

# Deanfield Care Home Care Home Service

Roadhead  
Hawick  
TD9 7HN

Telephone: 01450 373 072

**Type of inspection:**  
Unannounced

**Completed on:**  
20 March 2025

**Service provided by:**  
Scottish Borders Council

**Service provider number:**  
SP2003001976

**Service no:**  
CS2019378023

## About the service

Deanfield Care Home is situated in the Scottish Borders town of Hawick.

The care home has an upper and lower level. Lower Deanfield has three units providing care and support to 21 older people. Upper Deanfield currently provides reablement support to 12 people transitioning from hospital to home.

Both upper and lower Deanfield have a communal lounge, dining area with small kitchen, and accessible bathrooms and toilets. Lower Deanfield also has a communal area used for music and other various activities for example, arts and crafts, baking or watching films.

Each unit has bedrooms with their own ensuite shower and toilet facilities. The home's office, kitchen, laundry and staff room are centrally located.

Deanfield Care Home is situated close to the centre of Hawick. Shopping and leisure opportunities are nearby, along with churches and health services. Hawick is well served by public transport.

The service provider is Scottish Borders Council.

## About the inspection

This was an unannounced inspection which took place between 11 March 2025 and 14 March 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:

- We spoke with and gathered feedback via an electronic questionnaire from 12 people using the service, 12 relatives and six health professionals.
- We talked with four members of staff and the management teams, 38 staff members completed the electronic questionnaire.
- Observed staff practice and daily life.
- Reviewed a range of documents.

## Key messages

- People experience compassionate care and support because there was warm, encouraging, positive relationships between staff and people using the service.
- There were a range of audit tools which informed the manager and senior management about how well the service was performing.
- The provider should review the training matrix to ensure its user-friendliness and accuracy.
- Care and support plans were personalised and gave good guidance to ensure people were well supported and safe.

## 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.

### **Quality Indicator: 1.3 People's health and wellbeing benefits from their care and support**

The home had a nice, relaxed and homely feel. Staff knew people well and all enjoyed friendly interactions. People told us, 'I like it very much here; the staff are very good to me', and 'staff are friendly and attentive, they are like family.' This meant people were reassured they were being looked after in a caring environment.

People were being encouraged to enjoy opportunities to engage in a range of activities which were meaningful to them. Many of these activities encouraged people to move and change positions, for example, seated exercise groups. Some people enjoyed arts and crafts, participated in gardening, bus trips out of the home and musical events. People were able to choose how to spend their day, and this meant they were listened to, and treated respectfully. Staff should continue to provide opportunities for people who remained in their rooms to participate in and enjoy activities.

The activities coordinator had developed a connects, observations and next steps tool. This was used to capture people's preferences in relation to activities, ideas around interests from conversations held with people and activities people had participated in. We suggested that these summaries be included within reviews of care to give a good overview of what activities people have been involved in and what future plans have been made. This would give residents and families opportunities to be included and give their views and opinions in relation to activities.

Staff had developed good relationships with people who used the service, and their family and friends. Care plans provided clear information about who was important to people, and how to support people to maintain contact. People told us, 'Communication is good' and 'staff contact us regularly, keeping us informed.' This demonstrated staff recognised the importance of nurturing relationships for, and with people, which benefited their overall wellbeing.

The home welcomed visitors and there were no restrictions in place at the time of inspection. As a result, staff supported people to maintain meaningful connections with loved ones.

There was a varied menu on offer and staff were knowledgeable about people's needs and preferences. Visual choices were offered, which helped people who had memory difficulties. We were told, 'the food's really nice' and 'the food's good, there's plenty to choose from.' It was positive to see staff encouraging people to eat their meals together in the dining room, staff sat alongside people to provide reassurance or to assist people with eating. This inclusive atmosphere provided natural prompts and encouraged people to eat and drink well. We discussed with the manager, staff being aware of not becoming task focused towards the end of the meal. This would ensure a consistent pleasant, social dining experience.

There was an organised system in place for administration of medications. This was audited on a regular basis by the senior team. A protocol was in place for administration of 'as required' (PRN) medications, and where this was prescribed, was given appropriately. This meant people could be confident their medication was available and being administered safely.

We made a previous area for improvement in relation to medication at the last inspection. This area for improvement has been met.

Care plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. The information held within plans had been monitored regularly and we saw appropriate referrals had been made to other health professionals if required. Their advice and guidance was reflected in relevant care plans. Care plans were personalised and regularly updated as people's needs and preferences changed. Health professionals told us "Staff are always very appreciative of any advice and support the team can give. They take on board any issues and work to improve where required".

