

# 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:**  
19 September 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 17 September 2024 between 11:00 and 16:00. The inspection was carried out by one inspector from the Care Inspectorate. This was a follow up inspection focused on requirements made at our last inspection carried out in July 2024.

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 people using the service
- spoke with four staff and management
- observed practice and daily life
- reviewed documents.

## Key messages

- There were kind interactions between staff and the residents.
- Staff appeared to know people well.
- Management had good oversight of staff performance.
- The home provided a pleasant environment.
- Plans were in place to support ongoing areas for improvement.
- Progress had been made to improve record keeping as required.

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

### Requirements

#### Requirement 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).

**This requirement was made on 19 July 2024.**

#### Action taken on previous requirement

We found the provider had initiated an action plan to support improvements. Some of the work had not been completed at the time of our inspection.

Training to support staff awareness around pain management was still to be completed. We found experienced and regular staff had good knowledge of the people in their care and nursing staff provided a very good account of how pain experienced by people receiving care was identified and managed. This provided reassurance and we could be confident the provider's approach to improvement should ensure good outcomes for people.

Care records were regularly reviewed and quality assurance in regard to the way staff completed records and evaluated the effectiveness of care and support delivered, was ongoing. We recognised improvements in record keeping in general had been the result of efforts to prepare for going digital but would expect further evidence of improvements in pain management.

It was agreed to extend the timescale allowed for this requirement to be met.

**Timescale extended to 18 November 2024.**

**Not met**

## Requirement 2

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.
- 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).

**This requirement was made on 19 July 2024.**

### Action taken on previous requirement

We found the provider had initiated an action plan to support improvements, including the quality of record keeping. Some of the work had not been completed at the time of our inspection.

We found some inconsistency in the standard to which records had been completed but we recognised improvements in record keeping had been made. For example, care plans sampled included, clinical risk assessments and measures in place to mitigate the chance of people experiencing poor outcomes.

Most care plans had been regularly reviewed which meant they could reflect responsive care and support. Quality assurance in regard to the way staff completed records and evaluated the effectiveness of care and support delivered, was ongoing.

The provider's preparations for going digital provided reassurance and further evidence of work done to improve record keeping. The introduction of electronic record keeping was expected within a few weeks. This should eliminate some of the current inconsistencies, support high quality record keeping which would guide and support staff and ensure people's health and wellbeing is protected.

It was agreed to extend the timescale allowed for this requirement to be met.

**Timescale extended to 18 November 2024.**

**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

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).

**This area for improvement was made on 19 July 2024.**

#### Action taken since then

Not assessed at this inspection.

#### Previous area for improvement 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).

**This area for improvement was made on 19 July 2024.**

#### Action taken since then

Not assessed at this inspection.

### Previous area for improvement 3

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 people's 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).

**This area for improvement was made on 19 July 2024.**

#### Action taken since then

Not assessed at this inspection.

### Previous area for improvement 4

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).

**This area for improvement was made on 19 July 2024.**

#### Action taken since then

Not assessed at this inspection.

### Previous area for improvement 5

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).

**This area for improvement was made on 19 July 2024.**

#### Action taken since then

Not assessed at this inspection.

## Previous area for improvement 6

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

Not assessed at this inspection.

## 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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