daily meetings to keep up to date with any changes in dietary requirements. Meals were labelled on arrival, which supported safer practice.

This meant that we are assured that people were supported with the correct diet, as directed by healthcare professionals.

This area for improvement is met.

Previous area for improvement 2

To contribute to maintaining and improving individual health and wellbeing the provider should ensure that all people have opportunities to engage in meaningful activity. This should be well documented and regularly evaluated.

To achieve this, the provider should review staffing of activity provision to ensure all residents have access to meaningful activity, in line with their preferences and choices, including people who prefer support in their room.

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 everyday, both indoors and outdoors." (HSCS 1.25).

This area for improvement was made on 17 December 2024.

Action taken since then

We found some positive aspects in relation to activity and engagement. There were planned group activities in place and links with the local community, which people told us they enjoyed when they chose to attend. This supported social interaction and contributed positively to people's emotional wellbeing and sense of connection.

However, this was not consistently experienced by everyone. People who required encouragement or one to one support to participate, and those who preferred to spend time in their rooms, were not always supported to engage in meaningful activity.

We also did not consistently see that planned one to one activities, as described in care plans, were being delivered or clearly recorded and evaluated.

There was limited evidence that activity provision was being reviewed in a structured way, including how well it met people's individual needs and preferences. In addition, staffing arrangements did not always fully support equitable access to activity across the service.

This meant that while some people benefited from opportunities to socialise and engage, others were at risk of reduced stimulation, limited social interaction and increased isolation.

This area for improvement is not met and will be re-instated.

Previous area for improvement 3

To help keep people safe and ensure they get the right medication at the right time, the provider should strengthen their quality assurance processes for medication management.

This should include, but is not limited to, reviewing how medication records are checked and how communication between staff is managed, to help prevent errors and missed doses.

This is to ensure 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" (HSC 1.19) and

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20).

This area for improvement was made on 22 September 2025.

Action taken since then

Medication administration records were sampled with no errors identified. Nursing staff demonstrated a clear understanding of medication processes, including how to report and respond to errors. Systems were in place for as required medication, and these were being followed appropriately.

Medication audits were carried out regularly and included oversight from management, which provided a structured approach to monitoring practice and identifying issues.

Clinical governance meetings had identified some concerns regarding medication practices and implemented actions to improve.

This area for improvement is met.

Previous area for improvement 4

To ensure that people's assessed care and support needs can be met, including at meal times, the provider should ensure adequate staff are available to provide support at meal times. Determination of staffing levels should include effective and regular analysis of care and support needs and preferences. Staffing levels and skills mix should be adaptable and responsive to meet people's changing needs. How safe staffing levels are assessed should be shared.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: "My needs are met by the right number of people." (HSCS 3.15).

This area for improvement was made on 17 December 2024.

Action taken since then

Staffing at meal times was sufficient and the meal experience was well organised and delivered in a calm, structured way, which supported people to receive assistance with eating in a dignified and timely manner.

However, this approach was not always consistently reflected across the wider day. While staffing numbers generally aligned with assessed dependencies, there were gaps in how this was calculated and reviewed. Staff breaks were not factored into staffing calculations, and there was limited evidence of staffing levels being adapted to meet busier periods, such as evenings when people required more support.

We also observed that call bells were sounding frequently throughout the inspection. While staff responded where possible, this indicated that staffing may not always be sufficient to meet people's needs as they arise in real time.

This meant that while people were generally supported well during meal times, at other times they may have experienced delays in receiving support, which could impact their comfort, dignity and overall experience of care.

This area for improvement is not met and will be re-instated.

Previous area for improvement 5

To help keep people safe in the event of a fire, the provider should make sure that fire escape routes are always kept clear of combustible items.

This includes removing laundry bins, clothes rails or any other flammable materials from corridors used as fire exits, and ensuring regular checks are carried out and issues followed up quickly.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "My environment is secure and safe" (HSCS 5.17) and

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22).

This area for improvement was made on 22 September 2025.

Action taken since then

Observations of escape routes over the course of the inspection demonstrated these being kept clear throughout. Clothes rails were present in the corridors on the first evening. We asked that these are only present when clothes are being moved and delivered to people's rooms.

This area for improvement is met.

Previous area for improvement 6

To support people's independence and help them move around safely, the provider should improve signage and wayfinding in the environment.

This should include, but is not limited to, making sure signs are clear, easy to understand and placed where people need them most.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "I can independently access the parts of the premises I use and the environment has been designed to promote this." (HSCS 5.11).

This area for improvement was made on 22 September 2025.

Action taken since then

We observed that some basic signage was in place, such as signs for rooms including toilet, lounge and shower room. This provided some level of support to help people identify key areas within the home.

However, there was no use of wayfinding signage or dementia friendly approaches to support people to navigate the environment independently. This meant people who may benefit from visual prompts, cues or clearer signage were more likely to rely on staff for direction and support.

This meant that the environment did not consistently support people's independence, confidence and ability to move around freely, which could impact on their sense of autonomy and overall wellbeing.

This area for improvement is not met and will be re-instated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.scot.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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