

Burnbrae Care Home Service

Burnbrae Road
Falkirk
FK1 5SD

Telephone: 01324 501 850

Type of inspection:
Unannounced

Completed on:
27 November 2025

Service provided by:
Falkirk Council

Service provider number:
SP2004006884

Service no:
CS2003011554

About the service

Burnbrae care home provides care and support for up to 28 older people. The service is provided by Falkirk Council. The home enjoys a lovely position in a quiet residential area overlooking Dollar Park in Falkirk.

Burnbrae is split into four individual units, each of which has a combined lounge and dining room. A small kitchen area enables snacks and drinks to be provided for people.

Accommodation is provided over two floors and a lift is available, to enable people less mobile, to access facilities on each level. Bedrooms are all single sized and are fitted with wash hand basins. Two of the 28 bedrooms have ensuite toilets. Each unit has a shared toilet, bath and shower facilities.

The home is surrounded by a large outdoor space and has a pleasant courtyard garden which is generally well used by people living in the home and staff.

About the inspection

This was an unannounced inspection which took place on 25 and 26 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 or observed 10 people using the service and 13 of their family members, including our pre-inspection surveys.
- Spoke with 24 staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- The service was sector leading in falls prevention and early intervention work.
- People experienced extremely positive outcomes.
- There was a dynamic leadership team who continuously strived to improve outcomes for people living in the service.
- People benefitted from a warm, friendly, relaxed environment with lots of opportunities for meaningful engagement.

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?	6 - Excellent
How good is our leadership?	5 - Very Good
How good is our setting?	5 - Very Good

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

How well do we support people's wellbeing?

6 - Excellent

We evaluated this key question as excellent where performance was sector leading with outstandingly high outcomes for people.

The service excelled in improving care and support outcomes for people experiencing care. Since the last inspection the service had worked on a few quality improvement projects aimed at improving outcomes for people living in the service. There was improved staff confidence, communication and accountability which led to reduced falls and earlier intervention of care and support, including timely referrals to the appropriate health professionals. As a result of this work, the local authority were working on a plan to roll out this good practice to other community settings. This meant people were benefitting from an extremely responsive staff team who attended to people's care and support needs quickly and efficiently. One person said: "I don't want to be in care but it was my only option and if you need to be in care, this is the place to be."

Staff offered excellent care and support to people living in the service. Staff were extremely patient, kind and very much encouraged and supported people to become involved in making decisions about their care and support. Staff frequently checked with people that they had all they needed and when people were having difficulty understanding what to do, staff warmly empowered them to be as independent as possible. Medication administration was safe and effective. People were often encouraged to safely move around the home and staff used creative ways to encourage mobility, for example, to support a person who was reluctant to move from their room, staff contacted the person's friend group to organise a trip out with them. This resulted in the person leaving their room more often, to show staff photographs of the day and happily chat to others about their experience. This meant people could be confident they would be supported to achieve their potential by an exceptional staff team.

There were many opportunities for people to engage meaningfully with others or to become involved in a preferred activity. The service asked people about wishes they would like to achieve, made a record of these then photographed the person enjoying their chosen activity. A high amount of these wishes had been fulfilled for many different people and, with their consent, were proudly displayed in the home and newsletter. One person said: "There is plenty to do." and a family member said their relative: "Needs a lot of activities; they are on top of that here. They know my relative well and keep them occupied. Their mobility is not as good as it was so staff adjust the activities to suit." This meant people regularly had fun and social bonds were strengthened because the support they received enabled people to build and maintain meaningful relationships with others both within and outside of the service.

People were supported to eat and drink according to their needs and preferences. People had access to drinks and snacks outwith meals. The dining experience was relaxed with appropriate background music playing. Staff encouraged choice and offered alternatives when people did not like what was on the menu. Those who required assistance were supported with dignity and respect and staff worked well together to encourage people to eat and drink, for example during lunch staff noticed one person had not been eating so they tried various ways of encouraging the person to eat and respectfully included the person at all times. People then could be confident that if they needed help with eating and drinking, this would be carried out in a dignified way and their personal preferences would be respected.

How good is our leadership?**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.

Staff evaluated people's experiences formally and informally. There were various opportunities for people and their families or carers to discuss daily life, concerns or ideas for improvement, at meetings, forums, surveys or discussion. People and their families said they were listened to. Staff continuously checked with people to make sure they had what they needed and were comfortable. This meant, as far as possible, people living in the service were provided with the right care and support to meet their outcomes.

The leadership team empowered others to become involved in quality assurance systems and processes. Senior staff completed monthly audits, which the manager oversaw. The manager regularly included staff in quality improvement work. For instance, some staff had recently attended a quality end of life care for all (QELCA) course and discussed with the leadership team ideas about enhancing end of life care within the service. The team then put their ideas into practice to alert visitors and staff when someone was at end of life to encourage a respectful atmosphere around the person and their visitors. The team also revised documents to allow people and their families or carers to express their wishes about how they wish to spend their final journey. This promoted responsibility and accountability in the staff team and contributed to a dynamic and responsive improvement plan that detailed the future direction of the service.

Observations of staff practice were regularly undertaken, however the service needed to ensure all staff were receiving regular supervision. A small amount of staff said they were not getting as much support as they would like. Some staff were receiving regular supervision from their line manager and a smaller amount of staff were not receiving this. We discussed this with the leadership team who told us this was due to staff absence and agreed to work to improve how they track staff supervision during staff absence, to ensure all staff are getting the support they need. We were confident the leadership team would make improvements in this area and will review this at the next inspection.

The leadership team had a clear understanding of what was working well and what needed to improve. Both the leadership team and wider staff group had a healthy attitude to developing the service to improve outcomes for people. At the previous inspection we discussed the need to make improvements to the staff training tracker. The service had made some improvements but needed to develop it further. The manager brought this to the attention of the senior leadership team who agreed to make further improvements in consultation with staff. The team had the capacity and skill to support improvement activities effectively and to embed changes in practice. This meant the leadership team ensured that the needs, outcomes and wishes of people living in the service were the primary drivers for change.

How good is our setting?**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.

The setting was adapted for high quality care. The service responded very well to a recent environment audit and promptly put in place the recommended actions to improve outcomes for people living with dementia. Signage had been improved so it was more visible and made it easier for people to find their way around. People experiencing care were involved in decisions about the setting, for instance, people's views were sought about decisions regarding the redecoration of a large communal space. There were inviting seating areas throughout the home so people could choose to spend time alone or in small or larger groups as they preferred. There was lots of natural light and sufficient space to meet people's needs and wishes.

The environment was warm and comfortable with a relaxed and friendly atmosphere. One person said: "I like it here, it is humble and very homely." and a family member said: "It feels nice and relaxed, and homely..... It feels natural to walk in at any time." The home was very clean and tidy, one visitor described it as 'ultra clean and bright.' There was lots of fresh air and no intrusive smells. There was good quality equipment and furnishings and the home had been decorated beautifully for the festive season. This meant people were benefitting from a setting that was relaxed, welcoming, peaceful and well looked after.

There were clear processes in place for regular monitoring and maintenance of the premises and equipment. Relevant safety certificates were in place. Staff were clear about their responsibilities to report any repairs. Maintenance staff were well organised and promptly escalated any repairs or replacements that needed an external contractor to the leadership team. As a result, people could be assured they would be safe. Daily cleaning schedules were completed very well, however the recording of the weekly cleaning tasks needed some improvement. We discussed this with the leadership team and will review this at the next inspection.

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?	6 - Excellent
1.3 People's health and wellbeing benefits from their care and support	6 - Excellent
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.