

Waverley Care Home Care Home Service

Waverley Residential Home
Elm Row
GALASHIELS
TD1 3JG

Telephone: 01896 752 659

Type of inspection:
Unannounced

Completed on:
30 October 2025

Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

Service no:
CS2019378046

About the service

Waverley Care Home is situated within the Scottish Border's town of Galashiels. The care home provides a care service to a maximum of 25 adults, including older people.

Accommodation is provided on two floors. The entrance to the home is on the upper floor. The upper floor has three units, and the lower floor has two units, with a maximum of five people living in each of the units. Two of the upstairs units are enhanced dementia units. The remaining three units provide accommodation for up to 15 people receiving residential care.

Each bedroom is single occupancy with ensuite facilities.

Additional bathrooms and toilets are available throughout the building. Lounge and dining facilities are also provided in each unit on the upper floor. People living on the lower floor share a dining area and have a choice of two sitting areas.

There are several pleasant, enclosed garden areas where people can enjoy sitting out.

At the time of this inspection there were 24 people living in Waverley Care Home.

The home is within walking distance of the centre of Galashiels and various leisure facilities, such as shops, library and cinema.

The service provider is Scottish Borders Council.

About the inspection

This was an unannounced inspection which took place between 21 October 2025 and 23 October 2025. The inspection was carried out by two inspectors from the Care Inspectorate. Feedback was provided to the provider on 30 October 2025.

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 11 people using the service and five relatives.
- We talked with seven members of staff and the management teams.
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- People experienced compassionate care and support because there were warm, encouraging, positive relationships between staff and people using the service.
- Staff were caring and respectful, but inconsistent support for meaningful activities limited engagement highlighting the need to shift from task-focused care to person-centred, proactive involvement.
- There were a range of audit tools which informed the manager and senior management about how well the service was performing.
- The service has a strong improvement plan, but limited stakeholder involvement meant lived experiences weren't fully shaping care.
- Limited observation of staff practice hindered the ability to assess how well learning was embedded.
- The home had a relaxed welcoming atmosphere and reflected the ages of the people living there.

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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	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 overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff knew people well and had built positive relationships with the individuals they supported. We saw kind, warm interactions between the staff and people living in the home. People told us 'The staff are very kind to me, they look after me well' and 'staff have been wonderful, and management have been so supportive'.

Whilst staff were caring and respectful, there were variable approaches to support meaningful engagement and activities. Some staff were proactive and initiated or supported the activities coordinators in activities, others did not. People living in the home had a wide range of abilities and needs, this made it difficult to always provide activities successfully in a group without care staff support. We noted that there were a significant number of people who did not join in with the group activities, and we have asked the manager to consider how they ensure that everyone has regular opportunities to participate in activities meaningful to them. To support people to get the most out of life in the home, further development of staff practice was needed to move away from task orientated care to more meaningful engagement. (See area for improvement one).

Staff had a good understanding of each individual, enabling them to swiftly identify when someone was unwell or not acting like themselves. Senior staff maintained a comprehensive overview of evolving health needs, ensuring timely and appropriate interventions. This proactive approach led to improved health outcomes through early, targeted care.

Staff handovers were used to share up-to-date information, including discussions about individuals whose health or welfare had changed. The senior staff team maintained good partnerships with local GP surgeries and visiting health professionals, ensuring continuity of care.

Personal plans contained detailed insights into each person's health and wellbeing, and all healthcare support was documented and subject to regular review. This system gave individuals confidence that their health needs were being consistently and appropriately met. We discussed with the manager ensuring minutes taken from daily meetings were reflective of the good conversations taking place.

The dining experience lacked meaningful engagement from staff prior to and during meals. Staff appeared task-focused, which led to missed opportunities for interaction and reduced the overall enjoyment of mealtimes for individuals. The manager should continue to monitor and audit the dining experience to drive improvements.

There was an organised system in place for administration of medications. Management conducted regular audits to monitor medication errors, stock control, and storage practices. All medications were administered by senior staff who underwent ongoing training to uphold safe practices and promote positive health outcomes. People could be confident that the staff who supported them to take their medication safely had the correct knowledge and training. There was a previous area for improvement relating to medication made at the last inspection, this area for improvement has been met.

