

Plover Brae Care Home Service

33 Plover Brae
Livingston
EH54 6UF

Telephone: 01506 417 751

Type of inspection:
Unannounced

Completed on:
22 July 2025

Service provided by:
The Richmond Fellowship Scotland
Limited

Service provider number:
SP2004006282

Service no:
CS2003011052

About the service

Plover Brae is a care home which is registered to provide care and support to five people who have a learning disability and other support needs. Care and support is provided 24 hours per day by The Richmond Fellowship. The service registered with the Care Inspectorate on 1 April 2002.

The accommodation is a purpose build bungalow located within a residential area of Livingston. It has an enclosed garden and parking area. The house consists of a sitting room, kitchen, dining room, two bathrooms, six bedrooms (one of which is used as an office) and utility room.

The Richmond Fellowship aims to:

"Deliver the best person centred support to each individual who lives in the care home, ensuring they get the support that is right for them, whilst also promoting their independence and ensuring that they are active members of their community."

At time of inspection five people were being supported.

About the inspection

This was an unannounced inspection which took place on 15 and 22 July 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 five people using the service and three of their families
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Visiting professionals told us that the communication of the service was very good.
- People could be assured that people who were at risk of skin injury and required nutritional support had appropriate support plans and risk assessments in place.
- People were supported and cared for by consistent staff, which resulted in meaningful relationships being established.
- The service had made improvements on the dining experience which we observed to be calm and unhurried.
- People were supported in Plover Brae by staff that were kind and respectful.
- Team meetings were being held on a regular basis, and it was evident from the minutes that staff were able to have input, and put their views across.
- Most staff told us that there was enough staff to meet people's needs and that they had time to spend with people to do activities.
- People were observed to being able to get out and about more in the local community.
- The service was clean and tidy in all areas, and free from intrusive odours and noise.
- The improvement in the communal areas such as the sitting room were being planned for.

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

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.

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

People were supported in Plover Brae by staff that were kind and respectful. People living in Plover Brae appeared happy with the care and support. One family member told us "the staff are all very nice", whilst another told us "when we have any challenges they take on board our feedback and want the best for me and my son."

The service had made improvements on the dining experience which we observed to be calm and unhurried, although many people required support with eating and drinking, staff were attentive to their needs. Special diets were catered for including fortified and modified diets and were presented nicely with choice and variety on offer. Please see more details under section "Outstanding Areas for Improvement."

People were supported and cared for by consistent staff, which resulted in meaningful relationships being established. Visiting professionals told us that the communication of the service was very good. Staff had good links with local health and social care professionals and liaised with them promptly when any concerns were identified. One visiting professional told us "the service is very good in discussing any concerns directly with Health professionals teams."

People were enabled to get the most out of life and engaged with the local community through local cafe's, and community based services. On the day of our inspection many people were out with the home engaging in community based activities with support from staff. People were encouraged to be activity involved in the running of the home and planning of external activities.

All residents had a support plan in place, which provided guidance for staff and staff knew people well. The team had good oversight of people's skin integrity and people could be confident that medication was administered safely as staff followed good practice guidance.

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.

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

A comprehensive induction for new staff was in place. Staff told us this prepared them for their roles and had given them time to get to know people. This gave people confidence that new staff had the right information relating to people's specific needs and outcomes.

A variety of training had been completed, and overall compliance was at a satisfactory level. Staff told us this had been beneficial in increasing their knowledge. Staff told us the management team was proactive at arranging training for staff. Staff demonstrated values through their practice, which were in line with the Health and Social Care Standards. As a result, people benefitted from a competent, knowledgeable staff team.

Staffing arrangements were flexible around the needs of people in the service. Most staff told us that there was enough staff to meet people's needs and that they had time to spend with people to do activities. People were therefore benefitting from a whole team approach to ensuring meaningful connection was embedded into practice. Most staff were happy and told us, "its good here, the management team are very supportive" and "there has been lots of changes but its settling down now and I feel supported and heard." Staff morale was good, as staff felt listened to and supported by the management team, as well as being supported by colleagues.

