

# Balmedie House Care Home Service

Balmedie  
Aberdeen  
AB23 8XU

Telephone: 01358 742 244

**Type of inspection:**  
Unannounced

**Completed on:**  
24 February 2026

**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 17 February 2026. 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 five people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- People were enjoying their meal. They praised the quality, taste and variety of meals they received.
- Information was provided in a way that made it easier for people to make choices.
- The quiet room had been upgraded and was a good additional space for people to use.
- Improvements had been made to how complaints were managed.
- Further improvements are needed to the audits and oversight of the quality of the service provision.
- Further improvements are needed to the induction, training and mentoring of new staff members.
- Staff required additional support to ensure that they completed the Restore 2 Tool appropriately.
- Care plans and risk assessments were updated when the care and support needs of people had changed.

## 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

There was a clear calendar in place that identified specific audits that were to be completed in that timeframe. This was a useful reference to help support managers to meet their quality assurance expectations.

The audits reviewed were inconsistent with their content, outcome and in some cases with their accuracy. For example:

The training audit was completed in January and there was a lack of detail on which staff required their moving and handling training. This needed to be detailed information with a clear plan to support staff to have this important training. The lack of detail and follow up meant that some staff continued to require moving and handling training.

Oversight of fluid and food monitoring records identified issues with completion. The actions documented said to speak with staff about completion. There needed to be cleared actions identified to improve compliance and clear evidence that leaders had followed up with more oversight of the completion of fluid and food charts.

An audit on oral care was clear and there were specific follow up actions. This was a good example of effective auditing that would improve people's outcomes.

The fire audit was detailed and there was clear follow up actions identified. This helped managers focus on the improvements needed.

An audit of induction documents in January was not accurate. The audit failed to identify the concerns we had with the induction and training of new staff. This audit was a missed opportunity to identify and then address those concerns. Some staff continued to work without having the necessary training to help inform their role.

Whilst we noted some improvements in some aspects of the quality assurance processes, there continues to be a need for a consistent approach and standard to auditing and documentation of actions raised as a result of the audit.

An extension to this timescale has been agreed to 24 April 2026.

## Not met

### Requirement 2

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

Managers had put a complaints folder in place. This contained the provider's complaints policy. This would ensure that managers had easy access to the information that would guide them to meet the provider's expectations when dealing with complaints.

Blank complaint forms were available in the folder and on the senior carer office board. This would ensure that managers and shift leaders had easy access to the appropriate form to complete if a complaint is raised.

Managers had discussed at staff meetings what was expected of staff if a complaint was raised with them. The minutes of these meetings were available to staff who were unable to attend the meeting. This meant that all staff were aware of the actions needed if a complaint was raised with them.

There had been no complaints raised since our previous inspection, however, we are satisfied that the measures in place and the actions taken will help with improved management of complaints.

## Met - outwith timescales

### Requirement 3

By 19 December 2025, you must ensure that the induction and training of staff is consistent and reflective of skills, knowledge and competency of the staff. This is in order to ensure that people experience consistently good standards of care and support by a knowledgeable and skilled staff group. In order to do this, you must as a minimum:

- a) ensure that all new staff have completed the induction that is needed to meet their role
- b) ensure that mentors and/or managers have assessed if additional support or training is needed prior to signing off the induction documentation
- c) ensure that all new staff have completed the mandatory moving and handling training prior to supporting people to move
- d) managers must ensure that there is clear oversight of staff training to enable clear identification of training not completed and a plan put in place to ensure that all staff have the necessary training
- e) managers must ensure that when concerns are identified with staff practice, that an assessment is made of the need for additional training or mentorship.

This is in order to comply with section 7(1)(b) of the Health and Care (Staffing) (Scotland) Act 2019; and

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 staffing 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' (HSCS 3.14).

**This requirement was made on 25 September 2025.**

### Action taken on previous requirement

There continued to be concerns with the induction, training and mentoring of new staff. We reviewed the files of one person who had started work in December 2025, they had not completed essential training. For example, practical moving and handling training. This is important to ensure that staff have the right knowledge and skills to help support people to move safely. Practical fire training had not been completed. This is essential because it is important for all staff to know what to do in the event of a fire in the home. It was concerning that staff who had not completed the necessary training on induction were now working as part of the team and counted in the overall staff numbers. This could potentially put people at risk.

It was challenging to get a clear overview of the training that staff had completed. This made it difficult for an assessment of who hadn't completed the necessary training and who was due to repeat or update their training. We found that some staff had not been added onto the training overviews. The lack of clear and accurate overview of training meant that it was challenging for managers to complete any training needs analysis. This meant there was a risk of some staff continuing to not meet their training requirements.

The provider's induction document was detailed and clearly formatted. This meant that mentors could use it to inform them of the timeframe for supporting people through their induction. However, the induction document we reviewed was only completed for one day. The staff member was almost three months into their employment. It is important for all new staff to have a robust and appropriate induction into their role this is to ensure that people receive consistently good and safe standards of care and support.

An extension to this timescale has been agreed to 24 April 2026.

**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

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).

**This area for improvement was made on 2 December 2025.**

### Action taken since then

Training had taken place to help improve the staff's knowledge on the Restore 2 Tool and how to complete it. Managers had completed an exemplar and put this in the Restore 2 Tool folder. This was a good guide for staff to use as a reference on the expected standards of completion. However, after this exemplar was introduced, there were two forms that had not been fully completed.

Additional training had been arranged to help staff compliance with the completion of this form. Managers should revisit how they are made aware of when this form has been completed. They should be informed of at the time to ensure that they can review the form and address any failures to complete appropriately.

This area for improvement is unmet.

### Previous area for improvement 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).

**This area for improvement was made on 2 December 2025.**

### Action taken since then

If people's care and support needs had changed as a result in changes to their health and wellbeing, the supporting plan and risk assessment were updated to reflect these changes. These updates were completed promptly and this ensured that staff had access to accurate care plans and risk assessments that would mean people got the care and support they needed and wanted.

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](http://www.careinspectorate.com).

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