

Benholm Nursing Home Care Home Service

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Forfar
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Telephone: 01307 706430

Type of inspection:
Unannounced

Completed on:
7 January 2026

Service provided by:
Tamaris (RAM) Limited

Service provider number:
SP2007009152

Service no:
CS2003010713

About the service

Benholm Nursing Home is situated on the outskirts of Forfar, Angus and provides care for up to 34 older people.

The home is a converted, traditional mansion house and retains many original features, including well established grounds.

The building has two floors accessible by a lift. Bedrooms have ensuite facilities. Adapted bathing and showering facilities are available on each floor. The ground floor has a lounge and separate dining room, as well as a conservatory and hairdressing salon. A small area of the garden is secured, with a patio area accessed via the dining room. The upper floor has a communal area comprising of a homely lounge/dining area.

It is close to local shops and public transport.

About the inspection

This was an unannounced inspection which took place between 05 and 07 January 2026. 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 seven people using the service and 13 of their family or friends
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

This was a follow up inspection to consider progress made towards meeting six requirements and two areas for improvement made at our previous inspection which concluded on 30 October 2025.

People living in the home appeared comfortable and happy.

Staff knew people well and responded appropriately to ensure their needs were being met.

Family members told us about the positive impact of the new manager and that they felt listened to.

We saw that significant progress had been made to introduce and embed a more robust quality assurance system.

Quality assurance processes were having a direct impact on outcomes for people which had improved as a result.

Environmental improvements had been made and were continuing.

Improvement is required with staff practices in hand hygiene and following appropriate guidance and codes of conduct.

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?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
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?

3 - Adequate

At our last inspection in October 2025, we made a requirement that people must receive the care they require. This requirement has been met. See '**What the service has done to meet any requirements made at or since the last inspection**'.

During this inspection, we considered what improvements had been made. We spoke with residents, relatives and staff and we observed day to day routines within the home.

We saw that the care provided reflected the information recorded within plans and in some instances we were able to confirm this with residents and or their family members.

Staff were aware of individual risk factors and provided supervision and support where this was necessary. This included over meal times and when people were walking with purpose around the home. This meant that staff were available to provide support which helped to keep people safe.

Where people required modified diets including fortification to help increase and maintain their weight, we saw that this was provided. Catering staff told us they had up to date information about dietary needs and were updated regularly through daily flash meetings.

There had been a recent consultation with people about menu selections. This included a plan to introduce world food choices with different cuisines for people to enjoy.

Where people were at risk of dehydration through not drinking enough, we saw that people had fresh fluids available to them at all times. Staff were observed supporting people who required assistance. Where required records were kept of people's intake and when people had declined drinks so records of support had improved. We were confident people's hydration needs were being met.

Recording of care provided although mainly task orientated reflected that people's care was meeting their needs. Families told us staff were doing 'really well' at meeting their relatives needs and that the staff and the manager were observant and responsive to any changes that required the input from other professionals. This approach helped to ensure people were experiencing good outcomes.

We were satisfied that the improvements made had impacted positively on outcomes for people and therefore we have re-evaluated this quality indicator to 'adequate'.

How good is our leadership?**4 - Good**

At our last inspection in October 2025, we made two requirements about management and leadership within the home. These requirements have been met. See '**What the service has done to meet any requirements made at or since the last inspection**'.

A more robust quality assurance process was now in place. This consisted of a range of audits, checks and processes that had been successful at bringing about improvements for people. For example, we saw how falls audits had been completed and further actions taken to analyse causes. Appropriate actions had been taken which resulted in a reduction in falls for some people.

Resident of the Day audits were being completed and where highlighted the manager asked further questions and took further action to ensure all information was available and care was complete. For example, skin integrity checks are now integrated into planned daily care and recorded through the electronic database. This was contributing to improving outcomes for people because it meant any changes to people's skin was quickly identified and appropriate action taken.

Communication with families had improved. Families told us, 'We are seeing changes now', 'The manager is approachable and visible', 'Staff must be letting the manager know as they are quick at taking action' and 'It's reassuring that we see the manager now - before it was difficult to find anyone.' This feedback demonstrated an increased confidence in the management team and reassurance that people living in the home were receiving appropriate care and support.

The manager demonstrated strong leadership styles that made staff feel supported and valued. Staff were included and involved in evaluation and improvements, they told us they were 'well informed' and part of the changes that were being implemented. This style of leadership promotes development within the staff team and greater understanding and inclusion will help to bring about sustained change and improvements.

This demonstrates how quality assurance processes are impacting positively on outcomes for people. As a result of the evidence we saw and the feedback we received, we have re-evaluated this quality indicator to 'good'.

How good is our staff team?

