

# Galashiels Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
28 October 2025

**Service provided by:**  
Pryce & Co Ltd

**Service provider number:**  
SP2003002284

**Service no:**  
CS2003010293

## About the service

Galashiels Nursing Home is registered to provide care and support to a maximum of 37 older people.

The home is located in a residential area near to the centre of Galashiels and is close to local amenities. The home is set in private grounds with a garden and private parking.

The accommodation is provided over two floors within the original building, and in a small extension to the ground floor. The bedrooms located in the extension have ensuite facilities with shared bathing and toilet facilities on both floors in the main building. The dining room is on the ground floor where there is also a large lounge/dining/conservatory area.

## About the inspection

This was an unannounced inspection of the service which took place on 20 and 21 October 2025. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection information was reviewed 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 people using the service as well as feedback from relatives. We also spoke with management and staff, observed practice and daily life as well as reviewed a wide range of documents.

## Key messages

- Staff demonstrated a strong understanding of individuals' care needs and consistently provided support with genuine compassion and respect.
- Efforts are needed to implement more robust wound care plans that allow for clear tracking from initiation through to resolution.
- Staffing arrangements in the nursing home were sufficient to meet residents' care needs, benefiting both residents and staff.
- Mealtimes offered a diverse selection of food and beverages, with an emphasis on promoting personal choice and enjoyment.
- Support plans were person-centred, clearly outlining individuals' needs, desired outcomes, and any associated risks.

## 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 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, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People living in the service experienced care and support delivered with compassion. Inspectors observed warm, encouraging relationships between staff and residents, contributing to a positive and respectful atmosphere. Staff demonstrated a strong understanding of individual needs and preferences, promoting independence and offering meaningful choices. Feedback from those residing in the home and their families was mainly positive.

Those residing in the home were well-presented, and personal hygiene needs were clearly being met, as evidenced through documentation on the electronic system. Staff responded promptly to call bells during the inspection, ensuring timely attention to people's needs.

Daily multidisciplinary meetings were held to discuss current issues and plan for the day ahead, supporting effective communication and coordination across departments.

Medication management systems were found to be robust and consistently effective. Procedures for prescribing, administering, and monitoring medications adhered to best practice standards. Staff demonstrated strong competency in medicine handling, and documentation supported safe and timely administration. No significant concerns were identified, and residents received appropriate pharmaceutical care.

Skin integrity was well maintained, with improvements noted in the recording of skin checks compared to the previous year. While all wounds were reviewed and documented, the current system made it difficult to track wound progression. Inspectors found it time-consuming to gather complete information, indicating a need for more structured and accessible wound care plans. The area from improvement in place from last year regarding wound care will not be met and will be carried forward as a priority for improvement in the next inspection.

Those receiving care had access to external healthcare professionals, including GPs, opticians, speech and language therapists (SALT), and podiatrists, with referrals made in a timely manner. A range of health assessments informed individual support plans and risk management strategies. Key monitoring processes, such as weight tracking and falls assessments, were in place and actively used.

The dining area was thoughtfully arranged, with a homely feel enhancing the ambience. Those residing in the home were offered a choice from the menu on the day. Meals were freshly prepared and served from a heated trolley, ensuring appropriate temperature and presentation.

Drinks were placed at each setting prior to service, and staff offered condiments as needed. Show plates were used to support informed choice. Portion sizes were generous, with additional options if required. Seating arrangements respected people's preferences, with options for both social and private dining. Staff were attentive and respectful, promoting independence and dignity throughout the mealtime. Residents' fluid and nutritional needs were met in a calm and unhurried environment. Staffing levels appeared sufficient, with appropriate supervision provided from corridors, where people have chosen to eat in their rooms. Staff interactions were warm and compassionate, contributing to a positive dining experience.

Feedback regarding activities was generally positive. However, inspectors noted that the upper floor sitting room was underutilized, with many people choosing to remain in their rooms. While this may reflect personal choice, there may be scope to offer one to one engagement or small group activities for those not participating in larger sessions.

During the inspection, the activities coordinator was on leave and no cover was in place. Staff reported that this placed additional pressure on them to facilitate meaningful activities alongside their regular duties. Consideration should be given to scheduling additional staff to support activity provision during periods of absence.

Day one of the inspection the manager was on holiday which highlighted a gap in leadership coverage during the manager's absence. We recommend the appointment of a deputy manager or a designated senior staff member who can assume leadership responsibilities when the manager is unavailable. Having a prepared and capable individual to step into the role ensures continuity of care and operational stability.

