

Balmedie House Care Home Service

Balmedie
Aberdeen
AB23 8XU

Telephone: 01358 742 244

Type of inspection:
Unannounced

Completed on:
2 December 2025

Service provided by:
Church of Scotland Trading as
Crossreach

Service provider number:
SP2004005785

Service no:
CS2003000265

About the service

Balmedie House care home is a care home for older people with 34 registered places. It is situated on the outskirts of Balmedie, North Aberdeenshire. The care home is a converted house, with extensive landscaped grounds and gardens. All bedrooms have en suite facilities, and there are communal rooms throughout the home for dining, relaxing, and a sensory room.

The service is provided by Crossreach (Church of Scotland Social Care Council) and has been registered with the Care Inspectorate since 2011.

About the inspection

This was an unannounced follow up inspection which took place on 2 December 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 eight people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People appeared content and happy in their surroundings.
- Everyone had access to drinks and to snacks.
- Staff were visible and available in the shared spaces and this ensured that they were on hand to support people when it was needed.
- The necessary improvements had been made to ensure that people experienced safe, dignified and compassionate care and support.
- Improvements had been made to the management of people's moneys.
- The staff's knowledge and understanding of their roles and responsibilities had improved.

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 made an evaluation of weak for this key question at our last inspection, this has now been regraded to adequate. Strengths only just outweighed weaknesses.

People appeared well cared for. They had received the right care and support to help them look their best.

Staff took time opportunity to engage with people and this resulted in chatter and laughter being heard throughout the home. People appeared happy and content.

People had access to drinks and snacks. When people needed assistance with eating and drinking, staff were consistently on hand to provide the support that was needed.

A few people were enjoying a group activity, and this resulted in a positive experience. Some people were reading or doing puzzles. They were in a quieter area of the lounge and this meant that they got the peace to concentrate on what they were doing. People were being supported to pass their time in a meaningful way.

Walking aids were within reach and people were encouraged to mobilise through for lunch. Staff took their time and supported people to go their own pace. Staff recognised the importance of keeping people mobile in relation to their health and wellbeing.

The service had made the necessary improvements to ensure that people experienced safe, dignified and compassionate care that met their health, safety and wellbeing needs and preferences. (See 'What the service has done to meet any requirements made at or since the last inspection' requirement 2).

The training on the Restore 2 Tool needed to be embedded to ensure there was accurate and full completion. This information is important for health professionals to ensure that informed decision making can take place. (See area for improvement 1.)

The care and support plans had been developed. Audits completed by managers helped identify where improvements to the accuracy of plans and assessments needed improved. However, one person's notes were not reflective of their care and support needs after a deterioration in their health. Improvements are needed to the accuracy of care plans and risk assessment to ensure that they reflect the care and support people need. (See area for improvement 2.)

Areas for improvement

1. Improvements should be made to the completion of the Restore 2 Tool to ensure that the necessary information is available to inform decision making. This will enable people to receive the right care and support to meet their changing health needs.

Improvements should be made to the staff understanding and awareness of their roles and responsibilities. This will help ensure a consistent approach to the care and support provided.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

2. Improvements are needed to the updating of care plans and risk assessments to ensure they are reflective of people's care and support needs.

Improvements should be made to the staff understanding and awareness of their roles and responsibilities. This will help ensure a consistent approach to the care and support provided.

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

'My care and support meets my needs and is right for me' (HSCS 1.19).

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

Requirements

Requirement 1

By 1 October 2024, you must ensure quality assurance processes are effective and reflective of the experiences of people and staff practices. In order to do this you must as a minimum;

- a) ensure that the leaders on duty provide staff with clear direction and support so that service users experience care that meets their needs
- b) put in place a robust quality assurance system to ensure that the quality of the service users' care and support is subject to ongoing assessment and when areas of improvement are identified these are acted on
- c) ensure that an appropriate action plan is put in place where an area for improvement has been identified, together with a system to ensure that the action plan is implemented
- d) provide evidence that actions taken are being monitored and have supported improved outcomes for service users.

This is in order to comply with regulations 3, 4(1)(a) and 15(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 state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 19 August 2024.

Action taken on previous requirement

This requirement will be assessed at our next inspection.

