

Peacock Nursing Home Care Home Service

Garden Place
Elburn
Livingston
EH54 6RA

Telephone: 01506 417 464

Type of inspection:
Unannounced

Completed on:
5 May 2025

Service provided by:
Peacock Medicare Ltd.

Service provider number:
SP2003002457

Service no:
CS2003010659

About the service

Peacock Nursing Home is owned and managed by Peacock Medicare Ltd. The care home is registered with the Care Inspectorate to provide care and accommodation for 75 older people.

At the time of inspection, 70 people were using the service.

The home comprises of two houses, Peacock (House 1) and Primrose (House 2). Each of the houses has two floors and the upper floor can be accessed by either a lift or stairs. There are separate dining facilities on the ground floor of both houses.

All bedrooms have en suite toilet and washing facilities. There are bathing and additional toilet facilities on both floors. The home is situated in a residential area and has its own parking and well-maintained gardens.

About the inspection

This was an unannounced inspection which took place on 30 April and 1 and 2 May 2025. 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 26 people using the service and four of their relatives, and received feedback via our survey from 16 people and 26 relatives
- spoke with 24 staff and management, and received feedback via our survey from 31 staff
- observed practice and daily life
- reviewed documents
- received feedback from four visiting professionals.

Key messages

- There was genuine kindness, compassion and meaningful relationships between staff and the people they supported.
- Staff knew people well and were able to tell us about what was important to people and what they enjoyed.
- There were some concerns about the documentation of medication for people experiencing stress and distress. The requirement we had made about this previously had not been met.
- The management team knew people well and were up to date with people's current care needs.
- Staffing resources were deployed effectively to ensure that people experienced high quality care and support.
- Improvements were needed to the depth and consistency of information in care plans and risk assessments. We made a requirement about this.

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?	4 - Good
How good is our setting?	4 - Good
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

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

People living in Peacock Nursing Home benefitted from warm, encouraging, positive relationships with staff and were treated with dignity and respect. We observed genuine kindness, compassion and meaningful relationships between people and staff, and people told us, *"The care staff are fantastic, they go above and beyond"* and *"I feel well cared for and that staff treat me well"*. This meant that people felt included and valued and their relationships with staff provided meaningful social interaction in people's lives. Relatives said they were happy with the care and support provided to their loved ones and told us, *"Staff are kind and caring with residents being well looked after"* and *"Carers are lovely and very professional. They look after [my relative] really well"*.

Activities staff were now on shift seven days per week and people felt connected because there were daily opportunities to engage with people within and outwith the home. This included involvement with community groups, and visits from nursery/school children and the local church. There were activities in place to bring together people living in Peacock who had similar interests and the service had plans to explore ideas to further promote this. We heard from some people that they would like to exercise more and we discussed with the management team ways in which this could be achieved.

We saw a number of people accessing the garden during our inspection and some people told us they would like to go out more. We already had in place an area for improvement about people accessing the garden **(see section: 'What the service has done to meet any areas for improvement we made at or since the last inspection')**. We have left this area for improvement in place to allow the service more time to ensure that everyone has the opportunity to access the garden if they wish.

There was a relaxed, friendly and upbeat atmosphere within the home. Staff knew people well and were able to tell us about what was important to people and what they enjoyed. Drinks and snacks were regularly offered to people throughout the day.

Most mealtimes did not feel rushed though we heard and saw that at times there were not enough staff in the dining room to support all people in the way that they needed. We discussed this with the management team and were confident in their plans to address this. Where we saw enough staff at mealtimes, people were supported in a kind and caring manner and treated with dignity and respect. We saw regular fortification of food and drinks and nicely presented texture modified meals where these were appropriate.

Most people told us that they enjoyed their meals. We had some concerns about ensuring choice at mealtimes and discussed these with the management team. We were assured that these concerns would be addressed, including ensuring that mealtime options were informed by people's preferences and wishes.

There were some concerns about documentation of medication and the requirement we had made previously had not been met **(see section: 'What the service has done to meet any requirements we made at or since the last inspection')**. Support with medication was being provided effectively by competent trained staff and we could see that this supported positive outcomes for people, however, there was a degree of risk in the way that information was recorded. We have extended the timescale for this requirement to allow the service more time to make the improvements needed.

