

# Bearehill Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
29 April 2026

**Service provided by:**  
Bearehill Care Limited

**Service provider number:**  
SP2020013468

**Service no:**  
CS2020378957

## About the service

Bearehill is a care home that provides care for up to 49 older people. It is situated in a residential area of Brechin within the county of Angus. The home is a traditional stone built Georgian mansion house set within its own grounds.

Bearehill aims to provide a warm and friendly environment, where people are encouraged to have their say and participate in the day-to-day activities of the home.

This service was previously registered with the Care Commission and transferred to the Care Inspectorate on 01 April 2011.

## About the inspection

This was an unannounced inspection which took place on 28 and 29 April 2026. 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 13 people using the service and five of their relatives
- spoke with 15 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

People spoke positively about the service and a high level of satisfaction was expressed regarding people's care and support.

Robust quality assurance processes were in place and embedded to ensure standards were being maintained.

People benefitted from a consistent staff team who knew people well.

Staff were happy, working well together as a team and felt supported.

Strong leadership was being effective and was driving continuous improvements for people.

The environment had significantly improved in some areas since our last visit.

## 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?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	5 - Very 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.

The atmosphere in the home was calm and welcoming. People told us, 'Everyone is so nice here' and 'They are all good. You wouldn't get any better any place else'. Feedback about the service and carers was generally very positive and this gave people reassurance and confidence that people were being well looked after.

People looked well cared for and staff had taken time to ensure people looked their best. People were well dressed, with nails painted and hair attended to. This helped people to look their best, which increased a sense of wellbeing.

A varied activities programme was in place, and people could choose how they wanted to spend their time. There was a range of activities and opportunities that people enjoyed, which included music and movement classes, visits from therapy dogs and gardening. People told us, 'I'm happy here, I like to go down to the bingo and go out in the garden, anything outside' and 'There's plenty to do, if you want to. I went out on a trip to see the goats, I loved it'. Most people spoke positively about the activities however, one person told us that there could be more encouragement for their loved one to join in with activities at times. We discussed this with the manager who advised that this would be addressed.

People had access to a minibus to undertake outings within the community. People had been on trips out to local cafes for coffee and out for lunch, and visiting places of interest. Activity staff were enthusiastic about getting people out and about to enjoy the better weather. This meant people were spending their time purposefully, to promote feelings of wellbeing.

People's mobility and confidence was supported and promoted. There were lots of opportunities for people to keep active, such as exercise classes and 1-1 strength exercises, which people enjoyed. People were encouraged to move regularly and this promoted good physical and mental health.

The home had an organised procedure for medication administration in place. Records sampled complied with people's prescriptions and as a result, people's medications had been administered safely and appropriately. As required, (PRN) protocols gave clear instruction to staff on what strategies to use to alleviate symptoms of stress and distress, before considering medication as an option.

Mealtimes were relaxed and at a pace that was right for people. People were given visual choices with show plates and were offered assistance appropriately, and discreetly. There were nice, warm interactions with staff and residents, chatting at the tables together. Drinks and snacks were readily available in communal areas and in rooms. People's mealtime experiences were therefore positive.

Where people needed fluid monitoring, fluid charts were in place with target amounts and had generally been completed well. Two people's charts had not been completed to reflect any oral intake overnight. For example, one person had not been offered fluid from midnight until 8am despite the daily notes stating that they had an unsettled night. We discussed the importance of clear recording with the manager, who advised that this would be addressed with immediate effect.

People had care plans in place which detailed the care and support they required. Risk assessments were also evident, with appropriate measures in place to reduce risks for people. Where people were experiencing stress and distress, plans gave very good detail to guiding staff with different strategies to alleviate their symptoms. This meant people's plans were personalised to their specific needs.

People's health needs were being met with well established links with healthcare professionals. Appropriate referrals had been made when people required specialist treatment or there was a change in their health. This meant people's health benefitted from the right healthcare from the right person at the right time.

