

## Ballifeary House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 August 2025

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

**Service provider number:**  
SP2003002102

**Service no:**  
CS2003008471

## About the service

This was an unannounced follow up inspection which took place on 4 and 5 August 2025. 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;
- observed practice and daily life;
- reviewed documents; and
- spoke with eight staff.

## About the inspection

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.

## Key messages

- There were positive signs of improvement in people's experience at mealtimes.
- People had benefited from increased access to meaningful activity.
- People were supported by a team of care staff who knew them well and worked well together.
- The service had taken steps to ensure sufficient staff were available to meet people's needs at all times.
- The service should ensure people's care plans reflected their 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 staff team?	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

At the last inspection we made two areas for improvement in relation to people's health and wellbeing in relation to meaningful activity and the support people received and dietary choices available.

In April 2025, there were limited activities available to support people's health and wellbeing. The manager had taken positive action to address this, resulting in a positive improvement in the quality of activity, both indoors and outdoors available to people living in Ballifeary House. However, this was currently a short term solution. To make sure this improvement is sustained, the area for improvement will remain in place.

There were positive signs of improvement in people's experience during mealtimes. However, 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. This area for improvement will remain in place.

Further details of the actions taken in response to the two areas for improvement can be found in the section, "What the service has done to meet any areas for improvement we made at or since the last inspection".

## How good is our staff team?

4 - Good

At the last inspection we had made a requirement about staffing levels. Details about the action taken by the service to meet this requirement are provided in the section, "What the service has done to meet any requirements we made since the last inspection".

Based on these actions and evidence reviewed, we concluded the requirement had been met.

We have also confirmed an uplift in our evaluation of this key question to good. This meant there were several strengths which impacted positively on outcomes for people and clearly outweighed areas for improvement.

## How well is our care and support planned?

4 - Good

At the last inspection we made an area for improvement in relation to making sure people's care plans reflected their choices and preferences. The manager had a plan for further actions and staff training to improve this.

In view of the limited time period the service has had to complete this area for improvement, we have continued this area for improvement.

Further details of the actions taken can be found in the section, "What the service has done to meet any areas for improvement we made at or since the last inspection".

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

### Requirements

#### Requirement 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).

**This requirement was made on 29 April 2025.**

#### Action taken on previous requirement

The service had taken prompt action to address staffing levels overnight following the previous inspection. This meant there were now sufficient numbers of staff to meet people's care and support needs and keep people safe.

The manager was using an improved dependency assessment tool to determine how many staff hours were needed to meet people's care. This assessment process also informed decisions about staff recruitment which continued in earnest with recent success.

However, maintaining staffing levels remained a challenge and agency staff were required to cover current vacancies. These agency staff were well known to Ballifeary House, which meant continuity of care was maintained by staff who knew people well.

All these actions provided confidence that the provider was committed to making sure the right number of staff with the right skills were working at all times.

Please also see section "How good is our staff team".

We concluded that this requirement had been met.

**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 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).

**This area for improvement was made on 29 April 2025.**

#### Action taken since then

During this follow up inspection, we noted a significant difference in people's access to meaningful activity and engagement. People were clearly benefiting from the additional staff member who had been recruited for the summer. People said they had been getting out more on trips, walks and had enjoyed garden work. A daily exercise class had been established following their daily worship. This included discussion about people's past lives and experiences and the staff made sure everyone was given the opportunity to join in.

In light of the temporary nature of the current arrangements, the service continued to advertise for a second permanent wellbeing lead and one of the care staff will be supporting activity to ensure improved access to meaningful activity is sustained. The service had also made plans to make sure all staff complete training which promotes physical activity.

These actions provided confidence that the manager was committed to making long term improvements in this area. There had been clear progress in improving the quality of people's lives.

However, in view of the limited time period the service has had to complete this area for improvement and the temporary nature of the current arrangements, we concluded that it will remain in place for follow up at the next inspection.

See section, "How well do we support people's wellbeing?"

## Previous area for improvement 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).

**This area for improvement was made on 29 April 2025.**

### Action taken since then

There were positive signs of improvement in people's experience during mealtimes. For example, there was a more flexible approach to breakfast to suit everyone's needs. People's dietary choices were prepared as people started their day.

Improved choice was available at lunch time. Plated options were made in advance to help to assist people living with dementia to choose what they would prefer to eat.

To ensure people were receiving the right nutritional intake, the manager was working closely with the chefs to review calorific values of food prepared. This meant people who were at risk of losing weight would receive the right dietary intake to keep them healthy.

People and staff had been given the opportunity to influence these changes and they felt they had been consulted and listened to.

However, recording of fluid intake remained a concern. This meant people may not reach their fluid intake goals which could lead to dehydration and poor health.

In view of the limited time period the service has had to complete this area for improvement, we concluded it will remain in place for follow up at the next inspection.

See section, "How well do we support people's wellbeing?"

## Previous area for improvement 3

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).

**This area for improvement was made on 29 April 2025.**

### Action taken since then

Since the last inspection in April 2025, the Care Inspectorate (CI) had received timely and correct submission of notifications in accordance with the Care Inspectorate's notification guidance for adult care services, March 2025.

These notifications provide an opportunity for the CI to ensure appropriate action has been taken to meet service users' health, safety and wellbeing needs.

We concluded this area for improvement has been met.

## Previous area for improvement 4

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).

**This area for improvement was made on 29 April 2025.**

### Action taken since then

Limited progress had been made to ensure people's care plans reflected people's choices and preferences in relation to their personal care routine. People's personal care records did not always provide evidence that



people were given an opportunity for a bath or shower each day. In some cases, records referred to a person having a weekly bath, however it was not clear if this routine was based on the individual's choice.

We discussed this during the inspection and how to ensure written support plans could better reflect people's choices and preferences in terms of personal care. The manager identified some further actions and staff training to improve this.

In view of the limited time period the service has had to complete this area for improvement, we concluded that it will remain in place for follow up at the next inspection.

See section, "How well is our care and support planned?"

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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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