

Peacock Nursing Home Care Home Service

Garden Place
Elburn
Livingston
EH54 6RA

Telephone: 01506 417 464

Type of inspection:
Unannounced

Completed on:
17 November 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, 71 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 17 November 2025. This inspection was to follow up on a requirement made on 5 May 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 staff and management and reviewed a range of documents.

Key messages

- This inspection was to follow up on a requirement made on 5 May 2025 about support planning. This requirement was met at this inspection. An area for improvement about people having the opportunity to access the garden was also met.
- Because we saw improvements to care planning and to outcomes for people in terms of health and wellbeing as a result, we re-evaluated key questions 1 and 5 from adequate to good.

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 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

At our inspection in May 2025, we made a requirement to ensure that each person had a personal plan and risk assessments in place that accurately reflected their current individual care and support needs. This requirement was met at this inspection (see section: 'What the service has done to meet any requirements we made at or since the last inspection'). We had also made an area for improvement at a previous inspection about people having the opportunity to access the garden. This area for improvement was also met at this inspection (see section: 'What the service has done to meet any areas for improvement we made at or since the last inspection'). In addition, a requirement we made in March 2025 about ensuring that people who experience stress and distress are supported appropriately, was met in August 2025, and we could see at this inspection that these improvements had been sustained.

These improvements had a positive impact in how the service supported outcomes for people. As a result, we re-evaluated this key question from adequate to good. An evaluation of good means there were several strengths that impacted positively on outcomes for people.

There were significant improvements in people's care plans and risk assessments to ensure these were accurate, current, consistent, sufficiently detailed and meaningful, and reflected the whole person and their care planned and provided.

There were a range of opportunities for people to access the garden with family, friends or staff, engaging in activity or enjoying a seat in the garden or a stroll around it. People could access the garden independently if it was safe for them to do so, or enjoy the fresh air sitting by an open door if this was their choice.

How well is our care and support planned?

4 - Good

At our inspection in May 2025, we made a requirement to ensure that each person had a personal plan and risk assessments in place that accurately reflected their current individual care and support needs. Because this requirement was met (see section: 'What the service has done to meet any requirements we made at or since the last inspection'), and had resulted in improvements in how the service supported outcomes for people, we re-evaluated this key question from adequate to good. An evaluation of good means there were several strengths that impacted positively on outcomes for people.

There were significant improvements in people's care plans and risk assessments to ensure these were accurate, current, consistent, sufficiently detailed and meaningful, and reflected the whole person and their care planned or provided.

People and/or their representatives were involved when their care plans were reviewed. This occurred at regular intervals and if a significant change in need occurred, to ensure that the care and support remained effective.

There were systems in place to effectively evaluate care plans and risk assessments regularly and when people's needs changed. Any actions identified were implemented.

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

Requirements

Requirement 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 (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 requirement was made on 23 May 2025.

Action taken on previous requirement

Care plans and risk assessments had been improved and were accurate, current, consistent, sufficiently detailed and meaningful, and reflected the whole person and their care planned or provided. Suggestions

for further improvements to ensure new staff or staff from a different area of the home had access to enough information to engage meaningfully with people, were taken on board.

People and/or their representatives were involved when their care plans were reviewed. This occurred at regular intervals and if a significant change in need occurred, to ensure that the care and support remained effective.

Changes to people's care and support were clearly documented within care plans and communicated to staff.

Care plans and daily recordings were outcome focused, and written in a person-centred manner, taking account of all the needs of people.

There were systems in place to effectively evaluate care plans and risk assessments regularly and when people's needs changed. Any actions identified were implemented.

Met - within 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

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 were a range of opportunities for people to access the garden with family, friends or staff, engaging in activity or enjoying a seat in the garden or a stroll around it.

People could access the garden independently if it was safe for them to do so, or enjoy the fresh air sitting by an open door if this was their choice.

This area for improvement was 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	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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