## 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.

### Quality Indicator: 2.4 Staff are led well

Leadership was supportive, responsive and visible, which enabled staff to voice their concerns, share ideas and explore ways to promote resilience. Staff knew their contribution was valued and recognised by the management of the service. This helped keep people motivated, remain adaptable and to focus on how best to provide care and support.

The management team used a variety of comprehensive quality assurance processes which enabled them to have good oversight of people's care.

The manager had developed a new observations/spot checks system which captured staff performance and competencies, although this was in the early stages of implementation, we were able to see that actions arising from staff observations of practice were being actioned accordingly. Other approaches included undertaking regular audits, meeting with residents and relatives and the implementation of a well written improvement and development plan. This ensured people had confidence that their care was being managed effectively and responded to appropriately.

We discussed with the manager trying new strategies in relation to gathering feedback from satisfaction surveys, promoting opportunities for people to share their views and contribute to the overall improvement of the service provided.

Management had developed a continuous self-evaluation process which highlighted strengths, corrected performance weaknesses and developed unused skills and abilities. Self-evaluation enables care settings to reflect on what they are doing so they can get to know what they do well and identify what they need to do better.

## 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.

## **Quality Indicator: 3.3 Staffing arrangements are right and staff work well together.**

We were impressed by the staff understanding of the support needs of the individuals they supported. They demonstrated a strong commitment to enabling and empowering positive change. It was evident that the staff members were an asset to the service, contributed significantly to its effectiveness.

Staff felt supported in their role and had confidence in management should they have to raise any concerns. Carer told us: "The management team are highly visible and engage with residents, families and staff constantly", "I feel I have much more support, and I'm actively encouraged to suggest new ideas, and these are taken on board."

Supervision records were completed for all staff; staff told us they could speak with a manager at any time, and they attended regular team meetings. We sampled records of supervision meetings and found good evidence of discussions held, feedback on practice, reflection on any training undertaken and aspects of care they did well or found more challenging. This aided staff development. We discussed linking observations of practice to staff supervision sessions so that clear feedback could be provided from the manager.

Staff completed a range of online and face-to-face training courses. Competency based training was also delivered and included administering medication and supporting people with their moving and handling. This gives people confidence their care and support is delivered by competent staff.

The training matrix used to assess overall compliance and give quality assurances had been updated since our last inspection however, still presented some issues with incorrect information. The manager was keeping her own data log to ensure staff training was reviewed effectively. We suggested that the provider reviews the training matrix to ensure its user-friendliness and accuracy, to give confidence in staff's knowledge, skills and ability.

We made a previous area for improvement in relation to training, this area for improvement has been partially met. We have revised this area for improvement to reflect further improvements needed. **(See area for improvement 1).**

Regular team meetings with all staff departments were held on a regular basis, including daily handover meetings focusing on the needs of residents. This ensured that effective communication was in place and supported the management oversight of the care delivered to people.

People's care needs were fully assessed to determine the staffing level needs. These were reviewed monthly.

## **Areas for improvement**

1. To ensure people are confident and staff are competent and skilled to undertake their designated roles the provider should ensure:

The training matrix is updated to reflect accurately all training undertaken by staff.

This is to ensure care and support is consistent with Health and Social Care Standard (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).

**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.

**Quality Indicators: 4.1 People experience high quality facilities**

People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and generally looked-after, with no evidence of intrusive noise or smells. All rooms had personal items with appropriate decoration.

People living in the home benefitted from being able to access different parts of the home. Garden areas were safe, accessible, well-kept and welcoming, with raised flower beds and pots maintained by the residents and staff.

People were actively encouraged to spend time outside which enabled people to feel more connected to their local community.

There were clear planned arrangements for regular monitoring and maintenance of the premises and the equipment, this ensured people were safe. This included training and assessing staff competency to safely use and maintain any equipment their role requires.

Staff carrying out housekeeping and cleaning in the service were familiar with required environmental and equipment decontamination. This includes the safe management of linens, uniforms and waste.

As part of the ongoing improvement and development plan for the service, several new furniture items had recently been purchased and there were plans to upgrade the signage within the home support people to move around freely. We will follow this up at our next inspection.

**How well is our care and support planned?****4 - Good**

We evaluated this key question as good, as several strengths, taken together, clearly outweighed areas for improvement.

