

## Galahill House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
2 July 2025

**Service provided by:**  
Mansfield Care Limited

**Service provider number:**  
SP2005007720

**Service no:**  
CS2009195945

## About the service

Galahill House is a care home registered to provide a care service to a maximum of 24 older people. A maximum of two places can be used for emergency respite. Galahill House is owned and operated by Mansfield Care Limited.

Galahill House is a detached period building with an extension on the ground floor to the side of the original house. The bedrooms are single occupancy and most have en-suite showers and toilets. There is a large sitting room and dining room to the front of the house as well as a communal sitting area within the extension.

First floor bedrooms are accessed via the stairs or a stair lift. The home has its own car park and there are extensive well-maintained gardens and grounds surrounding the property.

## About the inspection

This was an unannounced inspection of the service which took place on 24 and 25 June 2025. 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 people using the service as well as feedback from relatives. We also spoke with management and staff, observed practice and daily life as well as reviewed a wide range of documents.

## Key messages

- Staff demonstrated a strong understanding of people's care needs and personal preferences, helping individuals feel confident and well-supported in their care.
- Positive and respectful working relationships between management and staff contributed to a cohesive and supportive team environment.
- Support plans were person-centred, clearly outlining individuals' needs, desired outcomes, and any associated risks.
- Robust quality assurance processes led to improved outcomes for people using the service.
- Staffing levels were appropriate and responsive, ensuring people received the care and support they needed.
- Improvement is needed in the timely and accurate submission of notifications to the Care Inspectorate.

## 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 staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	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?

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.

People were observed to be supported in a calm and unhurried manner, with opportunities to make informed choices about how they wished to spend their day. At the time of the visit, there was no activity coordinator in post; however, recruitment for this role was ongoing. In the interim, care staff were covering activity provision, and a range of meaningful activities was observed. External entertainers had been arranged, and staff were actively engaged in supporting individuals through positive and purposeful interactions. Staff demonstrated a clear understanding of the principles of meaningful contact and were observed applying these effectively in their practice.

Individuals' health needs were effectively supported. We observed evidence of prompt referrals to relevant healthcare professionals, with clear documentation outlining the actions taken and the resulting outcomes. This approach contributed to strong continuity of care.

Robust systems and procedures were in place to ensure the safe administration of both regularly prescribed and "as required" (PRN) medications. Medication Administration Records (MARs) were accurately completed, and clear PRN protocols were documented and well understood by staff. This ensured that individuals received their medications appropriately and in a timely manner.

People benefitted from access to tasty, varied and well balanced meals and choice was promoted. Kitchen staff were familiar with the current dietary needs of each person. Throughout the day, they were supported to meals, snacks and drinks. Hydration was promoted well and recorded where necessary. Our mealtime observations showed a calm and sociable dining experience. People were supported appropriately where needed, and the atmosphere was relaxed and unhurried, showing us that people enjoyed their mealtimes.

Infection prevention and control practices were well established and followed current national guidance. Staff demonstrated good understanding of Personal Protective Equipment (PPE) use, including outbreak procedures. This included correct laundry processes and enhanced cleaning routines. Cleaning schedules were in place, and the home was free from malodour, reflecting strong hygiene practices.

Feedback from those residing in Galahill House and their relatives was very good, one relative stated told us 'The care is excellent here, Everyone is treated with dignity and respect, they're offered choices'.

There were no restrictions on family visiting, family and friends were invited into the home which allowed further opportunities for people to connect with those who are important to them.

## 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.

There were effective systems in place to assess and monitor the quality of the service and the environment. Daily "flash" meetings between staff and management supported good communication and ensured that all team members were kept up to date with any changes to people's health, planned activities, and scheduled

appointments. The management team carried out regular audits and promoted high standards of care. This included direct observations of staff practice, which are essential for identifying areas for improvement and enhancing outcomes for people living in the service.

Regular team meetings and staff supervisions took place, contributing to a culture of continuous improvement. Staff had access to a broad range of training opportunities, which helped ensure they remained competent and confident in their roles. People could be reassured that staff were knowledgeable and well equipped to meet their needs.

