

St. Andrew's Care Home Care Home Service

Stirches
Hawick
TD9 7NS

Telephone: 01450 372 360

Type of inspection:
Unannounced

Completed on:
14 August 2025

Service provided by:
Park Homes (UK) Limited

Service provider number:
SP2006008483

Service no:
CS2006131208

About the service

St. Andrew's Care Home is a care home for older people situated on the outskirts of Hawick in the Scottish Borders. The service provides nursing and residential care and is registered for 40 people, including short breaks and respite.

The home is situated in its own grounds with parking for visitors. As the home is situated out with the town, access to transport is advised. Accommodation is provided over three floors. All floors have access to sitting areas and dining rooms. Rooms are single, however there are larger rooms that can accommodate couples who are looking for ongoing care and support. Some rooms have full en-suite facilities which include toilet, wash hand basin and shower. Other rooms are standard with no facilities but with toilet and bathroom facilities close by.

At the time of this inspection there were 30 people living in the care home.

St. Andrew's Care Home is owned by Park Homes (UK) limited whose base is in Bradford.

About the inspection

This was an unannounced inspection which took place between 5 and 11 August 2025. The inspection was carried out by four 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:

- spoke with 17 residents using the service and 10 of their relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documentation
- spoke with external professionals

Our inspection raised significant concerns in relation to how resident's health, welfare and safety needs were met. As a result , we issued the service with an Improvement Notice on 19 August 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com

Key messages

- Residents liked their staff and described them as 'kind', 'lovely' and 'always smiling'.
- Significant concerns were identified regarding staffing levels, which affected the timeliness and consistency of care delivery.
- Inconsistent monitoring of residents' health and wellbeing, combined with poor Wi-Fi connectivity, limited the accuracy and timeliness of care records and oversight.
- Routine audits and quality checks were disrupted due to the manager being required to cover frontline duties.
- Concerns were raised about the provider's responsiveness to immediate hazards and risks, which impacted resident safety.
- Staff demonstrated commitment and diligence in meeting residents' needs, though current staffing levels placed considerable pressure on the team.
- Several areas of the home were affected by unpleasant odours, detracting from residents' comfort and dignity.
- The care home was found to be in a state of disrepair, with visible neglect across both internal and external environments.
- An Improvement Notice with three required improvements was issued to the provider on 19 August 2025.

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staff team?	2 - Weak
How good is our setting?	2 - Weak
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?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

During our inspection, residents spoke positively about their staff, describing them as "kind," "lovely," and "always smiling." These interactions reflected genuine warmth and attentiveness.

However, we noted significant concerns regarding staff availability. Several residents reported long waits for assistance, and we observed individuals left unattended for extended periods, particularly while waiting for meals or activities. This lack of timely support impacted both the quality of care and individuals' overall experience.

Relatives we spoke with consistently praised care staff. Nonetheless, feedback overwhelmingly highlighted concerns about staffing levels. Comments such as "staff are thinly spread" and "they need more staff" were common. Some relatives expressed concern the current staffing arrangements placed their family members at increased risk of falls and other safety issues.

These findings suggest that while staff are dedicated and caring, the current workforce capacity is insufficient to meet the needs of all residents consistently and safely. This is now subject to an Improvement Notice which we issued on 19 August 2025.

Monitoring and documentation of residents' health were found to be inconsistent and, at times, ineffective. Although staff completed daily notes, records relating to basic care needs were frequently incomplete, raising concerns about the reliability of care delivery. Our observations suggest that staffing pressures contributed to this lack of oversight.

In addition, electronic record-keeping was significantly affected by poor Wi-Fi connectivity throughout the home, which hindered real-time updates and compromised the accuracy and timeliness of information. Taken together, these issues meant records did not offer sufficient assurance of residents' safety and wellbeing. We issued an Improvement Notice on 19 August 2025 and discussed with the provider the need for urgent enhancements to staffing levels and internal infrastructure to support a more responsive and effective care environment.

An existing area for improvement regarding oral care had not been addressed. This unmet requirement will remain under review and be reassessed at a future inspection.