**Quality Indicator: 5.1 Assessment and personal planning reflects people's outcomes and wishes**

The provider was in the process of implementing a new digital support planning system. The management team were in the process of changing individuals records over to the new digital platform. We will follow up on the progress of this change at our next inspection.

The manager and staff had worked hard to improve the quality of care and support plans in Upper Deanfield since our last inspection. We found that support plans across both Upper and Lower Deanfield were personalised and set out the care and support that people required to keep them safe.

The information contained within plans was clear and detailed ensuring people were receiving the right support at the right time. For Upper Deanfield this makes certain that when a person is ready to go home or move to an alternative place of residence there is clear outcomes detailed in their plans, ensuring effective support in the community.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. People and their relatives were also benefitting from regular reviews of their care and

support.

People had access to external professional supports such as GPs, opticians, and district nurses when this was needed. This ensured that people were receiving regular routine health screening and had access to other peripatetic professional supports. Guidance from other professional staff was recorded clearly within plans.

We made a previous area for improvement relating to care planning at the last inspection. This area for improvement has been met.

Anticipatory care plans were in place, including do not attempt cardiopulmonary resuscitation (DNACPR) certificates. These helped to direct the care and support for people at the end of life and provide clear instructions for professional staff.



## 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 are confident their medication regime is being managed safely.

The provider should:

- Ensure protocols for "as required" medication are in place for everyone who requires this.
- These to include what action could be taken before having to offer medication.
- When "as required" medication is given the outcome of this is recorded.
- Ensure staff have clear guidance on how, where, and when to apply medication patches.
- Ensure the effectiveness of current topical medication/s or patches being used are regularly monitored and evaluated.
- Topical medications are signed off after being applied.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

"I experience high quality care and support based on relevant evidence, guidance and best practice". (HSCS 4.11); and

"I experience high quality care and support because people have the necessary information and resources". (HSCS 4.27).

**This area for improvement was made on 4 October 2023.**

#### Action taken since then

Support action plans are now in place for all residents both in upper and lower Deanfield. Plans contain PRN protocols given clear guidance for staff in relation to medication administration, records support recording of effectiveness and desired outcomes. Body maps have been introduced for all residents who require topical medication or patches. Medication records are regularly monitored and audited ensuring medication regimes are managed safely.

This area for improvement has been met.

#### Previous area for improvement 2

To ensure people are confident and staff are competent and skilled to undertake their designated roles the provider should ensure:

- The training matrix is updated to reflect accurately all training undertaken by staff.
- Review mandatory training to ensure topics are undertaken and refreshed in a timely manner.
- Share the matrix electronically to Care Inspectorate representatives already identified.
- Competency observations should be identified and put into practice.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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 4 October 2023.**

### Action taken since then

The manager had introduced a new competency recording system to allow for observations of practice to be recorded effectively, although this was in the early stages of implementation, we were able to see that actions arising from staff observations of practice were being actioned accordingly.

Mandatory training had been completed by staff in a timely manner.

The training matrix had been updated but still presented some issues with mis-information. The manager was keeping her own data log to ensure training was reviewed effectively. We would suggest that the provider reviews the training matrix to ensure its user-friendliness and accuracy.

This area for improvement has been met, with a new area for improvement raised to reflect further improvements required.

### Previous area for improvement 3

To ensure leaders and staff use personal plans to deliver care and support effectively and to maintain the health, safety and welfare of supported people, appropriate care plans should be implemented.

To do this, the provider must, at a minimum:

- Undertake a full assessment of people's needs.
- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.
- Where there is a risk identified there is appropriate risk reduction or preventative measures recorded to provide guidance to staff.
- Ensure care plans are reviewed and updated when people's needs change.
- Ensure that there is effective case recording, with appropriate evaluation to determine if actions are required.
- Ensure staff have undertaken training with regard to care planning and care recording appropriate to their role.
- Implement an effective auditing system to review care plans and take action when concerns arise.

This is to ensure care and support is consistent with Health and Social Care Standard (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 area for improvement was made on 4 October 2023.**

### Action taken since then

Following the last inspection the management team has developed and implemented new assessment and support plan documentation in Upper Deanfield. Plans have been specifically developed for the reablement service. Plans sampled showed that documentation and records were accurate and sufficiently detailed,

reflecting the care planned and provided.

Review forms had been added to ensure there is accurate recording of service users progress, abilities and their involvement in their reablement plan.

All staff were observed to have completed meaningful recording training.

Support plans were being audited by the management team monthly ensuring actions were taken when concerns arised.

This area for improvement has 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](http://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
2.4 Staff are 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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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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