

# The Beeches Nursing Home Care Home Service

Ladysmill Court  
Off Limekilns Road  
Dunfermline  
KY12 7YD

Telephone: 01383 737 377

**Type of inspection:**  
Unannounced

**Completed on:**  
8 July 2024

**Service provided by:**  
HC-One Limited

**Service provider number:**  
SP2011011682

**Service no:**  
CS2011300764

## About the service

The Beeches Nursing Home is registered to provide nursing care for up to 40 people. There are two floors within the home with an accessible lift in place. It is based in the Fife town of Dunfermline, providing care for older people. The home has enclosed private gardens for the residents to enjoy. The service provider is HC-One Limited which is a national provider of private health care.

## About the inspection

This was an unannounced inspection which took place on 2 and 3 July 2024. 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 six people using the service and four of their relatives
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- Improvement was needed to how the service assessed people's pain management needs.
- Strengths were noted in improvement planning and driving change.
- People living in the service valued staff and felt cared for.
- Team working could be improved to enhance wellbeing.
- Care plans and risk assessments required improvement.

## 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
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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 evaluated this key question as adequate. Whilst we found some clear strengths, these just outweighed weaknesses. Key improvement is required to specific areas for support consistently good outcomes for people.

People should experience care that is compassionate. We saw a lot of kind interactions between staff and the residents. Staff appeared to know people well, and the residents seemed relaxed and comfortable. One visiting relative told us, "When the staff interact with my wife, you can tell they absolutely care". A resident we spoke with commented, "They are pretty good. They really help me". We were confident enough staff were available to meet people's needs and worked at relaxed pace. People appeared well-presented and clean.

The service used an electronic medication recording system (EMARS). We saw the staff using the system well and we were confident people were getting their regular prescribed medication at the right time. However, we found as required (PRN) medication protocols required improvement. Some contained insufficient information to guide staff on the best use of the medication to give maximum benefit to the person. For example, some people were prescribed medication to alleviate signs of stress and distress and there was no guidance on any interventions that could be employed to avoid its use. One person was prescribed analgesics for pain relief and there was no guidance for staff to give this proactively to prevent suffering during known periods of pain such as clinical procedures. **See area for improvement (AFI) 1.** People should be supported to be as pain free as possible. On checking care plans, we noted they also lacked enough information to guide staff on how best to support people's pain management. The provider should ensure prescribed pain relief is managed in a proactive way when practicable to do so. **See requirement 1.**

We observed people having their lunch and staff knew their likes and dislikes well. People who required assistance were supported in a respectful and dignified way. People were either given a visible choice of meal or shown the menu, and it was nice to see staff wearing fabric aprons which added a more homely touch. People appeared to enjoy their food, one resident commented, "This is the best I have had in a long time". We noted that although condiments were available, they were kept on the trolley and not offered to people and we felt more consideration could have been given to the length of time some people were waiting to be supported with their meal causing them a degree of anxiety and wanting to leave the dining room. We discussed these things with the manager who said she would address them.

People should get the most out of life and it is important that they are supported to spend their days in a meaningful way. Three activities coordinators were employed in the service offering activities seven days a week. People had opportunities to go on outings in the company bus that they shared with a sister home on alternate weeks. They could enjoy community-based activities such as the 'community clean-up' - clearing rubbish in the local area, or 'cycling with age' around town. The community also visited them for example, children from the local primary school and monthly church services. However, we noted people living in the service did not have a lot of opportunities to be involved in the activity planning so we could not be confident the activities on offer were always meaningful to them. The manager said she had recognised this and intended to address it. There is an outstanding AFI relating to meaningful activity which will remain in place until the improvements are made (please refer to the 'what the service has done to meet any outstanding areas for improvement we made at or since the last inspection' section of this report).

Although systems were in place to safeguard people's monies, they could not access it out of business hours. We discussed this with the manager and administrator who addressed this straight away. This is important to support people's rights, independence and choice.