Processes to manage medication were in place, including controlled drugs, 'as required' medicines and topical medication. Regular checks were completed to ensure residents received the right medication at the right time. We found storage conditions for some medications were above the manufacturer's recommended temperature range. We spoke with managers who informed us they were taking immediate action to rectify the issue.

How good is our leadership?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

Staff expressed positive views about the registered manager and the support they received. However, several staff members raised concerns about the provider's lack of action in addressing necessary improvements within the home. These concerns primarily related to insufficient resources, including staffing levels, appropriate infection prevention and control, and poor maintenance of the physical environment.

Our inspection findings aligned with these concerns. We observed recent changes in management processes and senior leadership which had adversely affected the home. We were particularly concerned about the provider's ability to respond promptly to immediate hazards and risks, which compromised the wellbeing and safety of individuals living in the home.

While the manager maintained responsibility for overseeing service quality through routine audits and checks, their ability to fulfil this duty was compromised when they were required to take on frontline responsibilities. Although they continued to make efforts to uphold standards, their capacity to monitor performance rigorously and respond promptly to emerging issues. This strain contributed to a decline in the overall quality of care and support provided.

This is now subject to an Improvement Notice which we issued on 19 August 2025.

How good is our staff team?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

During key periods of the day, all available staff were occupied, resulting in individuals being left without direct support for extended periods. Relatives expressed concern about staffing levels, describing the situation as "a problem," noting that "staff are run ragged," and that "sometimes you can't find anyone - there's no-one in sight."

During our conversations with staff, several expressed frustration and discomfort with the current working arrangements. Despite these challenges, staff consistently emphasised their commitment to the residents, stating that their continued presence in the role was driven by genuine care and dedication to those living in the home.

We observed staff working diligently to meet residents' needs; however, the majority of individuals required support from two staff members, which significantly limited the availability of personnel and placed considerable strain on resources.

Although dependency tools were in use to assess staffing requirements, they did not adequately account for broader challenges related to the complex layout of the home and staff deployment issues, for example covering absences, vacancies, and fluctuating care demands.

This is now subject to an Improvement Notice which we issued on 19 August 2025.

We observed concerning delays in response times for individuals identified as being at high risk of falls, which increased the potential for harm. Chair sensors used for these residents were not linked to the main call bell system, meaning staff were not automatically alerted when individuals attempted to mobilise. At the time of inspection, interim risk mitigation measures had not yet been put in place. To support resident safety, we requested that manual monitoring begin immediately and discussed the need for urgent

improvements to the alert system.

Access to the care home was compromised due to delayed response times at both front and rear entrances, raising concerns about emergency services' ability to gain timely entry in a critical incident.

This is now subject to an Improvement Notice which we issued on 19 August 2025.

How good is our setting?

2 - Weak

We made an evaluation of weak for this key question. Whilst some strengths could be identified, these were compromised by significant weaknesses.

People should be supported in an environment which is well-maintained, clean, and tailored to meet their needs and preferences. However, we found furnishings and pieces of equipment which were poorly maintained, making them difficult to clean. Many areas of the home were malodorous, detracting from residents' comfort and dignity. While the domestic staff worked diligently to maintain cleanliness, numerous areas, including residents' bedrooms, were not prioritised for regular cleaning in line with infection prevention and control guidance. This is now subject to an Improvement Notice which we issued on 19 August 2025.

The home had recently experienced issues with the provision of hot water. Although this was resolved, we found ongoing problems with the heating system. Excessive heat was present throughout much of the home, posing potential health risks such as dehydration, heat exhaustion, and exacerbation of respiratory conditions. This is now subject to an Improvement Notice which we issued on 19 August 2025.

Our inspection identified several areas within the care home which would benefit from significant improvement. Both internal and external environments showed signs of wear and insufficient upkeep. Specific issues included a shower area with visible mould, internal wall corners with sharp or rough edges, waste items stored outside the premises, and exposed hot pipes and electrical cables. The use of multi-plug extension leads also presented potential safety risks. These environmental concerns impact residents' safety and dignity, raising serious concerns about the provider's operational and organisational oversight.

