

Hawkhill House Nursing Home Care Home Service

234 North Deeside Road
Milltimber
AB13 0DQ

Telephone: 01224 735 400

Type of inspection:
Unannounced

Completed on:
1 October 2025

Service provided by:
Caring Homes (TFP) Group Ltd

Service provider number:
SP2015012608

Service no:
CS2015342220

About the service

Hawkhill House Nursing Home is owned and managed by Caring Homes (TFP) Group Ltd. It is registered to provide a care home service for a maximum of 41 older people.

The care home is a traditionally built care home service situated in Milltimber, a residential area on the western periphery of Aberdeen. It is surrounded by well-established gardens. All bedrooms have en-suite facilities. There is a variety of communal sitting and dining areas. Accommodation is provided on two levels.

About the inspection

This was an unannounced inspection type which took place on 29 and 30 September 2025. 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:

- spoke with 13 people using the service and three of their family. We also received feedback through care surveys from 10 people using the service and 13 families
- spoke with 10 staff and management. We received feedback through surveys from a further 16 staff.
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

People were happy living in Hawkhill House.

Care plans described peoples' needs with some very good detail.

Staff worked well together and were well supported by a visible management team.

The home was clean and well maintained. Some refurbishment was required however this was planned.

Some improvements were required within documentation to describe how people were involved with planning and reviewing their care and support.

The management team were proactive and committed to improving the home further.

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 staff team?	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?

4 - Good

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

The home had a relaxed, calm and welcoming atmosphere during our visit. We observed supportive relationships between staff and people who lived in the home. People were being supported kindly and discretely and told us they were happy. Other comments included:

'My relative has only been in Hawkhill House for short time but is already saying how well looked after they feel and that they are all so kind and caring'.

'The staff are very attentive and ensures our relative is as happy as they can be'.

'Staff are priceless, they're first class. Sometimes the very young ones can be a bit nippy, but mainly they are very obliging'.

'If you are kind to them, they are kind to you'.

'They are mostly kind'.

People's hydration needs were being met and they were offered a variety of drinks throughout the day. Snack stations included a choice of drinks and snacks where people could help themselves. People choosing to remain in their rooms had access to drinks and snacks. Where necessary, intake was being recorded to help ensure people were well hydrated to promote their physical wellbeing. Recording however was variable and it wasn't always clear that people were being offered fluids as described in the care plan. The manager was supporting staff with recording to help ensure an accurate record was maintained where it was required.

People should be able to choose from a healthy varied menu of meals and snacks. People's dietary needs and preferences should be catered for. There was good information about any modified diets within care plans and where required good records of nutritional intake. Weights were regularly monitored so that appropriate actions could be taken to help support people's wellbeing.

People's personal plans reflected their specific health conditions and provided guidance and approaches staff could use to provide effective support to people. There was good information about conditions and what this meant for the person. There was some very good detail about stress and distress and how to support people that recognised some behaviour was a form of communication.

People's health benefitted from access to a range of community professionals and agencies. One person told us, 'I've spoken to but haven't seen my own GP for months but I am to see the GP when they visit the home on Thursday'. The feedback we received from professionals described improving communication and growing confidence in the staff and management team.

Some concern was highlighted around knowledge and expertise around dementia, 'Their knowledge on dementia and, stress and distress requires developing'. This had been recognised and the manager had been proactive arranging development sessions which included family members. One family member told us, 'I found this particularly useful in not just understanding the impact that dementia may have on my mum, but it also gave me a better understanding of what the other residents may be experiencing. I felt much more grounded and informed after the session'. This would help to improve outcomes for people.

People's skin integrity was maintained because the service had a proactive and person-centred approach to wound care. All wounds and abrasions resulted in individual wound care plans and management strategies which were reviewed and updated regularly and as described. Where people require support to change their position, recording was variable and as reported above recording is an area that requires further support.

People could be confident they would be supported with their medication. There was an organised system in place for administration of medications which was audited regularly. Protocols were in place for administration of 'as required' (PRN) medications to ensure strategies were attempted before it was given to alleviate people's symptoms.

There were a range of activities planned throughout the week. An activity board was positioned in the hallway so people knew what was planned. It was positive to see this stretched over seven days. Some people felt there could be some improvement in this area - 'Perhaps more activities tailored towards the individual as not everyone's needs will be the same', 'It's all geared towards older people - the activities, the music'. One person told us they would like someone to talk to about common interests and sometimes they felt bored.

Falls and accidents were well recorded and the manager maintained a robust overview in this area. This helped to ensure any actions required to help keep people safe and to prevent reoccurrences were identified and monitored for effect.

Daily care notes lacked evaluation and person-centred detail - entries were mostly task orientated and did not reflect how people had been involved or consulted. Some entries lacked an outcome and so we could not be sure people were receiving all the support they required or requested e.g. rang bell. In addition, whilst regulatory reviews were taking place, it was not always described how the person themselves had been involved or consulted. It is important that people are involved in planning and reviewing their care and support and that there are appropriate measures/methods available to help ensure this happens even when someone may lack capacity in some areas. See area for improvement 1.

Areas for improvement

1. To ensure positive outcomes for people who use this service the provider should ensure;
 - that daily recordings of care provided should be developed to be more person-centred, detailed and evaluative.
 - that care documentation reflects the views of people receiving care and support and how they have been involved.
 - that minutes of reviews reflect the individuals' views even if they choose not to attend formal review meetings.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS), which state that: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

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.

