

Broomhill Day Centre Support Service

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Penicuik
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Type of inspection:
Unannounced

Completed on:
15 July 2025

Service provided by:
Broomhill Day Centre Penicuik

Service provider number:
SP2015012554

Service no:
CS2015343321

About the service

Broomhill Day Centre is a charity run organisation providing a service for local people aged 65 years and over. It is located in the town of Penicuik amongst local housing, set in the Local Authority area of Midlothian.

People that attend the day centre are referred to as 'members'. Members are referred to the centre from the Health and Social Care Partnership and from local health professionals.

The service caters for a maximum of 25 people per day over 5 days per week.

The service provides its own transport, collecting individuals from their own homes in the morning and returning them at the end of the day. Throughout the day, the service offers light refreshment, a midday meal, and a variety of engaging activities.

Support is provided by a mix of paid staff and volunteers.

About the inspection

This was an unannounced inspection of the service which took place on between 14 July 2025 and 15 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 11 people using the service and seven of their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire
- we talked with members of staff and the management teams
- observed staff practice and daily life
- reviewed a range of documents

Key messages

- We observed positive, respectful, and natural interactions between staff and those being supported.
- Members were supported by a small group of staff that they knew well.
- It was clear that people's views, and requests for activities were actioned, showing that activities, wherever possible, were member led.
- People could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.
- The manager should develop a continuous improvement plan for the service in line with the quality framework.
- We recommended the implementation of a structured staff supervision system.
- The quality of information held within support plans about people's health and support needs was 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 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 overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed positive, respectful, and natural interactions between staff and those being supported. This contributed to the development of effective and supportive working relationships, helped people feel safe and secure and enhanced engagement.

Staff demonstrated a good knowledge of people's needs. This meant that people could be confident that staff supporting them were well informed and worked consistently to help them achieve the outcomes that they had identified.

Support records we sampled contained good information to guide staff, daily notes were descriptive and linked to identified outcomes. People had access to their individual support plans which promoted their rights in relation to information held about them. This is further discussed under key question five.

People told us that they looked forward to attending the centre and for some the company of staff and other members was a significant positive outcome for them. One person told us 'The centre is a lifeline for us; we'd be lost without it'.

It was evident that the service people received had a positive impact on their mental and physical wellbeing. This included practical support and assistance to access healthcare when required and prompts with medication. People were being supported at their own pace, helping them to feel in control.

The mealtime experience was positive; we could see that a lot of effort and planning took place to identify and provide for individual food preferences. This included people who had special requirements due to illness. We saw that people were offered help to cut up their food, choice in what to drink and choice in meal accompaniments and were treated with dignity and respect.

Members saw the mealtime as an opportunity to chat and catch up with one another, staff also sat to have their meal with members giving an overall sense of inclusiveness.

A range of activities had been developed within the centre through the process of assessing the needs, wishes and abilities of people using the service. The social activity coordinator was very enthusiastic about their role and was aware of the positive impact meaningful activity can have on an individual's well-being. It was clear that people's views, and requests for activities were actioned, showing that activities, wherever possible, were member led.

The service supported people who had low levels of need around medication. Records of medication prompts were maintained. We concluded that people could be confident that the staff who supported them to take their medication safely had the correct knowledge and training.

How good is our leadership?

4 - Good

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

The manager and staff provide high-quality care, supported by well-structured quality assurance processes that clearly demonstrate their effectiveness. These processes include audits of accidents and incidents, care planning and reviews, as well as monitoring of cleaning and recruitment records.

We discussed how the management team could further develop their quality assurance across all areas of the service; analyse the data they receive and action plan accordingly with a view to developing a continuous improvement plan for the service in line with the quality framework. **(See area of improvement one).**

We observed that formal personal supervision records were not consistently completed for staff. Despite this, staff reported they had open access to management and participated in regular team meetings, which offered opportunities for reflection and discussion regarding their practice.

During discussions with the manager, we recommended the implementation of a structured supervision system. This should include documented details of supervisory conversations, feedback on professional practice, reflective input from staff on any training received, and identification of strengths and areas of challenge within their roles. Establishing such records would support ongoing staff development and contribute to a culture of continuous learning and improvement. We made a previous area of improvement in relation to supervision at our last inspection; this area of improvement has been repeated. **(See area for improvement two).**

Areas for improvement

1. To ensure people experience high quality care, the provider should enable opportunities for staff to reflect on their practice and identify further learning and development needs through regular supervision with their manager.

This is in order to comply with the Health and Social Care Standards (HSCS) which state:

"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).

2. To ensure people's outcomes and aspirations are fully achieved, the provider should utilise the sources of evidence from quality audits, discussions with people, staff and supportive documents to develop a service improvement and development plan.

This is in order to comply 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).

How good is our staff team?

4 - Good

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

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were good, documented clearly with relevant checks being undertaken.

Members were supported by a small group of staff that they knew well. People and families found this reassuring and meant they developed trusting relationships with the staff. One person said, 'The staff are great, so relaxed and welcoming'.

People experiencing care had the opportunity to meet any new staff being introduced. This meant that staff had time to get to know the members and learn what was important to them. Staff confirmed that they felt they had a good induction with regular ongoing support from the management team.

The manager knew the care and support needs of people and was able to direct care in a supportive and professional manner. An established staff team supported each other well through clear channels of communication. This ensured any changes to care were consistently achieved.

Staff had a very good knowledge of the Health and Social Care Standards and of the principles of person-centred care which underpinned their practice. It was evident from feedback from people experiencing care and their relatives that staff had a sound value base of respecting people and treating them with compassion and in a way that was right for them. One relative told us 'You can tell members wellbeing is important to the staff'.

How good is our setting?

4 - Good

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

The premises are owned and maintained by Midlothian Council. Any concerns regarding damage or required repairs are reported directly to the council for action. During our visit, we noted that some areas of the centre would benefit from redecoration. In particular, we observed tired carpets requiring replacement, broken tiles in the kitchen area and external repairs needed to the roughcast finish. Addressing these issues would contribute positively to the overall environment and comfort of those using the service.

However, the centre was clean and tidy, free from odours or intrusive noises. The garden area to the rear of the building offered a tranquil space for people to use and easy access. The centre was maintained with a range of checks weekly, monthly and annually and records were signed and dated when completed.

How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were several important strengths which taken together impacted positively on outcomes for people and clearly outweighed areas for improvement.

The quality of information held within support plans about people's health and support needs was good. Support plans contained detailed information about people's personalities, interests and preferences which gave a real sense of what was important to the person.

People we spoke with told us that they had regular reviews with managers about their support and that these were helpful to them in discussing their health and wellbeing needs and planning for their future support. It also gave them the opportunity to share their views about their experience of how well they felt supported.

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 high quality care, the provider should enable opportunities for staff to reflect on their practice through discussions at team meetings and through regular supervision with their manager.

This is in order to comply with the Health and Social Care Standards which states that: "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 area for improvement was made on 27 June 2024.

Action taken since then

Regular team meetings and debrief are taking place, however the manager is yet to develop formal methods of supervision.

This area for improvement has not been met and will be carried forward.

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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