People should be supported to participate fully as a citizen in their local community. When we carried out our visits there was a forthcoming election. Local MSPs had visited the home, and it was dominating the news people were watching. However, people had not been given the choice, or supported to vote if they wished to do so. **See area for improvement 2.**

We had no concerns about the infection prevention and control (IPC) practices in the home. It was clean and clutter free throughout. We saw staff wearing protective clothing and handwashing when appropriate.

## Requirements

1. By 16 September 2024, the provider must protect the health and welfare of those who use the service. In particular, ensure that pain experienced by people receiving care is identified and addressed timeously.

To do this, the provider must, at a minimum:

- a) ensure staff have the awareness, skills and knowledge to recognise the signs of symptoms of people experiencing pain
- b) develop, implement and regularly review care plans that accurately reflect the possible causes of chronic and/or acute pain people receiving care may experience
- c) develop, implement and regularly review pain assessment tools to ensure signs that people receiving care who are in pain are identified and their pain addressed timeously.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4(1)(b) and Regulation 4(1)(b) 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: '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).

## Areas for improvement

1. To support the health and wellbeing of people who use the service, the provider should ensure records relating to people's health contain enough information to inform staff of how best to meet their needs.

This should include, but is not limited to, ensuring PRN (as required medication) protocols state how and when to use the medication to achieve the best outcomes for people. Where relevant, they should include any other interventions to be employed when the medication should only be administered as a last resort.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

2. To support the dignity, respect, and independence of people who use the service, the provider should ensure they are supported to always exercise their human rights.

This should include, but is not limited to, ensuring people are supported to vote in local and national elections if they wish to do so.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

## How good is our leadership?

4 - Good

We evaluated this key question as good. This means we found several important strengths which had a positive impact on people's experiences.

We found the service had numerous audits and systems in place to monitor standards of care and evaluate people's experiences. This included audits of medication administration, mealtime experiences and care plans. The service was in the process of moving care plans to a new format. The plans already transferred over were more detailed and up to date. Plans and assessments on the old format lacked sufficient information and assessments required attention. Please refer to requirement in key question 5. The service must prioritise transferring and auditing all plans to the new format, ensuring these are detailed and reflect people's needs.

We also saw examples of regular review of accidents and incidents, including falls and distressed behaviour. When reviewing these systems, we expect to find examples of how the outcomes of these audits have informed improvements planning. The service was able to demonstrate this practice. One example we found was following numerous falls from bed, night lights were installed in the resident's room. We could see that the number of falls had reduced as a result. This evidenced that the various quality assurance systems that were in place were drivers for change.

It is important that people living in the home, their relatives and care staff are given the opportunity to be involved in evaluating the service. This includes opportunities to give feedback but also be involved in evaluating the quality of the service. We reviewed resident, relative and staff meeting minutes where feedback about the service was sought and suggestions for improvement given. We gave feedback to the service about how they could enhance this practice by involving people living in and working in the service in formal audits. This promotes people being involved in evaluating their care but also helps them to understand the standards they should expect.

It is important that leaders in the service have the right skills, knowledge and people feel confident in approaching them with concerns. We found the manager demonstrated a good understanding of where improvements were needed and evidenced an improvement plan that was based on outcomes for people. We found improvements had been made to supervision and observations of practice carried out with care staff. See section 'what the service has done to meet previous areas for improvement' for further details. This evidenced appropriate levels of monitoring of practice, promoting improved outcomes for people.

People we spoke with told us they felt the manager was approachable. One staff member commented, "She [the manager] is excellent". One resident told us, "She [the manager] is as good as they get". The service was aware of improvements that were needed to team building and communication. See area for improvement in key question 3. Strong teamwork and leadership at all levels within the service, promotes responsive, quality care for the people living in the service.

## How good is our staff team?

4 - Good

We evaluated this key question as good. There were significant strengths which impacted positively on outcomes for people.

It is important that services have the right number of staff, with the right skills to meet people's needs. We reviewed the services dependency assessment tool and staffing schedules. We also observed staffing numbers and visibility of staff during our inspection. Overall, we found staffing levels to be good. Rotas evidenced consistent staffing levels with sufficient mix of nursing, senior and care staff to meet people's direct care needs. People also benefited from having additional staff dedicated to activities, as well as a full complement of administrator, housekeeping, kitchen, and maintenance staff, to meet their wider needs.

