

St. Andrew's Care Home Care Home Service

Stirches
Hawick
TD9 7NS

Telephone: 01450 372 360

Type of inspection:
Unannounced

Completed on:
31 October 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 29 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

We carried out an inspection on 14 August 2025 where we evaluated four out of five Key Questions as 'weak' and issued an Improvement Notice. We carried out a series of visits between August and October 2025 to monitor improvements made by the provider.

This unannounced follow up inspection took place on 28 October 2025. The purpose of the inspection was to evaluate the progress the provider had made in meeting three requirements identified in the Improvement Notice submitted on the 19 September 2025 regarding Infection Prevention and Control (IPC), Environment, and Management and Leadership. The inspection was carried out by two inspectors from the Care Inspectorate.

This report should be read in conjunction with the Improvement Notice dated 19 September 2025.

To prepare for the inspection we reviewed information about this service. This included findings from previous inspections and monitoring visits, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with staff and management
- observed practice and daily life
- reviewed documentation
- spoke with external professionals

At this time two of the three requirements from the Improvement Notice were not met. As we continue to have significant concerns in relation to how resident's health, welfare and safety needs were met, we have extended the timescales to meet the two requirements.

For further details of this enforcement see the service's page on our website at www.careinspectorate.com

Key messages

- Action had been taken to improve standards of infection prevention and control, contributing to a safer and more comfortable environment for residents.
- The provider had taken steps to eliminate most hazards in line with health and safety regulations, including fire safety issues.
- Improvements had been made to the external grounds and front entrance of the care home, which appeared more welcoming.
- Current environmental issues continued to pose risks to safety and compromise the dignity of those living in the service.
- Significant internal environmental concerns remained. The provider must ensure a comprehensive improvement plan is in place for renovation and upgrades to the care home.
- Improvements had been made to ensure effective communication was supported. Regular contact between staff in all roles was re-established, contributing to a more open and transparent working culture.
- Current staffing arrangements were insufficient to meet the needs of residents safely. The provider must complete a comprehensive review of staffing levels in line with best practice guidance and the Health and Care (Staffing)(Scotland) Act 2019.
- Timescales to meet two requirements have been extended and a revised Improvement Notice was issued to the provider on 31 October 2025.

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

Requirements

Requirement 1

By 22 September 2025 you must ensure service users are protected from harm and experience a safe environment in relation to infection prevention and control (IPC).

To do this, you must, at a minimum:

- a) Ensure the environment undergoes thorough deep cleaning and is consistently maintained in line with the service's IPC policy and procedures, as outlined in the Care Home Infection Prevention and Control Manual (CH IPCM).
- b) Ensure effective use of the service's quality management system to monitor the implementation of the service's IPC policy and associated guidance.
- c) Ensure all staff are trained, inducted and assessed as competent in IPC, through a process that maintains the standard of cleanliness throughout the home in line with 'Antimicrobial Resistance and Healthcare Associated Infection Scotland's (ARHAI) good practice guidance.
- d) Ensure all staff are aware of, and have access to current national IPC guidance and the Care Home Infection Prevention and Control Manual (CHIPCM).

This is to comply with Regulation 4(1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and to comply with section 8(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state My environment is secure and safe (HSCS 5.17) and I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment (HSCS 5.22)

This requirement was made on 19 August 2025.

Action taken on previous requirement

The service had taken effective action to address the concerns relating to infection prevention and control (IPC). A full deep clean of the premises had been completed, contaminated carpets and flooring were replaced, and all staff had undertaken updated IPC training. While a small number of issues remained, these did not pose an immediate risk.

We advised that staff competency assessments could be further strengthened by expanding the focus beyond hand hygiene to include broader IPC knowledge and practice. Managers had re-introduced daily walkarounds to monitor standards and identify areas for improvement. This proactive approach was supporting continuous improvement and helping to embed good practice.

Overall, we were assured that IPC standards had improved, contributing to a safer and more comfortable environment for people experiencing care. However, it is vital that these standards are consistently maintained.

Met - within timescales

Requirement 2

By 27 October 2025, you must ensure the environment for service users is safe, secure, and well-maintained to promote dignity and respect. To achieve this, you must implement a comprehensive programme of works aimed at improving the fabric of the building, addressing both internal and external elements.

