

Beechgrove Care Home Care Home Service

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Caldwellside
Lanark
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Type of inspection:
Unannounced

Completed on:
21 March 2025

Service provided by:
Beechgrove CH Limited

Service provider number:
SP2005007826

Service no:
CS2005108192

About the service

Beechgrove Care Home provides a service for up to 70 older people, this can include providing support to five younger adults. The service is situated in a rural location on the outskirts of Lanark. The home is divided into four separate units, three of which can support up to 15 people and the remaining unit up to 25 people. There were 69 people being supported at the time of our inspection.

The service is on a single level, each unit provides single en-suite bedrooms with shower rooms. Each unit has its own lounge and dining areas with a small servery area. Additional communal toilets and bathrooms are available throughout the accommodation, as well as a cinema room, bar/function area and enclosed gardens. There is a central kitchen and laundry.

About the inspection

This was an unannounced inspection which took place on 9 March from 09:45 to 18:00, 10 March from 13:00 to 22:00 and 15 March 2025 from 08:45 to 13:30. The inspection was carried out by two inspectors and an Inspection Volunteer from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service and intelligence gathered throughout the inspection year.

Our inspection volunteers are members of the public who have relevant lived experience of care either themselves or as a family carer. They speak to and spend time with people and families during inspections to ensure their views and experiences are reflected accurately in the inspection.

In making our evaluations of the service we:

- spoke with and spent time with 15 people using the service and spoke to 4 relatives
- received and reviewed a total of 17 questionnaires completed by people and families/friends, 17 completed by staff and 7 completed by visiting professionals
- received feedback from the Inspection Volunteer who spoke with 10 relatives
- spoke with 28 staff and management
- observed practice and daily life
- reviewed documents
- spoke with four visiting professionals.

Key messages

- Staff were good at developing relationships with people and knew people well.
- The service was clean and welcoming for people and visitors.
- The service engaged with relevant professionals to support people's health and wellbeing.
- Leaders were knowledgeable about aspects of the service that needed improvement.
- People could receive visitors when they wished and visitors were made to feel welcome by the staff team.
- Staff completed training but improvements were needed to ensure staff received supervision.
- Personal planning and record keeping 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?	4 - Good
How good is our staff team?	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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with compassion, dignity and respect and people told us they liked the staff team. Staff were patient and caring in their actions and demonstrated they knew people well. Staff responded to people's needs in a timely fashion but there were occasions for those who experienced stress and distress when their needs were not always met. The management team were committed to improving this and had identified suitable training for staff.

People's health benefited from good engagement with other services. Family members told us that the service kept them updated with changes to people's health and wellbeing. A relative told us 'The care given to (RELATIVE) could not be better'. Visiting professionals confirmed the service contacted them appropriately. We were reassured that the management team were engaging with the health and social care partnership to ensure that risks to people were followed up appropriately. There were quality assurance processes in place to monitor people's health and wellbeing with regular meetings taking place to allow staff to discuss concerns and identify any actions required.

There were safe systems in place to support people safely with medication. Records were kept to show changes in medication, with guidance for staff. Medication audits identified actions to support people's health and wellbeing. The service was engaging with appropriate professionals in relation to people's medication.

Some people were losing weight and the management team had begun to address this. They were reviewing menus and people told us they enjoyed the food. We were concerned that the staff team did not always know how to access nutritious food for people over a 24 hour period. The management team began to address this during the inspection. Food and fluid records were used to monitor people's intake when risks were identified, however these were not always completed or reviewed appropriately (see area for improvement 1).

People's personal care was attended to, however, at times it wasn't always clear how people had been supported in line with their preferences and choices (see area for improvement 2).

Personal plans did not always inform staff how people were to be supported to ensure their health and wellbeing needs were met. There is more information about this in the section 'How well is our care and support planned'.

We found the care home to be clean with staff having access to appropriate personal protective equipment (PPE) to support the prevention of infections. People's bedrooms were personalised, clean and tidy. One person told us that the staff supported them to keep their room clean.

