

St. Ronan's Care Home Care Home Service

Maxwell Street
Innerleithen
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Type of inspection:
Unannounced

Completed on:
16 February 2026

Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

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CS2019378041

About the service

St. Ronan's Care Home provides residential and short-term respite care for older people. The home is registered to provide support to a maximum of 25 people.

At the time of inspection there were 24 people living in the home.

The home is situated in the Scottish Borders town of Innerleithen and is very involved within the local community.

Accommodation is all on the one level with four units - Leepen, Caddon, Caerlee and Plora - based around a larger communal area known as Bon Accord. Each unit has a small self contained kitchen, dining and sitting areas. Bon Accord is where people can meet for main meals and social interaction.

There are large fully enclosed gardens accessible from each unit.

The home is within walking distance to the local barbers, hairdressers, cafes and various shops in the town.

About the inspection

This was an unannounced inspection which took place on 10 and 11 February 2026.

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:

- Met and spoke with 16 people using the service and eight of their family members.
- Met and spoke with 18 members of staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Spoke with visiting professionals.

Key messages

- People experienced very good care and positive outcomes.
- Staff were caring, committed and knew people well.
- Health monitoring was effective with good clinical links.
- Care planning was good and was becoming more person centred.
- Leadership demonstrated strengths, though more consistent oversight would have strengthened outcomes.
- Notification processes to the Care Inspectorate needed to be improved.
- The environment was generally very welcoming however further investment was needed within some areas around the home to bring it to the standard expected of a high-quality 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?	5 - Very Good
How good is our leadership?	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?

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 clear people experiencing care benefitted from warm and compassionate interactions with staff. Staff showed a good understanding of each person's needs and preferences, providing support in a manner which was both considerate and attentive. Interactions were calm and unhurried, enabling individuals to receive care at a pace which felt comfortable and reassuring. These approaches demonstrated a solid commitment to person centred practice and had a positive impact on the wellbeing and overall experience of those being supported.

This emphasis on respectful care was affirmed during our conversations with people and their family members. We heard, "...this couldn't be any better, like a second home, not home from home but the next best thing". A family member spoke about feeling reassured by staff knowledge of their loved one's care needs; "It's a huge boost for us knowing (they) are here".

We observed a variety of interactions between people and the staff supporting them, including during a mealtime experience. It was clear staff consistently upheld core values relating to dignified care, while actively promoting personalisation and choice coupled with warm and natural interactions. During mealtimes there was a strong focus on the provision of home cooked meals; people commented very positively about the food though one person mentioned it felt a bit repetitive.

We observed planned activities and opportunities for meaningful engagement during our inspection. The main communal area was bright, and airy and had smaller areas set aside for watching movies/TV and another small reminiscence area. One person told us, "There are lots of activities if you want to go along". Some families said they would like more one-to-one support for their loved one for trips outside the home. We heard the service have recruited a new activities co-ordinator and were confident this would have a positive impact on outcomes for people in terms of the service being able to offer a wider range of activities both in, and out of the home.

The service was very good at working in partnership with involved professionals from health and social care agencies We found positive example of this in relation to good outcomes associated with the local care home support team and GP practice.

We considered medication administration practice, noting this was done to a very good standard. This meant medication was given according to the prescribers' instruction. Good practice was supported by effective medication audits.

The online care planning system contained comprehensive information about each person's healthcare needs and their preferences for support. We note the service had recently transitioned onto a new electronic system and management should plan to audit to ensure all relevant information is included in peoples' plans.

Plans were reviewed monthly and updated when required. Personal plans were clearly written, person centred, and offered a strong insight into the individual. Overall, documentation was well maintained and supported accurate evaluations of care.

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 and demonstrated good oversight of care through a range of quality assurance processes. These included staff observations, regular team meetings, proactive communication with external professionals, and meaningful engagement with residents and their families.