The manager was visible and actively engaged throughout the home, responding promptly to people's needs and offering support as required. Staff described the manager as approachable and supportive, contributing to a positive working environment.

However, improvement is required in relation to the notification of accidents and incidents to the Care Inspectorate. While these events were well recorded within the service's electronic system, they were not consistently reported as required. An area for improvement has been identified to address this.

The manager demonstrated a clear vision for the ongoing development of the service and had a strong understanding of the needs of the people supported. There was a clear commitment to promoting best practice and driving continuous improvement.

Feedback was good from relatives, one told us 'The manager is lovely, she is really good at putting a value into an action, she has an ability to treat people as an individual'.

### Areas for improvement

1. The provider must ensure compliance with relevant legislation by notifying appropriate authorities of any adverse events that may impact the health, safety, or wellbeing of people living or working in the service.

To achieve this, the provider should:

- Ensure that all events deemed notifiable to the Care Inspectorate are reported promptly and accurately.
- Include sufficient detail and timely updates in line with the Care Inspectorate's Guidance on Notification Reporting.
- Review internal processes to ensure staff understand and fulfil their responsibilities regarding statutory notifications.

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

"I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities." (HSCS 3.20)

### How good is our staff team?

**5 - Very Good**

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

The staff team was well established and worked effectively together. Communication within the team was respectful and supportive, contributing to a warm and welcoming atmosphere. People experienced care from

consistent staff who knew them well and had developed meaningful, caring relationships. This continuity of care promoted trust and emotional security.

All staff had access to a broad range of training opportunities, delivered both online and face to face. The manager monitored training compliance to ensure that staff learning remained relevant and responsive to the ongoing care and support needs of people using the service.

Regular supervision sessions were in place, providing staff with opportunities to reflect on their practice, discuss development needs, and receive support. This reflective approach contributed to improved outcomes for people and promoted a culture of continuous learning.

Staffing arrangements were informed by regular assessments of people's needs, using the provider's dependency tool. During the inspection, staffing levels were observed to be appropriate, allowing staff sufficient time to deliver compassionate and person-centred care.

All staff were registered with the appropriate professional bodies and demonstrated a clear understanding of their roles and responsibilities. People benefitted from safe recruitment practices and a structured induction process, which helped ensure that new staff were well prepared to deliver high-quality care.

## How good is our setting?

**4 - Good**

We evaluated this key question as good, where several strengths had a positive impact on outcomes for people and clearly outweighed areas for improvement.

The home was clean, bright, and welcoming. It had a homely feel throughout, and people's rooms were personalised with meaningful items and comfortable furnishings, reflecting individual preferences and promoting a sense of belonging.

The service made effective use of a maintenance reporting system, including a repair book, to log and track issues. This supported timely responses to repairs and helped maintain a safe and well-kept environment.

Staff demonstrated good infection prevention and control practices. Personal Protective Equipment (PPE) was used appropriately, and staff were observed following current guidance. The home was clean and fresh throughout, including bathrooms and communal areas, with no unpleasant odours.

A structured cleaning schedule was in place and consistently followed and staff approached cleaning tasks with care and attention.

## How well is our care and support planned?

**5 - Very Good**

We evaluated this key question as very good. There were very few areas for improvement, and those identified had minimal adverse impact on people's experiences and outcomes.

Support plans sampled during the inspection provided clear and detailed guidance for staff on how to deliver each person's care and support. The documentation reflected a strong person-centred approach, offering a comprehensive overview of each individual's life history, preferences, choices, and what mattered most to them. This ensured that care was meaningful and tailored to the individual.

Each section of the support plans was aligned with the Health and Social Care Standards, reinforcing a rights-based and outcomes-focused approach. Personal plans were regularly reviewed and evaluated, this ensured that care remained responsive to changing needs and preferences.

People were supported to live well right to the end of their life. Advance planning was in place to ensure that individuals' wishes for future care were clearly recorded and respected, including their preferred place of care should their health deteriorate.

Staff demonstrated a strong understanding of people's needs, supported by up-to-date and detailed personal plans. This meant that people could be confident that staff were well informed and worked consistently to help them achieve their identified outcomes.

## 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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 staff team?	5 - Very Good
3.1 Staff have been recruited well	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good



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