Support with wounds, management of falls, and continence care were well managed and well recorded and professionals told us, *"Peacock staff support the wellbeing of all there residents very well. They communicate well with the families and visiting professionals"*.

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Quality assurance and audit processes were in place and there were planned improvements to these. This was helping the management team to have clear oversight and inform the development of all aspects of activity within the home.

The management team knew people well and were up to date with people's current care needs.

Most relatives told us that communication was good. One relative told us, *"The manager and deputy manager are very approachable and accessible. I feel I could raise any issue with them"* and another said, *"The manager is very responsive to my emails and actions in a timely manner"*.

Most staff told us they felt listened to and well supported by the management team, and told us, *"Managers are always around if any staff need support which is amazing to have as our role can at times be stressful"* and *"Both Managers are always giving us support when needed. [They are] very approachable and easy to talk to"*.

Professionals who regularly visited the home told us that the management team were approachable, visible and available whenever needed.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People and staff, benefitted from a warm, caring atmosphere because there were good working relationships within the home. There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people.

Staffing resources were deployed effectively to ensure that people experienced high quality care and support. We discussed a need to review the staffing available at mealtimes. At all other times there were adequate staff in place to meet people's emotional and physical needs. A relative told us, *"Staff really took time getting to know my [relative] and have always treated him with dignity and respect"*. Another said, *"All the staff that look after my relative show lots of love, compassion and care"*.

The numbers and skill mix of staff were determined by a process of continuous assessment and deployment of staff took into account the experience of the staff group and the complexity of people's care and

support. This meant that the skill mix, numbers and deployment of staff met the needs of people living in the home.

Staff worked well together and understood the needs of people living in Peacock. Staff received regular supervision, were clear about their roles, and supported each other by being flexible in response to changing situations to ensure that care and support was consistent and stable. Staff communicated well with people and their relatives. A relative told us, *"Catering staff, carers, nursing, domestic, housekeeping staff, laundry, workman, etc - all who know [my relative] by name and are lovely to me. Communication with the nurse is fab. I get regular phone calls if any aspect of [my relative's] care is required to change"*.

Staff were recruited safely, well trained and knew people well. This helped create a warm, homely environment for people to live in and there were positive and meaningful relationships between staff and people. A professional said, *"The staff team are always helpful, kind and approachable"*.

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.

We heard many positive comments from relatives about the improvements to the setting since the last inspection. One relative said, *"It is a very welcoming environment"* and another said, *"It is open, comfortable and has a lively atmosphere"*.

Refurbishment of a previously identified area within the home on the upper floor was now complete, including replacement flooring, furniture and soft furnishings, and there was an ongoing commitment for further improvement of any areas which required this. This meant that people could enjoy a good quality, homely living environment.

The home was generally clean and tidy and we could see that domestic staff were committed to this. Some concerns were addressed by the management team and provider as soon as they were identified during inspection.

Maintenance and safety checks were robust and well documented.

Relatives told us they would like to have access to space to enjoy private time with their loved ones and family members, outwith people's bedrooms. One relative said, *"The home is comfortable but lacks a family room for visitors"*. There was space available for this purpose and we discussed with the management team a plan to ensure this was accessible when needed and that relatives were aware of this. There was also a commitment to improving access to a reliable WiFi connection for people who wished to use this.

There was a well-maintained garden area with lots of space for people to enjoy.

How well is our care and support planned?

3 - Adequate

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

Care Plans and risk assessments were well set out and there was some very personalised information within these for some people. Others lacked robust detail, in particular in terms of risk, and there was inconsistent information held about medication with a lack of accurate and up to date protocols for some people.

People have a right for their care plans to set out how their needs, wishes and choices will be met. Some people's care plans contained conflicting information and were not sufficiently detailed to determine how people were to be supported. This included detail of effective strategies to support people during any periods of stress or distress. This meant there was a risk that care and support could be compromised, or people's wishes and views are not respected due to the limited or conflicting information available to staff.

Audits of care plans should ensure that there is accurate and consistent information across all relevant documents including risk assessments and that information has been updated as and when people's needs or wishes change. Audits were taking place but these were not robust enough to identify these issues.

We have made a requirement about this (**see requirement 1**).