One resident commented, "Staff are very helpful and kind. I am made to feel special, and nothing seems too much for them to accommodate".

Access to training for staff was well managed and attended. This gives confidence that people were supported by a staff team that were skilled. Staff we spoke with knew people's needs well. They were able to give examples of how people experiencing distress should be supported, detailing their individual needs. This mitigated against some of the risks we identified in care planning and risk assessments (see key question 5).

People living in the service should benefit from a warm atmosphere, supported by a staff team that work well together and communicate effectively. We found improvement could be made to communication systems for staff who had been absent from the service following a planned or unplanned absence. Staff we spoke with told us this was an issue. Improvement in this area would allow them to review changes to people's needs and adapt care as required. **See area for improvement 1.** This ensures that people receive care that meets their current needs.

Staff we spoke with demonstrated being dedicated and having the required values. Comments included, "This job can be so rewarding", "We are here to bring out the best in residents" and "I am passionate about getting it right for them [residents]".

Staff should be flexible and adaptable, working as a team to benefit people. Care staff indicated some improvement was needed to how well they work across different teams and areas of the home. The service had commenced addressing this by, increasing team meetings, making changes to rotas and deployment. One relative commented on how the changes to staff deployment had been of benefit to their loved one, "When downstairs or upstairs, the staff are happy to see mum.... she reacts well to this". The service should continue to support care staff to share skills and build teamwork, achieving the best outcomes for people. **See area for improvement 2.**

## Areas for improvement

1. To ensure people get the right care and support, staff should have ready access to the right information about people's current care needs. The service should ensure a system is in place to give care staff sufficient hand over and updates about peoples care needs and outcomes, prior to them delivering care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

2. People should benefit from a whole staff team that work well together, with a mix of skills and experience. The service should continue to promote and develop good teamwork and communication.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS), which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

## How good is our setting?

### 4 - Good

We evaluated this key question as good. There were significant strengths which impacted positively on outcomes for people.

The environment was clear and uncluttered, and people had access to private and communal areas. Lounge areas were bright and attractive with plenty of seating in small or large groups. Group activities were easily accommodated in the large lounge spaces. We suggested the service review use of smaller spaces for people who do not wish to take part in the larger and often noisy group activities. This promotes choice and responds to people's individual needs.

The café area was attractive and gave good opportunities for independent socialising. We observed residents and their families spending time together in this space. The garden was well maintained and accessible. During our visit, we found some residents using this space for planned activities, a walk around the garden and for one resident who was a football fan, a "kick about". This provided a homely and safe environment for people to be themselves.

The service should continue to explore opportunities for people to maintain independent living skills, that support meaningful days and keep people active. This should also include consultation with people living in the service, and their relatives, on how the environment can be developed to enhance their experiences. Regular use of a recognized dementia environmental assessment tool would support this practice.

A previously made area for improvement is now met. See section 'what the service has done to meet previous area for improvement' of this report for details.

**How well is our care and support planned?****3 - Adequate**

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

To ensure people receive the right care and support, they require an assessment of their needs to be carried out. People's individual needs and preferences need to be central to delivering positive outcomes for people. We saw pre-admission and initial assessment records needed improvement. Although there was some good information, there were missed opportunities to gain more details from people that knew the person best. We found in one case that although a family had visited several times since admission, staff had not taken the opportunity to involve them in their loved one's care planning. This meant for example there was no information about the person's likes and dislikes regarding food despite them having periods of low appetite. **See area for improvement 1.**

Appropriate paperwork was in place for people who lacked capacity, detailing the power of attorney and who the home should be consulting with regarding the people's care. Consent forms were in place for people who had any restrictions of movement placed on them such as bedrails. Health monitoring tools such as food and fluid, and skincare charts were completed appropriately and up to date. These helped staff make informed decisions about people's future care planning.