People were able to maintain relationships with family and friends and were reassured the service was following up-to-date guidance in relation to visiting. Visitors were able to participate in activities with their relatives if they wished and visitors were made to feel welcome by the staff team. Activities were taking place and were planned to support people's wellbeing. The service had a minibus to support people to access the community. The manager had an action plan to improve access to the garden for people.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that people are supported to eat and drink well. This should include, but is not limited to, ensuring people can be supported with nutritious food and drink over a 24 hour period, people are supported in line with their assessed needs, appropriate records are kept and evaluated regularly, to monitor people's food and fluid intake (when required) and identify when further action is required.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning' (HSCS 1.33)

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

2. To support people's health and wellbeing the provider should ensure that people are supported with personal care in line with their wishes, preferences and assessed needs. This should include, but is not limited to, support with oral care and nail care, ensuring personal plans detail people's preferences and ensure appropriate records are kept about the support which is 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).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The recruitment of new staff was carried out in a safe manner with a system in place to reduce the risks to people experiencing care. Staff completed an induction and training to support them in their role.

There were systems in place to assess the number of staff who were needed to ensure people's needs were met. People told us staff were available to meet their needs. We saw evidence of different skill mix of staff to support people's needs and the staff team were positive about their role and the support they received from management.

Staff carried out their duties effectively and in a manner that showed they had good knowledge of people's needs. Staff worked well together to meet and respond to people's needs. Consideration should be given to the deployment of staff to ensure that people's needs can be supported in a person centred way at a time that meets their needs. People were positive about the staff team with relatives telling us the staff team were dedicated and available. One relative told us the service was 'fantastic'.

Staff completed training relevant to their role and there were systems in place to monitor this. The management team were committed to improving training and providing more face to face training. They were open that improvement was needed to ensure staff practice was effectively assessed and confirmed they had plans in place to progress this. Staff had not been regularly supported with supervision and had not had the opportunity to discuss how they would like their practice to develop. The management team acknowledged this and were focussing on making improvements in this area (see area for improvement 1).

Meetings with the staff team and daily handovers provided staff with the opportunity to discuss concerns

and identify actions that were needed. These helped to ensure that people's needs were met and provided opportunities to identify what was important to people.

Areas for improvement

1. To support positive outcomes for people, the provider should ensure that staff are appropriately supervised and that competency assessments are completed with staff. This should include, but is not limited to, ensuring that staff have regular one to one supervision where written records are kept and any actions identified are implemented.

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, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

3 - Adequate

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

Personal plans included information on people's background and interests. They included information on health care decisions and where legal arrangements were necessary to support decision making for people.

Risks assessments had been completed when there were identified concerns, but they did not inform personal planning effectively. Personal plans did not provide clear guidance on how people should be supported and contained conflicting information. This meant people could not be confident they were receiving effective support in line with their assessed needs and wishes. Records to support personal planning were not always completed effectively, for example fluid intake and positional change records (see requirement 1).

There were systems in place to complete care plan reviews. Visiting professionals told us that reviews took place and these were positive. Care planning audits were being implemented but improvements were needed to ensure these identified the actions needed in relation to personal planning.

Requirements

1. By 25 July 2025, the provider must ensure that all personal plans, risk assessments, and related recording tools are complete, accurate and contain sufficient information to ensure people's needs are met effectively.

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

- a) Risk assessments are completed to identify risks and management strategies to minimise these. This should include, but is not limited to, falls risk assessments and moving and handling assessments
- b) People experiencing care have a detailed personal plan which reflects their desired outcomes and details how they are to be supported. This should clearly identify any restrictive practices
- c) Records are kept and evaluated to detail the care and support provided to people. This should include, but is not limited to, personal care records, food and fluid intake records and positional change records
- d) People and their representatives (where appropriate) are involved and consulted on personal planning.
- e) There is a system in place to regularly review and evaluate support plans, risk assessments, and daily records of care. Any actions identified should be recorded and implemented.

This is to comply with Regulation 4(1)(a) and 5(1) of The Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and

This is to ensure that the 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).

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

The provider should ensure that the range and scope of activities of how people spend their time both inside and outside could be better planned and organised, to ensure people experience a good quality of life.

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 20 March 2022.

Action taken since then

Action had been taken to increase the staff team who supported activities. Records showed that activities were being planned and there were opportunities for people to access the community. Please also refer to section 'How well do we support people's wellbeing?'

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	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

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