

## Fairview House Care Home Care Home Service

Fairview Street  
Danestone  
Bridge of Don  
Aberdeen  
AB22 8ZP

Telephone: 01224 820 203

**Type of inspection:**  
Unannounced

**Completed on:**  
24 April 2025

**Service provided by:**  
Barchester Healthcare Ltd

**Service provider number:**  
SP2003002454

**Service no:**  
CS2007142892

## About the service

Fairview House Care Home is owned and managed by Barchester Healthcare Ltd. Fairview House is registered to provide a care service to a maximum of 103 older people. Within the maximum of 103 places, seven places may be provided for named people under the age of 65; and there were 96 people living at the service at the time of this inspection.

Fairview House Care Home is a purpose-built home located within the residential area of Danestone, Aberdeen. The service is close to local amenities and transport links. The accommodation consists of a variety of communal sitting rooms and dining areas. The home is divided into six smaller units. The unit 'Memory Lane', is specifically for older people with dementia. The home has well maintained with landscaped grounds.

## About the inspection

This was an unannounced inspection which took place on 16 April 2025 between 10:30 and 16:00, with further visits on 17 April 2025 between 09:30 and 16:30, 20 April 2025 between 19:00 and 20:30 and 13 April 2025 between 09:45 and 15:00. 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, information submitted by the service and intelligence gathered since the last inspection.

To inform our evaluations we:

- spoke with 19 people using the service and nine relatives who were visiting at the time of the inspection
- spoke with 25 staff and management
- received 30 completed questionnaires from people using the service, staff, relatives and visiting professionals
- observed practice and daily life
- reviewed documents.

## Key messages

- Staff were welcoming, warm and working well together to meet people's needs.
- The service had met all the areas for improvements made since the last inspection.
- There was a new manager and leadership team in place.
- Significant improvement was noted in the oversight and management of people's health and wellbeing.
- Quality assurance processes were much more focused on proactively improving outcomes for people.
- People and families were happier.
- The improvements made to people's quality of life should be maintained and further developed to ensure the positive outcomes for people are sustained.

## 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 good is our setting?	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. There were a number of important strengths which taken together clearly outweigh areas for improvement.

We received mainly very positive feedback about the service, carers and the improvements made since the last inspection. Significant improvement was noted in the oversight and management of people's health and wellbeing. Staff particularly the leadership team, including the Registered Nurses, care practitioners and senior carers, were visible throughout the home and understood their roles and responsibilities. A person said, "some staff are very good, others have no clue and don't seem to care for those they look after." These improvements in practice and outcomes for people were not consistent and at times had an impact on people's experiences of the care and support.

People were treated with kindness, compassion and understanding. People were being encouraged and supported in ways that were helpful and meaningful to them. Staff were assisting people identify the correct cutlery to use for lunch, instead of just handing over the correct item. People appeared happy, many people were smiling and laughing when interacting with staff. Staff clearly knew people's likes and dislikes, for example helping a lady tie her hair up in just the way she liked it. Consequently, people were being valued and respected as individuals.

At times, people were not fully consulted regarding changes that were taken for the best intentions but impacted on their daily lives. Families had been fully involved in decisions regarding people moving bedrooms. The outcome for people had improved, for example these people were sleeping better, socialising more and even choosing to get up and dressed. However, people living in the service should be consulted and involved, in ways that are meaningful to them, as part of these discussion processes.

A significant improvement has been made to ensure meaningful activities were starting to become part of daily life in the home. There was a developing whole team approach, where staff were taking time to engage and interact with people. Meaningful relationships and friendships were developing with other people and staff. There was many planned fun events, clubs and activities taking place. People were encouraged to participate, and the Easter activities were enjoyed by many. A person said "there is plenty to do, I never get bored". People were encouraged and supported to get out and about, share their knowledge and experience, including a lady sharing how to make their recipe for milk pudding with others. Others were supported to be involved in the life of the home, by helping staff with tasks and delivering newspapers. The management team had identified that they needed to make the information available to carers better and more consistent regarding people's like's, dislike, and choices about their daily lives. People's quality of life had improved, and the home was a happier place to live. A previous area for improvement regarding meaningful activities was met (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

People were supported to maintain pride in their appearance and were in general well presented. Nail care and oral care was being considered. People were being offered and supported to bathe or shower regularly. However, standards were not always consistent. A relative said that things were improving and the concerns regarding personal care were much less. Staff need to get better at recording when people decline or refuse aspects of care, for example if a person declines to shave. Any concerns in relation to personal hygiene and appearance were quickly addressed by the senior team.