Not assessed at this inspection

Requirement 2

By 21 November 2025, you must ensure that people experience safe, dignified and compassionate care that meets their health, safety and wellbeing needs and preferences. This includes but is not limited to support with pain management, continence, eating and drinking well, personal hygiene, skin care, moving safely, and with stress and distress. In particular, you must ensure that:

a) staff responsible for oversight have the necessary skills and knowledge to assess people's health, safety and wellbeing needs, including when there is a significant change in those needs and ensure that prompt medical input is sought

b) care staff understand and fulfil their roles and responsibilities in relation to promptly identifying, reporting and responding when there are changes in people's health, wellbeing or safety needs, including when people may be unhappy or at risk of harm

c) people receive assistance with their care needs at times that meet their needs and preferences

d) people's assessments, care plans and any relevant supporting documents set out people's health, safety and wellbeing needs and preferences and how they should be met, including when there is a significant change to those needs.

This is in order to comply with Regulation 4(1)(a), Regulation 4(2) and Regulation 5(2)(b) 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 state that:

'My care and support meets my needs and is right for me' (HSCS 1.19); and

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

This requirement was made on 25 September 2025.

Action taken on previous requirement

Staff had completed training in how to use the Restore 2 Tool. The tool helps staff record changes to people's wellbeing when there has been a deterioration in their health. This information is then passed on to health professionals to enable them to assess what actions are needed to improve the health and wellbeing of the person. The completion of the tool needed to be more consistently and accurately completed. Managers had identified the issues with the full completion of the tool; however, this had not necessarily meant better completion. For the tool to be used effectively, there needed to be consistent completion of all areas of the tool.

Senior care staff had completed the necessary training to ensure that they could complete the health observations. For example, blood pressure monitoring, pulse and oxygen levels. This information was then used to inform consultations with health professionals. This meant that health professionals could use this information to help inform decision making.

Managers had introduced an electronic handover system. This helped inform the next shift of the care and support delivered and highlighted any changes to people's needs. This helped ensure that people receive continuity and ensure that any changes were followed up.

The daily flash meeting meant that managers were made aware of any changes to people's health. This information was then used to support staff in ensuring that medical help was sought appropriately.

Staff were visible in the service. People received the assistance that they needed when it was required. The shift leader had better oversight of the shift due to the changes made with the counting of medications. This enabled them to oversee the standards of care and support people experienced. Shift leads, when they

identified deficits in care and support then took the appropriate actions to ensure that the standards were improved. The shift leads were ensuring that people received consistency in their care and support.

The care and support plans had been developed. Audits completed by managers helped identify where improvements to the accuracy of plans and assessments needed improved. However, one person's notes were not reflective of their care and support needs after a deterioration in their health. Improvements are needed to the accuracy of care plans and risk assessment to ensure that they reflect the care and support people need.

Met - outwith timescales

Requirement 3

By 19 December 2025, you must ensure that the management of complaints improves to ensure improved outcomes for people. In order to do this, you must as a minimum:

- a) ensure that all staff are aware of the need to record and report any concern that is raised with them
- b) ensure that all concerns are recorded and investigated as per the providers own policy
- c) maintain records, investigation notes and outcomes of all concerns raised
- d) ensure that lessons are learnt in order to prevent reoccurrence and to ensure that people receive consistently good standards of care and support.

This is to comply with Regulations 4(1)(a) (welfare of service users) 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 state that:

'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4); and

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21).

This requirement was made on 25 September 2025.

Action taken on previous requirement

This requirement will be assessed at our next inspection.

Not assessed at this inspection

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 that people are protected from financial harm, the provider should review finance procedures. This should include but is not limited to reviewing how finances are audited and accessed by people.

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 managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded' (HSCS 2.5).

This area for improvement was made on 25 September 2025.

Action taken since then

Improvements had been made in the recording of people's finances with weekly audits now in place. Two members of the management team completed these audits and both signed to indicate that people's moneys were correct. We reviewed five people's finances and found there to be no errors, and balances were correct.

This area for improvement has been met.

Previous area for improvement 2

Improvements should be made to the staff understanding and awareness of their roles and responsibilities. This will help ensure a consistent approach to the care and support provided.

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

'My care and support meets my needs and is right for me' (HSCS 1.19); 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 25 September 2025.

Action taken since then

Meetings had taken place with staff to highlight and discuss concerns identified at the previous inspection. This ensured that all staff were aware of the improvements needed and their responsibility in making the changes to improve outcomes.

Training and development had been completed to upskill and develop the abilities and knowledge of shift leaders. This ensured that when health professionals were contacted, staff were able to provide the necessary clinical information that would help inform decision making.

The shift leader had better oversight of the shift due to the changes made with the counting of medications. This enabled them to oversee the standards of care and support people experienced. Shift leads, when they identified deficits in care and support then took the appropriate actions to ensure that the standards were improved. The shift leads were ensuring that people received consistency in their care and support.

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

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