

# Beechwood House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
10 October 2025

**Service provided by:**  
Church of Scotland Trading as  
Crossreach

**Service provider number:**  
SP2004005785

**Service no:**  
CS2003008466

## About the service

Beechwood House is a recovery service providing residential rehabilitation, community outreach, support and social care, to people with alcohol and drug issues.

It is a purpose-built facility in Inverness and registered to provide a care service to a maximum of 15 people who are in recovery. The service is provided by the Church of Scotland trading as Crossreach. Accommodation consists of single en-suite rooms spread over two floors which benefits from a bright, attractive dining room as well as lounges and meeting rooms.

## About the inspection

This was an unannounced inspection which took place between 6 and 10 October 2025. Two inspectors from the Care Inspectorate carried out the inspection.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service, and customer and provider records.

In making our evaluations of the service we:

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

## Key messages

People felt well supported by their key workers during their recovery.

Partnership agencies reported that staff were professional and knowledgeable when supporting people on their recovery journey.

People felt that at times they were not listened to properly by staff, this was especially in relation to group activities and some required repairs in the environment.

The provider needed to be more robust when investigating staff misconduct issues and notifying relevant agencies at expected times.

The environment was clean and tidy and staff knew how to reduce the risk of spread of infection.

Drainage of showers needed to be checked, to ensure there was effective drainage so as people's carpets were not getting wet.

Peoples care plans (also known as recovery stars) and associated records, needed to be completed and reviewed regularly.

## 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?	3 - Adequate
How good is our staff team?	3 - Adequate
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?

4 - Good

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

Overall people felt supported and valued by staff. Staff were caring, trustworthy and maintained confidentiality. People were happy with one-to-one keyworker support and considered this invaluable to their recovery. People had trusting relationships with their key workers and felt they were listened to. Strong compassionate relationships helped people focus on their recovery. Some of the comments we received included:

"Our key workers make us feel safe and listened to, they really care, they check up on us to make sure we are ok."

"We never hear staff talking about people in recovery, in a small place it is really important our confidentiality is maintained, we have no worries about that."

There were good links with external health professionals, therefore people got the right treatments at the right time. There was good communication between staff, people in recovery and other professionals, to ensure people were on a recovery plan that was right for them. Some of the comments we received included:

"We have always had really positive feedback from people we refer to the service. They highlight how beneficial the key working system has been and how well staff supported them with their recovery."

"Staff are really good at keeping us up to date with changes in people's health."

Medication systems were safe and well managed. Where safe, people managed their own medication which promoted independence and responsibilities.

People we spoke with highlighted that they thought the group sessions could be better tailored to their specific needs and stages in their recovery. An example of this was a person who attended an arts and crafts group, he had never had any interest in this area and felt his recovery could be better supported by a more relevant group. People felt they needed more structure to their day and better preparation for living independently after Beechwood House. For example healthy meal planning, managing finances and linking within their local community (see area for improvement 1).

Some people felt they were given mixed messages by staff as to what was expected from them, when participating in the two or 14 week recovery programme. This made them feel confused and insecure (see area for improvement 2) .

### Areas for improvement

1.  
The provider should continue with their review of the effectiveness and relevance of in-house groups. People attending the service should be central to this.

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); and  
'I use a service and organisation that are well led and managed.' (HSCS 4.23).

2. So as people feel safe, secure and confident and are clear as to what is expected from them during their recovery, they should receive information that they understand in a format that is right for them. There should be regular discussions about this when required.

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 communicate in a way that is right for me, at my own pace, by people who are sensitive to me and my needs.' (HSCS 2.8); and  
'I have agreed clear expectations with people about how we behave towards each other, and these are respected.' (HSCS 3.3).

### How good is our leadership?

### 3 - Adequate

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

It was clear that the management team knew people well and had a great deal of experience in supporting people's recovery.

There had been a number of staff changes and new staff were going through their induction. Staff needed to be given time and support to work in a consistent manner and understand their roles and responsibilities. The provider was confident they had an improved structure in place to stabilise the service and move it forward.

Learning lessons should inform future practice and an improved service. There was a lack of analysis of complaints and limited effort to learn from these. Complaints and concerns did not result in meaningful change (see requirement 1).

There was inconsistent oversight of incidents and complaints by the provider. These had the potential to negatively impact on people's recovery. Some incidents had not been logged appropriately and some staff misconduct allegations had not been investigated appropriately. It is a legal expectation that the provider send notification to the Care Inspectorate about certain situations. This had been an area for improvement at the last inspection and we could see no evidence of improved practice in this area (see requirement 1).

We were concerned about one staff misconduct in particular. We concluded the way this was dealt with did not promote value-based practice and a positive culture within the staff team. The way it was handled could have left staff thinking it was acceptable to communicate in an insensitive and inappropriate manner with residents (see requirement 1).

We concluded that the provider should review the current responsibilities the registered manager has in regard to other services. The registered manager should have the capacity and suitable supports to make the required improvements following this inspection (see area for improvement 1).

## Requirements

1.  
By 29 December 2025 to ensure a safe and value based service is provided, the provider must:

- a) fully document and report to relevant external professionals all accidents, incidents and complaints. This should include informing the Care Inspectorate of any notifiable events as detailed in 'Records that all registered care services (except childminding) must keep and guidance on notification reporting'; and
- b) evidence that lessons learned from adverse events are driving service improvements forward.

