

Maryfield West Care Home

Care Home Service

31 Queens Road
Aberdeen
AB15 4ZN

Telephone: 01224 312 255

Type of inspection:
Unannounced

Completed on:
1 February 2026

Service provided by:
Maryfield West Care Limited

Service provider number:
SP2020013464

Service no:
CS2020378893

About the service

Maryfield West Care Home is a care home for older people situated in the west end area of Aberdeen. The three-storey traditional style building is convenient for local services and public transport. The home is set in spacious grounds and has an enclosed garden to the rear which contains a summer house. The service provides both nursing and residential care.

The service has a lift to ensure people can access to all levels of the home. All rooms have en-suite facilities which include a toilet and wash hand basin, and some have a shower. Personal care facilities are available on each floor of the building. There is a communal lounge, and dining area on the second floor of the home. The service also benefits from a hairdresser's room.

About the inspection

This was an unannounced inspection which took place on 31 January and 1 February 2026. 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 8 people using the service and 2 of their families;
- spoke with 9 staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

People looked well cared for and told us they were happy and considered Maryfield West their home.

Staff were kind and caring and worked hard to spend time with people meaningfully.

Care plans were detailed and person centred.

Management were approachable and had good oversight of all aspects of the service in order to maintain high standards of care and continuously make improvements.

People were encouraged and supported to participate in a variety of activities to keep them active and well.

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?	5 - Very 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?

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.

The home was welcoming, clean and bright on first impressions. The reception area had been refurbished since our last visit, which had made for a more homely feel. The atmosphere was upbeat, and staff and residents looked relaxed and happy together. People told us, 'I like it in here, it's good' and, 'I'm very happy, they are all lovely and helpful'. One relative told us, 'We have won the lottery with this home'. Others told us the home had a family feel, as everyone knew each other well. People looked well cared for and were happy living in the home.

People were supported to look their best. Staff took care and attention to ensure people were encouraged to dress well with appropriate clothing, hair tended to, jewellery on and nails kept clean. This helped people feel good about themselves and treated with dignity.

Mealtimes were relaxed and people were enjoying socialising and chatting, whilst having meals together. People were being assisted where required with meals in a sensitive, discreet way. Staff knew people well and were supporting people according to their care plans for example, using the aids required. Staff were very visible and there were several nice interactions which were supportive and caring. People were offered choices visually, and talked through the menu whilst being supported to make choices. This aided people with cognitive impairment who perhaps wouldn't have been able to make a choice otherwise. Meals looked good, were well presented and appetising. People told us, 'The soup was tasty, but it was too much for me' and, 'Lunch was very good'. People were having positive experiences at mealtimes, which helped them maintain good nutritional health and kept them well.

Medication systems in place were organised and clear to follow. We sampled people's medication administration records and found that people were receiving their medications safely, as prescribed. Where people had 'as required', (PRN) medications, detailed protocols were in place to guide staff. Medications were audited on a regular basis and managers had good oversight to ensure any issues were picked up quickly, and rectified appropriately. This helped to keep people safe and well.

People told us they had lots to do in the home. There were a variety of planned activities both in, and out with the home. People had enjoyed visits from local school children, the regular therapist, with Zumba classes and live music to keep people entertained. Staff were proactive and encouraged people to join in and keep active. During our visit there were chair exercises and karaoke, which prompted lots of fun and laughter. People told us of trips out on the minibus to the cinema, local cafes and a lunch club at the local community centre. We heard of one resident who enjoyed sailing, being supported on a boat trip where he participated in steering the boat for a while, which he enjoyed. It was clear that the staff in the service were committed to enabling their residents and supporting them to achieve positive outcomes.

People's care plans were detailed, person-centred and reflected their current level of need. These had been regularly reviewed to ensure people's care was current and appropriate. There was good practice seen in the completion of hospital passports for people. This meant when people were admitted to hospital, staff had specific information on how to reassure and best support people, on order to reduce any anxieties.

