

Broxburn Nursing Home Care Home Service

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Broxburn
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Telephone: 01506 857 793

Type of inspection:
Unannounced

Completed on:
12 March 2025

Service provided by:
Broxburn Nursing Home Ltd

Service provider number:
SP2003002444

Service no:
CS2003010618

About the service

Broxburn Nursing Home is registered with the Care Inspectorate to provide care to a maximum of 43 older people. The service provider is Broxburn Nursing Home Limited, an independent care and support provider.

The home is located in a residential area of Broxburn, West Lothian, and is close to local shops, services and public transport.

Accommodation is over two floors and the upper floor is accessed by a lift and stairs. Both floors have a dining room with a separate lounge. All bedrooms are single with en-suite toilet and hand basins. Bathing amenities and additional toilets are available throughout the home.

There are separate kitchen and laundry facilities and an enclosed garden to the rear. A small car park is at the front of the building.

At time of inspection the home was supporting 41 people.

About the inspection

This was an unannounced inspection which took place on 4th and 5th March 2025. 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:

- obtained feedback and spoke with 15 people using the service and nine of their families, friends or representatives.
- obtained feedback and spoke with 18 staff and management.
- observed practice and daily life.
- reviewed documents.
- obtained feedback from three visiting professionals.

Key messages

- warm interactions between staff and the people they were supporting
- missed opportunities for meaningful engagement with people
- the dining experience needed to improve
- where risks were identified for dietary and hydration needs, it wasn't always clearly recorded what actions had been taken
- the quality assurance system was not sufficiently effective, which compromised peoples care and outcomes
- improvement is required on how accidents and incidents and potential harm to people are recognised, responded to and reported
- we found a limited opportunity and meetings for all departments of the workforce
- Corridors were bare and very long, with few signs or points of interest, which can affect people's ability to find their way around
- Some fixed furniture was heavily stained or damaged. This meant that people could not be confident that infection prevention and control (IPC) measures were keeping them safe.

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

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

Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support

People told us they were happy living in the home and they liked the staff. We saw some warm interactions between staff and the people they were supporting. Staff knew people well and worked hard to meet their care needs. We found that there were missed opportunities for meaningful engagement with people and how people spent their day in a meaningful manner. Staff that we spoke with indicated their days were busy undertaking practical tasks leaving little time to spend with residents.

Generally, people looked well-kempt. It was positive to hear that people had access to the onsite hairdresser and some people had their nails painted. We saw access to an in-house activity programme which had a range of activities as well as external activities. This helps promote people's wellbeing.

We observed mealtime and saw that people were offered healthy and balanced diet and people who needed help were supported by staff. However, people who required a special diet had limited choices. The dining experience needed to improve, whilst we saw in some areas tables being nicely set with table covers, napkins, this was dependent in which floor people lived in. On one floor some tables were not set, napkins were not available to everyone and people were not supported to wash their hands before meals. (See Area for Improvement 1).

During our inspection, people had limited access to drinks and snacks there were frequent missed opportunities to encourage people to drink fluids or have snacks outwith mealtimes. Feedback in relation to food and choices varied. One person told us "food is okay, not always what I like so I just have a sandwich" whilst a relative told us "I would like to see a bigger selection of food on the menus."

People had assessments to support their care, but where risks were identified for dietary and hydration needs, it wasn't always clearly recorded what actions had been taken. Our observations showed that people who had been identified as requiring a modified and textured diet and needing nutritional support didn't always get the correct support required. This meant people's care and support was compromised. These records should be accurate to ensure that people's health and care needs are clearly recorded and provide guidance for staff about how to care for and support people to ensure safe and effective care. (See Requirement 1).

Overall, people benefited from regular access to relevant professionals to support their health and wellbeing. Staff had links with local health professionals and liaised with them when any concerns were identified. One visiting professional told us "the manager and nurses are easily accessible to speak to with any issues or concerns and they act upon these quickly and appropriately."

Requirements

1. By 16th April 2025, the provider must ensure that people are supported with all aspects of their nutrition and hydration.

