

# Beechwood Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
3 March 2026

**Service provided by:**  
Holmes Care Group Scotland Ltd

**Service provider number:**  
SP2020013480

**Service no:**  
CS2020379128

## About the service

Beechwood Care Home provides a care service to a maximum of 90 adults where 70 older people with assessed support needs are supported in three units. In addition, there are 20 places in a separate unit for adults with physical and/or learning needs. At the time of inspection, there were 87 people living in the home.

The service is located in the town of Wishaw. The home is on a main public transport route and close to some shops and community facilities.

There are four units, each with their own lounge and dining room; two on the ground floor and two on the upper floor. All bedrooms are single with ensuite showers. The central courtyard can be accessed from the main reception area. The home has a dedicated area for relaxation to support people's wellbeing called 'the Zen Den' and a hairdressing salon.

## About the inspection

This was an unannounced inspection which took place on 27 February 2026 - 3 March 2026 between 09:00 and 19:15 hours. 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 15 people experiencing care and spent time with 25 others
- spoke with 13 family members who were visiting
- we also obtained feedback via a pre-inspection questionnaire three people experiencing care and 15 families
- spoke with 23 staff and management, along with feedback via a pre-inspection questionnaire from eight staff
- observed practice and daily life
- reviewed documents
- obtained feedback from four visiting professionals via a pre-inspection questionnaire.

## Key messages

- People living in the care home and their families were happy with the care and support.
- People's health needs were escalated to other health professionals when needed.
- People enjoyed meals, drinks and snacks throughout the day.
- Staff worked well together and this in turn created a warm atmosphere for people who lived at Beechwood Care Home.
- People benefitted from a wide range of activities and community engagement that enhanced their health and wellbeing.
- Improvement was needed in some aspects of infection prevention and control.
- The service would benefit from implementing a room-by-room environmental improvement plan.
- Improvement was required to ensure that staff had access to care plans that contained concise and up-to-date information about each person.

## 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 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?

4 - Good

We evaluated quality indicator 1.3 as good, where there were a number of important strengths which, taken together, clearly outweighed areas for improvement.

People living in the care home and their families were very happy with the care and support. One person told us, "My support is going well. I am happy with it." Whilst another explained, "I am settling well in the home." Family comments included, "I believe Beechwood to be a caring and safe environment which gives me peace of mind;" "My relative is well looked after and has a good rapport with the staff;" and "My relative is really well looked after and has improved in the last year."

People experienced warmth, kindness and compassion in how they were supported and cared for. The service was good at ensuring people maintained relationships with those important to them. Family and friends were made to feel welcome. One relative told us, "We've been made to feel welcomed by all and are happy and content knowing that they are being well cared for," whilst another felt, "All staff are attentive and go out of their way to have a chat and to help."

People's personal care was in line with their choices and wishes, and staff had taken time to ensure that people maintained their dignity and sense of wellbeing.

The activity team supported people to get involved in a wide range of activities and interests. The planner included options to attend strength and fitness classes, arts and crafts, or go on outings.

People benefitted from access to a tasty, varied and well-balanced diet. They could choose from a variety of meals, snacks and drinks. One person said, "I've had a lovely lunch, always good, food is quite good, you get a choice," whilst another said, "The food is good and my visitor feels welcome, staff are very pleasant and we always get a cup of tea."

The service liaised with external healthcare professionals as and when needed, including GP, physiotherapist, community nurses and mental health team. This meant people could be assured they had the right support from the right professional at the right time.

The atmosphere within each of the units was welcoming and friendly. People knew the staff team well and we witnessed strong and positive relationships, humour, fun and respectful interactions between people living there and the staff across all departments.

People were supported to stay meaningfully connected to people. The visiting policy needed to be updated to ensure details of named visitors or care supporters were recorded. This would support staff to consistently know how to involve the relevant people when needed. We could see many positive examples in practice and of how people were supported to keep in touch with their loved ones.

The standard of care and support planning was inconsistent and did not always accurately reflect people's current care and support needs. This meant that staff did not always have the correct information to follow. See requirement under key question 5 "How well is our care and support planned?".