3 - Adequate

At our last inspection in October 2025, we made a requirement about staffing arrangements. This requirement had been met. See **'What the service has done to meet any requirements made at or since the last inspection'**.

Staff told us, 'It's much better', 'We have better support' and that communication was good - they were informed what was expected of them and why which helped them understand the improvements that were planned.

We observed many kind and respectful interactions between staff and residents. We saw housekeeping staff chatting with people whilst cleaning their rooms and good humoured chat that contributed to a happy atmosphere.

Relatives told us that there appeared to be more staff now who were always visible and available to speak to. We received several positive comments regarding the manager who was described as 'visible and approachable'. Staff and relatives felt reassured by this.

Relatives told us of the positive changes in staffing such as a significant reduction in agency staff and that the staff team were consistent.

Staff were working well together, this resulted in better more effective communication which impacted positively on outcomes for people.

It was an ongoing concern that the staff team were not consistently adhering to best practice around hand hygiene. On the last four inspection visits, inspectors highlighted that not all staff were bare below the elbow which includes use of any nail products as is expected for all staff working in a care setting. In addition, a recent visit from other professionals had also highlighted this concern. The guidance around hand hygiene and Infection Prevention and Control has been developed to help keep people safe and minimise the risk of cross contamination/infection. Effective hand hygiene is an important element in the prevention of the spread of infection.

Despite the discussions and direction that had been given to the staff team, we continued to see breaches with staff wearing nail products which not only present a risk in relation to infection control but also a health and safety risk. At our last inspection, we repeated an area for improvement which included effective hand hygiene. We acknowledge that the provider and the manager have taken direct action following our feedback however we have replaced this with a requirement following this inspection to help ensure sustained improvements are seen. See requirement 1.

There was however sufficient evidence to support re-evaluating this quality indicator to 'adequate' following this inspection.

Requirements

1. By 31 March 2026, to ensure that people are safe and protected from harm, the manager must ensure;
 - Ensure that all staff have up to date knowledge in Infection prevention and control including the Standard Infection Control Precautions (SICPs).
 - That staff are aware of and follow their Professional Codes of Conduct.
 - That staff adhere to good practice guidance designed to keep people safe – more specifically ensure staff are demonstrating effective good hand hygiene.
 - That there are processes in place to monitor staff practice and appropriate action taken to address any issues.

This is to comply with Regulation 4(1)(d) 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 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).

How good is our setting?

3 - Adequate

At our last inspection in October 2025, we made a requirement about environmental improvements. This requirement had been met. See **'What the service has done to meet any requirements made at or since the last inspection'**.

There was a detailed environmental improvement plan in place that described the work planned and the work that had been completed. The home looked fresher, brighter and cleaner at this visit.

The improvement plan was not complete with the provider planning to address all areas around the home including bedrooms and en-suites. The requirement made previously has been met however we are introducing an area for improvement and asked the manager to ensure we continue to receive regular updates and that outstanding work is prioritised in order of importance going forward. See area for improvement 1.

The home was mostly clean and tidy but we did highlight some rooms such as sluice rooms and cleaning cupboards where items were stored inappropriately on the floor. This impacted on effective cleaning. The manager addressed this during our visit.

During this inspection, the home was noticeably cold in some areas. The sun room was at an uncomfortably low temperature which would not be appropriate or comfortable for people to use. Some bedrooms were cold. People told us, 'I'm cold, we are all cold', whilst family members told us this wasn't an isolated incident. Other family members we spoke to did not think this was an issue.

In response staff were attentive and providing blankets where people wanted these and we saw that additional heaters were in use in some rooms to help ensure peoples comfort. The problem with the heating was resolved during the inspection visit. We raised this concern with the manager and the provider submitted evidence of actions being taken to upgrade the heating system as a matter of priority. See area for improvement 2.

The evaluation of this quality indicator remains 'adequate'.

Areas for improvement

1. In order to ensure people experience an environment that is comfortable;

- the manager should continue to monitor the temperatures around the home to ensure they are at a comfortable level for people living in the home.
- the manager should review contingency plans and ensure staff are aware of what action to take in the event of any further break down or issue impacting on people in the home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.19).

2. In order that people people are treated with dignity and respect and experience a well maintained, safe and clean environment, you, the provider should;

- continue with environmental improvements as planned.
- provide the Care Inspectorate with regular updates to the plan as a minimum every eight weeks.
- where possible the plan should included anticipated dates that work is to commence and predicted timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

How well is our care and support planned?

3 - Adequate

At our last inspection in October 2025, we made a requirement about care plans and documentation. This requirement had been met. See '**What the service has done to meet any requirements made at or since the last inspection**'.

