

Ballifeary House Care Home Service

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Type of inspection:
Unannounced

Completed on:
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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

The inspection took place between the 23 and 25 April 2025 and 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 nine people using the service and two of their family;
- received and reviewed 17 on line survey responses from family/representatives;
- spoke with eight staff, management and received and reviewed 21 on line staff survey responses;
- observed practice and daily life;
- reviewed documents; and
- spoke with visiting professionals.

Key messages

- Staff consistently supported people with care and sensitivity.
- People were supported by a team of care staff who knew them well and worked well together.
- People would benefit from increased access to meaningful activities.
- There were good links with outside health and social work services.
- The service needs to ensure there is enough staff available to meet people's needs at all times.
- The environment was clean, comfortable and very homely.
- The service should ensure people are engaged in making choices about their care and support.

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?	3 - Adequate
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 made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement.

People experienced warmth, kindness, and compassion from the staff team and were consistently treated with dignity and respect. People appeared well cared for, their clothes were in good condition, clean and nicely laundered.

People were supported to move in a safe and sensitive manner and told us:

- 'I am very happy living here... it is all provided for me and the Christian ethos is wonderful'
- 'They are very kind to me here''the care is good'
- 'Home from home here, staff are very caring and good to us here'.

Relatives echoed these comments, describing the home as welcoming and said:

- 'I am treated like part of that big family when I visit, and I always come away feeling so relieved that my relative is in the care of these people and is so content and happy'
- 'There is nothing I'd wish to change about the staff. My relative is very happy and cannot sing the praises of the care received enough!
- 'The team at Ballifeary seem like a big family, and they all have a lot of time for each'.

Concerns had been raised at the end of last year about people not receiving the right nutritional support. This meant people were not getting the right dietary inputs to promote their well-being. We raised a requirement at the time. See section, 'What the service has done to meet any requirements we made at or since the last inspection'.

During the most recent inspection, we observed relaxed and well supported mealtimes. People were encouraged to go to the dining room for their meals which were held in a pleasant dining room. Food was of a good quality, home cooked and hot, with a choice available. People's dietary preferences were respected and understood by the cook because there was effective communication about their dietary needs. We saw people being gently supported to eat with patience and warmth. All these measures meant people experienced a positive dining experience. However, there were limited methods used to help people make choices at mealtimes. For example, showing plated options to assist people living with dementia to choose what to eat.

Recording of fluid intake was not consistently completed properly. This meant people may not reach their fluid intake goals which could lead to dehydration and poor health. It was not clear what actions were taken to address this. We have made an area for improvement to make sure these concerns were addressed (see area for improvement 1).

Visiting volunteers made a positive contribution to people's lives, supporting people to go for a walk round the garden or along the river. However, outwith these opportunities, there appeared to be limited activities available to support people's health and wellbeing. People were sitting, dozing in their chair for long periods.

People living in Ballifeary said:

- 'There is not much happening here.'
- 'There is less going on here, for example, we don't have group activities now.'

Lack of physical activity increases the risk of becoming frail and more at risk from a fall. People who stayed in their rooms because they were in bed or did not want to go to the communal areas were also at risk of feeling lonely which could impact on their wellbeing. We have made an area for improvement to provide a focus in these areas (see area for improvement 2).

It was positive that people's medical needs were being met effectively due to the strong and effective links with the local health service staff. This included district nurses who said staff are quick to highlight concerns and always followed up on their medical guidance. The service had also made effective improvements to their medication system. See section 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Areas for improvement

1. To support people's health and wellbeing, the service should:

- a) ensure individuals are provided with the opportunity to be active both indoors and outdoors, participate in activities and trips out, as per people's choice and interests;
- b) ensure there is a contingency plan to meet people's social and mobility needs when the activities lead is absent, or the post is vacant;
- c) develop personal activity plans for people; and
- d) ensure activity is discussed, and that related outcomes are being met and evaluated.

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 every day, both indoors and outdoors.' (HSCS 1.25); and
'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.' (HSCS 1.6).

2. To ensure people's health and wellbeing benefits from the best diet for them, the service should:

- a) ensure people always receive the right support to eat and drink;
- b) ensure people are offered choice, and alternative options, by making use of different approaches to help people choose;
- c) ensure where people are at risk of dehydration, fluid balance charts are accurately maintained.

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

'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).

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. We identified a number of important strengths which, taken together, clearly outweighed areas for improvement.

It was positive that members of the senior care team engaged in quality assurance activities. For example, leading on audits of record keeping in relation to oral health, completion of people's repositioning charts, skin care products, and infection prevention and control. Quality assurance processes were sufficiently detailed to demonstrate the impact of any planned improvement. It was positive that the manager had completed a self-evaluation that identified what was working well and what improvements were needed.