## How good is our setting?

## 3 - Adequate

We evaluated quality indicator 4.1 as adequate, where although there were some strengths, these only just outweighed weaknesses.

On arrival, the care home appeared clean and tidy, presenting a generally well-maintained environment. The hairdresser room had been nicely refurbished, and a 'Zen Den' had been created to provide a relaxation space.

However, following a closer inspection of the care home, some concerns were identified regarding infection prevention and control (IPC). Specifically, some equipment, including shower chairs, that required more thorough cleaning, bed rail covers that needed replaced and on the first day the corridor carpet in one unit needed shampooing. We highlighted our concerns to the management team, who took immediate steps to start to address them. However, such matters should not rely on external inspection to be identified and resolved. Robust internal monitoring systems should be in place to ensure IPC standards are consistently upheld and any shortfalls are addressed (see area for improvement 1).

An environmental audit to assess the care home against best practice guidance for people living with dementia had been carried out; however, no action plan followed this to make it meaningful. It would be beneficial if this was revisited.

People living in the home were able to choose whether to spend time in their own bedrooms or in shared spaces, promoting personal choice and comfort.

People living in the service were supported to personalise their bedrooms, allowing them to create a space that reflected their individual preferences and needs.

The service had a planned programme in place for the regular maintenance of equipment, supported by in-house maintenance staff. While this provided a foundation for ongoing upkeep, several areas showed visible signs of wear and tear and required updating. A painter had recently been recruited and work had commenced to upgrade some of the areas. A system was in place for reporting repairs. To ensure the environment remains safe, comfortable, and fit for purpose, the service would benefit from implementing a room-by-room environmental improvement plan. This would allow for more systematic improvements and help maintain high standards across the premises (see area for improvement 2).

### Areas for improvement

1. To ensure that people are safe and protected, the provider should ensure the care home environment, including floor coverings and equipment, are kept clean, tidy and in a good state of repair.

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 5.24).

2. To ensure that people experience an environment that is well looked after, the provider should carry out a room-by-room audit to enable them to devise an environmental action plan. This action plan should then be worked through until completed.

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 5.24).

## How well is our care and support planned?

## 3 - Adequate

We evaluated quality indicator 5.1 as adequate, where although there were some strengths, these only just outweighed weaknesses.

Whilst each person had an individual care plan in place, we could not be assured that this was consistently updated or reflective of their current needs. During the inspection, we found examples where care plans did not align with the support being delivered or recent changes to circumstances of the people living there. We were not assured that improvements could be made or sustained. Staff were sharing one laptop, which meant that senior staff from all four units did not have ready access to devise or update care plans in a timely manner. Although some staff were trying hard to keep handwritten records up to date, this was time consuming and some records were difficult to read. We were concerned that for a care home with 90 beds over four units, that the deputy did not have sufficient supernumerary time from delivering direct care and support. Equally, there was no supernumerary time from delivering direct care and support for the unit leads. This had impacted staff from timeously keeping records up to date and had the potential to impact outcomes for people. This staffing arrangement did not allow for further and additional levels of governance, oversight and staff development which were identified to contribute to the continuous improvement of the service (see requirement 1).

The content of care plans that had recently been updated was to a good standard. Staff spoke positively about the new arrangement of organising the distribution of care plans. The new system to appoint a named nurse or senior care worker to individual people's care plans would work well should the sufficient time be allocated to staff to complete these.

People could be assured that, overall, health monitoring charts were completed by staff and offered an accurate reflection of what support the individual has received. Reviews mostly took place six-monthly which gave people an opportunity to discuss any aspects of care and support that was working well and anything they would like to be done differently. However, these reviews did not consistently include ensuring that care plans contained up-to-date information and, at times, there was missed opportunity to effectively involve others. Although staff knew people well, there was a risk to people if they were not supported by a consistent staff team. A previous area for improvement had not been met and we have now made a requirement (see section 'What the service has done to meet any areas for improvement we made at or since the last inspection' and see requirement 1).

