

# Peebles Nursing Home Care Home Service

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Peebles  
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**Type of inspection:**  
Unannounced

**Completed on:**  
27 November 2025

**Service provided by:**  
Mansfield Care Limited

**Service provider number:**  
SP2005007720

**Service no:**  
CS2010271379

## About the service

Peebles Nursing Home provides a care home service to 31 older adults. The service is provided by Mansfield Care Limited. The service is situated in the town of Peebles within the Scottish Borders. At the time of inspection 24 people were living in the home.

The rooms are accommodated over two floors. On the ground floor, there is a large spilt sitting room and a separate dining room. The home benefits from a small seating/garden area to the front and a small enclosed rear garden. The home is situated in the heart of Peebles, giving access to shops and community facilities.

## About the inspection

This was an unannounced inspection which took place between 18 November 2025 and 19 November 2025. The inspection was carried out by three 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:

- We spoke with and gathered feedback via an electronic questionnaire from three people using the service, 20 relatives and two health professionals.
- We talked with and gathered feedback from seven members of staff and the management team.
- Observed staff practice and daily life.
- Reviewed a range of documents.

## Key messages

- Whilst staff were kind and respectful in carrying out tasks, at inspection there was a lack of meaningful engagement with people supported.
- Medication systems were in place, but insufficient audit oversight increased the risk of errors.
- There was a lack of overview of staff practice. Staff did not always receive regular supervision; there was little opportunity to evaluate staff's competency or learning and development needs.
- Staffing levels were sufficient to meet the needs of people supported. However, deployment of staff across the home was variable.
- The manager and staff had continued to review the quality of care and support plans since our last inspection.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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?

## 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

During visit observations, staff consistently treated individuals with kindness and respect while carrying out care tasks. However, interactions were largely limited to task oriented activities, with little evidence of meaningful engagement beyond the completion of routine duties. This suggested a lack of understanding and application of the ethos of person centred care, where the focus should have extended beyond physical needs to include emotional, social, and psychological wellbeing. The absence of such engagement represented missed opportunities to promote individuality, choice, and holistic support, meaning people's needs were not fully realised. We will discuss staff practice further under key question two and three.

Relatives and friends were welcomed into the home and could spend time with their loved ones, either in the home or in the local community.

The home had recently recruited an activities coordinator, which was a positive development in addressing previously identified gaps in meaningful engagement. This role was expected to enhance opportunities for people to participate in activities that promoted independence, social connection, and community involvement. While it was too early to fully evaluate the impact of this appointment, the introduction of a dedicated coordinator demonstrated a commitment to strengthening person centred care and ensuring that individuals had greater access to purposeful and enjoyable experiences beyond task based support.

We discussed with the manager the importance of ensuring that the activities coordinator has protected time to plan daily activities and organise a structured schedule of events. This should include opportunities for people who wish to remain in their rooms, so that all individuals have access to meaningful engagement tailored to their preferences.

Overall, the lunchtime service did not consistently meet expected standards of person centred care. Staff interactions were respectful and supportive when present, and positive engagement was observed through conversation and reminiscence. However, the organisation of the meal did not consistently promote choice, comfort, or independence, with limited menu options and environmental factors affecting residents' experience. Periods of reduced staff presence meant that some residents were left without support, and space constraints impacted mobility. Addressing these issues was necessary to ensure mealtimes were consistently safe, dignified, and enjoyable for all residents.

There was a system in place for recording administration of medications. However, there was insufficient evidence to confirm that routine audits had been carried out by senior managers. The only available reports dated August and September, highlighted concerns, indicating an increased risk of medication errors and potential harm to residents. Although the management team had identified concerns remedial action was required, with strengthened clinical oversight from management essential to ensure safe and effective care delivery. (See area for improvement one).

Care plans had been informed by recognised assessment tools and monitored regularly, with appropriate referrals made to health professionals when required. However, advice provided by professionals was not always reliably reflected in care plans. While the management team had maintained clinical overviews and held regular meetings to support communication, one health professional highlighted that health related

information was not consistently shared across the team, which affected continuity and quality of care. The manager needed to ensure professional advice was consistently incorporated into care plans and that health information was shared effectively across the staff team to support continuity and quality of care.

### Areas for improvement

1. To ensure that medication is managed in a manner that protects the health and wellbeing of service users. The manager should:

- Ensure that medicines are administered as instructed by the prescriber;
- Demonstrate that staff follow policy and best practice about medication administration records and documentation;
- Ensure that staff receive training and refresher training appropriate to the work they perform;
- Ensure that managers are involved in the audit of medication records.

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

"I experience high quality care and support based on relevant evidence, guidance and best practice" (HSCS4.11).

