

Peebles Nursing Home Care Home Service

Tweed Green
Peebles
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Type of inspection:
Unannounced

Completed on:
25 March 2025

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Service no:
CS2010271379

About the service

Peebles Nursing Home provides a care home service to 31 older adults. The service is provided by Mansfield Care Limited. The service is situated in Peebles in the Scottish Borders. At the time of inspection 24 people were living in the home.

The rooms are accommodated over two floors. On the ground floor, there is a large spilt sitting room and a separate dining room. The home benefits from a small seating /garden area to the front and a small enclosed rear garden. The home is situated in the heart of Peebles, giving access to shops and community facilities.

About the inspection

This was an unannounced inspection which took place between 24 March 2025 and 25 March 2025. The inspection was carried out by two inspectors 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, 16 relatives and four health professionals.
- We talked with members of staff and the management teams, seven staff members completed the electronic questionnaire.
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- Whilst staff were kind and respectful in carrying out tasks, at inspection there was a lack of any meaningful engagement with people supported.
- The management supported good communication between staff in relation to people's health needs.
- There was a lack of overview of staff practice. Staff did not always receive regular supervision, there was little opportunity to evaluate staff's competency or learning and development needs
- Staffing levels were sufficient to meet the needs of people supported. However, deployment of staff across the home was variable.
- The manager and staff had continued to review the quality of care and support plans since our last inspection.

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?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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.

Whilst people were treated with kindness and respect during care tasks, there was little or no meaningful engagement from staff out with the tasks. There was a lack of understanding about the ethos of person-centred care. We will discuss staff practice further under key question two and three.

Relatives and friends were welcomed into the home and could spend time with their loved ones, either in the home or in the local community.

The absence of an activity's coordinator led to many people not being able to pass their time in a meaningful way. More than one person using the service told us 'I would like to move more'. Some group activities did take place with staff during the inspection; however, care staff presented as too busy to spend time supporting people with activities out with their care duties. As a result, people's opportunities for meaningful engagement, access and connection to the community and independence was limited.

At the time of inspection, the management team were in the process of recruiting to two new roles, a new activities coordinator and lifestyle and hospitality host which was due to start the following week. Recruiting to these roles would have a positive impact on people's outcomes.

There was a lack of engagement and interaction from staff before and during meals which meant the dining experience was not as enjoyable as it could be. Further support should be given to staff to promote awareness of not becoming task focused. 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.

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 were reflected in relevant care plans. The management team maintained clinical overviews and held regular clinical meetings to support good communication between staff in relation to people's health needs.

One health professional told us 'The care home staff support residents' well-being appropriately; the manager is actively addressing concerns and moving forward in a positive way, improvements have been made in providing quality of care'.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

The provider had a comprehensive suite of quality assurance tools in place. There were systems in place to audit a range of areas including analysis of accidents and incidents, staff training needs, medication, and reviewing care plans. This helped staff to identify trends and take prompt action to prevent reoccurrence. However, although we noted appropriate action and follow up was taking place from audits, there was a lack of overview of staff practice. This meant audits were not always leading to improved outcomes for people living in the home.

Staff did not always receive regular supervision. This meant there was little opportunity to evaluate staff's competency or learning and development needs. Staff told us they had not received supervision in some time. We were concerned that staff may not have access to up-to-date practice guidance or information.

We spoke with the manager regarding this, and supervision had restarted in March 2025. However, there should be a stronger overview of staff supervision to ensure this is consistently achieved.

Staff showed kindness and warmth when supporting people, however all support was task orientated. There was very little interaction, if any, out with tasks.

Staff practice we witnessed did not meet the expected standard of Mansfield Care. Staff lacked the skill and understanding needed to meaningfully engage with people supported. There was a lack of evidence of overview of staff practice which may have identified the improvements needed. **(See area for improvement one).**

Areas for improvement

1. To ensure people experience high quality care, the provider should ensure they provide:

- opportunities for staff to reflect on their practice through discussions at team meetings and through regular supervision with their manager.
- Observations of staff practice are carried out and recorded. This would include, ensuring training is put into practice, and that staff practice reflects the health and social care standards.
- Where practice is identified as needing improvement there is support through training and one to one meeting.

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

'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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Staff were recruited in a safe way. Induction processes were in place, and this included mandatory training. Whilst a training plan was in place, staff practice did not reflect the underpinning knowledge required. This is further discussed under key question two.

The staff rotas indicated that staffing was sufficient to meet the needs of people supported. However, deployment of staff across the home was variable. On day one of our visits, there were no staff allocated to support people in any meaningful way in the lounges and some people were left sitting in the dining room from breakfast for prolonged periods of time. People supported in the home told us this was also their experience, whilst staff were kind, they did not have time to spend with them.

Staff had completed a range of online training courses. However, there were limited systems in place to evaluate staff's understanding or ability to transfer learning into practice. We identified gaps in their knowledge and understanding in areas including supporting people living with dementia and stress and distress. The provider should ensure staff training and support provides the skills, knowledge and understanding required to meet people's needs.

