

## Bearehill Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
15 March 2024

**Service provided by:**  
Bearehill Care Limited

**Service provider number:**  
SP2020013468

**Service no:**  
CS2020378957

## About the service

Bearehill is a care home that provides care for up to 49 older people. It is situated in a residential area of Brechin within the county of Angus. The home is a traditional stone built Georgian mansion house set within its own grounds.

The provider states the 'overall purpose of the care home is to provide flexible, person centred care and support for older people, which enables them to maximise their quality of life, maintain good health outcomes, promotes social inclusion, and enhance independence'.

Bearehill aims to provide a warm and friendly environment, where services users are encouraged to have their say and participate in the day-to-day activities of the home.

This service was previously registered with the Care Commission and transferred to the Care Inspectorate on 01 April 2011.

## About the inspection

This was an unannounced, follow up inspection which took place on 15 March 2024. 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 two staff and management.

## Key messages

The service had undertake some good improvement work in meeting the requirements made as a result of a complaint investigation.

Some improvement work remained outstanding, however an action plan was in place to address the outstanding requirement.

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

### Requirements

#### Requirement 1

By 29 February 2024, the provider must make proper provision for the health, welfare and safety of people using the service, in particular the provider must:

- a) Ensure the consistent and accurate assessment of the risk of undernutrition and dehydration for residents.
- b) Ensure accurate and effective care planning in relation to residents' nutrition and hydration needs and how these needs should be met, including any known associated risks.
- c) Ensure the effective and consistent monitoring of residents' food and fluid intake and make appropriate adjustments to care and support where applicable.

To be completed by: 29 February 2024

**This requirement was made on 19 December 2023.**

#### Action taken on previous requirement

The provider had taken sufficient action to demonstrate meeting this requirement.

The sample of personal support plans inspected included good detail in relation to the residents' nutritional needs. Nutrition and hydration care plans were reflective of the resident's needs and any associated risks including those for undernutrition. The nutrition and hydration care plans also detailed any specific dietary advice such as fortifying meals and supplements.

Nutritional risk assessments (MUST – Malnutrition Universal Screening Tool) had been consistently undertaken monthly /or sooner if the resident's needs changed. Where a high risk was identified this was accurately reflected in the care plan along with any measures required to ensure optimum intake for the resident.

Where the need was identified, food and fluid intake records were maintained. We discussed how these could be more meaningfully used to monitor the resident's intake.

The service had implemented an oversight tool to ensure better oversight and monitoring of residents' weight. This was monitored by the management team on a weekly basis. The service demonstrated appropriate action, such as making referrals to the dietician, fortifying meals and extra high calorie snacks, where any significant weight loss was identified.

We were confident that this requirement was met within the agreed timescales.

## Met - within timescales

### Requirement 2

By 29 February 2024, the provider must make proper provision for the health, welfare and safety of people using the service, in particular the provider must:

- a) Ensure the consistent and accurate monitoring of residents' bowel patterns to identify signs of constipation.
- b) Ensure residents experiencing constipation have early access to medications and treatment to alleviate the symptoms without delay.
- c) Ensure accurate and effective care planning in relation to maintaining a healthy bowel pattern and the promotion of continence.
- d) Ensure residents experience the promotion of continence rather than the maintenance of incontinence.

To be completed by: 29 February 2024

**This requirement was made on 19 December 2023.**

### Action taken on previous requirement

The provider had taken sufficient action to demonstrate meeting this requirement.

We saw that there were good records of residents' bowel patterns maintained by the care team. These had been consistently monitored for signs of constipation. A member of the care team confirmed that any signs of constipation were escalated to the management team within appropriate timescales.

We noted that for one resident appropriate and timely action was taken to ensure access to medications to alleviate symptoms and maintain a healthy bowel pattern.

Care Plans in relation to the promotion of continence had been reviewed and included better guidance for the care team to ensure residents had frequent access to toilet facilities. We discussed how the care plans could better reflect the resident's normal bowel pattern and the actions to be taken should this vary significantly.

We were confident that this requirement was met within the agreed timescales.

## Met - within timescales

**Requirement 3**

By 29 February 2024, the provider must make proper provision for the health, welfare and safety of people using the service. In particular, the provider must:

- a) Ensure the consistent and accurate assessment of the risk of residents falling.
- b) Ensure accurate and effective care planning in relation to the fall prevention measures required to keep residents safe.
- c) Ensure the risk assessment and fall prevention measures are reviewed on at least a monthly basis or following any fall experienced by the resident.
- d) Ensure falls experienced by residents are subject to analysis and investigation to ensure current preventative measures remain effective.
- e) Ensure the consideration of alternative or additional fall prevention measures where required.

To be completed by: 29 February 2024

**This requirement was made on 19 December 2023.**

## Action taken on previous requirement

We saw that the provider had taken some action to demonstrate meeting this requirement.

We saw that a MFRA-(Multi Factorial Fall Risk Assessment) was in place in each personal support plan, however we did not see that these had been reviewed monthly. The MFRA did not provide the care team with a risk score to ensure awareness of the likelihood of the resident experiencing a fall. Despite this several fall prevention care plans identified a risk score. We could not see how this correlated with the MFRA Tool.

All falls had been subject to post fall accident reporting, however we did not always see the review of the fall's prevention care plan and risk assessment following a fall experienced by the resident.

We noted that a newly admitted resident who had a "very high" risk of falling and had already experienced falls since admission, did not have a fall prevention care plan on place. This presented a higher risk of falling given there was no guidance for the care team in relation to preventative measures.

Fall prevention care plans had been reviewed, however did not always include accurate and detailed guidance for the care team regarding preventative measures.

We saw that the service had begun to undertake a monthly fall analysis and audit. This will help to identify trends and generate additional preventative measures.

We discussed how the service could make better use of the Care Inspectorate's "Managing falls and fractures in care homes for older people" Good practice resource to improve falls prevention and management in the service.

Although good improvement work had been taken, were not confident that this requirement had been fully met within the agreed timescales. We agreed to extend the timescale to 5 May 2024.

**Not met**

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

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