

Balhousie Ruthven Towers Care Home Service

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Type of inspection:
Unannounced

Completed on:
14 July 2025

Service provided by:
Balhousie Care Limited

Service provider number:
SP2010011109

Service no:
CS2010272073

About the service

Balhousie Ruthven Towers nursing home is centrally located in the town of Auchterarder, Perthshire. The service is owned by Balhousie Care Group and it provides residential and nursing care on both a permanent and short term respite basis.

The home is registered to provide care for 51 people. The service is based over five floors in a substantial Victorian mansion house, which has been extended and adapted to provide accommodation for people requiring nursing and residential care. The building is located in its own grounds and is well maintained and accessible.

The home is close to the town centre and is near to local shops and bus routes. The service brochure states: "We understand that each individual is unique, with personal likes, dislikes, needs and wants. We therefore tailor our approach and service based entirely on each individual".

About the inspection

This was an unannounced inspection which took place on Friday 11 and Saturday 12 July 2025. 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 eleven people using the service and six of their family/friends
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional
- reviewed questionnaires completed by people using the service, their relatives, staff and visiting professionals.

Key messages

- Mealtimes were relaxed and staff supported people with dignity and kindness on a one-to-one basis where required.
- The care team had effective oversight of people's healthcare needs and were responsive to changing needs.
- Staff said they felt well supported, confident and competent in their roles.
- People told us that communication had improved and that the service listened to them.
- Quality assurance systems were now being fully implemented to provide oversight of the service.
- Ongoing reviewing of staffing levels must continue in response to changes in people's needs, or new admissions to the service.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	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?

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 living in the home and their families told us that they were much happier now with the care and support received. People commented "I'm very happy living here, everyone is very kind." Relatives spoken with told us "I have no worries; I know the staff will look after my parent" and "things are so much better now, the overall standards of care have improved."

We saw that people were treated well, with dignity and respect. We observed many kind and caring interactions between staff and people living in the care home. Staff clearly knew people well and understood how best to support them.

On the days of inspection, the home's atmosphere was relaxed and care was well organised. People could spend time in communal areas or in the privacy of their own rooms, according to personal choice.

People experiencing care should expect to have access to healthy meals and snacks which meet their cultural and dietary needs and preferences. We saw that people had access to food and drinks being offered throughout the day. Kitchen staff were knowledgeable about people's preferences and aware of who needed special diets. People were complimentary about the food. One person told us; "The meals are nice; we get a choice and there's always plenty of food," whilst another commented "The puddings are really good, I always get plenty to eat".

The mealtime experience was calm and relaxed. People could choose where they ate their meal and staff worked well to ensure that everyone had the support they needed.

People were able to have an active life if they chose to and could participate in a range of opportunities such as seated exercises, arts and crafts and movie afternoons. People also benefitted from having access to the care home garden areas and they enjoyed regular trips out organised by the service.

People's health and wellbeing needs were reflected in care plans and subject to assessment and review by care staff. There was easy access to external health and social care professionals, such as GPs, the community mental health team, dentists, opticians, podiatrists and dieticians. Advice sought from external professionals included the management of people's stress and distress, where reviews of care and treatment had been provided, alongside training for staff.

Medication was generally well managed. Staff took their time when providing support with a person's medication. They read each person's specific instructions for their medication, properly recorded any medication given and followed the service's procedures well. There was guidance available for staff on the administration of 'as required' medication. This helped ensure individuals were supported to take the right medication at the right time.

People using the service were consistently involved in the development and improvement of the service. Regular meetings took place, and these were well attended by people using the service.

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.

People should feel confident that they live in a service that is safe and benefits from a culture of continuous improvement. It is important that services have effective systems in place to monitor the quality of service and the care provided. The management team used a range of audit tools to assess the quality of service provision and we found that audits were meaningful and effective for improving outcomes for people living at Ruthven Towers. These included audits for key areas such as support planning, risk assessments, medication and wound management, weights, nutrition and fluid intake. Where shortfalls were identified, this information helped inform the service's improvement plan and appropriate action was taken. This demonstrated a proactive approach to quality assurance by supporting good outcomes for people and ensuring that as people's needs changed, their needs continued to be met.

The leadership team had an active presence throughout the home and staff told us that they felt part of a supportive team. Management were visible, accessible and approachable to people and staff and we saw and heard that they had a 'hands on' approach. This helped the cohesion of the whole staff team.

The service held regular meetings where people were able to share their views regarding their support and the quality of service provided. When issues were raised, the service took action to improve things in response to people's views. People were involved in service audits and their voice was important in decision making regarding any future changes and developments. Relatives we spoke with told us that the service communicated with them regularly and responded promptly to any concerns they may have. They were invited to relatives' meetings and were kept up to date by newsletter, email and phone about the life of the home and their relatives' care. This demonstrated a desire to work in partnership with people and involve them in their loved one's care.

A series of regular environmental and health and safety checks were in place across the premises to ensure the ongoing maintenance of the building and its environment; these included daily cleaning schedules to ensure good standards of cleanliness were upheld and that care equipment continued to be safe for people to use. These checks helped ensure people's wellbeing, safety, security and comfort. We saw good oversight, recording and evaluation of accidents and incidents with notifications being made to the Care Inspectorate and other professional bodies as required.