Infection prevention and control, (IPC) procedures in place were effective and helped keep people safe. The standard of cleanliness in the home had significantly improved since our last visit and was clean, tidy, and free from any offensive odours. Cleaning schedules were in place for each area of the home and were completed well.

### How good is our leadership?

**5 - Very Good**

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

People spoke highly of the management and improvements that had been made over the past year. The manager was visible in the home and operated an open-door policy, which encouraged regular communications with everyone. This meant that people felt able to approach management if they had any concerns.

Staff told us, 'It's much better, more organised and structured and by the rules. Strong management now' and 'I see a massive difference in home, stable, friendly, staff are happy, residents are happy'. It was evident that people were happy and benefitting from strong leadership in the home.

A service improvement plan was in place. This was a detailed document which highlighted areas for development, which had been identified through quality assurance processes, and feedback from people. This demonstrated a commitment to consulting with people about improvements and developments of the service.

The service used a range of quality assurance processes to monitor all areas of the service. Audits were completed and were identifying areas for improvement. The manager had good oversight of all key areas of the service and plans in place where improvement was required. This meant that there was good oversight in order to maintain standards for people.

The service had a detailed complaints process in place which was aligned to the provider's complaints policy. The manager ensured that a thorough investigation was carried out for each complaint and made effective use of the outcomes and lessons learned from complaints to promote improved outcomes for people.

There was very good oversight and process in place for monitoring accidents and incidents in the home. This ensured that all measures were in place to reduce risks for people. The service were very good at using a duty of candour process when things go wrong. As a result, communication between the service and people was open and transparent, which gave people confidence.

Feedback we received from questionnaires was positive and people stated, 'I always feel well supported by the manager. Always willing to help and listen' and 'The most support I've had in the home in the past year'. It was positive to hear of the impact that improvements had made for people.

The service were good at obtaining and seeking feedback from people using a variety of different methods. Meetings were taking place for on a regular basis and were well attended. As a result, people were able to express their views freely.

People's finances were well managed with an organised system in place. People had confidence that they could access their funds at any time and that they were kept safe.

## How good is our staff team?

## 5 - Very Good

We looked at two quality indicators under this key question (3.2 and 3.3). We found significant strengths in aspects of the care provided and how these supported positive outcomes for people across both of these quality indicators and evaluated these both as very good. As a result, this key question is evaluated overall as very good.

The home was fully staffed at time of inspection with bank staff in place to cover any shortfalls. There was no agency staff being used. People were being supported by a consistent staff team who knew them well.

Some comments from residents questionnaires we received were, 'Staff are kind, I am so well looked after', 'I like the regular faces, they are a good bunch' and 'I love the fun around the home. They are all lovely'. People spoke positively regarding the staff who were supporting them.

Staffing arrangements were planned across the home. The manager told us of a varied skill mix within the staff team and considered this when allocating staff. A formal dependency tool was used based on people's level of need which included people's social, emotional and psychological wellbeing. The manager also considered other factors such as emergencies, palliative care and the layout of the building, to ensure that staffing levels were right for people in the service. In one area of the home, one or two staff told us there was not enough staff. Through observations and discussion with the manager, it appeared that this was more to do with the allocation of staff rather than the level of staffing. The manager agreed to take this forward and discuss with staff and we will follow this up at our next inspection.

A whole team approach to engaging with people was evident in the service. Ancillary staff took time to engage with people and stopped by for a chat or joined in with planned activities. This meant that staff who were not involved in providing direct care, also recognised and understood the important part they played in the home.

Staff told us they had received regular supervision meetings with seniors and had found these meetings helpful. Staff told us their wellbeing was considered and open honest discussions were had at these meetings to discuss both areas of good practice and where improvements could be made. Feedback from people was included in staff supervision records, which meant people had a direct impact on improving staff practice.

Staff told us they were happy and that they had a 'good support network'. We were told, 'I have no concerns with anything, I love coming to work' and 'We work well as a team'. There was a nice atmosphere in the home and staff morale was good. This meant people were being cared for in a positive and relaxing environment.

