

Fairview Nursing Home Care Home Service

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Bannockburn
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Type of inspection:
Unannounced

Completed on:
30 October 2025

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300705

About the service

Fairview Nursing Home provides accommodation over two floors and is located in the Bannockburn area of Stirling. The service is registered to care for up to 60 people, who have a variety of health care needs including dementia. Thirty people can live on the ground floor and there is lift access to the upper floor which is a dementia care unit for 30 people. All bedrooms have an ensuite WC and wash hand basin. Each floor has a number of daily living spaces that includes lounges, dining areas, quiet rooms and hair salon. The home has pleasant gardens for people to enjoy. At the time of our inspection there were 59 people living in the home.

The provider, HC-One Limited, states: 'At HC-One our experienced home managers and members of staff ensure kindness is at the heart of everything we do.' This service has been registered with the Care Inspectorate since 31 October 2011.

About the inspection

This was an unannounced follow up inspection which took place on 30 October 2025 between 09:30 and 14:30hrs. 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 four people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The requirement has not been met and we have agreed an extension to 2 February 2026.
- Monitoring systems, including observations of practice and the learning needs analysis, had identified key areas requiring improvement.
- The service was in transitioning to electronic care planning.
- Areas for improvements were not fully evaluated and plan to be reviewed at the next follow up inspection.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 27 October 2025, the provider must ensure the service remains responsive to changes, develops a culture of continuous improvement and people's care needs are met by staff who work well together, have time, skills and knowledge to care and support them.

To do this, the provider must, at a minimum:

- a) Review the current leadership within the units and assess the knowledge, skills and expectations of the leaders.
- b) Identify any training required for leaders to help assist them to be competent to fulfil their role.
- c) The manager to have oversight and regular meetings with leaders to ensure actions have been taken to drive improvement.
- d) The manager should carry out observation of practice to identify any training needs or areas for improvement.
- e) Review the home's service improvement plan by identifying specific improvements for individuals.
- f) Devise a process when deploying staff to units which considers skill mix, staff wellbeing and positive outcomes for people.
- g) Ensure staffing numbers meet people's needs by incorporating people's, staffs' and relatives' feedback.

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). This ensures care and support is consistent with the Health and Social Care Standards, which state: 4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This requirement was made on 21 August 2025.

Action taken on previous requirement

The provider had taken steps to review leadership, staffing arrangements, and culture of continuous improvement within the service, with some early signs of progress noted. Leadership reviews had begun, and discussions with manager, nurses and senior staff increased reflection and awareness of the improvements needed. However, these actions were not yet completed or embedded resulting in inconsistent oversight and variable leadership practice across units.

Leadership development plans were in place and training needs had been identified, however, implementation was at an early stage. While staff expressed optimism regarding upcoming leadership and communication training, there was limited evidence that staff competence or leadership confidence had improved practice. This indicated that training had not yet translated into strengthen leadership or improved practice.

Managerial oversight processes had been introduced, including attendance at staff meetings and early practice observations. A service improvement plan had been developed, but actions lacked clarity and measurable outcomes. While staff engagement improvement discussions had increased, the plan did not consistently set out how improvements would be achieved or sustained. As a result, it was difficult to evidence progress or evaluate the impact of changes on the quality of care.

Staff deployment processes had been discussed and were beginning to be reviewed, with staff reporting more autonomy in allocation decisions. However, deployment remained reactive and was affected by sickness, skill mix and presence of new or inexperienced staff, rotas did not consistently reflect people's needs and 1-1 support requirements were not reliably recorded, making it difficult to ensure safe and effective staffing.

Although staffing numbers had improved on some shifts, overall staffing levels remained inconsistent and did not always meet people's assessed needs. Staff described regular pressure at peak times, especially during meals or personal care routines. Observations confirmed low staff visibility at times and delayed responses to people requiring assistance. These issues highlighted gaps in staffing stability, skill mix and the ability to provide meaningful interactions and person centred support.

Monitoring systems, including observations of practice and the learning needs analysis, had identified key areas requiring improvement. However, these systems were not yet robust enough to evidence consistently improved practice or sustained cultural change. Record keeping related to allocation, staff deployment and care oversight varied in quality, limiting the providers ability to evaluate progress and adjust actions accordingly.

This requirement has not been met and we have agreed an extension to 2 February 2026.

Not met

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 a culture of continuous improvement and learning regarding accidents and incidents where people have fallen. The service should review the current platform and develop a more robust system for analysing falls within the home, while also sharing insights and identifying patterns with managers and staff, considering factors such as the environment, weather, location and timings.

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

3.21 'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.' 4.19 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.'

This area for improvement was made on 21 August 2025.

Action taken since then

We could see that the service had a clear format and process for recording and analysing falls, and the manager advised that they had apologised for not providing this information at the last inspection. However, we did not review this area of improvement during our follow up inspection and therefore were unable to evaluate whether the analysis of falls and the sharing of learning had been strengthened in practice. As this area was not reviewed at this inspection, it will be repeated and considered in full at our next follow up inspection.

Previous area for improvement 2

To ensure people at end of life receive holistic care and support that respects their wishes and those of their families. The service should review the current processes for identifying end of life people and ensure that these wishes are integrated into care plans, with a focus on supporting their emotional and spiritual wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 2.11 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.'

This area for improvement was made on 21 August 2025.

Action taken since then

This area for improvement was not reviewed during our follow up inspection. We were therefore unable to evaluate whether the service has implemented clearer processes for identifying people at the end of life or integrated peoples and families wishes into personal planning. The service was also in transitioning to electronic care planning, and therefore we will review this area for improvement at our next follow up inspection.

Previous area for improvement 3

To support an environment that enhances orientation, encourages conversation and minimises stress and distress. The service should review the home's current signage, engage with residents and their families to identify key talking points, that aid wayfinding, and assess levels of stress and distress, ensuring that the environment actively supports wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 5.11 'I can independently access the parts of the premises I use and the environment has been designed to promote this.' 5.1 'I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.'

This area for improvement was made on 21 August 2025.

Action taken since then

There was evidence that the service had begun environmental improvements and had started consultation with residents and families. Staff described early discussions about reviewing signage, improving orientation cues and incorporating personalised talking points to support engagement and meaningful interaction. However, we did not review the physical environment during this follow up inspection and therefore could not evaluate the progress or effectiveness of these planned changes therefore this area for improvement shall be repeated and reviewed at the next follow up inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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