There was lots of input from external professionals such as tissue viability, speech and language therapy and dieticians. This ensured that people had access to any additional, specialist support where required.

Staff monitored people's health well and had a system in place to monitor and assess people's condition on a regular basis such as skin integrity and weight. Wound care documentation was good, with a consistent recording system in place to monitor any areas of concern until healed. Staff also held clinical risk meetings which gave detailed oversight of people's needs, to ensure their current care was appropriate to maintain their overall good health.

Where people had restrictive measures in place such as sensor mats and bedrails, risk assessments and consents were in place to ensure these were the most suitable measures to keep people safe and minimise risks. We discussed with managers that more detailed recording of discussions around consent to restrictive measures, would ensure people were fully aware of all of the risks. We will follow this up at our next inspection.

The service was using a multifactorial falls risk assessment to minimise the risk of falls. A clear system was in place for monitoring all accidents with clear evidence of any actions taken, and the outcomes. People could be confident that the service had good management oversight of reducing risks of falls and that measures were in place to protect them.

People were involved in decisions regarding their care, and some had completed anticipatory care plans which guided staff in order to carry out people's wishes, when the time came at the end of their lives. Relatives told us they felt involved in loved ones' care and had participated in regular six monthly reviews.

The service were good at seeking feedback from all stakeholders in variety of different ways. People were being consulted and told us they felt heard and could express their views. This meant people were driving improvements in the service in order to make positive changes.

The home was visibly clean and tidy with cleaning protocols in place. Infection prevention control (IPC) stations were available for staff throughout the home and were being used appropriately. Some ensuites had several toiletries stored on shelves directly above toilets which would be difficult to keep clean. We discussed this with managers who took prompt action to rectify the situation. Overall, people could be confident that they were being cared for in a clean and healthy environment.

The management in the home had good oversight across all key areas of the home. This meant that people felt reassured that the home were committed to maintaining standards and promoting a culture of continuous improvement.

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 home was clean, tidy and free from intrusive noises and offensive odours. The entrance to the home had been redecorated and was welcoming for people and visitors, with noticeboards containing information on recent events people had enjoyed. This meant people were kept well informed and could enjoy a calm, pleasant environment.

Rooms were of varying sizes, decorated appropriately and personalised with items from home. This helped to make people feel more comfortable in their own private space.

People spoke positively about the home and several people told us how homely it was, and that it felt like one big family. People were involved and included, which gave people a sense of belonging and made them feel safe.

The home had a large lounge and dining area where the majority of people gravitated to spending time. One person told us, 'My room is good, but I'm happy here in the lounge'. The addition of a second TV in the lounge had been positive, so that everyone could now enjoy watching TV, no matter where they sat.

The staff had tried to make the dining room as accessible and pleasant an area as possible, as this room was dark due to the colour of paint. The service had already identified this as an area for improvement and were keen to involve people in colour choices to hopefully brighten up this area in the near future.

The general appearance of the home was good. However, there were several chips and scuffs around the paintwork on doors and skirtings on the top floor, which made it look tired and in need of attention. We discussed this with managers who advised that they would address this as soon as possible. We will follow this up at our next inspection.

People could access the garden areas freely if they wished to do so. Relatives told us they had codes and could visit whenever they wished to do so. This gave people independence and promoted meaningful connection.

People told us they got out and about on the minibus and were experiencing positive outcomes. Staff worked hard to ensure people were getting out and about within the local community and enjoyed regular trips out. Staff had been proactive in forging connections with other care homes in the group and had regular meet ups around the homes for people to make new friendships and enjoy socialising. For one resident, whose partner was in another home, staff supported visits every week, which meant their relationship was maintained.

Signage around the home was pictorial which helped people to remain orientated to their environment.

A robust process for maintenance was in place, and all required checks were completed and up to date. There was a process in place for staff to report any faults and these had been picked up and resolved quickly. People felt reassured that the maintenance of the service was kept up in order to maintain their safety.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
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