Observations of staff practice had been carried out regularly, covering areas such as moving and handling, mealtimes experiences and interactions with people. Staff received feedback from these through formal supervision meetings, which was good practice and helped staff to develop and improve. Staff were practicing in line with their registration requirements at the time of our visit.

The home had a learning culture, with the manager encouraging staff to complete additional training identified through informal chats and formal supervisions. The manager also kept staff up to date with any external training available. Reflective practice was embedded into practice and a lessons learnt approach was taken when things went wrong. As a result, this fostered a culture of continuous improvement.

Training compliance was at a satisfactory level and staff told us they had received enough training in order for them to feel competent in their jobs. Training was mainly through eLearning but also incorporated some face to face training such as moving and handling practical training for variety.

Recruitment records sampled confirmed that safer recruitment checks were undertaken prior to new staff commencing in post. This helped to keep people safe when new staff were employed.

## 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 warm and welcoming. People had sufficient space to ensure their needs could be met safely. The home was clean and tidy and free from any intrusive odours. People were able to have personal belongings in their rooms, which helped them feel more at home.

The service had undergone a significant amount of work to upgrade the environment since our last inspection. Some corridors had been redecorated to a high standard, as had some of the bedrooms. Lighting was brighter in the corridors which aided people with visual impairments orientation. One lounge had been developed into a cafe area, which made for a more sociable, pleasant space for people to spend time with loved ones. This was being well used at the time of our visit.

Refurbishment of the main kitchen was planned soon with a contingency in place to minimise disruption for people whilst this was happening. There was also a plan in place to further refurbish more bedrooms, and work was commencing on this soon. These developments were positive and we look forward to seeing further progress with the environment at our next visit.

Maintenance records had been completed well and an organised process for reporting and fixing repairs was in place. Relevant certification was in place and in date. Equipment was in good condition and within dates for required safety checks. Actions from latest fire report had been completed. The environment appeared well maintained in order to keep people safe.

The large gardens were spacious and well maintained and offered nice outside areas for people to enjoy. Some people were also involved in gardening. There were people being supported out and about for walks in the grounds and local community during our inspection. As a result, people's wellbeing was enhanced as they had access to fresh air on a regular basis.

We acknowledged that there had been lots of improvements to the environment since our last visit and this was clearly benefitting people in the service. Work undertaken so far had been completed to a high standard and we look forward to all areas achieving the same standard moving forward.

## How well is our care and support planned?

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 benefitted from care plans that were based on their individual needs, strengths, and preferences. People's care plans helped provide a sense of who they were. There was a very good level of detail within the care and support plan to guide staff around how best to care for and support each person. Families and people were involved in developing their personal plans to ensure support was tailored to meet their needs and wishes.

People had a hospital passport in place. This meant if a person were admitted to hospital, staff would be provided with essential information to treat and support the person more effectively.

A range of assessment screening tools had contributed to support plans. These had been reviewed regularly, to help highlight any obvious risks to people's health and wellbeing. For example, skin assessments, malnutrition risks, and falls assessments. Appropriate referrals had been made to other professionals where required. This helped to ensure that people received the right support to maintain good health and wellbeing.

Anticipatory care plans were in place and reflected discussions that had taken place and informed staff of people's last wishes. This ensured people's specific wishes and preferences regarding their care were known should their condition deteriorate.

People were receiving their regulatory reviews of care, and this had improved since our last visit. People were involved and we could see that they were able to express their views at these meetings.

Risk assessments and consents were in place where people required the use of technology to keep them safe. We discussed with the manager that these should be more explicit and reflect the conversations had with people to ensure they were fully aware of all associated risks. We had confidence that this would be addressed and therefore will follow this up at our next inspection.

Some people needed help to make decisions about their welfare. Any legal representatives and the powers they had were documented in people's care plans and a copy of legal documents evident, such as power of attorney. Where appropriate, adults with incapacity (AWI) certificates were in place. This meant that staff were aware who was responsible for residents who lacked capacity, to ensure they were protected, and their rights upheld appropriately.

## 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?	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?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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