The service was changing the care planning system and we saw that the care plans reviewed in this process were of a good standard. However, some of the older care plans did not contain enough information to guide staff on how best to meet the person's needs and required improvement. We also noted some of the hand written plans were illegible. Some pain management care plans did not consider interventions that could be taken to alleviate pain proactively, for example giving prescribed as required analgesics before known periods of pain such as clinical procedures. Some care plans for people who suffer from stress and distress had insufficient detail to inform staff of how best to alleviate these using interventions other than prescribed medication. We did observe staff dealing with these situations very sensitively and effectively however, these staff knew the people well and information must be available for staff who don't. Some end-of-life care plans lacked detail of people's preferences which meant staff might not know how best to care for someone at the end of their life journey. Plans must be clear and provide sufficient, person centred information. This ensures care is provided effectively, in line with peoples needs.

We saw that care plan reviews lacked effective evaluation, therefore necessary changes to the care that people needed were not made. We were not confident that people's needs were accurately assessed or reviewed. Therefore, we were not assured that people's care and support met their current needs. The provider must ensure people's needs are assessed and reviewed on a regular basis by trained competent staff. The methods used to assess and review people's needs must evidence how conclusions and outcomes were reached.

There is an outstanding AFI relating to care plans which has been escalated to a requirement. **See requirement 1.**

## Requirements

1. By 16 September 2024, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered.

To do this the provider must, at a minimum, ensure:

- a) care and support plans include any relevant risk to them that could affect their health and wellbeing
- b) risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals
- c) care and support plans include information on all important care needs and health conditions
- d) that all care documentation is kept up to date and used to evaluate and amend people's care as needed and
- e) quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

This is to comply with Regulation 4(1)(a) (Welfare of 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 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 benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

## Areas for improvement

1. To support the health and wellbeing of people who use the service, as part of the pre-admission and post admission assessment period all necessary steps should be taken to include the person and their representatives in gathering information about their needs. This is to ensure all required information is available to inform staff on how best to meet the person's needs.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I am confident that the right people are fully informed about my past, including my health and care experience, and any impact this has on me' (HSCS 3.4).

## 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

In order that people experience good outcomes and quality of life, the provider should ensure all people are supported to spend their time in ways that are meaningful and purposeful for them. The service should develop the assessment and support planning process to clearly detail people's preferred activities and interests, and the support they need to take part in these.

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).

**This area for improvement was made on 25 July 2023.**

#### Action taken since then

We saw lots photographic evidence around the home, in the activities folder and in resident's care plans of the activities they had participate in. The range and variety of activities on offer had increased and people were more active. However, work was still needed around including people in activity planning and ensuring that the things on offer matched their wishes, interests and outcomes. The manager had already recognised this and was addressing it.

There is an outstanding AFI relating to this which has not been met.

#### Previous area for improvement 2

Both care and nursing staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should use formal observations of practice of both care and nursing staff to monitor standards of practice and competencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states 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 area for improvement was made on 25 July 2023.**

#### Action taken since then

We found improvement had been made supervision and appraisals given to care and nursing staff. A variety of formal learning opportunities were available through these one to one meetings and group supervisions.

Observations of practice had also increased and were being used to improve practice and competency. The service should ensure room is given, through these formal events, for resident feedback on their experiences.

This area for improvement is met.

## Previous area for improvement 3

In order to promote independence, activity, stimulation and orientation for people living in the service the provider should consider the internal environment of the home, it's design, decoration and facilities. This should be completed in consultation with people living in the home and their representatives and reflect their needs and wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I

**This area for improvement was made on 25 July 2023.**

### Action taken since then

This inspection found improvement had been made to the decoration of the home, with improvements also made to support orientation to peoples rooms. Corridors were not over stimulating. The service was welcoming, well maintained and homely.

The service should continue on this improvement journey by regularly assessing that the environment meets peoples needs, involving all stakeholders in this process.

This area for improvement is met.

## Previous area for improvement 4

To promote responsive care and ensure that people have the right care at the right time, the provider should ensure the correct support plans are in place. This should include but is not limited to pain management care plans and stress and distress care plans.

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).

**This area for improvement was made on 25 July 2023.**

### Action taken since then

This area for improvement is no longer in place and has been incorporated into a new requirement under key question 1 and 5.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.