

Queens House Care Home Service

Angraflat Road
Kelso
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Telephone: 01573 224 886

Type of inspection:
Unannounced

Completed on:
12 March 2026

Service provided by:
Queens House (Kelso) Ltd

Service provider number:
SP2003001975

Service no:
CS2003009188

About the service

Queens House is a care home situated in the outskirts of Kelso in an area of mixed housing, accessible to local shops and amenities. The home is set within its own well-maintained grounds with private parking.

The home is currently registered to provide a care service to a maximum of 32 older people. The provider is Queens House (Kelso) Ltd.

Accommodation is all on the ground floor and each person has their own bedroom with en-suite comprising of toilet, wash hand basin and level access shower. All rooms are furnished well and decorated to the wishes of the individual. People have access to sitting and dining areas, bathing facilities and an activities room. There are separate laundry, kitchen, office and staff facilities within the building.

There are well kept gardens surrounding the building and there is a path round the care home to encourage exercise and mobility along with a courtyard garden accessible from sitting rooms and bedrooms.

At the time of the inspection, 32 people were living at Queens House.

About the inspection

This was an unannounced inspection which took place on 9 and 10 March 2026 from 09:30 to 18:00. 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:

- spoke with five people living in the home and their relatives
- reviewed feedback responses to our questionnaire, received from 11 people living in the home, five relatives and three visiting professionals
- spoke with staff and management
- observed practice and daily life
- reviewed documentation

Key messages

- People experienced positive relationships with staff, helping them build trust and confidence in their day-to-day care.
- People received timely and responsive support and care from staff within the home, in addition to external health professionals.
- There were some minor inconsistencies in guidance and monitoring of some people's care needs, and the manager had actions in place to address these.
- Prescribed medicines were administered safely and accurate records were maintained.
- The home provided a warm and homely environment which enhanced people's comfort and wellbeing.
- People could choose where to spend their time and could move safely around the home to access a variety of communal spaces.
- The accommodation was very clean and in good order, and staff teams worked well together to maintain a safe and welcoming setting for people living, working, and visiting the home.

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?	5 - Very 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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We observed good interactions and engagement between people using the service and staff. People told us 'I can have a laugh with staff' and 'they treat me very well'. Relatives said 'staff always try to do their best' and knew people's preferences well. Others described staff as 'helpful and kind'. These positive relationships helped people feel comfortable and confident in the staff supporting them, strengthening trust in their day to day care.

Prior to the inspection, several people had experienced ill health and were spending time in their bedrooms. As a precaution, and to reduce the potential spread of infection, group activities in the home had paused. However, activities staff continued to spend one-to-one time with people to help maintain social contact. We also saw care staff engaging with people in a meaningful way during visits to their rooms, rather than limiting interactions to essential care tasks. This helped ensure people continued to benefit from stimulation and regular contact with others.

Nursing staff were present in the home at all times. We saw evidence of effective engagement with external professionals, including GPs, dieticians and nurse specialist services. This collaborative approach helped ensure people received timely and responsive healthcare from the most appropriate practitioner, which provided reassurance about their ongoing health needs.

Regular monitoring of people's health was evident through the use of appropriate charts and assessments. Wound care was well documented, and the manager had recently introduced effective processes for tracking clinical governance. We noted minor inconsistencies in the guidance for some people's repositioning needs and in records relating to oral care. The manager had already identified similar issues, but some gaps persisted as the manager's improvement actions were still being embedded.

Medication processes were well managed. Prescribed medicines were administered safely and accurate records were maintained. Protocols for 'as required' medicines were in place and up to date. However, body maps were not in place for the administration of some topical medication. We advised the manager that using body maps would support care staff to ensure medicines such as moisturisers and barrier creams were applied correctly. The manager agreed to address this. Overall, people could be confident that they were supported safely with their medication needs.

The service provided positive mealtime experiences in a calm and unrushed environment. People were supported in line with individual preferences and any specialist requirements, including textured diets. People chose where to have their meals, either socially with others or on their own. Alternatives to the main menu were available on request. Snacks and drinks were offered throughout the day, and fresh fruit was accessible in the dining area. People could be confident of having good support around food and drink.

How good is our setting?**5 - Very Good**

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Queens House offered a warm, homely and welcoming environment which was well maintained and enhanced people's comfort and wellbeing. A calm and peaceful atmosphere was evidence throughout, which encouraged people to feel relaxed and at ease. The layout included a variety of open, communal spaces where people could move around safely and easily, promoting independence and social interaction.

People's bedrooms offered privacy when needed and were personalised to reflect individual preferences, helping create a homely and reassuring space. All bedrooms were equipped with en suite shower facilities, which were in the process of being refurbished.

The garden areas were well maintained and offered safe outdoor spaces for people to enjoy. People benefitted from having pleasant places where they could relax and spend time with others, helping them feel part of the community within the home.

The accommodation was very clean and in good order throughout. A dedicated housekeeping team worked well together to maintain the home to a high standard. Consequently, people experienced clean, tidy, and well-maintained premises, furnishings, and equipment.

We reviewed maintenance records and health and safety certificates, all of which were found to be in good order. This included evidence of regular checks of the full environment, including fire safety, moving and assisting equipment and water quality. These demonstrated a strong commitment to compliance and risk management, supporting a safe and well-maintained setting for people living, working, and visiting the home.

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 promote good health and wellbeing outcomes for people experiencing care, the provider should make improvements to individual personal plans. This should include, but is not limited to, updating information about people's 'as required' medication needs in line with current protocols.

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' (HSCS 4.11).

This area for improvement was made on 29 October 2024.

Action taken since then

People had individual personal plans which were detailed and contained relevant information about their health and wellbeing needs. Since the last inspection, these plans had been further developed to include reference to people's 'as required' medication. This information was in line with written protocols.

This area for improvement was 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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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