Staffing arrangements were determined by regular assessment of peoples' needs. Staff rotas reflected that consistent numbers of staff were working throughout the day and week. The staff group was almost fully recruited to and agency staff was rarely required. This meant that people were being supported by a consistent and familiar group of staff.

It was recognised that there had been significant staff changes in the past year. One person told us, 'Staff turnover has been significant in the last year. I don't feel we have the same relationship with staff as before, especially with management and nurses'. The new management team had worked hard to build and support a new team and develop relationships with people who live in the home and their family. This was being recognised with comments such as, 'Management team are settling in' and 'Staff are organised which is a sign of good leadership'.

The staff team felt supported and valued and thus staff were working well together supporting each other to ensure good care was delivered. Feedback from residents and families was mostly positive who described staff as 'always polite, friendly and helpful'. Some people did however describe 'some bickering and occasional bullying' and 'some staff can be a bit nippy'. The management team were monitoring staff relationships and performance carefully and group supervision and individual feedback was being provided to staff to help them reflect and develop their skills further. Overall, however staff told us they felt the team worked well together.

Staff in caring roles advised that leaders in the service, such as the nurses or deputy manager, were available to support if the service was short staffed. This meant that staff felt supported by a visible and approachable leadership team.

Some people told us that response times of staff responding to call bells was variable. One person said they had waited for nearly an hour for assistance to go to the toilet. Other people told us, 'There seems to be constant alarm bells ringing' and 'Response times from carers (could improve), when called by resident for bathroom visits, etc. and to open front door when visiting or leaving'. We highlighted examples of poor recording within the daily care notes that did not reflect that call bells were being responded to appropriately. The manager was maintaining an oversight of call bells and responses in a bid to ensure staffing arrangements were right so that people could expect prompt responses to calls for support.

Staff arrangements should allow for more than basic care needs to be met. One person told us, however, that what would make the biggest difference to them, would be if staff were able to spend 5 or 10 minutes a day talking to them, and not just undertaking basic care tasks. We did see staff participating and joining in with activities and taking opportunities to spend time with people had been discussed with staff through team meetings and was being encouraged.

It was positive to see staff in ancillary roles had positive relationships with people living in the service, taking time to speak to people etc. This supported a whole team approach to making people feel at home and valued by everyone working at Hawkhill.

Team meetings were held across all departments and staff described regular opportunities to talk with their colleagues throughout the day/month. Staff told us, 'Communication is good' within the staff team and with managers. Minutes of staff meetings would benefit from restructuring to clearly describe how staff have contributed to discussions and actions. The minutes we read provided a good range of information and feedback to staff but lacked detail about how staff had contributed or how they had expressed their views. It would be positive to see how staff are contributing to discussions and subsequently developments and improvements across the service.

It was clear that the leadership team had good insight about where the service needed to improve and were considering how the staff team could be more involved and take responsibility for actions leading to improvements. This would help to develop staff skills and knowledge and promote accountability within the team.

How good is our setting?

4 - Good

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

The setting is a traditionally built care home with bedrooms over two floors that could be accessed by stairs and a lift. Bedrooms had en suite shower facilities as well as baths in the communal bathrooms. The environment was comfortable, homely and clean.

Bedrooms were decorated according to people's individual tastes and people were encouraged to furnish them with personal items, which promoted their sense of dignity and self.

People could sit in the main communal lounge as well as being able to use smaller quieter lounge areas and the conservatory.

The garden was attractive and well maintained, and some people enjoyed being able to access it freely through a door when it was unlocked. This promoted people's sense of independence and people enjoyed the fresh air in pleasant surroundings. The door was locked in the afternoon, however, and we discussed with the manager the importance of ensuring people could access the garden wherever possible.

The service benefitted from having a full time maintenance person with a lead role for health and safety. Maintenance arrangements were well managed and monitored, with an effective system to identify any repairs, and records showed that these were responded to timeously. People told us that when they needed things fixed, this was usually attended to promptly.

There was clear evidence of regular maintenance and cleaning of shared equipment, such as hoists, which meant that it was safe to use and minimised the risk of infection.

The housekeeping team worked hard to ensure that people's bedrooms and communal areas were clean whilst maintaining a homely feel and atmosphere. There were clear and systematic cleaning arrangements and domestic staff were confident in explaining cleaning processes. Staff were clear about their responsibilities and worked well as a team. Cleaning schedules were held on a digital system which ensured staff were clear about any outstanding tasks, and provided leaders with oversight. Personal protective equipment (PPE) was in good supply and was available in people's rooms at the point of use. This kept people safe and minimised the risk of infection.

It was positive that the Kings Fund assessment had previously been undertaken, which is an assessment which aims to improve the environment particularly for people living with dementia. The assessment had highlighted the need to improve lighting in the service, and it was positive that actions had been taken to address this. There was signage so that people were guided to where they wanted to go, and there were reminders about promoting good hand hygiene. We found however that the audit had not identified that the flooring in corridors was very uneven in places which presented a hazard to people with mobility, sensory or perception issues. The manager advised that a significant refurbishment has been planned, and we discussed the importance of taking people's views into account as part of this process. It would also be beneficial to revisit the Kings Fund tool to ensure that all aspects of the environment promote independence and safety, with particular consideration to the floors.

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 staff team?	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

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.