

Poynder Apartments Housing Support Service

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Telephone: 03000200217

Type of inspection:
Unannounced

Completed on:
22 October 2025

Service provided by:
Eildon Housing Association Ltd

Service provider number:
SP2003001963

Service no:
CS2023000407

About the service

Poynder Apartments provide a combined housing support and care at home support service within an extra care housing development located in the Scottish Borders town of Kelso.

The development was opened in August 2023 and this is the second inspection of the service.

The town centre is close by and provides a range of amenities including cafes, restaurants, shops, pubs and hotels.

Accommodation consists of 36 self-contained flats, comprising 34 one-bedroom and 2 two-bedroom flats, situated over two floors.

An integrated meals service provides two meals per day served in a communal dining area to support nutrition and social inclusion.

Support is delivered by an onsite staff team who provide personalised care tailored to individual needs. This ranges from planned daily visits to emergency on-call assistance, depending on assessed requirements.

At the time of this inspection there were 41 people living at Poynder Apartments.

The service provider is Eildon Housing Association Ltd

About the inspection

This was an unannounced inspection which took place on the 14 and 15 October 2025. Our visit was then followed by time examining evidence remotely.

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, relatives and staff
- considered feedback from completed and returned online questionnaires from supported people, relatives, staff and health and social care professionals
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- Interactions were consistently warm, respectful, and filled with kindness and genuine enjoyment.
- A new area for improvement was made which focused on ensuring clearer, more consistent guidance for staff administering PRN medication.
- Quality assurance systems were effectively led, with good oversight through regular audits which informed action plans and drove continuous improvement.
- People could be confident staff were recruited safely with all pre- employment checks completed prior to the staff member starting in their role.
- Care and support plans contained clear and helpful guidance.

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 leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	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 where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Interactions between people living at Poynder Apartments and staff were consistently warm, respectful, and filled with kindness and genuine enjoyment. We observed a relaxed and cheerful atmosphere, with individuals engaging comfortably whether chatting with staff, spending time with peers, or simply enjoying the social environment around them. The sense of familiarity and mutual respect contributed to a setting that felt safe and inclusive.

Staff were attentive to individuals, supporting their needs at a pace which was comfortable for them. One person commented: 'Staff regularly go above and beyond the assistance they provide and are always available during difficult times.'

Throughout the year, people were given opportunities to evaluate the service and the care and support they received during regular 'Let's Talk' meetings. Whilst people commented on the quality of meals provided, they acknowledged the difficulty of catering to a wide range of tastes.

Meals were a consistent topic on the meeting agenda, allowing participants to share feedback openly. This ongoing dialogue helped identify areas for improvement, which kitchen staff and management actively worked to address.

Some individuals were able to manage their medication independently, while others required support from staff. In cases where staff assistance was provided, we identified gaps in the existing protocols particularly concerning PRN (as required) medications. To address this, we have introduced a new area for improvement focused on ensuring clearer, more consistent guidance for staff administering PRN medication. This aims to enhance safety and accountability.

Areas for improvement

1. To ensure people receive PRN (as required) medication safely and confidently, the providers should implement clear, informative protocols. These should include, but are not limited to:

- a) Define specific signs and symptoms that indicate when PRN medication may be needed including individualised behavioural or physical cues that staff should look for.
- b) Outline thresholds or conditions under which PRN should or should not be administered.
- c) Record the effectiveness of the PRN medication after administration, noting any side effects or adverse reactions.
- d) Reflect any changes to prescribed medications in both MAR charts and individual care plans without delay.

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 because people have the necessary information and resources." (HSCS 4.27)

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.

As the new service matured, the management team had become more settled and confident in their roles. Quality assurance systems were effectively led, with good oversight through regular audits which informed action plans and drove continuous improvement. For instance, ongoing medication audits helped identify areas for staff development and system enhancements. Notable improvements included more consistent practices in signing medications in and out. Additionally, guidance was provided to ensure any medications delivered outside the weekly schedule should be promptly delivered to individuals.

