

Broxburn Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
15 December 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 and 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 40 people.

About the inspection

This was an unannounced inspection which took place on 10, 11 and 12 December 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 12 people and spent time with others
- Received feedback from five people via our surveys
- Spoke with four relatives
- Spoke with 10 staff and management and received feedback from 27 staff via our surveys
- Received feedback from two professionals

Key messages

- There was genuine kindness, compassion and meaningful relationships between staff and the people they supported.
- Regular resident and relatives meetings were held to ensure people's voices were heard.
- Staffing resources were deployed effectively to ensure that people experienced high quality care and support specific to their needs.
- Work was ongoing to improve the setting and access to the garden so that people could enjoy a good quality, homely living environment.

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 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?	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

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

People living in Broxburn Nursing Home benefitted from warm, encouraging, positive relationships with staff and were treated with dignity and respect. There was a friendly and relaxed atmosphere and we observed genuine kindness, compassion and meaningful interactions. People told us "It's nice here, everyone is lovely" and "the staff are really nice". This meant that people experienced care and support in a welcoming environment where they felt included.

Staff were responsive to people's needs and wishes and all relatives who provided feedback told us that they were happy with the care and support their relative received. They said "my [relative's] quality of life is brilliant here. The care is amazing" and "my [relative] is happy here. They genuinely care. They respect her privacy and dignity and she is well looked after".

The management team and staff within the home had been invested in ensuring people felt engaged within their local community. This meant that people felt connected because there were daily opportunities to engage with people within and outwith the home. People's wellbeing and sense of worth were enhanced by staff who were knowledgeable about their physical and emotional wellbeing. There were a range of activities which were well received by everyone participating and the quality of meaningful activity was good. A relative told us "Staff are attentive and there's always music and activities in the lounges".

Mealtimes were relaxed and unhurried and there were enough staff in the dining room to support people in the way that they needed. People told us that they enjoyed their meals and were always offered choice. Suitably trained senior care staff had been carrying out meal preparation in the temporary absence of a cook and people told us how much they had enjoyed their meals during this time. There was regular access to drinks, meals and snacks, and for people who needed support to eat and drink, this was carried out with sensitivity and kindness.

There was an effective medication management system which adhered to good practice guidance and people's medication was regularly reviewed to ensure it met their identified health needs. This supported positive outcomes for people.

People's skin integrity was maintained because the service had a proactive and person-centred approach based on best practice and the assessment of risk, and involved appropriate professionals where required.

A person-centred approach was in place to manage and prevent falls and fractures and people were encouraged to move regularly and remain as active as they could be.

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 to ensure the management team could have clear oversight and to help inform the development of all aspects of activity within the home. Planned improvements were informed by the needs and wishes of people living in the home and by a developing process of self-evaluation.

A system was in place to record, manage and monitor all accidents, incidents and adult protection concerns so that these could be reviewed, taking actions from learning in order to improve outcomes for people.

Staff were empowered to be involved in quality assurance within the home. They told us there had been significant improvement in teamworking and communication in recent months and as a result they felt valued, listened to and invested in ensuring people were supported to live as meaningful a life as possible, taking into account their preferences and wishes.

Regular resident and relatives meetings were held to ensure people's voices were heard and management were visible throughout the home, speaking with people and their visitors. People felt well-informed of any changes and felt their views had been heard and taken into account.

Relatives told us that communication was good and that they felt welcomed and included within the home. They received updates about their loved one's care and appreciated the regular newsletters and social media updates telling them what was going on in the home.

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 and as a result there was adequate staff in place to meet people's emotional and physical needs. Relatives told us "Staff always have time for you; for a chat or to let you know how she's been" and "They do a great job, they are all wonderful people"

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 the home. Staff 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 "communication is great, they always phone me with updates".

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.

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 people and relatives about the improvements to the setting since the last inspection.

Peoples bedrooms were comfortable and nicely personalised. Some areas of the home had been redecorated and work was ongoing, with a clear plan to address those areas which still needed to be improved.

People were able to walk freely around the home, however there was work needed in the garden to enable people to access the garden independently if they wished. This was recognised by the management team and had been prioritised for spring.

There were points of interest throughout the home for people to enjoy and traditional décor throughout. There was a high level of ongoing commitment to further improve all areas which needed this. This meant that people could enjoy a good quality, homely living environment.

The home was clean and tidy and we could see that domestic staff were committed to sustaining this. Maintenance and safety checks were clear and well documented.

How well is our care and support planned?

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's needs were being assessed and support provided was recorded and regularly reviewed. Care plans accurately described people's planned care and how people preferred this to be carried out.