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

- a) They use their screening tool, Malnutrition Universal Screening Tool (MUST) fully.
- b) Where anyone is identified as at risk of malnutrition, then appropriate actions are followed. This should include, but not be limited to, MUST Step 5.
- c) Where anyone is identified at risk of dehydration or needs increased fluids due to infection, then a fluid chart is in place.
- d) Ensure that people's nutrition is assessed, recorded and reviewed.
- e) Where someone is assessed as needing an altered diet texture or drink selection, then the level should be clearly noted using the 'International Dysphagia Diet Standardisation Initiative (IDDSI)' and relevant risk assessments are completed and reviewed.
- f) All staff, including kitchen staff, are aware of each person's dietary needs.
- g) Provision of any dietary needs are followed throughout the day.
- h) Training is provided to staff to allow them to support nutritional needs.

This is to comply with 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:

1.19 'My care and support meets my needs and is right for me.'

3.14 '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.'

Areas for improvement

1. To support and create a positive dining experience for people, the provider should ensure that staff are aware of the importance of mealtimes for people's daily routine, it promotes social interaction, builds a sense of community and increases nutritional intake.

This should include, but is not limited to:

- a) A review of the experience in each individual units for people. Looking at environment, table presentation and service.
- b) Plan to identify and action any areas for improvement.
- c) Staff have knowledge and awareness of the importance of mealtime experience.
- d) An alternative menu be on offer to encourage choice.

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

1.35 "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible."

How good is our leadership?

3 - Adequate

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

Quality Indicator: 2.2 Quality assurance and improvement is led well

We received positive feedback on the management and leadership within the service. Staff felt supported and enjoyed working within the home. One staff member told us "the home is a really great place to work, everyone really cares." One relative told us "if I have a concern it's listened to and dealt effectively" whilst a visiting professional told us "Leadership is very good, easy to contact and takes action as appropriate."

People who live at Broxburn can expect that the management team have an overview of their health outcomes. Although there was a quality assurance system in place, which looked at key areas including falls, nutrition and skin integrity, it was not sufficiently effective, which compromised people's care and outcomes. (See Area for Improvement 1)

Cleaning records and audits were completed, however these were not being undertaken regularly and it appeared that the current systems to monitor the cleanliness of the home were not effective. As a result, some areas of the home were dirty, which we have addressed under key question 4.

The manager needed to improve how accidents and incidents and potential harm to people are recognised, responded to and reported. The current reporting process was not effective and the management team failed to identify and report some Adult Support and Protection concerns to social work and did not notify the Care Inspectorate about these incidents. This meant people were potentially at continued risk of harm because appropriate actions had not been carried out. (See Requirement 1)

The management team acknowledged that improvements were needed to ensure that the quality assurance systems informed positive change. The senior manager planned to offer additional support and oversight to ensure that the manager had the capacity and systems in place to identify risks, and drive improvement.

Requirements

1.
By 5th May 2025, the provider must provide a service which is well led and manages all accidents and incidents which results in better outcomes for people who experience care through a culture of continuous improvement with robust and transparent processes.

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

- a) Ensure that staff and management identify reportable events, potential harm and make referrals and notifications to the relevant agencies when necessary.
- b) Ensure that staff and management recognise potential harm and understand their duty to report this under the Adult Support and Protection Act (Scotland) 2007.
- c) Ensure that they adhere to the Care Inspectorate notification guidance for reportable events.
- d) Implement a system to regularly monitor, review and learn from accidents, incidents and adult protection concerns.

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

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

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

Areas for improvement

1. To ensure the service remains responsive to changes and develops a culture of continuous improvement, the provider should:

- a) Review the current quality assurance system to include the key areas for auditing such as Nutrition, hydration, pressure area care, falls and accidents & incidents.
- b) The manager to have oversight and regular meetings with all departments in the home to ensure actions have been taken to drive improvement.

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

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

How good is our staff team?

4 - Good

We made an evaluation of good for this key question as several important strengths, taken together, clearly outweighed areas for improvement. Whilst some improvements were needed, the strengths identified had a significant positive impact on people's experiences.

Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.

People told us the staff were kind and caring. We observed some warm and caring interactions between staff and people in each unit. Relatives said that staff were approachable and that they would raise any concern they had with them. Staff presented as happy working in the home and demonstrated a good knowledge of people's needs and how these could best be met. They gave an overall impression of a close team of staff who worked well together so that people experienced a good level of care.

Whilst each unit of the care home had a stable core group of workers, despite staff turnover, people and relatives said that in general there was consistency with staff however, there would at times be new staff who they did not know. The service was focusing on inducting and integrating new staff as meaningfully as possible to promote familiarity. Similarly, agency staff were needed at times, and the service attempted to use consistent workers from the same agency provider to minimise disruption to people's care.