This is to comply with Regulation 4(1)(a) 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 experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.' (HSCS 3.1).

## Areas for improvement

1. The provider should formally review the manager's current responsibilities, and evidence the manager has the right support and time to drive service improvements forward.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

## How good is our staff team?

## 3 - Adequate

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

Staff overall were knowledgeable and supportive of residents and each other. There was sufficient staff to meet the needs of the people using the service. People told us they got really good support from their key workers, and this helped them with their recovery. See key question 1 for people's comments.

As highlighted in key question 2, we were concerned that there was insufficient oversight to ensure all staff were consistently working in a professional manner, and promoting a positive culture for people in recovery. We saw some examples of where professional boundaries had been blurred and staff were not working within the provider's policies, procedures and good practice guidance. This had potential to negatively impact on people's recovery (see area for improvement 1) .

### Areas for improvement

1. Staff should be supported to understand their roles and responsibilities as a registered worker. There should be sufficient oversight to ensure staff are working in a value based and person centred manner at all times.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

'I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.' (HSCS 3.1).

### 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.

The home was clean, tidy, and smelled fresh. Communal areas were warm comfortable and gave privacy for one-to-one work and confidentiality.

There was some outstanding maintenance work required, mostly in relation to the showers and the fans making loud noises in bedrooms. People felt they had not been listened to, as they had reported these and they had not been actioned. We were confident the provider was going to action the outstanding issues. Some of the comments we received included:

"We have given up asking about the showers not draining properly, I was told to put a towel on the carpet."

"We have told staff about some of the repairs but nothing has been done."

We made an area for improvement at the last inspection about the environment needing to be cleaner. The environment was clean and tidy and staff supported residents to follow a cleaning rota. There had also been a visit from the infection, prevention and control (I.P.C) nurse who was satisfied that staff were following expected I.P.C guidance. The area for improvement has been met. Some of the comments we received included:

"Yes we have a cleaning rota and we all take turns."

"My bedroom is comfortable and I can get privacy."

## How well is our care and support planned?

## 3 - Adequate

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

The standard of care and support planning was inconsistent and was not supported by quality assurance processes. People in Beechwood House use the "recovery star" model. This helps them identify how they are feeling emotionally, what the challenges are to recovery and what supports they need to aid them with their recovery.

We looked at three "recovery stars" and only one of these was completed appropriately. When the "recovery star" was used effectively, we could clearly see the recovery journey mapped out for the individual. There had been improved outcomes, consistent key worker input, regular review, robust risk assessments and a good plan for moving on.

For the other two there was minimal evidence as to how "recovery star" was being used to inform staff practice when supporting people. It was also unclear if the people in recovery had been involved in identifying areas of support they required from staff. Although people told us they met with their key workers regularly, there was limited evidence that these meetings were being used to plan and support good outcomes and a positive recovery journey for people using the service (see requirement 1).

### Requirements

1.

By 29 December 2025 In order to ensure people's physical, emotional, social and psychological needs are being met, the provider must ensure:

- a) each person has a written plan which sets out how their holistic needs should be met;
- b) relevant staff must be familiar with the content of the plan and have the necessary knowledge, skills and confidence to provide the support the person needs; and
- c) there must be effective arrangements in place to ensure the plan is regularly reviewed, updated and staff are responsive to the person's changing or unmet needs.

This is to comply with Regulation 4(1)(a) 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:

'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.' (HSCS1.15); and

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).



## 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 ensure the recovery programme is tailored to individual needs, the provider should continue to review the length of their programmes in partnership with NHS Highland.

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 23 August 2022.**

#### Action taken since then

A review was undertaken thus the area for improvement has been met.

#### Previous area for improvement 2

To ensure a safe environment for people, infection prevention and control guidance should be implemented and followed in all areas of the care home. This should take into account The National Infection Prevention and Control Manual (NIPCM).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22); and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This area for improvement was made on 23 August 2022.**

#### Action taken since then

The area for improvement has been met. See key question 4 for further information.

#### Previous area for improvement 3

To ensure a safe environment for people and reduce the risk of cross contamination from potentially infected laundry, staff should be confident and competent on how to safely manage laundry in line with current infection prevention and control guidance. This should take into account The National Infection Prevention and Control Manual (NIPCM).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22); and 'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

**This area for improvement was made on 23 August 2022.**

## Action taken since then

The area for improvement has been met. Staff were knowledgeable and confident when handling potentially infected laundry. The laundry area was clean and tidy and well ventilated, thus reducing the risk of spread of infection.

## Previous area for improvement 4

The provider must ensure people experience a service that is well led and managed. This includes ensuring that they comply with your legal responsibilities, including submission of notifications to the Care Inspectorate in accordance with its notification guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 23 August 2022.**

## Action taken since then

The area for improvement was not met and will form part of requirement 1 under key question 2.

## Previous area for improvement 5

To improve people's experiences, the manager should formalise and action the service's improvement and development plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19); and 'I use a service and organisation that are well led and managed' (HSCS 4.23).

**This area for improvement was made on 23 August 2022.**

## Action taken since then

The area for improvement has been met, we expect the provider to include the finding in this inspection within their improvement plan.

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	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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