

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:
16 May 2025

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. 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 12 and 13 May 2025. 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 nine people using the service and four of their representatives
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

People benefitted from a warm, homely environment.

Staff were consistent and kind.

Management had a strong focus on improvement.

Promotion of independence could be enhanced.

Care records had gaps in places and work is required to ensure these are accurate.

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 leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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.

We found that people benefitted from good multi-disciplinary inputs to monitor and manage their health care needs. Records evidenced that the service was proactive in seeking additional medication input to support people's wellbeing. One relative told us, "They are pretty good at saying if there are any issues." We found this was supported by a consistent clinical care team being in place, with good monitoring of people's acute health needs. This helps to support people getting the right care at the right time.

Our review of medication management found that safe systems were in place. People we spoke with told us they were not in any pain and were comfortable. Our review of as required protocols found these contained a good level of detail. We suggested the service include trigger points for administering of as required medications for constipation. This ensures that guidance available to staff is clear and reduces any delay to treatment.

There were good systems in place to monitor concerns around falls and promote skin integrity. We observed staff being proactive in encouraging people to move position. Staff were able to tell us what provisions were in place to monitor people who were at higher risk of falls. Regular clinical meetings gave assurances that patterns and areas of concern, around people's care needs had been addressed without delay.

People told us they were happy and comfortable. One person told us, "I am the best I have been in ages. I love it here, I really do." Another said, "I am happy here." We observed consistently kind and polite interactions from care staff towards the residents in their care.

There was a program of activities available to people to take part in that were both outdoor and indoor. For the people who regularly took part, these were enjoyed. See section "what the service has done to meet any areas for improvement we made at or since our last inspection" of this report for more information.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

It is important that people are regularly given opportunities to give feedback on the care they receive, and that this information is used to inform improvement plans. The service had recently introduced a "How am I?" daily check in system for residents, where care staff would record their feedback. Audits carried out by the leadership team also allowed for resident's comments and feedback. We found some opportunities where this could be further enhanced, for example during the managers 'daily walk around'. Further promotion of capturing people's experiences would ensure that people have opportunities to comment on all aspects of care delivery on a regular basis. We were however, assured by the services commitment to giving people a voice.

There were a number of quality assurance systems being used by the service to monitor clinical risks, but also to evaluate people's experiences. We saw that where concerns had been identified, the service sought input from the providers wider leadership team to support best practice promotion. Observations of practice had been carried out in response to areas for improvement. Staff told us that best practice discussions were often based on these areas for improvement, to support them to develop. Another said, "They [leaders] picked up on areas of practice that could be improved and got us training." This helps to promote accountability and responsibility, across the whole staff team.

The service should continue to use observations of practice and link these to staff supervisions to continue to promote best practice. Area for improvement in section "what the service has done to meet any areas for improvement we made at or since our last inspection" applies. It is essential that people, including staff, are confident in giving feedback. Staff told us the leaders of the service were always approachable and would try their best to help. We received feedback that the culture had improved and that this was driven by the managers approach, one staff member told us, "[Manager] is top notch."

It is essential that the leadership team have a clear understanding of what is working well, learn from mistakes and have the necessary skills to drive improvement. The leaders of the service were clear on the areas for development within The Beeches Nursing Home and the steps required to make these improvements.

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.

Staff should have the necessary skills to meet peoples needs and be clear on what those needs are. Staff we spoke with and observed, were dedicated, kind and considerate. They could tell us peoples likes, dislikes, as well as any risk factors. The introduction of an electronic care planning and recording system meant that staff had instant access to peoples plans risk assessments and previous days' care notes. One carer told us this had been very beneficial as it meant they had better oversight.

People told us care staff were "very nice", "great" and "lovely." Relatives told us the staff were "exceptionally good", "excellent" and "genuinely fond of [loved one]."

Staff told us they worked well together as a team and supported each other. One staff member said, "It's a good place to work." This is important as it promotes care that is flexible and consistent. Although we saw good staffing levels at the time of our inspection, feedback from care staff reported that they felt this could be more consistent, noting that when they were fully staffed, they could respond to people's needs quicker. The service should consistently ensure that staffing levels, and staff deployment are informed by peoples care needs, promoting quality care.

We observed some missed opportunities to promote choice and independence. See section "what the service has done to meet any areas for improvement we made at or since our last inspection" of this report for information on how staff skills can be enhanced in this area.

How good is our setting?

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 should benefit from high quality facilities. We found furnishings and decoration was to a good standard. We reviewed infection prevention control standards and found no concerns. We observed no lingering malodours. The service was bright and welcoming. There was clear and effective management of maintenance of the premises and equipment.

The service offered a mix of communal spaces, as well as private spaces for people to spend time alone, or with their loved ones. People benefitted from a large, accessible, and well maintain garden. We saw people accessing this independently, or with relatives. This means that people benefit from a space that is safe and accessible.

It was identified that further work would be beneficial around promotion of positive risk taking and promotion of independence. For example, secure outdoor spaces being consistently accessible to those who wish to use them. We saw some missed opportunities during mealtimes for people to have independent access to condiments and self-service to drinks. Although we saw a range of activities and items for engagement available (for example games, arts, and crafts), these were unorganised and some were incomplete. Work to strengthen these areas would help people to reach their full potential, promote people being active and having choice.

How well is our care and support planned?

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 service has recently moved to an electronic care planning and recording system. This had been well received by care staff and leaders within the service, who told us it had allowed them to be more efficient and informed. We could see from audits of falls activity and weight loss, that plans had been immediately accessed and updated, to reflect changes in risk or need. This evidenced plans that were dynamic.