For example, following an adverse incident, such as a fall, there was sufficient evidence recorded about what improvements were needed as a result of the fall. However, the manager had identified a need for a more open culture of staff admitting any mistakes, including incidents, so that staff could learn from these. Similarly, there was a need to ensure correct and timely notifications were submitted to the Care Inspectorate (CI). These notifications provide an opportunity for the CI to ensure appropriate action has been taken (see area for improvement 1).

There was clear feedback from relatives that people felt confident about giving feedback and raising concerns because they know this was welcomed. Complaints were followed up effectively with an open and honest apology where needed.

Relatives said communication with them about any changes in the health or an incident affecting their loved one was good and said:

'Communication is excellent. The home does everything they can to keep me informed and involved'.

'I live in another part of the UK but have good communications with staff and my relative'.

In conclusion, it was evident that the manager and her team were working hard to ensure quality assurance and lead improvements, however the ability to achieve this at an efficient pace was difficult due to their workload. The provider had made efforts to recruit a deputy unsuccessfully. We discussed ways to address this, including identifying any potential barriers to recruitment. Moving forward, the challenge will be ensuring recent and future improvements are sustained. Senior staff at all levels will need a clear understanding of their role in monitoring practice and supporting improvement activities.

Areas for improvement

1. To achieve the best outcomes for people and to meet service users' health, safety and wellbeing needs comply with legal responsibilities, the service should:

a) ensure the timely and correct submission of notifications to the Care Inspectorate are made in accordance with the Care Inspectorate's notification guidance for adult care services, March 2025.

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

'I use a service and organisation that are well led and managed.' (HSCS 4.23); and

'If I might harm myself or others, I know that people have a duty to protect me and others, which may involve contacting relevant agencies.' (HSCS 3.24).

How good is our staff team?

3 - Adequate

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

Visitors and people living in the care home and staff benefited from a pleasant atmosphere because there were effective working relationships between care staff, senior carers and the manager. This meant visitors felt welcomed and described an atmosphere of warmth from the staff team.

Staff were positive about working in Ballifeary House and felt supported by the team and manager. Motivated staff and good team working meant that staff took their time with people, providing well-paced care and support. Housekeeping and kitchen staff who were not involved in direct care, were recognised as playing an important role in building the staff team too. It was evident that the whole team had formed strong, trusting relationships with people living in Ballifeary.

During the inspection, we looked at whether the right number of staff with the right skills were working at all times and how staffing arrangements were determined.

Many staff had been working at Ballifeary House for many years which meant when new staff joined the service, they benefited from the support of experienced care workers to support them. However, maintaining staffing levels was a challenge and agency staff were required to cover current vacancies. These agency staff were well known to Ballifeary which meant continuity of care was maintained by staff who people knew well.

Safe staffing procedures must consider the skill mix of staff, and how they are deployed and with the aim of achieving the best possible outcomes for each individual. Over the past two years, the dependency levels of people had increased, resulting in the need for significantly higher levels of care and support. Concerns were raised about staffing levels at night when care staff were supporting people over two floors. This made it difficult to keep people safe at all times, especially when people living with dementia were mobile and restless at night. Furthermore, recent fatal injuries due to falls had occurred overnight. The current dependency assessment tool used to determine how many staff hours were needed to meet people's care and support needs, was not sufficient to evidence safe staffing levels were in place.

All these factors raised the potential for poor outcomes which could affect people's health, safety, or wellbeing. The manager took very recent action to address and improve staffing levels at night, however we have made a requirement to ensure this is sustained and supported by accurate assessments of each person's needs over a 24 hour period (see requirement 1).

Requirements

1. By 29 July 2025, the service must ensure that service users receive care that meets their health, safety and wellbeing needs. In particular the service must ensure:

- a) there are enough suitably qualified and competent staff on shift during the day and at night to meet service users' needs at all times;
- b) the numbers and skill mix of staff employed are based on an accurate assessment of each service user's needs over a 24 hour period, including taking the layout of the building into account; and
- c) there are sufficient numbers of staff, suitably deployed on day and night shifts to ensure service users are supported well in accordance with their agreed plan of care and that they can summon assistance and receive support in a timely manner.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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).

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.

People living in Ballifeary were, without exception, happy with the environment and many said it was like 'home from home.'

Family members told us:

'The facilities are ideal because their loved one could take themselves to their room whenever they wanted, to relax in alone'. They could choose between the main lounge which was a quiet peaceful spot or the sun lounge. This area had a bit more bustle and chat going on. This meant there was a place to go which suited all moods.

