

# Ballifeary House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
11 December 2024

**Service provided by:**  
Free Presbyterian Church of Scotland

**Service provider number:**  
SP2003002102

**Service no:**  
CS2003008471

## About the service

Ballifeary House care home is registered to provide care for up to 24 older people. The house is situated in a quiet, residential location overlooking the River Ness in Inverness.

The care home is located in a large extended Victorian house. The premises, located over two floors, provides ensuite bedrooms and a number of bathrooms, lounge/dining areas for communal use. A lift enables people using the service to access the dining room and upstairs bedrooms which is suitable for use by people with disabilities. The home sits within pleasant, landscaped private grounds.

The provider is the Free Presbyterian Church of Scotland.

## About the inspection

This was an unannounced inspection which took place on 9 to 11 December 2024. 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 eight people using the service and six family members;
- considered returned online surveys;
- spoke with staff and management;
- observed practice and daily life;
- reviewed documents; and
- spoke with two visiting professionals.

## Key messages

Residents and their families were complimentary about the care and support delivered.

There was good communication between the staff and relatives.

Visiting professionals were confident that staff managed people's health needs to a good standard.

Mealtimes needed to be better organised, especially for people who needed support.

Staff needed to be more vigilant and effectively monitor people who were at risk of losing weight, poor skin integrity and dehydration.

## 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 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?

## 3 - Adequate

We evaluated this key question as adequate because strengths just outweighed weaknesses. The strengths had a positive impact on people's experience but there were key areas of performance which needed to improve.

In general people were looking well, and there was a relaxed atmosphere within the home. There were a number of systems in place to monitor people's wellbeing and promote good health. It was apparent staff paid attention to people's personal appearances. This promoted identity and choice. Some of the comments from the people we spoke with included:

"Staff are very helpful and I am very happy."

"Some days good here and some days not so good, I quite like it here."

"Some staff know my relative better than others, generally the care is good."

"There is a lovely atmosphere and the quality of care is very good."

There were weekly meetings with the GP to discuss any areas of concern and to find a way forward. Staff made relevant referrals to ensure people's wellbeing was promoted, for example podiatrist, optician, dentist and G.P. This ensured people were getting the right care at the right time. Visiting health professionals were confident that staff sought health advice at the right time. Staff followed health advice given to promote people's well being. Some of the comments from the people we spoke with included:

"The staff are good at seeking advice and following it."

"The staff have a good knowledge of people's needs, they are responsive and follow advice given."

Families felt secure in the knowledge that their loved ones were well cared for. There was regular communication with families, and families were made to feel welcome when they visited. Legal guardians were involved in health care decisions and reviews of care needs. This ensured people's rights were promoted. Some of the comments from the people we spoke with included:

"They always communicate well with us if there are any changes."

"There is good communication and they will give me an update regularly."

"Staff are really good at communicating re our relatives health, we are involved in any decisions about his health needs and other needs."

We undertook a short observational framework for inspection (SOFI 2). We were concerned that staff were not properly managing people's weight loss and skin integrity. An example of this was staff not supporting some residents with mealtimes in a person centred manner (see area for improvement 1). A consequence of this was some people were not getting the right amount of nutrition and fluids to keep them healthy. When we looked at relevant care plans these were of a poor standard and there was insufficient evidence that staff were following advice from the dietician in regard to fortified diet and drinks. Food and fluid charts were ineffective as they were not being completed properly. It was clear people were not reaching their food and fluid goals but there was no evaluation of what the next step should be when the goals were not being reached. This poor practice meant some people were at risk of losing weight, poor health and skin breakdown (see requirement 1).

We had made a previous area for improvement at the last inspection in regard to six monthly reviews being carried out. Whilst there had been good progress there were still some reviews outstanding (see area for improvement 2).

We were concerned staff were not consistently managing medication safely. Staff were not always following the provider's medication policies and procedures. This meant we could not always be sure people were getting their medication at the right times, as medication counts did not always match what had been signed for (see area for improvement 3).

## Requirements

1.  
By 6 March 2025, the provider must ensure prompt recognition and monitoring of people at risk of malnutrition, dehydration and skin breakdown. In particular, the provider must ensure:

a) people's nutrition, hydration and skin needs are fully assessed, planned and evaluated; and  
b) treatment plans and tools relating to people at risk of malnutrition, dehydration and skin breakdown, are completed regularly and consistently. This information should inform care planning and interventions.

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 (SSI 2011/210).

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and  
'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).

## Areas for improvement

1. To promote well-being and a good nutritional intake, staff should support people who need help with eating and drinking in a person centred way. Staff should be following good practice guidance such as "Eating and drinking well in care: good practice guidance for older people" (Care Inspectorate).