On the first day of inspection, we found the laundry was not managed as well as we expected. On discussion with the manager this was resolved on day two. However, it was clear staffing had an impact on managing the laundry effectively. Whilst we recognised this was due to an unplanned absence; the manager should look to ensure appropriate cover of laundry duties is undertaken.

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.

People benefitted 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 little evidence of intrusive noise or smells. All rooms had personal items with appropriate decoration.

There were clear planned arrangements for regular monitoring and maintenance of the premises and the equipment, this ensured people were safe.

There was an ongoing refurbishment improvement and development plan for the service.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. People had access to external professional supports such as GPs, opticians, and district nurses when this was needed. This ensured people were receiving regular routine health screening and had access to other peripatetic professional supports. We found guidance from other professional staff was recorded well within plans sampled.

The manager and staff had continued to review the quality of care and support plans since our last inspection. Whilst there was some good detail in the plans, often this did not reflect the changes identified through monthly reviews of care. This meant for some people, care plans were not fully accurate of their up-to-date care.

For those who were able to discuss their choices with staff, there was a lack of preferences detailed. As good practice all choices of support should be recorded to enable the person to continue to be supported in the way they want, should this change.

There were 4 previous areas for improvement in relation to care planning following the last inspection, we have revised and consolidated these into one new area for improvement. This will ensure management have a clear understanding of what further improvements are needed in relation to care planning. (**See area for improvement 1**).

Anticipatory care plans are a tool to discuss what matters most when making plans for care in the future. Whilst there was information in the plans on peoples wishes, further work was needed to ensure the information was detailed and reflected discussions with the person and their family.

Areas for improvement

1. To ensure personal plans accurately reflect the care provided. The manager should ensure:

- When personal plans are reviewed, subsequent sections of the care plans should be updated accordingly to reflect all assessed care needs, including changes identified.
- The plans are fully audited to ensure all the information held within them can be cross referenced as being accurate.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice (HSCS 1.19)

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

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

People should have confidence that staff know how to care and support them, taking accounts of their needs and wishes. To achieve this, the personal plans should be reflective of preferences in personal care. They should also give information to staff where the person is unable to effectively communicate any health concerns. This would include reference to changes in demeanour or body language.

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

1.19 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

4.27 'I experience high quality care and support because people have the necessary information and resources.'

This area for improvement was made on 16 January 2024.

Action taken since then

This area for improvement has been met with a new area for improvement given to reflect further improvements in relation to care planning.

Previous area for improvement 2

People's needs should be fully met as agreed in their personal plan, to achieve this, all documentation relating to care should be accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning.

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

1.19: 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

4.27 'I experience high quality care and support because people have the necessary information and resources'.

This area for improvement was made on 16 January 2024.

Action taken since then

This area for improvement has been met with a new area for improvement given to reflect further improvements in relation to care planning.

Previous area for improvement 3

Staff must be able to support people to receive care that meets their health, safety and wellbeing needs and enables them to experience respectful, personalised care. To achieve this, there should be an ongoing assessment of people's needs (including nursing care), preferences (including meaningful activity) and assessment of risk to enable people to be safe.

This is to ensure care and support is consistent with the health and social care standards which state:
 2.22 'I can maintain and develop my interests, activities and what matters to me in the way that I like.'
 3.15 'My needs are met by the right number of people.'
 3.16 'People have time to support and care for me and to speak with me.'

This area for improvement was made on 16 January 2024.

Action taken since then

This area for improvement has been met with a new area for improvement given to reflect further improvements in relation to care planning.

Previous area for improvement 4

People experiencing care and support should have confidence that communication, both verbal and written, between them, their family/chosen advocates, staff, and the service provider will be accurately maintained.

To achieve this, the manager should ensure to:

Establish clear and robust systems and guidance to support staff in maintaining accurate communication records at all times.

This includes providing training and resources to ensure staff understand the importance of accurate communication and how to properly document information.

This is to ensure care and support is consistent with Health and Social Care Standard
 4.11: 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

This area for improvement was made on 17 July 2024.

Action taken since then

We observed communication logs to be accurate and up to date, the manager had addressed communication needs with staff.

This area for improvement has been met.

Previous area for improvement 5

People experiencing care and support should be confident that they will be supported with their personal care needs in a way that is right for them, in order to achieve this the provider should:

Ensure that a full review of people's personal care needs is completed.

That people's care plans reflect their needs and preferences, in a way that provides staff with clear instructions on how best to support people experiencing care with their personal care tasks.

Ensure these are reviewed regularly and updated as required to meet the changing needs of people living in the home.

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

1.4: 'If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected.'

This area for improvement was made on 17 July 2024.

Action taken since then

This area for improvement has been met with a new area for improvement given to reflect further improvements in relation to care planning.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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