People were receiving their medication as prescribed. There was improved oversight, auditing and peer review resulting in a reduction in medication errors. Staff had a clear understanding of the medication processes and systems. Further work could be undertaken to ensure people receive their medication at a time that fits into their routine, such as ensuring night-time medication is given before people fall asleep. The service was no longer dependant on agency staff, and this had assisted in improving consistency around the management of medication.

People were being kept safe from harm. Staff were aware of potential risks of falling, choking and scalds and were following the detailed protocols in place. The number of adverse incidents had reduced.

The oversight and monitoring of people's health and wellbeing needs had significantly improved. There were staff champions or leads in place for falls, moving and handling, nutrition, and wound management. These staff shared and promoted best practice with less experienced staff. There was a whole team approach to proactively looking for solutions or strategies to improve the outcomes for people. As a result, there had been a reduction in the number of wounds, injuries because of falls, weight loss or adverse incidents. The management team had identified that they needed to make the information available to carers better and more consistent to ensure everyone follows the same practices. People were receiving the care and support that is right for them on a more consistent basis.

Staff had a better understanding of how to support people who were anxious or distressed. People had begun to build trusting relationships with staff. People were happier, calmer and less distressed. Staff spoke highly of the new assessment tool which assisted in improving people's care and support plan, in a more meaningful way. Stress and distress strategies were in place and available to staff. At times, these strategies were not followed, this resulted in a person becoming more distressed at not being supported to leave the unit. Staff could be more proactive to prevent people becoming distressed or anxious, such as considering where people sit at the dining table to prevent people becoming upset. The staff worked closely with families and external healthcare professionals to ensure people received the care and support that was right for them.

There were many positive comments from families on their experience and the compassion showed by staff regarding palliative end of life care. A relative said "The staff showed exceptional care and understanding towards our father and in comforting us during the later stages of his palliative care. When needed most they showed their professionalism." Communication with families was good and families were kept informed throughout. Information and the documentation regarding end-of-life care could be further reviewed to ensure that everyone's thoughts and wishes are appropriately recorded and shared with staff. People and their families were treated with dignity and respect. A previous area for improvement regarding meaningful end of life care was met (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

A recent outbreak of an infective illness in the home had been well managed. Staff had completed infection prevention and control training, and staff competency checks were ongoing. The housekeeping staff were fully aware of their roles and responsibilities regarding cleaning schedules and chemicals. Personal protective equipment (PPE) was available and stored appropriately. There was a minor concern regarding the use of gloves, which was discussed with the management team. As a result, staff were taking the appropriate steps to safeguard people from the spread of infection.

## How good is our leadership?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

One of the fundamental changes in the service is the new permanent manager and the impact this has had on the outcomes for people, the staff, and families. The manager and the leadership team were very visible within the home and approachable.

The manager had built and was developing an enthusiastic leadership team. We received lots of positive feedback from staff and relatives about the changes and improvements. People said, "The new management structure at Fairview has made improvements in a short period," "I have every confidence in those who are running the care home. They are very competent, approachable, compassionate, and friendly" and "this looks to be working very well, the manager is very positive and has an encouraging attitude."

Work was well underway to build relationships and trust with families. Relatives said, "the manager proved to be our fairy godmother (by getting my wife's carpet replaced)" and "the service are quick to act on any concerns making it a more positive experience for residents and relatives." Staff were now aware of their responsibility regarding reporting all issues or concerns. The leadership staff had been enabled and supported to deal directly with relatives and respond to or sort issues or concerns promptly. All issues and concerns were being appropriately recorded and audited. All concerns or issues were being shared with staff. The 'resident of the day,' relatives and residents' meetings were being used effectively to improve communication with families and people to establish concerns early and address them before they become issues. As a result, people and their families were confident that concerns or issues raised would be addressed. The home had recently won the organisation's 'Service to Celebrate' award for the number of compliments received. Two previous areas for improvement regarding the complaints process were met (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