People were involved in decisions about their current and future health support needs and their plans and wishes were taken into account.

Work was underway to improve the quality of information documented and to make care plans more personalised and outcomes focused. This would further support staff to engage meaningfully with people and support them to achieve positive outcomes.

A system of audits was being reviewed to ensure care plan and risk assessment documentation was accurate, current, consistent, sufficiently detailed and meaningful, and reflected the whole person and their care planned or provided.

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

Requirements

Requirement 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: 'My care and support meets my needs and is right for me' (HSCS 1.19) and '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' (HSCS 3.14).

This requirement was made on 17 April 2025.

Action taken on previous requirement

The Malnutrition Universal Screening Tool (MUST) was now being fully utilised, with appropriate actions taken when people were identified as being at risk of dehydration or malnutrition and food and fluid charts in place where this was appropriate.

People's nutrition and hydration needs and support were being assessed, recorded and regularly reviewed, and appropriate referrals were being made to specialist support where this was required.

Where people were assessed as needing a texture-modified diet, or fortified food and drinks, support required was clearly noted using IDDSI, and relevant risk assessments were in place and regularly reviewed.

Staff were aware of each person's dietary needs and these were being met throughout each day.

Staff who knew people well and had the necessary skills were covering food preparation duties in the absence of a Chef, and there was sufficient documented information in place to support any newly appointed Chef in understanding the dietary needs and wishes of people living in the home.

Training in diet and nutrition had been undertaken by most staff and there was a commitment to ensuring this was completed by all staff.

This meant that people were being well supported with all aspects of their nutrition and hydration.

Met - within timescales

Requirement 2

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

This requirement was made on 17 April 2025.

Action taken on previous requirement

Staff and management were able to recognise potential harm and understood their duty to report this under the Adult Support and Protection Act (Scotland) 2007.

Staff and management were identifying reportable events and potential harm appropriately and reporting these to the relevant agencies when necessary, including Care Inspectorate, as per our notification guidance.

A system was in place to record, manage and monitor all accidents, incidents and adult protection concerns so that these could be reviewed, taking actions from learning in order to improve outcomes for people.

Met - within timescales

Requirement 3

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.
- c) cleaning schedules are followed and include both daily cleaning and deep cleaning.
- d) frequently touched points are part of the daily schedule.
- e) 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: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings to meet my needs, wishes and choices.' (HSCS 5.22) and 'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

This requirement was made on 17 April 2025.

Action taken on previous requirement

A refurbishment plan was in place which clearly identified priority actions, with timescales for completion. Work was underway to carry out actions identified.

Sufficient staff were in place to ensure standards of cleanliness and cleaning schedules were being followed, including daily cleaning and deep cleaning. Frequently touched points throughout the home were part of the daily schedule.

An environmental audit had been carried out, informed by use of the Kings Fund Tool, which included a focus on orientation, way-finding, points of interest and comfort. Work was well underway to make the improvements identified.

Although refurbishment work was not complete, significant progress had been made and we were confident in the management team's commitment to complete the improvements which had been planned in a timeous way, prioritising those which were most important to people living in the home.

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

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, and that 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: 'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

This area for improvement was made on 17 April 2025.

Action taken since then

The dining environment is much improved, including table presentation, with appetising menus and dignified support where needed.

Alternative options were offered to suit individual preference and choice.

Staff understood the importance of people's mealtime experience and meals were served in a warm, relaxing and friendly atmosphere.

People were invited to share their views about their dining experience and this information was used to inform improvements.

This area for improvement had been met.

Previous area for improvement 2

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

This area for improvement was made on 17 April 2025.

Action taken since then

Quality assurance systems were much improved and included robust quality assurance for key areas including nutrition, hydration, pressure area care, falls and accidents & incidents.

The manager had oversight of all aspects of care and support, and held regular meetings with and between all departments to ensure actions taken would drive improvements.

This area for improvement had been met.

Previous area for improvement 3

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

This area for improvement was made on 17 April 2025.

Action taken since then

The manager had oversight of all aspects of care and support, and held regular meetings with and between all departments to ensure actions taken would drive improvements.

This area for improvement had been met.

Previous area for improvement 4

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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states '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 26 February 2024.

Action taken since then

Staff were trained in appropriate and safe moving and handling techniques and best practice, and people were supported with this when needed with dignity and respect.

Staff were observed throughout the day to ensure competency and a reviewed programme of assessment of staff practice and competency had been planned for 2026.

Care Plans and risk assessments contained accurate and up-to-date information on people's moving and handling needs.

This area for improvement had 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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