Supporting legal documentation was in place, which protected and upheld people's rights. The service had worked hard to improve the information to support people who may experience stress and distress. This has supported positive outcomes for people. This work would support staff to build on what was working well when considering the content of the whole care plan (see section 'What the service has done to meet

any areas for improvement we made at or since the last inspection'). Audits had not picked up that some covert medication paperwork had been archived; this was addressed during the inspection.

## Requirements

1. By 31 August 2026, the provider must ensure each service user has a personal plan in place which sets out how the service user's health, welfare and safety needs are to be met. These must be updated at least every six months, or if there is a significant change.

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

- a) staff have sufficient time to access the necessary electronic equipment to devise and update personal plans in a timely manner
- b) relevant risk assessments are completed and used to inform the personal plan
- c) carry out a review of supernumerary time necessary from delivering direct care and support to ensure that staffing arrangements allow for further and additional levels of governance, oversight and staff development.

This is to comply with Regulation 3, 5(1) and 5 (2) (Personal Plans) 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' (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 people's health and wellbeing outcomes, the manager should ensure that all health monitoring charts are fully completed by staff and offer an accurate reflection of what support the individual has received.

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' (HSCS 1.15).

**This area for improvement was made on 4 November 2024.**

#### Action taken since then

The charts being completed were well completed and detailed, which contributed to staff positively monitoring health needs and to support their decision-making. However, in several areas, the number of charts appeared extensive, particularly those completed overnight, which resulted in duplication without adding additional value. Streamlining these would improve efficiency and ensure focus remains on the most meaningful data.

The level of detail captured, especially the recording of fortified diets and specific nutritional intake, is a notable strength. This supports clearer assessment of individual need and enables more targeted planning and interventions.

**This area for improvement has been met.**

#### Previous area for improvement 2

To ensure people experience care and support that is right for them, personal plans for people who experience increased stress and anxiety should be improved. Information should clearly direct staff on strategies to recognise, support and reduce levels of distress experienced.

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' (HSCS 1.15).

**This area for improvement was made on 23 October 2024.**

**Action taken since then**

Comprehensive plans were in place and were effectively supported by detailed Positive Behaviour Support plans. These were clearly person-centred and provide practical, proactive strategies that enabled staff to respond consistently to stress and distress.

The plans clearly identify individual triggers, as well as the times and activities most likely to influence people's experiences throughout the day, supporting more accurate anticipation and prevention of escalation. Staff knew people extremely well and it was clear from the plans that people were respected. Families had been involved when this was needed or if people wanted.

The alignment between these plans and the 'as required' medication protocols was strong and contributed to well-managed and appropriate use of these medications. This integrated approach enhanced staff confidence, promoted person-centred responsive routines, and supported improved outcomes for people experiencing care.

**This area for improvement has been met.**

**Previous area for improvement 3**

In order for people to experience meaningful reviews, the provider should ensure that all areas of the care plan are reviewed with detailed narratives of what is working and not working well. Furthermore, clear goal setting and how this would be achieved in the following six months, should be recorded.

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' (HSCS 1.15).

**This area for improvement was made on 23 October 2024.**

**Action taken since then**

Reviews were being completed, with each providing a brief overview of activities of daily living. However, there was limited evidence of meaningful engagement with individuals, as most reviews have been carried out by telephone. This reduced opportunities for richer insight into wellbeing and limited the quality of person-centred evaluation. People had not been given opportunity to review the existing care plan due to the format.

Several reviews were found to be out of date. Although the tracker system appeared to be newly implemented, the absence of clearly visible due dates makes it difficult to ensure timely completion. Improving the visibility of review deadlines would support more consistent completion and promote proactive care planning.

In some instances, staff recorded that no changes were required even though the associated care plans had not been updated. This gap affects the accuracy and reliability of the care documentation. Addressing this will form part of the requirement set out in section 'How well is our care and support planned?'. This will ensure that reviews lead to timely care plan updates and improved outcomes for the people supported while involving others.

## 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 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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