

Deanfield Care Home Care Home Service

Roadhead
Hawick
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Type of inspection:
Unannounced

Completed on:
15 January 2026

Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

Service no:
CS2019378023

About the service

Deanfield Care Home is situated in the Scottish Borders town of Hawick.

The care home has an upper and lower level. Lower Deanfield has three units providing care and support for up to 20 older people. Upper Deanfield currently provides reablement support for up to ten people transitioning from hospital to home.

Both upper and lower Deanfield have a communal lounge, dining area with small kitchen, and accessible bathrooms and toilets. Lower Deanfield also has a communal area used for music and other various activities for example, arts and crafts, baking or group events.

Each unit has bedrooms with their own ensuite shower and toilet facilities. The home's office, kitchen, laundry and staff room are centrally located.

Deanfield Care Home is situated close to the centre of Hawick. Shopping and leisure opportunities are nearby, along with churches and health services. Hawick is well served by public transport.

The service provider is Scottish Borders Council.

At the time of inspection, the service was providing care and support to 17 people within Lower Deanfield and 10 people within Upper Deanfield.

About the inspection

This was an unannounced inspection which took place between 07 January 2026 and 12 January 2026. The inspection was carried out by one inspector 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 seven people using the service, eight relatives and three health professionals.
- We talked with six members of staff and the management team; 11 staff members completed the electronic questionnaire.
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- People experienced care and support with compassion because there was warm, encouraging positive relationships between staff and people living in the care home.
- Support plans for those within Upper Deanfield lacked clear, outcome focused information.
- The environment was safe, welcoming and well-maintained, with clear plans in place to further enhance the setting.

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 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.

The home had a relaxed, comfortable and genuinely homely atmosphere. Staff know people well and interactions were warm, friendly and natural. People spoke positively about their experiences, telling us "It's like home from home; the staff are very good to us," and "Staff are so friendly they go above and beyond to ensure our comfort". These comments, along with what we observed, showed that people felt reassured and confident they were being cared for in a supportive and nurturing environment.

Staff had developed positive and trusting relationships with people using the service, as well as with their family members and friends. Care plans clearly identified who was important to each person and how staff should support them to maintain contact. People told us, 'Communication is good', and "Staff contact us regularly, keeping us informed". This showed staff understood the importance of nurturing relationships both for and with people, which contributed positively to their overall wellbeing.

People were encouraged to take part in a variety of meaningful activities that reflected their interests and preferences. Many of these supported movement and changes in position, such as seated exercise groups. Others enjoyed arts and crafts, gardening, trips out of the home and group events. People were able to choose how they spent their day, demonstrating that their wishes were listened to and respected. Staff should continue to explore and provide opportunities for people who chose to remain in their rooms to participate in and enjoy activities that are meaningful to them.

The activities coordinator had continued to develop the 'connect, observations and next steps' tool. This was used to record people's activity preferences, capture ideas from conversations, and document the activities individuals had taken part in. This information was included within the electronic care planning system. The activities coordinator also had plans to introduce a 'question of the month' and a 'you said, we did' section within the monthly newsletter. This would provide additional opportunities for residents and families to share their views and for the staff team to demonstrate how they have listened and responded to feedback.

During mealtimes, there was a varied menu on offer, and staff were knowledgeable about people's individual needs and preferences. Visual choices were provided, which supported people who experienced memory difficulties. People spoke positively about the meals, telling us, "The food's really nice", and "The food's good, there's plenty to choose from". It was encouraging to see staff supporting people to eat together in the dining room, sitting alongside them to offer reassurance or assistance where needed. This inclusive and sociable atmosphere created natural prompts and helped people to eat and drink well.

There was an organised and well-managed system in place for the administration of medications. The senior team carried out regular audits to ensure safe practice was maintained. Clear protocols were in place for the administration of 'as required' (PRN) medicines, and where these were prescribed, they were administered appropriately. This meant people could be confident their medication was available when needed and was being managed safely.

All care and support plans had now been transferred to the newly integrated electronic system. Staff were continuing to familiarise themselves with the system and were becoming more confident in using it.

Care Plans for those in Lower Deanfield were informed by a range of recognised assessment tools, which supported staff to maintain and improve people's health and wellbeing. Information within the plans was monitored regularly, and we saw that appropriate referrals were made to other health professionals when required. Their advice and guidance were reflected in relevant care plans. Care plans were personalised and updated as people's needs and preferences changed.

Staff in Upper Deanfield knew people's needs well. However, since moving plans to the new electronic system plans did not always provide clear trackable guidance to ensure people were receiving the right support at the right time. Clear, outcome-focused plans are essential, particularly when a person is preparing to return home or move to an alternative place of residence. This helps ensure their needs are fully understood and that effective, coordinated support can be provided in the community. We discussed this with the manager, who had already identified these concerns and had begun considering how best to address the need for clearer, outcome-focused recording within the care planning system.

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 home was relaxed, clean, tidy and generally well-maintained, with no intrusive noise or unpleasant odours. Bedrooms were personalised with people's belongings and decorated in ways that reflected their preferences.

People living in the home were able to access different areas freely. The garden spaces were safe, accessible and well kept, with raised flower beds and pots maintained by residents and staff. People were actively encouraged to spend time outdoors, helping them feel more connected to their local community.

There was clear, planned arrangements for the regular monitoring and maintenance of the premises and equipment, helping to ensure people's safety. This included training and assessing staff competency in the safe use and upkeep of any equipment required for their role.

Housekeeping and cleaning staff were knowledgeable about environmental and equipment decontamination procedures, including the safe management of linens and waste.

New signage throughout the home had been completed, including new decals for all resident's room doors. There was some minor wear and tear to paintwork and woodwork throughout the home.

The provider was in the process of agreeing further redesign and refurbishment plans of the home with the Care Inspectorate. We will review progress with this work at the next inspection.

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 and staff are competent and skilled to undertake their designated roles the provider should ensure:

The training matrix is updated to reflect accurately all training undertaken by staff.

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

"My personal plan (sometimes referred to as a care 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).

This area for improvement was made on 20 March 2025.

Action taken since then

The manager has updated the training matrix to accurately reflect all training completed by staff, providing a clearer overview of current competencies and helping to identify targeted training needs.

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 setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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