

Heatherfield Nursing Home Care Home Service

49 Bathgate Road
Armadale
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Telephone: 01501 733 066

Type of inspection:
Unannounced

Completed on:
4 December 2025

Service provided by:
Holmes Care Group Scotland Ltd

Service provider number:
SP2020013480

Service no:
CS2020379129

About the service

Heatherfield care home is registered to provide 24-hour care for up to 60 older people. The provider is Holmes Care Group Scotland Ltd. The service was registered with the Care Inspectorate in 2020. The home is situated in a residential area within the town of Armadale in West Lothian, with an open aspect to surrounding fields.

The service is registered to be provided over two buildings, however, only one building is in use for care provision at present. Within the current building, there are two units which are spacious, and each has their own lounge, dining areas, bathroom, and small kitchen. There is a separate building for laundry, and a central kitchen where meals are prepared and cooked. There is also a large, shared activity hub, and cinema room. Care is provided by registered nursing staff and social care workers.

At the time of inspection, there were 34 people living at Heatherfield care home.

About the inspection

This was an unannounced inspection which took place on 2 and 3 December 2025. The inspection was carried out by two inspectors from the Care Inspectorate supported by an inspection volunteer. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves, or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service, and their families, and gather their views.

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:

- spent time and spoke with 24 people using the service, and received feedback via our survey from 21 people
- spoke with six relatives, and received feedback via our survey from 12 relatives
- spoke with 14 staff and management, and received feedback via our survey from 19 staff
- observed practice and daily life
- reviewed documents
- received feedback from two visiting professionals.

Key messages

- People's wellbeing was a priority, and staff knew people's needs and preferences well.
- People's healthcare needs were supported well, and regularly reviewed.
- The service has good management oversight, focused on improving outcomes, quality and safety for people.
- There were plans in place to continue to make improvements to the setting.

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 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 considerable strengths in the level of care provided, and how this supported positive outcomes for people, therefore, we evaluated this key question as very good.

During our inspection we saw that staff knew people well. Interactions were personalised, supportive and staff communicated in a kind, warm manner. Staff were familiar with key aspects of people's life stories, and this knowledge was used appropriately in supporting meaningful conversations and making people feel known. Across the service, there was a positive and homely atmosphere. People told us they were happy with the care they received, and that their preferences were respected. Where people were unable to communicate their opinions, we spent time with them, and they presented as relaxed and content in the support they received.

One family member shared, "My wife's wellbeing is considered by all members of the team. They take time with her to support all her needs, and help to support my wellbeing in this difficult transition". We saw good communication between staff and people's family and visitors, which is important in supporting people to retain connections and relationships.

Visual aids were used to support consultation and increase inclusion of people's opinions on areas such as nutrition, staff recruitment, and activities. There were a wide range of activities, and evidence of community inclusion within the service. Peoples' choice to spend time participating in group activities, or having time within their own space was respected, and their preferences were documented. This supports wellbeing by enhancing people's sense of self determination.

People's care plans were personalised and thoughtful. Care plans were detailed, to ensure that staff could meet people's needs and preferences in a safe and respectful manner.

People were well supported with hydration and nutrition. There was good monitoring of fluid intake, and support for modified/fortified dietary needs. Mealtime experiences were generally positive, with people experiencing an unhurried, relaxed atmosphere. Skin integrity was robustly managed and monitored. Medication administration was delivered and documented well. Staff utilise a daily '10-point checklist' for medication administration. This enabled staff to self-evaluate their compliance with safe medication practice.

Support for people's health outcomes was very good. We saw evidence of liaison with external professionals, good working relationships with the local GP practice, and engagement with health screening/hospital appointments. The service had a proactive approach to seeking GP review and specialist input, to maximise health and wellbeing outcomes for people.

How good is our setting?

4 - Good

We evaluated this key question as good, as we found several areas of strength in how the setting is used to provide positive outcomes for people. Whilst ongoing improvements are required, this does not outweigh the positive use of current facilities.

The home was clean, organised and fresh. Cleaning schedules were completed, and the housekeeping staff were pro-active in resolving any issues raised during our inspection.

Wide corridors and large windows offer a sense of space and natural light in social areas.

Maintenance and safety checks were carried out and well documented. Due to the age and design of the facilities, there were some aspects in need of refurbishment. The service acknowledged this, and had developed a detailed refurbishment and improvement plan.

Overall, we evaluated that there are several aspects of good practice in using the current facilities and space well. We saw a good use of social spaces, and corridors had handrails for mobility support. Communal spaces were well laid out with a bright and homely feel. The activity hub and cinema room were well used spaces, with points of interest, and thoughtful touches such as cinema tickets to create a sense of nostalgia and connection.

People's personal spaces were nicely personalised, with their own belongings, photos and mementos. People's rooms were clean and free of clutter or unnecessary hazards. Each person had an "About Me" sign on their door, with important notes about the person and a photograph. This helped orientate staff and people themselves to their personal space, and also prompted meaningful connection.

Throughout the home there were examples of sensory inclusive signage being used. Some of these areas were overstimulated, and needed review, to ensure that the information was accessible to people with sensory or cognitive support needs. The service was receptive to adapting these areas.

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

1. To improve the setting, the provider should ensure their planned programme of refurbishment prioritises those areas which affect infection prevention and control (IPC) in order to bring the setting up to the standard needed to promote and enable people's independence and comfort.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22)

This area for improvement was made on 20 January 2025.

Action taken since then

This area for improvement was previously identified due to the need to improve both units' kitchen servery facilities and flooring in several bathrooms. Serveries in both units were fully upgraded and refurbished. This had improved the food preparation and storage facilities. The facilities were compliant with infection prevention and control practices to ensure food hygiene and safety. Bathroom flooring had been replaced and there was an ongoing refurbishment plan, which includes further upgrades for bathrooms and ensuites.

This area for improvement is 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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