

Buccleuch Care Centre Care Home Service

Bright Street
Hawick
TD9 0JF

Telephone: 01450 373 984

Type of inspection:
Unannounced

Completed on:
4 November 2025

Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Service no:
CS2003047709

About the service

Buccleuch Care Centre is registered to provide a care service for up to 53 older people.

The service is owned and managed by St Philips Care Limited.

At the time of inspection, there were 49 people living in the home.

Buccleuch Care Centre is situated in a residential area of Hawick, close to bus routes and local shopping areas.

Buccleuch Care Centre consists of two separate buildings - Buccleuch House and St Margaret's House. The main office and kitchen are within St Margaret's House. The laundry is within Buccleuch House.

Buccleuch House can accommodate up to 21 people and St. Margaret's House 30 people.

Both buildings have two floors and provide accommodation for people in single bedrooms. There are communal sitting rooms and dining rooms in each building and pleasant gardens surround the homes.

About the inspection

This was an unannounced inspection which took place on 28 and 29 October 2025. Our visit was then followed by time examining evidence remotely.

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:

- spoke with people using the service, relatives, staff and management
- considered feedback of completed and returned questionnaires from supported people, relatives, staff and health and social care professionals
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- People experiencing care benefitted from kind and compassionate interactions with staff.
- Medication processes were carried out effectively and in accordance with best practices.
- Management demonstrated good oversight of care through a range of quality assurance processes.
- A new area for improvement was made to ensure management comply with current recruitment guidance.
- There were sufficient support and ancillary staff on duty to meet the assessed needs of people using the service.
- Care and support plans relating to oral hygiene needed to be consistent for everyone.

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?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	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?

5 - Very Good

We made an evaluation of very good for this key question. The service demonstrated major strengths in supporting positive outcomes for people.

During the inspection, it was evident people experiencing care benefitted from kind and compassionate interactions with staff. Staff demonstrated an understanding of people's needs and preferences and offered support in a manner which was both warm and attentive. Interactions were unhurried, allowing people to receive care at a pace which suited them, promoting comfort and reassurance.

These practices reflected a strong commitment to person-centred care and contributed positively to the overall wellbeing and experience of those supported.

People told us they were happy with one person saying: 'I've only been here a few weeks and it's lovely.'

An activity coordinator implemented a varied weekly programme designed to foster social interaction and enhance wellbeing. This included: group activities to encourage participation and build relationships; musical artists offering entertainment and sensory stimulation and intergenerational engagement from local schoolchildren.

We observed medication processes were carried out effectively and in accordance with best practices, supported by staff who demonstrated strong knowledge and competence in their roles.

We advised guidance within certain PRN (as required) medication protocols be expanded to provide clearer instructions for staff regarding appropriate administration and any necessary prior interventions. While relevant information was available within care and support plans, it should be incorporated directly into the PRN protocols to promote consistency, enhance accountability, and support informed decision-making.

How good is our leadership?

4 - Good

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

A new manager was in post. They demonstrated good oversight of care through a range of quality assurance processes. These included staff observations, regular meetings, reflective discussions, proactive communication with other professionals and meaningful engagement with residents and their families.

Their visible presence encouraged staff to raise concerns and share ideas. Staff reported feeling recognised and valued by the manager which contributed to high levels of motivation and a commitment to delivering quality care and support.

During the inspection, it was noted safer recruitment guidance included incorrect paperwork which had not been identified or addressed by management timeously. This highlighted a gap in oversight of quality assurance processes. Management should ensure all recruitment documentation aligns with current

guidance and is regularly reviewed for accuracy and compliance. Strengthening these checks will support safer recruitment practices and reinforce leadership accountability. We continued a previous area for improvement.

Areas for improvement

1. To ensure people are confident staff are recruited safely, the provider should ensure they follow current legislation as set out under the Protecting Vulnerable Groups (PVG) scheme; Scottish Social Services Council (SSSC) registration and in line with Safer Recruitment Through Better Recruitment' guidance.

- a) All checks are completed, evidenced and recorded accurately prior to newly recruited staff starting in post.
- b) Management audits are in place to ensure safe recruitment practices are adhered to.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

How good is our staff team?

4 - Good

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

Staff received training through a blended approach, combining face-to-face sessions with e-learning modules. Feedback from staff was positive. There was good compliance of mandatory training completed, and refresher sessions were scheduled where needed to ensure staff remained up to date.

In addition to core training, external agencies provided supplementary sessions to enhance staff knowledge and support continuous professional development.

At the time of inspection, there were sufficient support and ancillary staff on duty to meet the assessed needs of people using the service. Staff rotas were planned in advance, with consideration given to the specific skills and competencies of team members. Based on our observations and discussions, we were satisfied current staffing arrangements were appropriate and effectively supported the needs of people using the service.

Staff were observed to work well together and collaborated throughout the service. Morale was positive and staff told us they felt supported in their role. This cohesive team approach contributed to effective service delivery and a shared sense of purpose.

How well is our care and support planned?

4 - Good

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

Care and support plans held detailed guidance to ensure staff had the correct information to provide person-centred care. At the time of inspection, these plans were undergoing a review to enhance clarity and accessibility. This will ensure key information is easily identifiable and consistently recorded within the electronic care planning system. This will support staff in delivering safe, effective, and responsive care aligned with each person's assessed needs and preferences.

While some care and support plans contained clear and detailed guidance around oral hygiene, others lacked sufficient information to ensure consistent and effective support.

We have continued a previous area for improvement from the last inspection. This ongoing focus aims to ensure everyone receives appropriate and person-centred oral care, with plans reflecting best practice and tailored support needs.

Areas for improvement

1. To ensure people are confident their oral care needs are being met well, the provider should:

- Review care plans to ensure oral care needs are identified in their own plan.
- Oral care plans have sufficient guidance for staff to follow including how to provide mouth care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choice. (HSCS 1.15).

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 staff are recruited safely in line with 'Safer Recruitment Through Better Recruitment' guidance', the provider should ensure:

All checks are completed, evidenced and recorded accurately prior to newly recruited staff starting in post.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

This area for improvement was made on 11 November 2024.

Action taken since then

Incorrect safer recruitment paperwork was being used by management.

This area for improvement had not been met and has been reworded under key question 2 - Management and Leadership.

Previous area for improvement 2

To ensure people are confident their oral care needs are being met well, the provider should:

- Review care plans to ensure oral care needs are identified in their own plan.
- Oral care plans have sufficient guidance for staff to follow including how to provide mouth care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choice. (HSCS 1.15).

This area for improvement was made on 11 November 2024.

Action taken since then

While some care and support plans contained valuable guidance for staff in supporting people with their oral care, this was not consistently reflected across all plans.

To ensure equitable and effective support, this area for improvement had not been met and will be continued to promote further development and consistency in practice.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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 well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.