Beechgrove Care Home
Care Home Service

Carstairs Road
Caldwellside
Lanark
ML11 7SR

Telephone: 01555 660 331

Type of inspection:
Unannounced

Completed on:
24 September 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 provider is Beechgrove Care Home Ltd.

The home is situated on the outskirts of Lanark and is divided into four separate units, three of which can support up to 15 people and the remaining unit up to 25 people.

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 are car parking spaces to the front of the building for staff and visitors.

At the time of the inspection 68 people were living in the home.

About the inspection

This was an unannounced inspection which took place on 22 and 23 September 2025 from 08:15 to 17:30. The inspection was carried out by three 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 29 people using the service who were able to give their opinion and 15 relatives.
- for people unable to express their views, we observed interactions with staff and how they spent their time.
- received 27 completed questionnaires (this includes all types)
- spoke with staff and management.
- observed practice and daily life.
- reviewed documentation.
- spoke with two visiting professionals.

Key messages

- The staff knew people well and treated them with kindness and respect.
- The service was well led with the manager being approachable and supportive.
- People's wellbeing benefitted from regular activity and social opportunities.
- Families reported being happy with the care and support their loved ones received.
- The home was clean and welcoming.
- The service had met the requirement and three areas for improvement made at the previous inspection.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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? 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.

People told us that staff interacted warmly and respectfully with them. Staff had meaningful conversations with people who experienced care which had a positive impact on how people felt listened to. This supported good conversations and growing good relationships and gave people a strong sense of their own identity and wellbeing. We were told that care and support was carried out in a dignified way and personal preferences and choices respected.

Feedback was positive about the quality of care and support people received. Comments included "I am never bored, there is always something happening, and everyone is friendly", "the activities team are fabulous" and "I have no complaints about the service, it's a lovely home." Relatives' comments included "Staff are extremely caring and create a very happy atmosphere in the home" and "my relative always says she feels safe, secure and respected."

People enjoyed coming together for meals. Staff ensured that mealtimes were relaxed, enjoyable and sociable. People were offered alternatives if choices available were not to their taste. The dining process was quality assured to ensure any issues identified were resolved. We suggested better use of pictorial choices during mealtimes. People's health and wellbeing benefitted from the provision of high quality and well-presented food.

Activities were led by an experienced and motivated activities co-ordinator. People's preferences for activities were noted in their personal plans. People were provided with activities which included physical exercise classes, entertainment, baking, arts and crafts and community outings. The home were recruiting activities staff to ensure 1:1 activities were developed. Relationships between people experiencing care were developed because of well provided activities.

To meet people's medical needs, the service had a safe, well-managed medication system. Staff had received training, and had clear guidance, to support this task safely. Medication care plans were detailed and directed support. There was oversight of medication management which included reporting of errors and actions recorded. We were confident that people's medication needs were being regularly reviewed and monitored.

People's health benefitted from very good engagement with other health services. Other health professionals we spoke with told us staff were quick to act on health-related issues and were responsive to any advice given. This approach helped people keep well and ensured their health needs were being met.

Personal plans and risk assessments showed each area of care and support informed staff how to deliver care safely and took account of their personal preferences. We saw and heard about reviews which fully involved the person receiving care and their relatives. The interventions by staff showed that there was structure and meaning for the individual, encouraging independence and to take control of their life.

How good is our leadership? 5 - Very Good

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

The service demonstrated a positive attitude towards quality assurance. There was regular audit of incidents, accidents, falls and key health needs such as nutrition, oral health, and skin care. The themes emerging from audits informed care planning, ensuring care was responsive to people's individual needs. The management team had a very good oversight of what was happening within the home. This assured us that processes were in place to promote a culture of continuous improvement and good practice.

A review of the complaints received by the service showed that these had been responded to promptly. Complainants were advised of the method of investigation and the outcome of their complaint. Where a complaint had been upheld an apology was offered. The findings of complaint investigations were used to enhance learning and improve practice. This reflected a learning culture with improved outcomes for people.

There was a Service Improvement Plan, which focussed upon improving the experience of people using the service. This demonstrated that there was a commitment to evaluating the service and learning from feedback from residents, relatives, and other stakeholders.

The service produced a regular newsletter and used social media to provide information on what was on offer in the service and activities that had taken place. The newsletter included an invitation to friends and relatives to share their views on the service provided. The feedback from people was overwhelmingly positive.

Staff, relatives and visiting professionals spoke highly of the management team. They were positive about communication and commented upon the visibility of the manager. Staff felt able to approach managers and were confident that their views would be listened to.

Overall, we found very good leadership within the home, with a clear focus on improving the quality of life for the people living in the service.

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.

We received a number of positive comments from people supported and relatives about the staff who provide support, these include;

"I am getting to know the staff, they all seem nice."

"The staff are very good and let me know if there have been changes to the health of my relative."

Staff were motivated to work in the service and came across as kind and considerate and knew the people they supported well.

Management team reviewed the dependency levels of people regularly to help inform the staffing levels. The management team also took account of the changing needs of people within each unit and increased staffing when necessary.

A recruitment drive had been successful which meant that there were very few vacant posts. When agency staff had been used, the service strived to use the same staff to promote continuity of care.

People could be assured that staff had been recruited in a manner that followed best practice guidance. Management ensured that new staff were well supported when they started at the care home and had an induction and training programme to provide new staff with the relevant knowledge and skills to carry out their job role.