This must include but is not limited to:

- a) Eliminate hazards within the property and ensure compliance with health and safety regulations.
- b) Ensure that fire exits are always kept clear and in good working order to mitigate any risk and prevent harm to service users.
- c) Upgrade the internal facilities and external fabric of the building and grounds to create a safe, comfortable, and functional environment that promotes mental and physical wellbeing.

This is in order to comply with Regulations 3, 4(1)(a), 10(1) and 10(2)(a)-(d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state My environment is secure and safe (HSCS 5.17) and I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment (HSCS 5.22)

This requirement was made on 19 August 2025.

Action taken on previous requirement

The provider had taken steps to eliminate most hazards within the property in line with health and safety regulations. However, we identified a number of ongoing issues, some of which had been raised during the previous inspection. For example, not all damaged flooring had been replaced, and further wear and tear was evident. If left unaddressed, this could present a trip hazard. Some new hazards were identified and were reported to the manager for action.

Fire exits were found to be clear and in good working order. An internal fire door that had previously been faulty had been replaced, and external exits were free from obstruction.

Externally, the grounds had been improved and now appeared more welcoming. However significant internal environmental concerns persisted. Bath and shower rooms including private en-suites had not been refurbished, and no detailed plans for their upgrade were provided. Throughout the home damage to plaster and paintwork was visible, with signs of previous water ingress or damp.

We have not received renovation plans from the provider which include specific actions, target dates, or evidence of consultation with residents, relatives, or relevant external professionals.

The current environmental issues continue to pose risks to safety and compromise the dignity of those living in the service.

This requirement is not met, therefore the Improvement Notice will be extended to 15 December 2025.

Not met

Requirement 3

By 27 October 2025 you must ensure there is effective governance at service and organisational level to monitor and manage the quality of care, to ensure the wellbeing and safety of all those living and working in the service.

To achieve this, you must deliver robust, inclusive, and ongoing support which must include but is not limited to:

- a) Ensure managers are adequately supported to effectively manage their workload.
- b) Ensure effective systems are in place for efficient communication, decision-making and service delivery.
- c) Ensure sufficient staffing levels are in place to deliver timely, responsive care and support to service users at all times.
- d) Foster an open culture within the organisation to promote transparency and drive improvements within the service.

This is in order to comply with Regulations 3, 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) and to comply with section 7(1)(a)-(c) and (2)(a)-(c) and (e) of the Health and Care (Staffing) (Scotland) Act 2019.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state '4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' and '4.23 I use a service and organisation that are well led and managed'.

This requirement was made on 19 August 2025.

Action taken on previous requirement

The manager had received appropriate support to manage their workload and maintain oversight of service quality. Their time was no longer routinely diverted to frontline duties, allowing for greater focus on leadership responsibilities.

Processes to support communication had been reinstated, including daily meetings with care staff and departmental leads. Regular contact with senior managers and directors was established so that key information could be shared. However, ongoing changes in senior leadership reflected a period of transition, during which actions were not always completed and strategic direction occasionally shifted.

Whilst developments in leadership and management were contributing to a more open and transparent working culture, though this was not yet fully established across the service.

Safe staffing levels continued to be a significant concern within the service and did not account for the broader challenges such as the layout of the home and complex needs of the current residents. While we acknowledged the ongoing recruitment challenges, the current staffing arrangements were insufficient to meet the needs of residents safely. These deficits have led to prolonged periods without adequate support, delayed response times, and a potential impact on staff wellbeing.

A review of staffing levels was requested as part of a previous requirement which pre-dates the current improvement notice. Despite repeated requests, there is still no evidence that this review has been undertaken. The provider must take urgent action to ensure a thorough and comprehensive review of staffing is completed in accordance with the Health and Care (Staffing) (Scotland) Act 2019.

This requirement is not met, therefore the Improvement Notice will be extended to 15 December 2025.

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

Since the last inspection, notable gaps in the service's monitoring systems for oral care had remained. We identified avoidable complexities in how oral care was recorded by care staff and advised streamlining the process to help ensure clarity and consistency.

Additionally, poor Wi-Fi coverage prevented staff from completing real-time updates, affecting the accuracy and timeliness of records and hindering effective completion of audits.

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

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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