

Fairview Nursing Home Care Home Service

9 Cowie Road
Bannockburn
Stirling
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Type of inspection:
Unannounced

Completed on:
4 February 2026

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.

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.

At the time of our inspection there were 55 people living in the home.

About the inspection

This was an unannounced inspection which took place on 4 February 2026 to follow up on an outstanding requirement made at the last inspection completed on August 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 nine people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The requirement is met, however, a new Area for Improvement has been made for leadership sustainability and staff wellbeing.
- Previous Area for Improvements have been repeated where sufficient progress has not yet been achieved.

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

A new management structure is now in place, with an Interim Manager who was in post for four weeks at the time of inspection and a newly appointed Deputy Manager. There is a clear action plan to strengthen leadership across the units and training for staff.

Evidence was seen of observations of practice being undertaken, along with structured meetings, supervision, coaching, and "growth conversations" aimed at empowering unit leaders and improving accountability. Systems are being implemented to enhance oversight, leadership development, and communication.

While positive progress has been made and leadership arrangements are strengthening, further work is required to embed consistency of approach across both new and existing leaders and to support staff wellbeing. Therefore this has been reflected in a new Area for Improvement being made and shall be reviewed at the next planned inspection. (See outstanding Area for Improvement 4)

Met - outwith timescales

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

While some initial actions have been discussed and acknowledged by the new management, there is limited evidence of sustained or measurable progress. The intended outcomes have not yet been achieved in practice, and there remains a gap between planning and consistent implementation.

The manager agreed that further time and focused action are required to fully address this area. As sufficient improvement has not yet been demonstrated, this Area for Improvement is Not Met and will be repeated.

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

Some progress was evident, including early steps taken to address the identified concerns. However, improvements are not yet embedded, and outcomes for people are not consistently demonstrated across the service. Evidence suggests partial implementation rather than sustained change.

The manager acknowledged that while progress has begun, the intended standard has not yet been achieved. Therefore, this Area for Improvement is Not Met and will be repeated to allow further time for full implementation and impact.

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

Limited progress has been made in relation to this area. Although a plan is now in place and funding has been agreed to support environmental improvements, the required changes have not yet been realised in practice. The impact on people's experience remains minimal at this stage.

As actions are still at planning stage and outcomes have not yet been delivered, this Area for Improvement is Not Met and will be repeated.

Previous area for improvement 4

To ensure the service maintains a culture of continuous improvement and that recent positive changes in leadership are sustained, the provider should further strengthen leadership consistency and workforce stability.

In particular, the provider should:

- a) Develop a clear succession and sustainability plan to support continuity within the new management structure.
- b) Ensure leadership practices recently introduced (including observations of practice, structured meetings, supervision, and coaching) are embedded, consistently applied, and regularly evaluated for impact.
- c) Implement measures to mitigate the impact of staff sickness on morale, continuity of care, and team wellbeing.
- d) Continue to monitor staff feedback and wellbeing to ensure the positive transition in leadership is maintained and strengthened.

This will support a stable leadership culture, promote staff confidence and wellbeing, and ensure improvements are sustained over time in line with the Health and Social Care Standards, particularly 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 4 February 2025.

Action taken since then

While the recent requirement relating to leadership and continuous improvement has been met, and positive progress is evident following the introduction of the new management structure, further work is required to ensure these improvements are sustained over time.

A new Area for Improvement has therefore been made to support the ongoing embedding of consistent leadership practice, workforce stability, and the long-term sustainability of the changes recently introduced.

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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