Areas for improvement

1.
To ensure residents receive high-quality, person-centred care, providers should:
 1. Train staff in meaningful engagement to build confidence and skills for connecting beyond routine tasks.
 2. Provide daily activities that are varied, stimulating, and tailored to residents' interests, preferences, and abilities.
 3. Design activities to support:
 - a. Social connection
 - b. Creativity
 - c. Physical well-being
 - d. Lifelong learning
 4. Include indoor and outdoor options to ensure accessibility and variety.
 5. Support staff to actively encourage participation and make activities a core part of each resident's care experience.

This is in order 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 because people have the necessary information and resources (HSCS 4.27).

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors (HSCS 1.25).

How good is our leadership?

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.

Management had a good overview of the home. Staff told us the manager and management team had an open-door policy, where any aspect of care, support or development could be discussed and was listened to.

The manager had established a strong quality assurance system to ensure good standards of care. This included regular audits across key areas such as accident and incident reviews, staff training, medication management, and care plan evaluations. These measures help the team identify patterns early and take swift action to prevent issues from reoccurring supporting a safer, more responsive environment for everyone.

Audits linked to healthcare were regularly completed. This enabled overview of any actions needed to be put in place to improve individual health. This led to positive outcomes for people living in the home.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate. The manager ensured where needed, any identified risk led to changes in planned care.

The service had developed a well-structured improvement plan, reflecting a commitment to enhancing care quality and operational standards. However, current plans did not incorporate direct input from key stakeholders including residents, relatives, and staff. As a result, opportunities to evaluate lived experiences

and act on feedback have been limited. Regular meetings with these groups have not consistently taken place, which presents a missed opportunity to strengthen collaboration and ensure that service improvements are shaped by those who use and deliver care. (See area for Improvement one).

Areas for improvement

1. The provider should enhance its approach to gathering and using feedback from residents, relatives, and staff to inform and improve care delivery. This process should be inclusive, accessible, and ongoing ensuring that everyone's voice contributes to the home's development.

To support this, providers should:

1. Hold regular meetings with residents, families, and staff
2. Offer satisfaction surveys and/or suggestion boxes
3. Include all stakeholders, supporting those with communication needs
4. Review feedback regularly and identify key themes
5. Turn feedback into clear actions / improvements with appropriate timeframes for follow up
6. Share updates of improvements made with relevant stakeholders
7. Review outcomes of improvements made and what impact these have had.

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

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

How good is our staff team?

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.

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were in line with best practice guidelines, with relevant checks being undertaken.

Staffing arrangements at the home were guided by regular assessments of each person's individual needs, using a dedicated tool provided by the service. These assessments were reviewed monthly to ensure staffing levels remain responsive to residents' health and wellbeing. The flexible staffing model allowed time for meaningful interactions whether through planned activities or relaxed, informal conversations that helped build trust and connection.

While current staffing levels were meeting the needs of residents, there is room to further enhance staff practice around meaningful engagement, as highlighted under key question one. Continued development in this area would help ensure that every interaction contributes positively to residents' quality of life.

Staff have completed a wide range of training courses both online and in person designed to meet the specific needs of residents. While this reflects a strong commitment to professional development, there has been limited observation of staff practice to assess how well learning is being applied in day-to-day care.

The manager has introduced a system of observations and spot checks to monitor staff performance and competencies. Although this tool was not yet being used to its full potential, we were encouraged to see that actions arising from observed practice were being followed up appropriately. To strengthen this approach, the manager is encouraged to continue promoting the use of the observation recording system among the senior staff team, ensuring it becomes a consistent part of staff development and quality assurance.

Supervision records were completed for all staff; staff told us they could speak with a manager at any time, and they attended regular one to one meetings. We sampled records of supervision meetings and found good evidence of discussions held, feedback on practice, reflection on any training undertaken and aspects of care they did well or found more challenging. This aided staff development. We discussed linking observations of practice to staff supervision sessions so that clear feedback could be provided from the manager.