Requirements

1.
By 4 November 2025, the provider must ensure that each person has a personal plan and risk assessments in place that accurately reflect their current individual care and support needs. To do this, the provider must, at a minimum, ensure that:
 - a) care plan and risk assessment documentation is accurate, current, consistent, sufficiently detailed and meaningful, and reflects the whole person and their care planned or provided.
 - b) people (and/or their representative) are involved when their care plans are evaluated. This should be at regular intervals or if a significant change in need occurs to ensure that the care and support remains effective.
 - c) any changes to people's care and support should be clearly documented within the care plan and communicated to staff.
 - d) care plans and daily recordings are outcome focused, and written in a person-centred manner, taking account of all the needs of people.
 - e) there is a system in place to evaluate care plans and risk assessments regularly or as people's needs change. Any actions identified should be implemented.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (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 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 requirements we made at or since the last inspection

Requirements

Requirement 1

By 25 April 2025, the provider must ensure that people who experience stress and distress are supported appropriately.

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

- a) risks assessment are completed to identify risks and outline appropriate risk reduction measures;
- b) personal plans contain information that reflect people's experience of stress and distress and provides guidance to staff on how to reduce the onset and provide an effective response;
- c) identify activities which may reduce the onset, or the effects, of stress and distress;
- d) "as required" medication protocols are completed to detail when medication can be administered with records kept to detail the effect of the medication. Medication should be reviewed frequently;
- e) the service refers to and involves appropriate professionals to support people who experience stress and distress.

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

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 requirement was made on 20 January 2025.

Action taken on previous requirement

This requirement was made following a complaint investigation which took place on 20 January 2025. The provider submitted an action plan that detailed actions planned to support positive outcomes for people.

Staff we spoke with had a good understanding of people's needs and how to support people. However, we found that personal plans had not been updated to reflect people's needs and did not provide clear guidance to staff on how to support people.

We found 'as required' medication protocols had not been updated and did not accurately reflect people's

medication.

The service engaged with health professionals when there were concerns for people's health and wellbeing.

Further improvements were needed in relation to ensuring risks were effectively assessed and personal plans contained accurate and up to date information on people's needs. We spoke with the management team about ensuring 'as required' medication protocols were updated to reflect people's needs and work on this area had commenced during our inspection.

We have extended this requirement until 4 August 2025 to allow further time for the service to make improvements.

Not met

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 the provider should ensure that personal plans outline people's needs, wishes, and preferences and provide clear information to staff on how people are to be supported. This should include, but is not limited to, ensuring personal plans are informed by a review that includes the person and/or their representative and updated as people's needs change.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: *'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'*.

This area for improvement was made on 20 January 2025.

Action taken since then

Information about how people wish to be supported was not always clear on support plan documents and did not always correspond with the risk assessments which were in place. This meant that people may not be supported safely and in line with their wishes and choices.

Because of this we have made an additional requirement about care planning and risk assessment (see requirement under Key Question 5: How well is our care and support planned?), which will replace this area for improvement.

Previous area for improvement 2

The provider should ensure that all residents have the opportunity to regularly access the garden.

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

'If I live in a care home, I can use a private garden' (HSCS 5.25).

This area for improvement was made on 28 May 2024.

Action taken since then

There was mixed feedback about people having the opportunity to access the garden, though we did see a large number of people enjoying the garden during our inspection.

Some people told us that they could access the garden if they wished, but others made comments like, "I've only been asked once if I wanted to go out".

Relatives were aware they could take their loved ones out into the garden when they wished, but for people who did not have regular visitors, or who were reluctant or unable to ask to go out, it seems that opportunities were limited. Some people told us that they wished to go outside more often.

We did see people going out for a walk with activity staff and we asked the service to ensure that everyone who wished to do this had this opportunity.

We have left this area for improvement in place to allow the service more time to evidence that it has been met, and will re-assess at a future inspection.

Previous area for improvement 3

The provider should ensure that people are being supported and encouraged to eat and drink well throughout each day, by offering drinks and snacks regularly between mealtimes.

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

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

This area for improvement was made on 28 May 2024.

Action taken since then

We saw a range of drinks and snacks being regularly offered to people throughout our inspection. We also saw fortified drinks being regularly offered and encouragement and assistance was provided to those who needed it, to drink and eat between meals.

This area for improvement was 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?	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?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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