Plans should be reflective of people's wishes and preferences and include details of who is important to them. The plans that we reviewed contained all the essential information and were consistent. They detailed how people wished to be supported and included. For example, one resident wanted to maintain some control of their medication, and the plan recorded how they wanted nursing staff to count and describe each medication prior to being administered.

Other plans gave good guidance to staff around how people's needs should be met. This included, for one resident, playing Elvis songs during periods of distress. We reviewed anticipatory care plans which gave clear information on that person's palliative and end of life care wishes. This helps to ensure people are supported to live well, right until the end of life.

People benefit from personal plans that are regularly reviewed, evaluated and updated. We saw that plans were being reviewed monthly or following a change in need. It was not clear how people or their relatives were involved in these reviews. The service should ensure the people and their relevant next of kin are given the opportunity to be involved in this process, and that this input is recorded.

Some gaps were identified in care charts, specifically around recordings of bowel care and bathing/showering support. The service should review how it records these elements of care and promote consistent recordings of when this care is given. **See area for improvement 1.**

We found that some care records that we would expect to see in place were missing, for those who were still in the initial assessment period. We brought this to the attention of the service at the time of inspection and this was immediately addressed. We have encouraged the service to review its admission paperwork processes to ensure that essential records are in place without delay.

Areas for improvement

1. To ensure the health, welfare, and safety of those who use the service, the provider should maintain accurate recordings of the key aspects of care delivery. This should include but not be limited to, recording of bowel care and recording of bathing/personal care. In addition, the provider should ensure that the corresponding care plans give clear and accurate details of people's preferences and needs in these areas.

This is to ensure 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

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

As required protocols (PRN) we reviewed were detailed and gave good guidance to care staff as to when they should be administered. We saw that a recent pharmacy audit had also noted improvement around recording of as required medications. We found examples of protocols that were missing for people who had very recently moved into the service. This was raised with the service at the time of inspection and addressed.

The service should review its admission process to ensure that medication administration records reflect people's needs, without delay. This ensures that staff have access to the right treatment information and would prevent any delay to appropriate care.

We were however pleased with the overall progress made by the service. Care records and care staff demonstrated a good knowledge of people's health needs and any subsequent treatments that were in place to support this. The service had taken part in an improvement project, where they had focussed on people's holistic health care and treatment, seeking to enhance their overall knowledge of people's health conditions. It was clear to us that some of this learning had informed care records.

This area for improvement is MET.

Previous area for improvement 2

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

We observed a nursing hand over and a 'flash' team meeting. We found that these were detailed and comprehensive. A good level of detail was exchanged between attending parties, which included care and nursing staff, housekeeping, kitchen staff and maintenance.

The introduction of an electronic care planning system allowed care staff quick access to daily care notes to review people's previous days care experiences. Care staff told us they felt well informed and that communication had improved.

This area for improvement is MET.

Previous area for improvement 3

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

We saw that pre-assessment records had collated essential information about people's needs and that these assessments included the person and their next of kin. Relatives told us the transition period had been "smooth", the service kept them informed and they felt both "reassured" and "involved".

We observed the service being attentive to getting to know people who were new to them and being adaptive to their needs.

This area for improvement is MET.

Previous area for improvement 4

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 19 July 2024.

Action taken since then

We found a range of activities and events taking place that people told us they enjoyed. This included days out to the local glen, taking part in 'cycling without age' and most recently a trip on a barge. We saw people having access to the secure garden space.

Steps had been taking to gather peoples likes and interests. Regular resident meetings took place to ask people for feedback on the program of activities offered.

Further work was required to ensure that activities and events planned were linked with people's outcomes. This ensures that not only do people have fun, but they are engaging in activities that are meaningful and purposeful.

Although we had positive feedback from people around how they spent their days, it was clear that the same group of residents took part in the body of activities that were offered. Time should be taken to plan and deliver support to those who are less likely to, or unable to, engage in group activities.

This area for improvement is NOT MET.

Previous area for improvement 5

To keep people safe and promote their wellbeing, the service should be able to evidence that staff have the necessary skills, experience, and competence in relation to the work they are expected to do. The service should be able to demonstrate monitoring and oversight of staff practice on a regular basis.

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 organizational codes' (HSCS 3.14):

This area for improvement was made on 5 August 2024.

Action taken since then

Practice observations had been conducted by leaders within the service and by the providers wider leadership team. Both evidenced good promotion of best practice. We witness consistently kind and attentive care being given to people living in the service. We found, however, examples of where promotion of choice, independence and consideration to confidentiality could have been stronger. A scheduled program of observations, team meetings and supervision would strengthen this practice.

This area for improvement is NOT MET.

Previous area for improvement 6

To keep people safe and support their wellbeing, the provider should improve staff understanding of falls prevention and make sure that assessments and care plans are up to date and accurate. Known risks should be identified and planned for, and staff should be aware of their roles and responsibilities in keeping people safe.

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 organizational codes' (HSCS 3.14).

This area for improvement was made on 5 August 2024.

Action taken since then

Falls assessments and plans were in place and reflective of people's needs. Where people were at higher risk of falls, or had experienced a fall care staff could confidently tell us what provisions were in place to keep them as safe as possible, for example care staff told us: "We make sure someone [staff] is in the lounge at all times" and "They [resident] have a chair sensor in place".

We reviewed post falls paperwork, which evidenced that the appropriate post falls clinical observations and checks were in place to monitor for injury.

This area for improvement is 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 leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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