We observed good team working between staff. Direct observations of staff practice had been completed and these helped reinforce good practice and helped staff understand their role. Staff were supported through regular supervision, which provided opportunities reflect on their practice, discuss well-being, and identify learning needs. This helps to contribute to a confident and competent workforce to support the delivery of positive outcomes for people using the service.

Training for staff was delivered through a blended approach in key areas such as nutrition, dementia, stress and distress, and moving and assisting. While some compliance rates needed improvement, staff gave positive feedback about the training. This meant people were supported by knowledgeable staff, helping ensure safe and person-centred care.

Staff consistently told us the management team were approachable and available to support them where needed. This supported a positive working relationship between management and staff teams.

Regular checks were also completed to ensure that staff employed professional registrations were up to date.

How good is our setting? 5 - Very Good

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

People benefitted from a comfortable, warm, and homely environment, where they were able to sit and chat to each other. People were able to move around each unit as they wished and choose where to spend their day.

We spoke with people and relatives visiting who explained that they were able to personalise their bedrooms with photographs, ornaments, decoration and pieces of furniture to make it their own space and we observed this to be the case as bedrooms were very individual to each person. People could control heating and lighting in their bedrooms.

There were several areas for people to spend time out with their units including a large reception area, hairdressing salon, cinema, bar, and sensory room. This gave people opportunities to spend quality time

away from their units as the areas were very accessible and well designed.

The service had used the King's Fund assessment tool to improve the environment and to be more dementia friendly. Signage was in place to help direct and orientate people around the units and service.

Having access to outside space is important for giving people a sense of wellbeing. People benefitted from having access to a large, well-kept garden and accessible garden to the rear of the building.

The service maintained high standards of cleanliness through a dedicated housekeeping team and a robust cleaning schedule aligned with national guidance. Our environmental inspection confirmed very good levels of cleanliness, and regular audits provided assurance that these standards were consistently monitored and sustained.

There was plentiful supplies of readily accessible personal protective equipment (PPE) which staff used aligned to good infection prevention and control (IPC) guidance. Laundry staff were familiar with IPC good practice guidance for the safe handling of laundry which reduced the risk of transmission of infection.

Environmental audits and maintenance checks were completed and used effectively to ensure the home was safe and well-maintained, with action plans addressing any issues. External contracts ensured equipment was serviced in line with legal and manufacturer guidance. This supported a safe and comfortable environment for people living in the service.

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.

All people had a personal plan in place; these were recorded within an electronic care planning system. Staff were now familiar with using this system and the quality of personal plan information had improved.

Preadmission assessments took place to obtain information on people's needs. This was to ensure the service would be appropriate and the provider had the resources required the meet the needs of people who moved to the home.

Personal plans contained health assessments, care plans, and risk assessments. The system in place highlighted when information was required to be updated or was overdue. Reviews of personal plans and specific care plans took place on a monthly basis or earlier if required. External professional input and guidance was included in people's personal plans where appropriate. Example of this included reference to wound management provided by visiting professionals.

Care and support plans held some important and relevant information, but there were still some gaps within documentation. To demonstrate person centred approaches, the contents of personal plans should focus on 'what matters to a person'. Changes need to be considered so people benefit from personal plans which are easy to access, capture good conversations and show active participation. This will support the development of dynamic, person-centred personal plans. (See area for improvement 1)

Where people were unable to make choices or decisions, supporting legal documentation was in place. This meant staff were clear about their responsibilities and how to support people with any related decisions.

We saw evidence of six-monthly care and support reviews taking place. The management team had oversight of this which meant people's outcomes were monitored regularly. Reviews captured the involvement of residents and relatives. This helped people to get involved in leading and directing their own care and support.

Areas for improvement

1. The service provider should improve support planning to ensure it is person-centred and outcome focused to provide guidance for staff on how best to support people using the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "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 1.1)

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

Requirements

Requirement 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).

This requirement was made on 21 March 2025.

Action taken on previous requirement

The service had moved to an electronic care planning system. Most people had their personal plan moved onto this system with a small number still to transfer. We have reported on this further under Key Question 5 – How well is our care and support planned?

The service had showed improvement in care planning with information available to show how risk is managed. Where required, staff completed charts to record and monitor aspects of people's health and wellbeing. This included fluid and dietary intake, repositioning to promote skin integrity and weekly/ monthly records of people's weight. Areas of concern were communicated at handovers and 'flash meetings'.

This requirement has been met but further improvement is needed therefore we have made an area for improvement under Key Question 5 – How well is our care and support planned?

Met - within timescales

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 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).

This area for improvement was made on 21 March 2025.

Action taken since then

We looked at personal plans and could see daily records had been completed by staff. The home had been working with staff to improve record keeping. We checked daily charts and were satisfied that records reflected support given to meet people's nutritional needs.

Reflective discussions had taken place with staff and the service had audits in place to ensure people's dining experience improved. Oversight of food and fluid intake showed any concerns were escalated appropriately. Food and drink was accessible to people throughout the day.

This area for improvement had been met.

Previous area for improvement 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).

This area for improvement was made on 21 March 2025.

Action taken since then

Personal plans provided information to direct staff. We found daily records reflected people's assessed needs and preferences. Monthly audits ensured oversight in this area.

This area for improvement has been met.

Previous area for improvement 3

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).

This area for improvement was made on 21 March 2025.

Action taken since then

We have reported on this under Key Question 3 – How good is our staff team? Supervision records, oversight of supervision dates and discussions with staff confirmed regular and effective supervision was taking place.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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