We saw significant improvement in the quality and accuracy of information within care plans during this inspection.

Observations during our inspection and daily care notes provided confirmation that care was being delivered as described and updated as people's needs change.

We were satisfied that sufficient progress had been made to support a re-evaluation of this quality indicator to 'adequate'.

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

Requirements

Requirement 1

By 31 December 2025, the provider must make proper provision for the health, welfare and safety of people using the service, in particular the provider must:

- a) ensure people's needs as agreed in their personal plan are fully met
- b) ensure recommendations from other healthcare professionals are fully met
- c) ensure risks are fully assessed and safely and effectively managed.

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

This requirement was made on 30 October 2025.

Action taken on previous requirement

Observations confirmed that people were receiving the care they required and that is described within their care plans. Where able to, people confirmed they were happy with the care they received and that staff were responsive to their needs.

Care plans and risk assessments had been updated and were reviewed regularly and updated accordingly. Any changes noted to assessments informed updates to the care plan.

There was evidence of appropriate referrals to other professionals and their recommendations and advice informing care and support were clearly recorded.

There was good oversight from the manager who was proactive at informing appropriate people and professionals and seeking advice to help improve outcomes for people.

Overall we were satisfied that people's needs were being met and therefore this requirement has been met.

Met - within timescales

Requirement 2

By 31 December 2025, to support people's health and wellbeing, the provider must make sure that it consistently reports incidents and accidents to the relevant agencies where appropriate. This includes notifying the Care Inspectorate.

This is to ensure that care and support complies with the Regulation 4 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is in order to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected' (HSCS 4.18).

This requirement was made on 30 October 2025.

Action taken on previous requirement

Since our last inspection, there had been sustained significant improvement in this area.

The manager had submitted notifications and made referrals for relevant incidents, accidents and events. This included any event that occurred where the relevant notification or referral had not been submitted previously.

Where notifications had been made to the Care Inspectorate, we were confident that the local Health and Social Care Partnership were also receiving the same information.

Notifications and referrals included sufficient detail to evidence what investigations and actions had taken place as well as plans to help ensure that there was a process in place to ensure all notifications are made within the required frameworks going forward.

Met - within timescales

Requirement 3

By 31 December 2025, the provider must ensure that, at all times, the number of staff working in the care service is appropriate to support the health, wellbeing, and safety of service users and the provision of safe and high-quality care. To do this, the provider must, at a minimum:

- a) ensure their overall assessment of staffing takes account of the building layout and aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all service users.
- b) Ensure staff are visible and available to ensure that people receive the care and support they need or wish timeously.

This is in order to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

This is also to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This requirement was made on 30 October 2025.

Action taken on previous requirement

A dependency assessment tool was used to assess levels of need and what staff arrangements were required to meet those needs. The dependency tool had been reviewed and updated as a minimum every four weeks as is expected to ensure that staffing arrangements were flexible.

Staff rotas viewed reflected an appropriate level of staff on duty each shift, in order to meet people's needs in line with current occupancy.

Staff were visible and responsive to people's needs during this inspection. Most relatives told us loved ones received responsive care.

Met - within timescales

Requirement 4

By 31 December 2025, the provider must ensure that people receive the care and support they require. To do this, the provider must ensure that:

- a) care plans and associated documentation are accurate and updated as people's needs change
- b) there is a consistent approach to developing wound care plans when wounds occur
- c) there is a written record of formal reviews that are accessible to people
- d) the need for any technology is clearly described in care plans and reviewed regularly.

This is to ensure that care and support complies with the Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also 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' (HSCS 1.15) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This requirement was made on 27 November 2025.

Action taken on previous requirement

Care plans viewed described the care and support required to meet people's needs. Some attention to detail was required to ensure the right names and gender were reflected but the information was accurate and much improved.

When people's needs had changed, this was clearly recorded in their care plans. Care plans clearly documented these changes, who had been consulted and the plan moving forward.

Where people had wounds, wound care plans were in place describing the specific care required to promote healing. Documentation for people's wounds was consistent in files viewed.

Where people had use of technology such as sensor mats, we couldn't initially see risk assessments in place or how consent had been discussed and obtained. This had been addressed by the end of our inspection.

People had recent reviews of their care. Some minutes of reviews were difficult to find however, the manager was in the process of locating these and uploading to the electronic care plan database.

Met - within timescales**Requirement 5**

By 31 December 2025, in order to ensure there is a culture of sustained improvement, the provider must;

- introduce and embed regular quality assurance processes that are effective in identifying and promoting outcome focused care.
- the processes must be responsive to improving the outcomes for service users and actively drive good practice and standards.
- ensure managers are supported to understand and work consistently with the identified processes.
- demonstrate how consultation with people who use the service, families, staff and other stakeholders contribute to the overall improvement of the service.