Quality assurance processes were much more focused on proactively improving outcomes for people and the quality of the service. The service's improvement plan was being used effectively to identify not only areas of concern but also planned improvements. This fed into the home's Central Action Plan (CAP) which was used to delegate responsibilities and monitor improvements. The leadership team have been empowered and supported to be involved in the auditing process. As a result, there is more peer review, accountability, and responsibility to improve and address issues or concerns identified. Adverse incidents, accidents and events are now being fully investigated, reported, or discussed with appropriate parties for example, the Care Inspectorate, Adult Protection, and families. There was an open transparent culture developing, throughout the whole team. Learning and any changes in practice were discussed and shared with staff. This has supported a developing whole home approach to safeguarding people from harm. As a result, there had been a significant number of improvements throughout the whole home which were having positive outcomes for people. These improvements should be maintained and further developed to ensure the positive outcomes for people are sustained. A previous area for improvement regarding the quality assurance processes was met (see 'What the service has done to meet any areas for improvement we made at or since the last inspection').

## How good is our staff team?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

People benefitted from a staff team who worked well together. Staff knew people's needs well and were enthusiastic about their role. A staff member told us 'I am grateful to be a part of a team that makes such a difference in people's lives.' The service used various measures to celebrate staff achievements with a focus on empowering and developing staff. For example, employee of the month and other staff recognition awards, such as supporting staff to obtain nursing or care practitioner qualifications and celebrating these achievements. As a result, staff appeared happy and enjoyed their work. A staff member told us 'The atmosphere in the home is much better, as well as the positivity of the staff'.

Staff had been recruited well with appropriate checks undertaken. The service ensured staff received a detailed induction and training programme in addition to opportunities to shadow more experienced members of staff. However, experience of some new members was not as good as others, which impacted their confidence in undertaking the role. We discussed this with management who assured us they will review the induction process to improve the support given to staff. Staff had access to training suitable for their role and the manager kept oversight on staff training needs. Therefore, people could have confidence that they were being supported by trained, skilled and competent staff. There had been no use of agency staff for a few weeks, which had assisted in ensuring that people were supported by staff who knew them well.

People and their families had begun to build trusting relationships with staff, and this contributed to increased levels of satisfaction and confidence. The service used a dependency tool which informed management of the required staffing to meet people's needs. Dependencies were assessed taking into consideration not only basic care needs but included emotional, psychological and social needs. Staff were very visible within the home and did not appear rushed. As well as completing essential tasks, they had time to spend with people. However, some staff and relatives felt staffing was inadequate. Therefore, further efforts were needed to ensure staffing decisions were shared with staff, people and relatives in an open and transparent manner.

People told us that staff generally worked within the same unit. As a result, people received good continuity of care from people who they knew. This was appreciated by relatives. One person said 'I am delighted with care and see regular staff which is great'. There was effective leadership and oversight of the outcomes for people in each unit. The senior staff demonstrated good understanding of their roles and responsibilities and allocated work considering the skills, knowledge and experience of staff. This meant that people's care and support were more consistent, and staff practice was monitored. A person said, "The staff have been really supportive, and nothing is too much bother".

## How good is our setting?

## 4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The home was friendly and welcoming. It was clean, tidy and clutter free. Staff took pride in the service and appreciated that it was people's home. A recent refurbishment program in parts of the home had been completed to a high standard. Work was ongoing and there were plans to upgrade other parts of the home. This included new furniture and replacing flooring to bedrooms that were worn, stained, or smelt unpleasant, despite intense cleaning. People said, "The refurbishment is looking amazing and very fresh and bright!" "They have done a good job!" and "Memory Lane is showing its age and really needs some investment to redecorate in a cheerful colour scheme."

Families were very happy where additional specialised equipment or new flooring had been obtained or purchased that improved the quality of people's lives. The management team were continually reviewing the environment, through their improvement plan, audits and daily walk rounds, to ensure the home continued to enhance and promote a good quality of life for the people who live there.

There was good oversight by the maintenance team. Maintenance and servicing records were in good order, with a clear process for highlighting any required work. Minor concerns regarding ensuring updated stickers were in place following maintenance or the servicing of equipment was immediately addressed. There was ample moving and handling equipment in good working order and readily available. Therefore, the general environment was safe and secure.

People were supported and encouraged to move freely around the home. There were several communal areas that people and their families could choose to spend time in. Furniture was positioned to encourage socialising and there were plenty of places for people to sit and rest. The gardens, grounds, and courtyard were well maintained. Most people could not freely access these areas and had to rely on staff being available to accompany them. Plans were being implemented to ensure people would be able to access these areas safely and independently. People were encouraged and supported to bring in their own bits and pieces to have around them, which promoted each person's experience, dignity, and respect.