This is now subject to an Improvement Notice which we issued on 19 August 2025.

Additionally, our inspection highlighted a significant fire safety concern which required urgent attention to safeguard residents. We were advised that previous efforts to repair a fire door had not been successful, and further delays of one to two weeks were expected before the necessary remedial work could be completed. In light of the potential risk and the limited progress made, we took steps to facilitate timely engagement with external agencies to ensure the provider resolved the issue promptly.

This is now subject to an Improvement Notice which we issued on 19 August 2025.

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. Whilst strengths had a positive impact, key areas need to improve.

The provider had invested in electronic personal planning systems to enhance the effectiveness of care and support. All individual plans were current and included sufficient detail about each person's outcomes,

enabling staff to meet their basic care needs confidently. While this approach promoted meaningful support, personal plans would benefit from further enrichment?"particularly with details about individuals' personal histories, interests, and other aspects that matter most to them .

Future care planning (sometimes referred to as anticipatory care planning) had been undertaken. These plans reflected residents' preferences and ensured that their future wishes would be respected and followed. Where individuals were unable to fully express their views, those with legal authority were appropriately involved in shaping and directing care decisions. We were reassured to find measures in place aimed at protecting and upholding residents' rights.

Daily recording and monitoring processes were established; however, we identified significant gaps in key areas of support, including personal hygiene checks, oral care, and repositioning. Additionally, some records? "such as night time checks?"were not completed in real time due to ongoing issues with Wi-Fi connectivity, which hindered timely documentation .

Overall, our findings highlighted challenges in the provider's ability to consistently deliver timely and responsive care.

This is now subject to an Improvement Notice which we issued on 19 August 2025.

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

Requirements

Requirement 1

By 28 May 2025, the provider must ensure there are, at all times, adequate numbers of skilled and competent staff, to meet the health, safety, and wellbeing needs of all people experiencing care in the service.

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

- a) review staffing levels over a 24 hour period;
- b) undertake observations to determine how effectively people's needs are met;
- c) obtain the views of people, their representatives and staff to help inform staffing levels;
- d) ensure there are sufficient staff on duty to meet people's needs and requests for care.

This requirement was made on 8 April 2025.

Action taken on previous requirement

This requirement was issued following a complaint investigation and subsequently reviewed on 2 June 2025. Due to continuing concerns, we found the requirement was not met. The provider remains responsibly for continuing to implement the necessary improvements.

During this inspection we observed that staffing levels were insufficient to meet residents' care and support needs effectively. Furthermore, staff were frequently undertaking duties outside their contracted responsibilities to compensate for vacancies, annual leave and other absences. This placed additional strain on the team and impacting service delivery.

For further details, please see section 'How good is our staff team'.

This requirement was not met and is now subject to an Improvement Notice which we issued on 19 August 2025. For further details of this enforcement see the service's page on our website at www.careinspectorate.com

Not met

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's preferences and intended outcomes are met the service should:

- Ensure people's personal and oral care choices are being offered and supported daily or as frequently as recorded in their care plan;
- Records should be monitored and audited to identify any gaps and any actions taken;
- Where appropriate, consistent approaches should be established to encourage people to engage with accepting personal and oral care.

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

"If I require intimate personal care, this is carried out in a dignified way, with my privacy and personal preferences respected" (HSCS 1.4)

"My needs, as agreed in my personal plan, are fully met and my wishes and choices respected" (HSCS 1.23).

This area for improvement was made on 3 June 2024.

Action taken since then

We identified notable gaps in the documentation of individuals' oral care needs. In addition, insufficient staffing levels and unreliable Wi-Fi connectivity were impacting on staff practice and the consistency of record-keeping.

Despite these challenges, the manager had been monitoring the situation, with improvement strategies discussed during team meetings.

This area for improvement remains unmet and will be reassessed during a future inspection.

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?	2 - Weak
1.3 People's health and wellbeing benefits from their care and support	2 - Weak
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	2 - Weak
3.3 Staffing arrangements are right and staff work well together	2 - Weak
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
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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