People could be assured that the numbers and skill mix of staff were determined by a process of continuous assessment. A recognised method was used to help inform staffing levels. This was used in conjunction with the knowledge of people's needs from the staff and management team.

We could see, on checking training records, that staff were subject to a range of mandatory training packages. Staff had completed their training, both online and face-to-face in key areas, from moving and assisting, fall prevention and adult support and protection. Staff were clear about their roles and were, overall, deployed effectively. Staff helped each other by being flexible in response to changing situations to ensure care and support was consistent and stable.

Meetings are important to monitor staff's wellbeing, practice and to ensure people supported experience a good quality of care and support from a competent workforce, whilst we saw minutes from staff meetings had taken place, we found a limited opportunity and meetings for all departments of the workforce. This can compromise the quality of service being given to people and effective communication. (See Area for Improvement 1).

Areas for improvement

1. To ensure the service remains responsive to changes and develops a culture of continuous improvement. The manager should have oversight and improve the communication between each department by offering regular meetings and ensure actions have been taken to drive improvement.

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

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

How good is our setting?

3 - Adequate

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

Quality Indicator: 4.1 People experience high quality facilities

Some areas of the home were in need of refurbishment and whilst we saw some refurbishment work had been carried out and on the day of inspection was being completed, it was unclear when planned work would be carried out. One relative told us "rooms could do with new flooring and updated bathrooms", whilst another told us "I can see they are working on refreshing the building overall."

We found some areas in need of cleaning and repair. In some areas of the home there was a lack of attention to standards such as homely touches, decoration and the quality of furniture. Corridors were bare and very long, with few signs or points of interest, which can affect people's ability to find their way around and may lead to stress and distress behaviour. The home environment should help people know where they are and help them find where they want to go. This could add to people's confusion and disorientation. We asked the service to review this to assist people living with a cognitive or visual impairment. Some fixed furniture was heavily stained or damaged. This meant that people could not be confident that infection prevention and control (IPC) measures were keeping them safe.

We discussed the refurbishment programme and cleanliness of the home with senior management who were responsive in relation cleanliness of the home, however they could not give assurances on the timeframe of the refurbishment plan. (See Requirement 1).

The ground floor of the home was welcoming, warm and comfortable. The home was surrounded by secure well-maintained and welcoming garden spaces. People's rooms were personalised and some people had their own furniture in their rooms. This helped create a homely environment for people.

Maintenance records and safety checks were carried out by the onsite maintenance person.

Requirements

1. By the 26th May 2025, the provider must ensure people are supported in an environment that is well maintained, safe, comfortable, clean and minimises the risk of the spread of infection. To do this the provider must, as a minimum, ensure that:

- a) A refurbishment plan be put in place focusing on priority areas.
- b) there are sufficient staff on duty to undertake domestic duties.
- b) cleaning schedules are followed and include both daily cleaning and deep cleaning.
- c) that frequently touched points are part of the daily schedule.
- d) Complete an environmental audit focusing on orientation, way finding, points of interest and comfort.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) 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, which state:

5.22 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings to meet my needs, wishes and choices.'

5.16 'The premises have been adapted, equipped and furnished to meet my needs and wishes.'

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 safety, the provider should ensure that people are supported with appropriate moving and handling techniques in line with best practice.

This includes, but is not limited to, assessing staff practice and competency and ensuring care and support plans contain clear and detailed information as to how a person is to be supported with moving and handling.

This area for improvement was made on 26 February 2024.

Action taken since then

We sampled people's support plans and saw everyone had a moving and handling risk assessment and support plan in place, however not everyone's assessment was completed accurately or reviewed when people's needs had changed. We saw staff training records and not all staff had completed relevant training. We could not be confident that all staff had completed relevant training and all support plans were accurate and reflected people's moving and handling needs.

This area for improvement was not met and therefore repeated.

Previous area for improvement 2

To support people's health and wellbeing, the provider should ensure that the skin care needs of people are met.

This includes, but is not limited to, ensuring care and support plans and wound care plans contain clear and detailed information as to how a person is to be supported with their skin care and wound care.

This area for improvement was made on 26 February 2024.

Action taken since then

People could be assured that the skin care needs of people were being met. We reviewed people's support plans and people who were identified as requiring skin care support or management, there was detailed information for staff to follow on how best to support people's skin and wounds care needs.

Therefore this area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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