

# Birchwood Highland Recovery Centre Care Home Service

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IV2 4AX

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Centred(Scotland) Ltd

**Service provider number:**  
SP2003001717

**Service no:**  
CS2003010543

## About the service

Birchwood Highland Recovery Centre provides a service for up to 23 adults with mental health support needs. Three of these places can be used for short break support. The service also has an arrangement with the NHS for six block booked places.

It is located in a residential area of Inverness with easy access to the centre of the city. Around the building is an attractive garden with different areas for people to enjoy and relax in.

## About the inspection

This was an unannounced inspection which took place between 17 and 20 November 2025. The inspection was carried out by one inspector 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 six people using the service and four of family members
- Spoke with eight staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with two visiting professionals

## Key messages

- People benefitted from the support provided at the Recovery centre
- People were comfortable at the centre
- People found staff members to be respectful and easy to talk to
- Management were knowledgeable and in touch with what was going on for people
- People and staff said management were very approachable and open to ideas

## 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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good. This means there are a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

People benefited from the support provided at Birchwood Recovery Centre. Their views and wishes were sought and listened to. Staff had a respectful approach. They appreciated people's different personalities, their individual preferences and how they wished to spend their days and weeks. The atmosphere was relaxed and friendly for people living there.

People had opportunities to lead active lives. They made choices about their week, what would be enjoyable or interesting. People were supported as individuals. Staff appreciated that people had different plans and routines and the service would aim to be flexible in response to these as much as it could be. People's independence and decision making were promoted.

The recovery approach to mental health support was central to the service. There was understanding of the challenges people could experience with their mental health. People's ambitions, strengths, feelings of purpose and sense of wellbeing were also recognised as key factors. Many people, if that was their wish, moved on from the service. The service's ethos benefitted people.

People had opportunities to be busy in their local community, go to town and to get involved in activities within the centre. There was a good list of interesting activities planned for each month. People also spent time relaxing and enjoying each other's company in the communal areas. People's families or important others could also keep in touch or visit easily. This was positive and helpful for people's wellbeing.

As people could have long standing or complex mental or physical health needs, close contact with other health and social care agencies, such as psychiatry and social work, was important. The service had very regular communication with other professionals. People's care and support was well coordinated. People were supported for appointments when necessary. People's mental and physical health benefitted from the strong working relationships the service had developed.

The service had nurses in the staff team. This allowed for specific mental or physical health care to be provided in a timely manner. This meant people's care and support needs could be more readily responded to. People's health and wellbeing benefitted.

If a person was not their usual self or clearly experiencing some difficulties with their health, then the staff team were responsive and quick to see or discuss what could help. People had attentive and alert staff members and we found staff members were insightful to what was going on for people supported.

Overall, the setting was attractive, most of the interior areas were well looked after and clean. Outside were nice gardens and sitting areas. This showed respect to people living here and would be helpful to maintaining good mental health.

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

We evaluated this key question as good. The strengths outweighed the areas to improve in. However, improvements will have a positive impact on care and support, provide more reassurance to, and be beneficial for, people supported.

The management team were experienced in mental health support. They had an active presence within the service and people and staff members said managers were approachable. Positive relationships had been established. People can trust that management are in touch with what's happening in the centre and keen for the service to be providing high quality support.

Meetings within the service were recognised as a key activity and were clearly focused on people's health and wellbeing needs. Staff handover meeting happened daily, huddle meetings were frequent and the manager and deputies had two monthly quality assurance meetings. Meetings like these helped for discussing what was going well and what could be better in the service, as well as deal with day to day matters and concerns that may arise. Arrangements like these, helped to make sure oversight was good and people were getting care and support that met their needs and wishes.

Like most services, working closely with partner agencies was important. Partner agencies were able to ask relevant questions about the care and support provided to people, check effectiveness and help the service identify improvements that could happen. Again this was quality assurance and we found the service was open to listening and acting on matters when necessary. People can be confident that the service collaborate well with partner agencies to help them achieve positive outcomes.