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

'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34); and

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

2. To make sure people experience high quality care and support which reflects their current needs the provider should continue focusing on six monthly reviews.

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

3. To ensure the safe administration of medication, staff should follow the provider's medication policy and procedures. This should include accurate counts of medication and the correct recording of administered medication.

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

'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24); and

'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)

## How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

There was an effective process for assessing how many staff hours were needed to meet people's needs. This included a formal assessment tool. The manager also had discretion to increase staff, should needs of individuals require this or staff needed to be taken off the floor to undertake training.

Although agency staff were in regular use, the manager had worked hard to ensure there was consistency and staff appreciated the necessity of agency staff while recruitment was underway. We witnessed staff checking in with each other in a caring way which helped to create a friendly atmosphere and ensure care and support was consistent and stable.

Although there were sufficient numbers of staff to meet the needs of people, we concluded staff were not always effectively deployed. An example of this was three members of staff were on their break at the same time. This only left two members of staff supervising 22 people over two floors within the care home. This was not safe practice and it meant people's physical and emotional needs were not consistently met and promoted (see area for improvement 1).

## Areas for improvement

1. To ensure people's physical and emotional needs are consistently met and promoted, staff should be deployed effectively throughout the day and night. This should include staff taking staggered breaks so as person centred care can be delivered at all times.

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

'My needs are met by the right number of people.' (HSCS 3.15).

## 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 ensure the needs, outcomes and wishes of people living in the service are the primary drivers for care and support, the service should ensure that everyone living at Ballifeary House or their family/legal representative is fully involved in all decisions about their care and support. This should include, but not limited to:

- a) the frequency and preference for hair care;
- b) the frequency and preference for a bath or a shower; and
- c) the routine use of clothes protectors for everyone at mealtimes.

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

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

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.' (HSCS 2.11).

**This area for improvement was made on 6 June 2023.**

#### Action taken since then

The area for improvement has been met. Relatives and residents told us they were fully involved in their care plans and reviews. Care plans contained details in respect to personal choices and preferences.

#### Previous area for improvement 2

To make sure people experience high quality care and support which will enable positive outcomes for people, the provider should, at a minimum ensure:

- a) practice observations are undertaken with care staff, to include, but not limited to the provision of personal care and support to people;
- b) these assessments include an opportunity to reflect on practice and discuss and record their training and development needs;
- c) all staff have opportunities for supervision and an annual personal development review to inform their individual training and development plan; and
- d) all support staff complete appropriate training and development, to include, but not limited to nutrition, hydration and safeguarding.

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, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS3.14).

**This area for improvement was made on 6 June 2023.**

#### Action taken since then

The area for improvement has been met. Supervision and practice observations were being undertaken, these were reflective and focused on value based practise. Staff training was up to date and there were systems in place to ensure staff undertook expected training at the expected times.

#### Previous area for improvement 3

To ensure Ballifeary House is a safe and well maintained setting for the people who live there, the provider and service should;

- a) undertake an audit of the environment, using recognised good practice guidance such as The King's Fund suite of dementia friendly assessment tools for use in care settings;
- b) review the potential to provide en-suite facilities with a shower; and
- c) as a result of these assessments, develop and implement a written plan with clear priorities and timescales to improve the environment for both indoors and outside, following the principles for dementia friendly design.

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

'My environment is secure and safe.' (HSCS 5.19) and  
'I have enough physical space to meet my needs and wishes.' (HSCS 5.20).

**This area for improvement was made on 6 June 2023.**

#### Action taken since then

The area for improvement has been met. There had been some environmental improvements to support people living with dementia. There were further plans in place to improve the environment which were being progressed through the environmental improvement plan.

#### Previous area for improvement 4

To ensure personal plans consistently informs all aspects of the care and support people experience and contain the most up to date information; the service should, as a minimum;

- a) ensure improvement is sustained and measures are established to ensure all care plans are reviewed and updated regularly, and as people's outcomes change;
- b) people, and where relevant, their families or those important to them, are fully involved in developing their personal plans, involving relevant professionals where appropriate;
- c) take account of good practice guidance and people's individual preferences and wishes, including their wishes for the future;
- d) people's care plans are formally reviewed at least once in every six-month period and people and their relatives/representative/s are fully involved in this review.

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).

**This area for improvement was made on 6 June 2023.**

### Action taken since then

There had been some progress in regard to the area of improvement. People and their relatives were now fully involved in care planning.

We had concerns that people's care plans were not always updated to reflect their needs. See requirement 1 under key question 1.

Although the provider had made good progress with six monthly reviews, there were still some outstanding. We will amend the area for improvement to reflect this. See area for improvement 2 under key question 1.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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