Furthermore, clinical leadership must be present within the home at all times, including during night shifts, to maintain safe and effective care standards.

### How good is our staff team?

### 4 - Good

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

The staff team at Galashiels Nursing Home is well-established and demonstrates strong collaborative working practices. Inspectors observed respectful communication among team members, which contributed to a warm and welcoming atmosphere. Residents received care from consistent staff who were familiar with their individual needs and had developed positive, caring relationships. Staff were clear about their roles and responsibilities, appeared motivated, and feedback from residents and their families was mainly positive.

Staff interactions during manual handling and equipment use were compassionate and competent, resulting in a smooth and stress-free experience for those receiving care and support. This reflected effective teamwork and a shared commitment to safe, person-centred care.

Regular staff supervisions were in place, providing opportunities for reflection, professional development, and discussion of learning needs. This process supports continuous improvement and contributes to positive outcomes for people experiencing care.

Based on assessments, dependency tools, and direct observation during the inspection, staffing levels were generally sufficient to meet the needs of residents and support desired outcomes. However, it was noted that staffing can be stretched during peak times and when covering activities, which may impact service delivery. This will be monitored further in future inspections.

Staff had access to a broad range of training opportunities, delivered both online and face-to-face. Training was monitored by the manager to ensure relevance to the care and support needs of residents.

Staff delivered care in line with professional standards set by the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC). All staff were appropriately registered and demonstrated an understanding of their professional responsibilities.

Management actively supported staff development through SVQs and Open University programmes. These initiatives foster a culture of learning and ensure staff feel valued in their roles, contributing to ongoing personal and professional growth.

Safe recruitment practices were observed, with induction processes supporting positive outcomes for residents. Minor queries regarding reference dates and PVG documentation were resolved during the inspection. It is recommended that all relevant dates are consistently recorded on the recruitment checklist.

Staff reported feeling well-supported by management and expressed satisfaction with their roles at Galashiels Nursing Home.

## How good is our setting?

**4 - Good**

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

The home presented a relaxed and welcoming atmosphere that appropriately reflected the age and preferences of the people living there. People were able to choose between spending time in communal areas or enjoying privacy in quieter spaces, including their own rooms.

Bedrooms were personalised with peoples own belongings, many of which had been brought from their previous homes. This contributed to a homely and familiar environment that supported emotional wellbeing. However, during the inspection, a small number of rooms were observed to have debris on the floor which the manager has already addressed.

The general living environment was clean, well-decorated, and free from clutter. Communal bathrooms were spacious and clean, allowing for the safe use of mobility aids. Equipment slings were checked and displayed up-to-date safety records, indicating compliance with manual handling protocols.

Maintenance of the environment and equipment was well organised, checks completed in line with requirements.

## How well is our care and support planned?

**4 - Good**

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

All support plans sampled provided staff clear direction about how to deliver each person's care and support. The sample of care documentation viewed provided a good overview of the person's life history, what was important to them, their choices, wishes and preferences. This ensures the care and support delivered to people were person centred and meaningful to them.

Those residing in the home were supported to live well through to the end of life, with care tailored to reflect what mattered most to them. This included ensuring their wishes were known and respected, and that care could be delivered in their preferred setting should their health deteriorate.

## 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 further minimise the risk of any development of pressure ulcers the provider should ensure the system in place must be able to demonstrate that the skin care needs of the service users are regularly assessed and adequately met.

In particular there should be :

- a) Ensure that the assessment and monitoring of skin problems and wounds is appropriate and up to date.
- b) Be able to demonstrate that adequate care planning and interventions are in place to care and support those service users at risk of developing pressure ulcers.
- c) Ensure that appropriate equipment to minimise the risk of service users developing pressure ulcers is always available and used appropriately.
- d) Review, revise and improve wound care documentation to ensure that a clear complete and accurate record of care is kept.
- e) Ensure there is specific reference to the following in the care plans of those service users at risk of developing pressure ulcers:
  - a. Accurate recording of the details of care interventions.
  - b. Risk assessments which reflect all identified risks.
  - c. The regular update of records to reflect change.
  - d. Consistency in the use of risk assessment tools.

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

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

My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event( HSCS 4.14)

**This area for improvement was made on 7 August 2024.**

#### Action taken since then

Skin integrity has been maintained, as clearly evidenced by improvements noted in the electric care system compared to last year. While all wounds are being reviewed and documented, the current wound care documentation process remains difficult to follow. Continued efforts are needed to implement more robust wound care plans that allow for clear tracking from initiation through to resolution.

This area will be carried forward as a focus for improvement in the next inspection.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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 staff team?	4 - Good
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	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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