The service had a number of ways of monitoring service provision, checking quality and planning for service provision. Audits were in place and regularly undertaken. Questionnaires and resident's meetings were used to get feedback. An active service improvement plan was established and as well including standard areas for attention it focused on how the service can continue to develop so as to ensure people were getting the best support. The manager paid close attention to the improvement plan, and goals to be achieved had timescales and were realistic.

There was occasional practice or policy issues that could be improved and we discussed these with management. One matter was to ensure service was fully aware of what is a suitable response to a resident's action, including what would conform with health and social care legal guidance. Another matter was ensuring any protection concerns for people supported were always notified to the Care Inspectorate, and other agencies when relevant.

**How good is our staff team?****4 - Good**

Birchwood Recovery Centre had a good staff team.

New staff went through the necessary suitability checks and had an induction period when first starting. New staff felt supported and welcomed. People can trust the service to always aim to keep them safe by ensuring staff have the right qualities for working in the service.

Staff reported positively on their supervision meetings. Good conversation between staff members and their supervisors, helped staff to consider what their learning and development needs could be, what they might learn from and how they might approach a support matter differently in the future. At other times, staff could complete a written reflective account about some support area.

These activities help staff to think carefully and with insight about care and support. People can have confidence that their staff members are supported to develop their abilities and knowledge.

Staff were insightful and some who spoke to us clearly expressed strong social care values and understanding of people's mental health challenges. People were supported by staff who were empathetic and had people's best interests as their focus.

There were a number of positive comments about staff:

- 'Staff are all very nice.'
- 'Very happy with the staff.'
- 'Staff are wonderful.'

As mentioned before, staff had many opportunities to communicate with people, spend quality time with them and develop good relationships. Staff members were motivated. Staff's qualities had a positive impact on people. People found their staff easy to talk to, respectful and kind.

Family members found that staff were welcoming and helpful. This helped them have trust in the service supporting their relative. Communication was good and thought staff were responsible and reliable.

Staff confirmed management availability and responsiveness. Staff felt well led and that this contributed to an organised service that was focused on people supported. There was a good mix of staff from nurses, managers, seniors and support workers. There were enough staff to be responsive and work in a well organised way. People's health and wellbeing benefited from a staff team that worked well together.

There were some good examples of where staff had additional training or input to help them understand a new health condition that people might experience. However, more thought can go into training at the service. Management, staff and people supported should all have a say in identifying what training do staff require. There was not a clear training plan in place. This needs more attention and the service should work on this as people should be confident that staff always have all the right knowledge, skills and abilities for their role. See area for improvement 1. An area of improvement repeated from the previous inspection.

Opportunities to make sure staff were being supported to make the most of their skills and abilities were not always happening as a matter of course. The service, for example, was only occasionally undertaking observed practice with staff members. Observed practice can provide a lot of information and help to recognise where improvement within people's support can happen. This area of staff support should be developed further. See area for improvement 2. This was a previous area for improvement.

## Areas for improvement

1. To support positive outcomes for people, the service provider should develop a service training plan and review all staff development processes including:

- a) an accurate assessment of individual performance in the area of practice being assessed;
- b) identify any gaps in skills and knowledge and how these gaps will be filled;
- c) ensure competency assessments informs training needs analysis and the annual training plan for the service.

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); and

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

2. To support positive outcomes for people, and staff development, the service provider should ensure:

a) routine observation of staff practice is formally recorded and staff receive feedback to help them identify strengths and areas for improvement in their professional development;

b) competency assessments across all areas of staff practice is completed and informs the agenda for staff support and supervision meetings.

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 because people have the necessary information and resources' (HSCS 4.27).

### How good is our setting?

**4 - Good**

The environment was good.

A lot of the accommodation was kept to a good standard. People often had responsibility for their own rooms but if some assistance was needed it was available. The housekeeping was to a high standard within the communal areas. Overall, people had a clean and homely environment.

The premise's cleaning schedules were in place and followed. Infection prevention and control was understood and suitable equipment was in place. These actions helped keep the environment safer, lessening any infection risk, for example, and was respectful of people.

There was refurbishment plan in place and some progress on this was being made. People reported no significant concerns regarding the premises or grounds.