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.

The home had a relaxed welcoming atmosphere and reflected the ages of the people living there. The residents had the choice of what they wanted in their rooms regards entertainment, radios, televisions etc. All the bedrooms were individually decorated with people's personal items, this meant people could feel 'at home' in their surroundings.

Each unit featured spacious lounge areas available for residents to use at their discretion, promoting choice and comfort. In addition, a dedicated lounge known as the "Bar Lounge" had been established to provide a more tranquil and relaxed environment, designed for quiet reflection or quality time with family members.

Ongoing refurbishments within the home have focused on creating a more comfortable and supportive environment for all residents. On the upper floor, improvements were designed to enhance the experience of those living with dementia, with thoughtful changes that promote wellbeing and familiarity. Residents were actively involved in selecting new decorations and features for their communal spaces, ensuring the environment reflected their preferences.

On the lower floor, residents also played a key role in shaping changes to how their communal areas are used. These adjustments were made to better align with their needs and wishes, helping to create spaces that feel more personal, functional, and inclusive.

Work had been undertaken to make the enclosed garden areas pleasant for people to sit out and enjoy the weather. Some of the residents had planted colourful flowers in tubs and planters.

Appropriate maintenance and equipment checks were consistently carried out, with clear documentation in place. Records were signed and dated upon completion, providing an auditable trail and assurance that safety protocols were being followed.

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 be confident their medication regime is being managed safely. Therefore, the provider should ensure:

1. Protocols (support action plan) for "as required" medication to include information as to:
 - a. why "as required" is given
 - b. how staff can identify any changes in a person's behaviour or presentation to indicate the possible need for "as required" medication
 - c. what actions should first be taken to support people before having to offer "as required" medication
 - d. when "as required" medication is given the outcome of this is recorded.
2. Personal plans refer to "as required" protocols for staff to read and follow.

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

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

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

This area for improvement was made on 7 August 2024.

Action taken since then

The service had made clear progress in strengthening its approach to PRN ("as required") medication management. Each resident now had a detailed protocol in place that outlined the purpose of the medication, observable signs for administration, non-medication strategies to consider before administration, and documentation requirements following use. These protocols were fully integrated into individual care plans, ensuring staff had immediate access to relevant guidance.

Staff had received training on PRN procedures, and MAR chart audits are conducted twice daily to maintain accuracy. Discontinued medications had been clearly recorded, with all documentation double-signed and securely stored. These improvements demonstrated a commitment to safe, consistent, and person-centred medication practices, effectively addressing the previously identified area for development.

This area for improvement has been met.

Previous area for improvement 2

People should have confidence their personal care plans are up to date and reflect their individual needs, intended outcomes and associated risks. To achieve this the provider should ensure:

1. Plans and records are accurate, sufficiently detailed and reflect the care planned or provided
2. Plans are updated in a timely manner when a person's care and support needs change and/or following a care review
3. When updating personal plans with changes the information is updated in each section of the plan where the information is relevant
4. Information in each section of the personal plan marries up with other sections where the information is repeated
5. Plans contain sufficient information about people's health conditions, related medication taken, and the impact of the health condition on the person.
6. All staff involved in planning and documenting care and support are provided with appropriate training, time, and support for this
7. Managers are involved in monitoring and regular auditing of personal plans.

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

"My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15).

"I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty" (HSCS 3.18).

This area for improvement was made on 7 August 2024.

Action taken since then

Personal plans were clear, detailed, and accurately reflected the care provided. They included comprehensive information about each resident's health conditions, medication regimes, and their impact on daily life. Plans were reviewed regularly and updated promptly following changes in care needs or formal reviews. Each amendment was clearly dated, signed, and consistently applied across all relevant sections to ensure accuracy and eliminate conflicting information.

Staff received appropriate training and support to maintain high standards of documentation, and managers actively monitored and audited care plans to ensure consistency and compliance with best practice. These improvements demonstrated a commitment to delivering safe, person-centred care through robust and responsive planning.

This area for improvement has been met.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - 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 good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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