An appropriate call system was in place, using a mixture of devices such as handsets, sensor mats and electric beams. This ensured people could summon staff promptly. The management team were monitoring response times, following concerns raised by families. Feedback from people was that although staff responded to the call system, some staff would turn these off and say they will be back. The manager was made aware of this concern and oversight of staff practice continued. Staff should respond to people's needs promptly.

## How well is our care and support planned?

4 - Good

We evaluated this key question as good. There were a number of important strengths which taken together clearly outweigh areas for improvement.

The move to a new digital care planning system was due to take place over the coming months. This would assist in making the care and support plans more accessible and user-friendly for anyone who required information on people's needs and support. It would also ensure that people receive consistent care and support, that is right for them in a timely manner.

Everyone had a personal plan in place that detailed the care and support they required. Although most were person centred and care was evaluated, the standard and quality of documentation was at times inconsistent with some gaps in information that had led to some inconsistent care. For example, staff being unclear of how long a person should be supported to sit out of bed for. The documentation did not reflect the many positive outcomes for people. We discussed these concerns with the management to ensure that the care and support was given consistently and in line with people's wishes and needs.

People's care was being formally reviewed on a regular basis in line with best practice. As part of the 'resident of the day' process and the 6-monthly review process, there were opportunities for people and their families to inform staff of what was working for them and what needed changing. This ensured people and their families' views were truly reflected within their personal plans.





## 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 support people to get the most out of life, the provider should ensure that:

a) The meaningful information about people's likes and dislikes is shared with staff in a constructive way that can support people to get the most out of life.

b) Implement meaningful activities specific to service users' likes and wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:6);

and

'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2).

**This area for improvement was made on 25 July 2024.**

#### Action taken since then

This area for improvement was met. See 'How well do we support people's wellbeing?'

However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

#### Previous area for improvement 2

To support people to be actively involved in their care and support the provider should demonstrate that staff understand how to recognise and respond to complaints and concerns.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me' (HSCS 4.21);

and

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

**This area for improvement was made on 25 July 2024.**

#### Action taken since then

This area for improvement was met. See 'How good is our leadership?'. However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

**Previous area for improvement 3**

To support and improve people's experience of care, the provider should develop a culture of continuous improvement by having robust and transparent quality assurance processes that focus on ensure improvements are sustained.

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 robust and transparent quality assurance processes' (HSCS 4.19).

**This area for improvement was made on 25 July 2024.**

**Action taken since then**

This area for improvement was met. See 'How good is our leadership?'. However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

**Previous area for improvement 4**

To ensure positive outcomes for people who use this service. The provider should implement robust systems to effectively demonstrate how all residents' individual care and support needs and personal preferences are being met. This should include clear record keeping, evidence of on-going monitoring and show how this is being regularly evaluated.

This is in order to comply with: Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

**This area for improvement was made on 28 August 2024.**

**Action taken since then**

This area for improvement was met. See 'How well is our care and support planned?'. However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

**Previous area for improvement 5**

To ensure positive outcomes for people who use this service. The provider should further develop a robust system to ensure that moving and handling aids are available for use in good working repair, and that battery packs have been fully charged.

This is in order to comply with:

Health and Social Care Standard 1.19: 'My care and support meets my needs and is right for me.'

**This area for improvement was made on 28 August 2024.**

**Action taken since then**

This area for improvement was met. See 'How good is our setting?'. However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

**Previous area for improvement 6**

The service should ensure that peoples' wishes for end of life care are recorded on admission or shortly afterwards. Further to this, the service should ensure that documented discussions take place with residents and/or their representatives, when there is a change or deterioration in their condition.

This is in order to comply with:

Health and Social Care Standard 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 8 January 2025.

## Action taken since then

This area for improvement was met. See 'How well do we support people's wellbeing?'. However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

## Previous area for improvement 7

The service should ensure that the organisation's complaints policy is followed at all times.

This is in order to comply with:

Health and Social Care Standard 4.21: 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.'

This area for improvement was made on 8 January 2025.

## Action taken since then

This area for improvement was met. See 'How good is our leadership?'. However, these practices need to be fully embedded into culture and practice, to ensure that these improvements are developed and sustained.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://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
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - 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?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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