For the most part, the accommodation was homely, however, corridor areas would benefit from attention. Management already had these matters noted and were hoping to make progress in due course.

### How well is our care and support planned?

**4 - Good**

We evaluated this key question as good and this showed progress had been made since the previous year.

The service spent time with people considering their wishes and needs. Management were also very regularly in communication with partner agencies discussing, assessing and planning how best to support a person's mental or physical health. This helped to make sure people got the right care and support and in a planned way.

To aid insight into people's care and support needs and wishes the service utilised recognised mental health assessments and approaches. A main one was the Recovery Star and this provided the basis for a person to explore key areas in the health and wellbeing needs and wishes. From this a person could prioritise what was their next steps to help them in their wishes for their mental health and their wellbeing. There was some helpful detail in this and this could help guide staff as to how to support a person effectively. Alongside this the service also used other care and support plans to pin point what support could be provided.

In addition to the above the service had a good range of risk assessments in place. These asked what were concerns for a person, what could reduce the risks, and what actions were to be taken. They supported people to get on with their lives as much as possible, whilst also considering what was needed to keep safe and well.

The service saw that it was necessary to explore other options for care and support planning with people. Having only one form of paperwork, assessment and planning was not suiting everyone and, realistically, the service was open to different ideas and approaches. This showed that the service aimed to be person centred when supporting people.

People often got support from different health and social care professionals, and to make this work as smoothly and beneficially as possible for people, meetings with different agencies took place. The communication and relationships the service had established, supported positive mental health and outcomes for people.

People had regular opportunities to attend the review meetings for their care and support plans. The review meetings usually helped to ensure all the right discussions and planning took place and key people were attending or able to contribute in a suitable way. However, we did find the service was not always considering who else should be attending or giving their views at six monthly (internal) reviews. Also, we saw that initials were used for staff in the six monthly (internal) reviews and it was not always clear if the person supported attended. The record for review should always be an accurate record with sufficient detail. We have made an area for improvement in this regard.

People got good support with their medication. There were, however, some recording practice that should be improved. One aspect was when staff forgot to initial on a person's medication administration record (MAR). Another was the suitable use of codes and providing an explanation for certain situations on the reverse of MAR sheet - the notes section. See area for improvement 2 below.



## Areas for improvement

1. To support people to experience high quality care and support, the service provider should ensure that people's review meetings are recorded accurately and all relevant people, including people's legal representatives, are invited or have the opportunity to contribute their views in a suitable way.

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

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.' (HSCS 2.12) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17)

2. To support people to experience high quality care and support, the service provider should ensure that the guidance, recording and auditing in place for people's medication support is robust and follows best practice.

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)

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

### Requirements

#### Requirement 1

By 31 January 2025, the provider must ensure that quality assurance processes are carried out competently and effectively and in a manner which achieves improvements in the provisions of the service.

To do this, the provider must ensure:

- a) regular meetings are in place to enable focussed discussions on quality assurance activity and review of actions identified within the service improvement plan;
- b) routine and regular management audits are being completed across all areas of the service being provided;
- c) internal quality assurance systems must effectively identify any issue which may have a negative impact on the health and welfare of people supported.

This is to comply with regulation 3 (Principles) and regulation 4(1)(a) (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 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 20 September 2023.**

#### Action taken on previous requirement

We found this was met. There had been quality assurance meetings and this enabled the management team to consider how well the service was providing support, decide on any key actions needed and monitor and update the service improvement plan. There were a range of monitoring and quality audits taking place. This included monthly medication audits, safety checks and satisfaction questionnaires

The importance and benefits of quality assurance was understood.

**Met - outwith timescales**

#### Requirement 2

By 31 January 2025, the provider must further develop personal support plans which are person-centred, outcomes-focussed and clearly set out how people's health, wellbeing and safety needs will be met.