The home was very clean, airy and smelled fresh. Housekeeping staff were diligent in their cleaning. We saw completed records evidencing the cleaning undertaken by the team.

The building was well cared for as a result of continuing investment. Assisted bathrooms and toilets were all in good condition. There was attention to detail regarding the furnishings, curtains and in both the communal areas and people's private spaces. The dining room was pleasant, and tables always set with care.

The service had looked at how to ensure the environment was dementia friendly and as a result of this had identified areas for improvement. For example, internal painting of the downstairs annex, to provide a less uniform, clinical feel and aid orientation. Work was ongoing to improve the garden space as a result of feedback from residents. This included creating an enclosed area of the garden with a secure gate to enable people to go outside safely. The service was planning to do the same to secure the patio area accessed from the lounge. These actions demonstrated that people would feel they are listened to and could influence change and improvements.

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.

At the last inspection, there were concerns about the quality of information in people's support plans, in relation to skin care and nutrition. See also section 'What the service has done to meet previous requirements made'.

At this inspection, we reviewed care plans and associated records, for example, the recording of people's daily skin care. Recording of medications used to protect people's skin, such as barrier creams were well documented. Similarly, where an individual was unable to move independently in bed, records clearly evidenced that staff supported people to change their position regularly.

Nutritional risk assessments were in place, up to date and completed consistently. There was evidence that concerns were identified promptly and appropriate referrals made to a dietician. Following a referral there was good, detailed information within people's nutrition care plans about their specific needs.

NHS staff had provided training in identifying and supporting people who are at risk from falling. Systems to help the service evaluate any falls that occurred, so that learning was identified to prevent a future fall were being introduced. For example, staff were updating people's falls risk assessments to help inform people's care plans about how to reduce a person's risk of falling. This important step will contribute to a more effective approach to managing and preventing falls.

However, people's care plans need to be more outcome focused, which means, making sure people have a say in what they want from their care and support. For example, their preferences for frequency of bathing. People told us that their bathing and showering was conducted at scheduled times in the week, which was not always their preference or choice. It is vital that people are involved in decisions about their care and support (see area for improvement 1).

Similarly, where a person was living with dementia, care plans should provide guidance about triggers for anxiety and stress. This may be a small but significant aspect of people's routine or unique history which could make a difference. The service was taking action to address this through training to support them to develop plans to support people who experience stress and distress.

Finally, it was positive that families confirmed they had been involved in a recent review of their loved one's personal plans and found these reviews were very useful.

Areas for improvement

1. To ensure people's care plans reflect people's choices and preferences, the service should:

- a) ensure people are supported to make informed choices about (but not limited to) arrangements for intimate personal care and are included in decisions about their care and support;
- b) ensure, where people are unable to make their own decisions, their relatives/representative/s are fully involved before any decisions are made; and
- c) ensure all staff can demonstrate a clear understanding of their responsibilities to ensure people are provided with the right care and support which meets their wishes and outcomes and upholds their rights.

This is to ensure that 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); and
'I am recognised as an expert in my own experiences, needs, and wishes.' (HSCS 1.9).

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 11 March 2025.

Action taken on previous requirement

The service had made sufficient progress in this area to conclude the requirement had been met.

The service had actively participated in recent training provided by local NHS specialist staff. This had been well attended, and learning had been put into practice. Staff described feeling more confident about this area of practice. This meant people's skin integrity was maintained by using an approach which was based on the assessment of risk and followed good practice recommendations.

There were good systems in place to monitor people's individual risk levels and ensure appropriate action was taken when a person was identified as at risk or had experienced skin breakdown. This provided assurance that people were promptly identified as at risk from skin damage. Care plans set out detailed information about people's skin integrity needs to guide staff about frequency and type of skin care needs and frequency of repositioning.

Where someone was at risk of undernutrition, appropriate action was taken to monitor their weight and dietary intake, including ensuring extra calories were offered in meals and fortified snacks were provided. Care plans set out detailed information about people's nutritional needs.

External health professionals such as the district nurse and dietician were confident that any concerns would be escalated promptly for their advice which was acted upon. This meant people could be confident that any healthcare needs will be met by the right person at the right time.

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 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

Sufficient progress had been made in this area. To ensure that people's medical needs were met, the service had put regular and effective quality assurance of the medication systems in place. This included daily medication stock counts which were correct at the time of the inspection. Medication administration records confirmed that people had received their medication as prescribed. This included 'as required' (PRN) medications. Staff routinely recorded the effectiveness of any PRN medicines given, which was good practice.

This area for improvement has been met.

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?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
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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