Systems were in place to assess and monitor the quality of the service and the environment. Effective communication between staff and management took place during a daily handover meeting. These meetings ensured all staff were kept up to date with changes in people's health, planned activities, and any scheduled appointments or meetings.

All accidents, incidents and concerns had been appropriately recorded and actioned within the service; during the inspection we identified these were not all being notified to the Care Inspectorate and we have made an Area for Improvement in this area.

We saw evidence of training matrix's which showed the service had a good overview of training for all staff, including core induction, mandatory and refresher training. Staff spoke positively about face-to-face training they had received and how it gave them opportunities to reflect on specific residents or areas for their own development; some staff noted they would like more face-to-face training like this. We reviewed the induction process for staff which was detailed and when we spoke to staff they told us they thought this process was very good in terms of them feeling confident and competent to carry out their roles.

The service experienced reduced supervisory capacity over the past year due to longer term sickness of staff, a period when a part-time manager was in post and the newly appointed manager only being in post for a few weeks. Given these factors, gaps in the supervision schedule were expected and the service has a plan to work on improving supervision for staff for 2026.

Recent meetings had taken place with staff, relatives and people supported; we note the use of My Home Life cards which supported discussions within some groups. Feedback from the meetings was used to improve the service and the outcomes for people.

People benefitted from safe recruitment in line with current regulation which reflected positive outcomes for people experiencing care.

The management team had actions in place which directly reflected the improvements identified during the inspection. This provided assurance the service was well managed and demonstrated the capacity to implement the required improvements and sustain these.

Areas for improvement

1. To ensure regulatory responsibilities are met, the provider should:

- Ensure all relevant accidents and incidents are notified to the Care Inspectorate in line with 'Adult Care Services: Guidance on records you must keep and notifications you must make.'

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

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

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.

St Ronan's was clean, welcoming, and well presented. Communal areas had pleasant décor throughout and created a homely atmosphere. People were able to move freely from their wings, where their bedrooms were located, into all shared spaces.

Each wing offered warm, comfortable communal rooms which reflected the personalities and preferences of the people living there. People also had access to an enclosed, well maintained garden area which provided a safe and attractive outdoor space.

The setting was clean, tidy, and generally well maintained, with little evidence of intrusive noise or unpleasant smells.

Bedrooms were personalised; however, we observed some rooms to have tired décor which needed redecoration to provide a warm, respectful space for people.

We also recommended a rolling programme of redecoration should be in place to ensure all bedrooms are brought up to a standard worthy of the home.

We recommended the en suite bathrooms were renovated to ensure they were safe, well maintained, and fully compliant with infection prevention and control (IPC) guidance. Several en suite facilities showed visible signs of wear, including ageing and damaged fixtures, deteriorated grouting which would be difficult to clean effectively, and heavy shower tray grates which presented a potential manual handling risk to staff. These issues impacted the ability to maintain the environment to the expected standard of cleanliness. For this reason, we have given the service an Area for Improvement about improving en-suite facilities.

The home sought input from a dementia specialist, who carried out an assessment and produced a set of recommendations aimed at enhancing one of the wings to make it more dementia friendly. The assessment was guided by the King's Fund tool "Is Your Home Dementia Friendly?", which highlights how relatively small environmental adjustments can significantly reduce anxiety, accidents, and incidents for people living with dementia. The specialist's report will support the home in creating a safer, more supportive, and more enabling environment for residents.

Areas for improvement

1. The provider should develop and implement a detailed rolling programme of internal improvements to ensure the care home environment is safe, well-maintained and promotes dignity and wellbeing.

This should include:

- a. Upgrading bedroom décor to create a pleasant, comfortable living environment that supports both mental and physical wellbeing.

- b. Refurbishing en-suite facilities to ensure they can be safely and hygienically maintained, reducing infection risks and supporting safe personal care.
- c. Improving kitchen areas within each wing to ensure they meet Infection Prevention and Control (IPC) standards and support safe food preparation and handling.

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

'My environment is secure and safe' (HSCS 5.17)

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment' (HSCS 5.22).

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

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