To achieve this, the provider must ensure personal support plans include but not limited to:

- a) detail people's needs for support in their daily lives including health and wellbeing, finances, relationships, education, work opportunities, and meaningful activity;
- b) detail clearly risks for each person and the measures in place to manage these effectively, including for people experiencing distressed reactions;
- c) set out clearly how staff will support people in meeting these needs and effectively evaluate progress in meeting people's specified outcomes;
- d) personal support plans are reviewed and updated at least once in each six-month period and people are consulted and involved in the review process;
- e) people with legal powers such as guardians and power of attorney's are invited to reviews and have opportunities to state their views on the support provided;
- f) if there is a record of the review meeting and a minute taken, minutes should contain a summary of the discussion held, the decisions made as a result of the discussion and when this will be reviewed again.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI/2011/210) Regulation 5(1) Personal plans and Regulation 4(1)(a) - Welfare of users.

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

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.' (HSCS 1.23); and

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

**This requirement was made on 20 September 2023.**

#### Action taken on previous requirement

Overall, this was met. People's care and support plans provided sufficient reassurance that their needs and wishes were known. Staff had guidance within the care and support documentation to assist them in providing consistent and effective support to people. Reviews and collaborative working practices were in place, and this allowed feedback and detailed consideration of how a person was getting on.

One aspect of reviews; being clear who has been invited and why, still needs addressed further and there is an area for improvement in relation to this under key question 5.

#### Met - outwith timescales

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To support people to experience high quality care and support, the provider should ensure outcomes from service user meetings and consultations, informs and updates the service improvement plan.

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

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.17)

**This area for improvement was made on 12 August 2024.**

#### Action taken since then

This was met. The service had more frequent discussions about quality assurance and any feedback from people was taken account of and could inform the service improvement plan. The you said, we did approach to improvement was recognised in this service. Where ideas were not suitable was also acknowledged

#### Previous area for improvement 2

To keep people safe and promote their wellbeing, the provider should further develop and improve their auditing programme across all aspects of service delivery to include but not limited to:

- a) at least quarterly auditing of the systems and documents;
- b) include an analysis of the outcomes of audits and ensure;
- c) findings inform and update the service 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)

**This area for improvement was made on 12 August 2024.**

#### Action taken since then

This was met. Like the requirement in relation to this area, sufficient evidence of progress was clear. What information auditing provided would inform the service improvement plan as needed.

### Previous area for improvement 3

The provider should continue to review systems for ensuring that all data, including people experiencing care and staff's personal data, is appropriately stored and protected.

This should include, but is not limited to:

- a) ongoing review of current practices, policies and processes relating to the management of personal data and GDPR; and ensure these are fully implemented and monitored in line with current best practice;
- b) ensure that all staff who have responsibility for the management of personal data and GDPR regulations have the necessary skills and knowledge to be practicing safely at all times and that they have a clear understanding of their role and responsibilities.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23); and  
'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions' (HSCS 4.4)

**This area for improvement was made on 6 December 2023.**

#### Action taken since then

This was met. The service had introduced new arrangement for data management and this included contracting a company to assist in appropriate management of personal data to meet the General Data Protection Regulation (GDPR) guidance and expectations. People can have more trust in how their personal data is handled and managed at Birchwood Recovery Centre.

### Previous area for improvement 4

To support positive outcomes for people, the provider should develop a service training plan and review all staff development processes including:

- a) an accurate assessment of individual performance in the area of practice being assessed;
- b) identify any gaps in skills and knowledge and how these gaps will be filled;
- c) ensure competency assessments informs training needs analysis and the annual training plan for the service.

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

**This area for improvement was made on 6 December 2023.**

#### Action taken since then

This was not met. There was not a clear, well thought out training plan for staff and we have repeated this area for improvement (see under Key Question 3)

## Previous area for improvement 5

To support positive outcomes for people, and staff development, the provider should ensure:

- a) routine observation of staff practice is formally recorded and staff receive feedback to help them identify strengths and areas for improvement in their professional development;
- b) competency assessments across all areas of staff practice is completed and informs the agenda for staff support and supervision meetings.

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 because people have the necessary information and resources' (HSCS 4.27).

**This area for improvement was made on 12 August 2024.**

### Action taken since then

This was not met. There was some evidence that some observations of practice had happened but it was not fully implemented in a robust and positive way. We have repeated this area for improvement (see under Key question 3 in the main report).

## 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?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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