

Ballifeary House Care Home Service

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Telephone: +441463234679

Type of inspection:
Unannounced

Completed on:
11 March 2025

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 follow up inspection which took place on 10 and 11 March 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 people using the service;
- observed practice and daily life;
- reviewed documents; and
- spoke with one visiting professional.

Key messages

People who were at risk of dehydration and malnutrition were getting the right care and support.

Improvements were still required in relation to skin care.

People enjoyed living in Ballifeary House and spoke highly of the care they received.

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

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
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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 had made a requirement at the last inspection about food and fluids and skin care. There had been some progress with the requirement but some areas still required attention. We have adjusted the requirement and extended the timescale to 23 April 2025 (see requirement 1).

There were now systems in place that identified individuals who were at risk from malnutrition and dehydration. Staff were making sure people were receiving the right dietary intake and following up with the dietician if they had further concerns. This meant people were getting the right amount of nutrition and fluids to promote well-being.

It is important that staff are competent and following good practice guidance when supporting people with skin care. There were still gaps in the documentation relating to this. We were not confident people's skin care needs were being consistently promoted and met (see requirement 1).

Requirements

1. By 23 April 2025, the provider must ensure staff are confident, competent and following good practice guidance in relation to skin integrity. In particular, the provider must ensure:

- a) people's skin care needs are fully assessed, planned and evaluated; and
- b) treatment plans and tools relating to people at risk of 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).

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

Requirements

Requirement 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).

This requirement was made on 6 January 2025.

Action taken on previous requirement

There had been some progress with the requirement, however there are still some areas that require attention. We will adjust the requirement to reflect this and extend the timescales to 23 April 2025. Please see key question 1.3 for further information.

Not met

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 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).

This area for improvement was made on 6 January 2025.

Action taken since then

The area for improvement has been met. The dining room experience was calm and relaxed. The food looked and smelled appetising and people were enjoying it. Staff were following good practice guidance when supporting people with their meals. For example discussing with people what they were eating and drinking, a slow and relaxed pace when supporting with mealtimes and adapted cutlery and crockery when required.

Previous area for improvement 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).

This area for improvement was made on 6 January 2025.

Action taken since then

The area for improvement has been met. Six monthly reviews were up to date and systems in place to remind staff when the next review was due.

Previous area for improvement 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)

This area for improvement was made on 6 January 2025.

Action taken since then

We did not consider this area for improvement, as an external company was carrying out a medication audit. The manager assured us she will action any points arising from this. The area for improvement will be carried forward to the next inspection.

Previous area for improvement 4

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).

This area for improvement was made on 6 January 2025.

Action taken since then

The area for improvement has been met. Staff were deployed effectively and were taking their breaks at appropriate times to ensure safe supervision of residents.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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