Not all staff reported receiving regular supervision and that their development and progression was discussed at these meetings, the manager was aware of the importance of this and advised that this is a working progress and a plan was in place to ensure this is completed for all staff.

Team meetings were being held on a regular basis, and it was evident from the minutes that staff were able to have input, and put their views across. Staff were aware of the service improvement plan and therefore were aware and involved in what was going on in the home, and what improvements were required for people.

How good is our setting?

4 - Good

We evaluated this key question as good, as there was a noticeable improvement in the environment since our last inspection, which was having a positive effect on people living in the service.

Quality indicator: 4.1 People experience high quality facilities

The service was clean and tidy in all areas, and free from intrusive odours and noise. People had their own rooms and were encouraged to personalise their rooms.

People were supported with a choice of where to spend their time. People's choice to have privacy and spend time in their room was respected. The improvement in the communal areas, such as the sitting room, were being planned for.

People had access to fresh air in the grounds surrounding the home, which could be accessed freely via the dining room. The gardens were well maintained and fully enclosed and offered pleasant areas to sit, including a shaded area in the gazebo.

People were observed to being able to get out and about more in the local community. Some people had their own transport and was supported by staff to enjoy swimming, day trips and local cafe's.

Some areas of the home were in need of refurbishment and plans were in place to consult people regarding their home environment. People and families were encouraged to be involved in choosing colours and fabrics for their rooms and communal areas. People and families were listened to and this meant they were able to influence any changes and upgrades.

Maintenance records were in place and up-to-date. A process for reporting faults and repairs was in place, and all repairs were completed timeously. People felt reassured that the maintenance of the service was upkept, to maintain their safety.

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 ensure people experience care and support that is right for them, support plans and risk assessments for people who are at risk of skin injuries and require nutritional support should be improved. Information should clearly direct staff on strategies to recognise, support and reduce the risk.

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

"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices." (HSCS 1.15)

This area for improvement was made on 22 July 2024.

Action taken since then

People could be assured that people who were at risk of skin injury and required nutritional support had appropriate support plans and risk assessments in place. From the support plans we sampled there was clear guidance for staff to follow, which supported skin integrity and helped reduce risk. The service had implemented a new risk assessment which specifically assessed people's level of risk in relation to skin integrity.

Therefore this area for improvement has been Met.

Previous area for improvement 2

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 dining experience 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) A review of presentation of meals for people on a modified and textured diet.

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."

This area for improvement was made on 15 January 2024.

Action taken since then

People could be assured that staff were aware of the importance of mealtimes. We observed the mealtime experience to be relaxed and unhurried. People were supported with dignity and respect. Managers had reviewed the dining room and made changes to the presentation of meals and the environment. Ongoing audits were carried out to support the improvement and identify any ongoing issues.

Therefore this area for improvement has been Met.

Previous area for improvement 3

To support people with all aspects of nutrition and hydration. The provider should ensure that all staff understand the importance of recording of people's nutritional and hydration intake. To support better outcomes for people and the opportunity for appropriate escalation to the relevant healthcare professional.

This should include, but is not limited to:

- a) Where someone requires to have their fluid or food intake monitored and recorded that appropriate targets are set, and reasons recorded as to why the chart is in place.
- b) All staff are aware of each person's dietary needs.
- c) Provision of any dietary needs are followed throughout the day.
- d) Training is provided to staff to allow them to support and understand people's nutritional needs using the IDDSI (International Dysphagia diet standardisation initiative).

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."

This area for improvement was made on 15 January 2024.

Action taken since then

We reviewed people's food and fluid charts for people who were being monitored. Improvements had been made and was ongoing. Staff were being supported by the management team to ensure compliance in recording was being monitored. A dietary folder had been devised which gave clear guidance for staff, identifying people's nutritional needs and IDDSI levels, with pictorial guidance as well. Training was being implemented in relation to IDDSI (International Dysphagia diet standardisation initiative). Staff understood the importance of recording of people's nutritional and hydration intake, which supported better outcomes for people and the opportunity for appropriate escalation to the relevant healthcare professional.

Therefore this area for improvement has been Met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at 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 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

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