

# Pleyfauld House Very Sheltered Housing Housing Support Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
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**Service provided by:**  
Aberdeenshire Council

**Service provider number:**  
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**Service no:**  
CS2016347446

## About the service

Pleyfauld House is a purpose-built very sheltered housing complex in Inverurie, Aberdeenshire. The service is provided by Aberdeenshire Council and provides both housing support and care at home to adults living in their own tenancy.

The complex has 32 self-contained flats. At the time of the inspection there were 26 receiving a service. There were two tenants who received housing support only. Tenants have access to dining and socialising spaces and there is easy access to the gardens.

## About the inspection

This was an unannounced inspection which took place on 22 and 23 of October 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 16 people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Prior to the inspection we asked the service to send surveys to major stakeholders. We received the following completed surveys: six from people who use the service.

## Key messages

- People praised the staff. They said they were caring and professional.
- The low staff turnover meant that staff knew people very well.
- The social aspect of the service was good, and people said that there were many opportunities to be active and engaged.
- People praised the quality of the meals. People enjoyed a relaxed and social dining experience.
- Improvements are needed to how choking risks are managed.
- Managers were visible and accessible in the service.
- People were confident that managers would address any issues they had.
- Improvements were focused on improving people's outcomes.
- Each person had a set of comprehensive care documents.
- People were supported to attend and contribute to their care review.

## 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?	5 - Very 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.

People were very positive about the staff. They said they were caring, attentive and professional. People knew the names of the staff, and this was important to them. Low staff turnover had contributed to strong trusting relationships forming.

People said they were included in deciding when they received their care and support, in particular the times in the morning and in evening. This meant that their care and support was planned in a way that fitted in with their needs and plans for the day.

Many people praised the levels of social activity and the opportunities to take part in many events with their friends. The activity planner was easy to read and to access, and this helped keep people informed of planned activities. This kept people informed and enabled them to make choices. People said that the social aspect of the service helped keep them active and feel part of the Pleyfauld's community.

People said they felt included in the service and in the decision making. Their views were sought at activity meetings and their suggestions were acted on. Some information was easy to access and in easy read format. This meant that people were kept informed and were able to make their own decisions. Information on the local community should be made available, for example: cafes, taxi, food delivery services. This will help people to retain skills and help support independence.

People were very positive about the quality of the meals. There was plenty of variety, and the taste and the presentation of meals was praised. People sat with friends for meals, and this helped create a relaxed and sociable dining experience. Staff knew the preferences of people, and when assistance was needed, this was provided with discretion.

People who have impaired swallow need to have the right care and support to ensure they eat and drink safely. There were no choking risk assessments in place. These were necessary because they documented specific risks of choking for individuals. Care plans lacked information on specific high-risk foods, correct seating position, and input from health professionals. When a choking risk has been identified, the relevant care plan and risk assessment must be in place. This is to ensure that people get the right care and support to help them eat safely. (See area for improvement 1.)

The management of people's medications was good. Clear systems in place for the ordering, delivery and checking in of medications. This ensured that people's medications were consistently available. There were the necessary assessments in place that highlighted the levels of support they needed from staff. Most of these were accurate, however, we asked managers to review one person's assessment. The level of support provided by staff was above the documented assessed level of support. Managers continue to monitor and review if the levels of support provided with medication, are in line with the documented assessment.

## Areas for improvement

1. The service should ensure that people who are at risk of choking, get the right care and support to help them eat well and to eat safely. In order to do this you should:

a) ensure that choking risk assessments are completed and regularly reviewed to ensure that they accurately reflect risks

b) ensure that people's care plans clearly document the changes to people's diets and their care and support because of the choking risks

c) ensure that input from the relevant health professional is sought when a choking risk has been identified.

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

'My personal plan (sometimes referred to as a care 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); and

'My care and support meets my needs and is right for me' (HSCS 1.19).

## How good is our leadership?

### 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.

There was a stable and experienced management team in place. People said that managers were visible, and accessible in the service. They said that they would not hesitate to speak with managers if they had a concern and were confident their concern would be dealt with appropriately.

Managers were aware and supported the visits from external contractors and health professionals. This meant that they were aware of the outcomes from visits and any follow up actions that were needed.

Meetings took place regularly. These were an opportunity to keep people and staff informed of what was working well, and what needed changing. People were supported to have their say at meetings, and their suggestions and feedback was used to inform changes. Getting it right for people was important for the service.

The service improvement plan (SIP) was detailed and covered areas of the service provision that needed changed. These changes were clearly linked to improving outcomes for people. The wellbeing and experiences of people was the driving force for change.

Managers completed pre-admission assessments prior to people moving in. This enabled them to assess if the person's needs could be met, and if the person would fit in with the service's community. It was important that all admissions were appropriate to ensure that people were in the right place to get the right care and support.

Managers completed a range of audits in order to assess compliance and the quality of peoples' outcomes. Dining experience audits included the social aspect of the meal, and the quality of the meals provided. People contributed to this audit, and their feedback was used to make changes to menus or the dining experience. People felt valued and included in their service.

There were daily walkarounds and checks undertaken by managers. These ensured that the buzzer system was working appropriately, the fire exits were alarmed and secure, and helped identify any repairs needed with shared spaces. This helped to ensure that people lived in a safe environment and were able to summon assistance when they needed.

The overview of falls was very detailed. The good analysis of falls was helped by the information recorded on the time, location and person. Managers were then able to review measures in place, and assess if any changes were needed to reduce the risk of falls reoccurring.

When an accident and incident had occurred, managers reviewed the reporting form to ensure that it was completed appropriately, and that the right actions were taken by staff. This should have helped managers follow up on any issues. However, when a choking incident occurred there was no review of person's care plan and risk assessment. If this had been completed, this would have identified the concerns with lack of information and assessment of risks. (See 'How well do we support people's wellbeing?')

## 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.

Care plans and supporting documents were in place for each person. These all followed the same layout, and this made it easier for staff to locate the information that they needed.

Staff updated the daily entry sheet when a care and support need had been attended to. These were detailed, however, they could be developed to be more outcome focused. This will show the impact of the action on people, and how they contributed to their care and support.

Health professionals were encouraged to record in people's care notes the outcome of their visit. This ensured there was a record, and that it was an accurate record of the visit.

Care reviews occurred, and people were supported to attend and to contribute to the review of their care and support. Managers attended, and this ensured that they could act on any concerns raised or any changes that people wanted to their care and support. It was important for the service for people to get the care and support they needed and wanted.

The content of care plans was mixed. Managers updated anticipatory care plans, and these were detailed and clearly documented people's wishes if their health deteriorated.

The plans to help people live well with dementia were good. There was clear information on how people present if they are anxious and distressed, and what actions are needed by staff to reduce the stress and distress. Staff had very good understanding of the content of these plans, and this was evident in the care and support of people living with dementia. Staff took time when supporting people to make their own decisions, people went at their own pace, and reassurance was provided appropriately.

Nutrition care plans did not contain any information on choking risks and how staff could support people to reduce the risks of choking, in particular identifying high-risk foods. This meant that the care plan was not effective at informing the care and support people received to eat safely. (See 'How well do we support people's wellbeing?')

Weight recording charts showed that the monitoring of people's weight was not informed by risks or weight loss. Most people's weight was stable, however, when someone lost weight there was no review of the frequency of the monitoring of their weight. Appropriate monitoring would ensure that the additional care and support they needed to eat well, were in place.

## 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very 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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