### How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

At the time of inspection, the home had recently appointed a new registered manager. The manager was in the early stages of familiarising themselves with residents, staff, and the daily operations of the home. This transition period was being managed with a focus on building relationships and gaining an understanding of the home's routines and practices.

The provider had a comprehensive suite of quality assurance tools in place. Systems had been established to audit a range of areas including accidents and incidents, staff training needs, medication, and care plan reviews. This helped staff to identify trends and take prompt action to prevent reoccurrence. However, although appropriate action and follow up had been noted from audits, there was a lack of oversight of staff practice. This meant audits did not always lead to improved outcomes for people living in the home.

Staff had received supervision with their senior managers; however, this was not consistent. As a result, there had been limited opportunity to evaluate staff competency or identify learning and development needs, raising concern that staff may not have had access to up to date practice guidance.

Staff observations were actively taking place, reflecting improvement since the last inspection. Management needed to ensure these observations comprehensively covered all aspects of care provision, including manual handling and personal care routines, particularly for newer staff. Actions identified should be clearly documented and signed off to strengthen oversight, support triangulation of evidence, and demonstrate a robust approach to continuous improvement in care quality. A previous area for improvement regarding supervision and observations of staff practice had been identified at the last inspection; this has not been met and will be carried forward.

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Staff were recruited in a safe way. Induction processes were in place, and this included mandatory training. Whilst a training plan was in place, staff practice did not reflect the underpinning knowledge required. This is further discussed under key question two.

Although staffing levels were sufficient to meet the needs of people on the day of inspection, we found that at times the deployment of staff across the home was inconsistent. This variability meant that while essential care was delivered, staff were not always available in the right numbers or locations to provide timely support.

Relatives and residents told us this reflected their experience, noting that although staff were consistently kind and caring, they often did not have enough time to spend with people beyond meeting basic needs. This limited the opportunity for meaningful interaction and could affect the quality of residents' daily lives. Staff themselves acknowledged these pressures, explaining that the demands of the role sometimes left them stretched and unable to give the level of attention they wished to provide.

Laundry and domestic arrangements had improved since the last inspection with a full time laundry and domestic assistants in place. This provided greater consistency and ensured laundry duties were managed effectively, supporting the smooth running of the home and contributing to residents' comfort and wellbeing.

## 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.

People benefitted from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was clean, tidy and generally looked after, with little evidence of intrusive noise or smells. All rooms had personal items with appropriate decoration.

There were clear planned arrangements for regular monitoring and maintenance of the premises and the equipment, this ensured people were safe.

There was an ongoing refurbishment improvement and development plan for the service.

## How well is our care and support planned?

### 3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Key processes such as the monitoring of people's weight, falls and risk assessments were in place and were regularly reviewed. People had access to external professional supports such as GPs, opticians, and district nurses when this was needed. This ensured people were receiving regular routine health screening and had

access to other professional supports. We found guidance from other professional staff was inconsistently recorded within plans sampled. This is discussed further under key question one.

The covering managers and staff had continued to review the quality of care and support plans since our last inspection. Whilst there was some good detail in the plans, often this did not reflect the changes identified through monthly reviews of care. This meant for some people, care plans were not fully accurate of their up-to-date care needs.

For those who were able to discuss their choices with staff, there was a lack of preferences detailed. As good practice all choices of support should be recorded to enable the person to continue to be supported in the way they want, should this change.

Anticipatory care plans are a tool to discuss what matters most when making plans for care in the future. Whilst there was information in the plans on peoples wishes, further work was needed to ensure the information was detailed and reflected discussions with the person and their family.

A previous area for improvement regarding care planning had been identified at the last inspection; this has not been met and will be carried forward.

## 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 experience high quality care, the provider should ensure they provide:

- opportunities for staff to reflect on their practice through discussions at team meetings and through regular supervision with their manager.
- Observations of staff practice are carried out and recorded. This would include, ensuring training is put into practice, and that staff practice reflects the health and social care standards.
- Where practice is identified as needing improvement there is support through training and one to one meeting.

This is in order to comply with the Health and Social Care Standards (HSCS) which states:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

**This area for improvement was made on 25 March 2025.**

#### Action taken since then

Please see details under key question three of the report.

This area for improvement has not been met.

#### Previous area for improvement 2

To ensure personal plans accurately reflect the care provided. The manager should ensure:

- When personal plans are reviewed, subsequent sections of the care plans should be updated accordingly to reflect all assessed care needs, including changes identified.
- The plans are fully audited to ensure all the information held within them can be cross referenced as being accurate.

This is 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 based on relevant evidence, guidance and best practice.' (HSCS 1.19)

'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 25 March 2025.**



**Action taken since then**

Please see details under key question five of the report.

This area for improvement has not 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](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
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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