This is to ensure that care and support complies with the Regulation 4 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also in order 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).

This requirement was made on 2 July 2025.

Action taken on previous requirement

There is a much more robust approach to quality assurance across the service. A significant strength was the visibility and approachability of the manager. People told us the manager 'puts themselves about' meaning they are visible and approachable. Other comments included, 'We are listened to and actions taken where necessary'. This demonstrated that people were consulted and informed about changes and developments within the home.

There were a range of audits in place and staff were being supported to contribute to these. Medication audits, falls audits and analysis and resident of the day are some examples. We could see where audits and processes were leading to improved outcomes for people.

There was a whole team approach to quality assurance and other staff members could access audit tools and complete these activities. This would help staff gain a greater understanding of quality assurance and help to promote accountability and responsibility across the team.

Notifications to the Care Inspectorate demonstrated how information was obtained from ongoing management oversight.

Met - within timescales

Requirement 6

By 31 October 2025, the provider must ensure that the premises are of sound construction and kept in a good state of repair, externally and internally, and is decorated and maintained to a standard appropriate for the care service. Furthermore, the provider must;

- provide the Care Inspectorate with an overall environmental improvement plan laying out in detail works required and expected completion dates.
- the provider must provide the Care Inspectorate with, at a minimum, monthly progress reports of environmental improvements.

This is to comply with Regulation 10(2)(a) and (b) (Fitness of premises) 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 environment is secure and safe' (HSCS 5.17) and 'I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment' (HSCS 5.22).

This requirement was made on 2 July 2025.

Action taken on previous requirement

A comprehensive environmental improvement plan has been produced, updated and submitted to the Care Inspectorate since our last visit as requested.

Through our support visits to the service and consultation with other visiting professionals, we have observed good progress to make improvements across communal areas in the home. Some snagging is required to ensure a good standard is achieved and is maintained.

We have asked the provider to continue to updating and submitting the plan describing how the outstanding areas for improvement will be prioritised and planned. This would provide reassurance that improvements will continue. This will be subject to an area for improvement under key question 4 in the body of the report.

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 ensure positive outcomes for people who use this service, the provider should be able to demonstrate that staff have a clear understanding about their role and responsibilities in relation to medication management and can demonstrate this through their practice. Where a person may be in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to assess this using a recognised pain assessment tool.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 13 May 2025.

Action taken since then

Staff spoken to demonstrated a good understanding of their roles on medication management and pain assessment processes

Staff described the pain assessment tools in place and how they were used. This included appropriate assessment tools for people who could not verbalise their pain as well as those who could.

Documentation regarding the administration of pain relief was completed well and consistently. Effectiveness was usually well documented. Any gaps identified had been highlighted through regular checks and audits in place.

There was good management oversight in identifying inconsistencies in the correct use of pain assessment tools. Appropriate action was taken to support improvement in this area where required.

Staff were able to describe where information relating to people's pain was documented and were following prescribed pain care plans.

Previous area for improvement 2

In order to ensure that people experience an environment that is clean, safe and minimises the risk of infection, you the provider should ensure practices in the home comply with current infection prevention and control guidance.

This includes but is not limited to ongoing monitoring of hand hygiene processes including nail products and jewellery, satisfactory standard of cleanliness in bathrooms and appropriate use of cleaning equipment. This is to support people's health and wellbeing.

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

"My environment is secure and safe". (HSCS 5.19);

"I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment". (HSCS 5.24).

This area for improvement was made on 19 November 2025.

Action taken since then

The home appeared clean and mostly tidy during this inspection. Housekeeping staff were working hard to ensure a good standard across the home.

We checked random care equipment such as shower chairs and toilet raisers and found these to be clean.

There were good supplies of personal protective equipment available at convenient locations around the home.

We highlighted some rooms that contained unnecessary clutter which could impact on effective cleaning. In addition, we found some items such as basins, buckets and boxes stored on floors in sluice rooms and cleaning cupboards. These were removed during this inspection and the manager planned to remind staff of appropriate storage for these items.

Some environmental improvements were outstanding to help ensure all surfaces are intact and cleanable. There was an ongoing environmental improvement plan that would address this. The provider should ensure that work is to a standard that is robust and durable to help ensure ongoing effective cleaning of all areas.

Staff observations included observations of hand hygiene. Staff had been reminded that they should follow the current guidance around effective hand hygiene. Some staff however continued to ignore this guidance. This has resulted in the requirement we have made under key question 3. Effective hand hygiene is an important intervention to break the chain of infection and prevent people becoming ill.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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