We were satisfied that the leadership were committed to maintaining the progress made and to ongoing improvement.

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.

People should expect to have their needs met by the right number of people.

On the days of our visit, we saw that there were sufficient staff to support people with daily, planned and unplanned activities. Staff were clear about their roles and were deployed effectively. Staff helped each other by being flexible in response to changing situations, to ensure care and support was consistent and stable.

Staff were motivated and good team working meant that staff spent as much time as possible with people. We saw warm and compassionate interactions and conversations in communal spaces. This showed us that staff had time to engage in meaningful conversation over and above more scheduled tasks. Staff were confident and relished having positive interactions and building relationships.

The service regularly assessed dependency levels to ensure appropriate staffing levels. We saw that staffing levels were consistent with the assessed needs of the service. The managers of the service were confident that if people's needs were to change, this would be reflected in dependency tools and additional staff would be deployed. We could be confident that people were supported by the right number of people.

There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people. This was done both in daily meetings and in regular team meetings.

We saw within internal communications, and staff rewards, that there was a strong emphasis on recognising that all staff played an important role in building a staff team, regardless of whether they provided direct care or not.

It was clear from what we saw and from what we were told, that people living in the care home, and staff, benefitted from a warm atmosphere because there were good working relationships. We heard from many sources that this was a mutually supportive team who firmly placed the people living in the home at the forefront of professional responsibilities. The team appreciated the professional and personal support provided by the management team. This support ensured that all areas of the care provision and ancillary roles, worked effectively.

Recruitment files sampled illustrated that the service was following safe recruitment practices. Pre-employment and, where relevant, Home Office checks were being completed and all staff who required registration with the Scottish Social Services Council (SSSC), Nursing and Midwifery Council (NMC) and Protecting Vulnerable Groups (PVG) scheme, were registered. People could be confident that the service was following safe recruitment practices which protected their safety and welfare.

How good is our setting?

4 - Good

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

Despite the challenges presented by the age and layout of the building, the service worked hard to ensure an enabling environment for people. We walked around the home and found interior spaces to be welcoming, freshly decorated and clean with no intrusive noises or smells. Effort had been made to create a homely environment by way of the décor, furnishings and pictures on the walls. People were encouraged to share their views about the home and were involved in selecting paint colours to menu planning, thus enabling them to influence decision making regarding their home and environment.

Corridors and communal areas were clutter free and enabled people to mobilise without obstruction. People were encouraged to improve and maintain their mobility with visual prompts and notices advising them of how many steps they had taken from one area of the home to another. People had access to equipment that supported their independence, and aids and appliances were subject to regular maintenance checks. This helps keep people safe. There were various comfortable seating areas, quiet areas that offered privacy as well as larger spaces for people to come together and socialise depending on their needs and wishes.

This supports people's right to choice and independence.

Bedrooms were comfortable and homely and they looked very different depending on people's preference and how they liked them. This can help people settle in and feel at home. Bedrooms were of a good size and call alarms were placed next to beds so that people could call for assistance when needed. Housekeeping and care staff took responsibility for ensuring the cleanliness of people's rooms. We saw that cleaning and mattress audits were completed consistently and, if an issue was identified, appropriate action was taken. This promotes good infection prevention and control.

The external grounds were maintained to a good standard and during the inspection we saw people being supported to take a walk outdoors to enjoy the fresh air or to sit in the garden if they wished. People had been involved in improving outdoor spaces, including painting a wooden fence and planting pots and baskets with seasonal flowers.

We were satisfied that people lived in an environment that supported their health and wellbeing and where possible promoted their independence.

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.

Everyone had a personal plan in place which contained a good level of guidance around the care and support that people required. Care plans were informed by a range of health assessments that were regularly evaluated and updated. Risk assessments were completed to help staff assess risks and potential harm. These were person-centred and helped to ensure that people's independence was encouraged and supported where safe to do so.

People should benefit from personal plans that are regularly reviewed, evaluated and updated, involving the person, their family if appropriate and relevant professionals. We saw an improvement in the frequency of formal review meetings. Plans were reviewed in a meaningful way which involved people receiving care and their representatives. The manager had a plan in place to ensure care plans were monitored and reviewed regularly, or as required in consultation with people and their representatives. This meant people could be confident that their care met their needs.

Legal powers were documented in people's care plans with a copy of legal documents evident, such as guardianship and power of attorney. Where appropriate, adults with incapacity (AWI) certificates were in place too. This meant that staff were aware who was responsible for people who lacked capacity, to ensure they were protected and their rights upheld appropriately.

Do not attempt cardiopulmonary resuscitation (DNACPR) documents were in place where appropriate. Detailed anticipatory care plans (ACPs) had been completed with people, which helped staff to identify what actions needed to take place when they reached the end of their lives. This meant that people could be confident that their end of life wishes and choices would be respected.

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 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 good is our setting?	4 - Good
4.1 People experience high quality facilities	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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