Regular staff meetings and dedicated one-to-one sessions facilitated through the IMAD (I Make A Difference) initiative provided valuable opportunities for reflection, information sharing, and skill development. These structured interactions fostered a supportive environment for continuous learning and professional growth.

Effective communication with tenants, relatives, and external professionals was consistently documented, ensuring transparency and enabling robust oversight of individuals' care and support needs. One visiting professional commented: 'staff and managers always seem aware of what is happening.'

Complaints and areas of dissatisfaction were addressed promptly and effectively, ensuring individuals felt heard, respected, and valued. This timely response fostered trust and demonstrated a commitment to continuous improvement in care and support.

How good is our staff team?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could be confident staff were recruited safely with all pre-employment checks completed prior to the staff member starting in their role.

New staff completed induction training with regular opportunities for reflective discussion within their probationary period.

Staff had access to ongoing training opportunities which were effective in enhancing their knowledge and skills. This contributed to staff feeling confident and competent in their roles, which in turn supported positive outcomes for people using the service.

Staff spoke positively about the quality and relevance of the training they received.

Guidance was provided to support further staff development through additional training opportunities. This included recommendations for training in key areas such as skin integrity and dysphagia, which would further enhance staff knowledge and confidence in delivering safe, person-centred care.

Staffing levels were intermittently impacted by shortages and staff illness, which led to increased pressure on the team and at times, staff felt a breakdown in communication. Management recognised these challenges and took proactive steps to address the situation and improve internal communication.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People had access to a physical copy of their care and support plans. Where individuals required assistance with personal care, the plans provided clear guidance for staff, supporting the delivery of person-centred care.

Clear and supportive guidance was available to staff on how to respond to individuals experiencing stress or distressed behaviours. This helped ensure interactions were sensitive, respectful, and tailored to each person's needs and emotional wellbeing.

Overall, the care and support plans we reviewed contained clear and helpful guidance. However, we identified areas where medication plans could be strengthened with additional detail. This has been addressed under Key Question 1 - How well do we support people's wellbeing?

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 have confidence the service benefits from a culture of continuous improvement, quality assurance auditing and monitoring systems should be improved and extended to facilitate learning and increase oversight of the service. Improvements identified should be actioned in a timely manner to benefit supported people's outcomes.

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

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

This area for improvement was made on 23 September 2024.

Action taken since then

Improvements had been made to quality auditing processes and these fed into service developments.

This area for improvement had been met.

Previous area for improvement 2

To ensure people's assessed care and support needs are met at all times an appropriate number of staff should be effectively deployed throughout the day, evening, and night.

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

"My needs are met by the right number of people" (HSCS 3.15).

"People have time to support and care for me and to speak with me" (HSCS 3.16).

This area for improvement was made on 23 September 2024.

Action taken since then

The service were meeting their identified allocation of staffing level and were continually recruiting to meet the challenges they had.

This area for improvement had been met.

Previous area for improvement 3

To ensure people have confidence their personal plans reflect their individual needs and inform staff how to provide their care and support, improvements should be made to aspects of personal planning.

Improvement areas should include:

- (a) All supported people have easy access to their personal plan;
- (b) There is clear, accurate and sufficient detail in the personal plan about all elements of care and support pertinent to the individual, for staff to refer to, so people achieve their intended outcomes;
- (c) Protocols are in place for people supported with as required medication;
- (d) People's routines and preferences are incorporated into the plans;
- (e) All personal plans are reviewed and audited regularly and updated when needs change;
- (f) Where changes to the plans are made, all relevant sections of the plan are updated accordingly.

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

"My personal 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).

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (HSCS 1.23).

This area for improvement was made on 23 September 2024.

Action taken since then

Improvements had been made within care planning to meet this area for improvement.

This area for improvement had been met.

Previous area for improvement 4

To ensure effective monitoring of people's medication, the provider should ensure that staff have an understanding of the service's medication procedure policy. This should include, but is not limited to, ensuring that staff follow the appropriate medication process when signing in and signing out people's medication.

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

3.14: 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.

This area for improvement was made on 13 January 2025.

Action taken since then

Medication processes relating to signing in and out had improved.

This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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 leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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