

Viewpark Care Home Service

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Type of inspection:
Unannounced

Completed on:
12 November 2025

Service provided by:
Abercorn Care Ltd

Service provider number:
SP2003002437

Service no:
CS2007162742

About the service

Viewpark is a care home for older adults located in the Portobello area of Edinburgh. The provider Abercorn Care Ltd has been registered with the Care Inspectorate since October 2007.

At the time of the inspection 18 people were living in the home, supported by a team of nurses, senior carers and carers, led by the manager.

About the inspection

This was an unannounced inspection which took place between 3 November and 5 November 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 nine people using the service and four of their relatives.
- Spoke with nine staff and management.
- Observed practice and daily life.
- Reviewed documents.
- Considered survey responses from four people, two relatives, one staff and one professional.

Key messages

- People's health and wellbeing needs were being met.
- People experienced warm and responsive care from staff who knew them well.
- People's wellbeing benefitted from regular activity.
- The home was clean and welcoming.
- The home was adapted to suit people's needs and preferences.
- People experiencing care and their relatives reported having a very positive care experience.

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.

People we spoke with told us that they received high quality care and support. One person said, "Must say I think it is an excellent place. Staff are really nice." A family member commented, "I feel we have won the care home lottery."

We observed staff interactions that were kind and respectful. Staff knew people's preferences and routines. Rotas were consistent which meant that people were cared for by the same members of staff. Assessments of people's needs regularly took place which informed staffing levels in the home. One relative told us, "They have picked up on what is important to [my relative]." This demonstrated that people's health and wellbeing benefitted from consistent care from staff who knew them well.

Medication administration was well organised with regular audits and appropriate training for staff. The use of prescribed creams was recorded, with body maps in place to direct staff how to apply these correctly. This good practice helped reduce errors and kept people well as a result.

People's health benefitted from nursing staff being available at all times. A range of charts were in use to ensure people's health and wellbeing was continuously monitored.

Communication systems, including regular handovers, focused on people's wellbeing. Relatives we spoke with told us they were kept up to date regarding their loved ones. This evidenced that staff were aware of the current needs of the people they cared for and acted on any changes in people's health.

People's care plans documented that the service engaged well with other professionals, such as GPs, physios, behaviour support specialists, and podiatrists. Working in a multiagency way helped people keep well and ensured their health needs were met and regularly reviewed.

The service had a dedicated activity coordinator and there were a range of activities taking place each day, including crafts, history talks, exercise classes, and reading groups. Visiting entertainers came regularly to the service. There were frequent outings, such as to the theatre or museum, and trips out locally. People were also able to continue to take part in external groups and activities that were important to them. One relative told us, "[My relative] seems to be forever on the go." Another relative was reassured when their loved one told them, "I feel like I am getting my life back." This demonstrated that people's wellbeing benefitted from taking part in activities that were meaningful to them.

For people who did not wish to take part in group activities, or preferred to be in their room, staff were encouraged to spend time with them on a 1:1 basis. This was not always captured in the record of people's care. The manager was aware of this and had taken steps to encourage all staff to better document this support.

People told us that they enjoyed their meals. There was access to drinks, fresh fruit, and snacks. Sufficient staff were available at mealtimes to ensure people received the support they needed. The chef was knowledgeable about people's dietary requirements and individual preferences. The mealtime experience

was audited regularly by the leadership team with any improvements acted on. This meant that people benefitted from a pleasant environment and support to eat and drink well.

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.

Care was provided in an attractive, older building not specifically designed for people with cognitive or mobility challenges. The service had made the most of the layout and space available. The lounge area and dining room areas were open and bright, and people could also choose to spend time in the conservatory, which had access to a pleasant outdoor area. The manager had identified some improvements in signage that would help people to be as independent as possible. This meant that people benefitted from a setting that was adapted to suit their needs.

People could choose to spend time in their rooms, which were pleasantly decorated and clean. Bedrooms varied in size due to the layout of the building. Most had ensuite bathrooms, for others communal facilities were available nearby. Some rooms opened onto an enclosed patio area. This was particularly appreciated, with one person saying, "I can go into the garden whenever I want. I have a door that leads onto it." Bedrooms were comfortable and people were encouraged to bring in their own belongings and furniture. This demonstrated that people's choices were respected, which helped them to feel as comfortable as possible in their home.

Visitors were welcomed into the home, both on a daily basis and to celebrate special occasions. Relatives appreciated the tea and coffee making facilities in the conservatory, and that they could visit at any time. This meant that people were supported to maintain good connections with their loved ones.

People had the equipment suitable for their mobility requirements and independence. One family spoke very positively of the support given to help their relative get specialist equipment which had made a big difference to their life. The necessary safety certificates and maintenance checks were in place, with any maintenance issues recorded and dealt with quickly by the onsite maintenance worker. Security measures had been strengthened to safeguard vulnerable residents by ensuring they were not able to leave the building unassisted. This meant that people benefitted from facilities and equipment that were safe and well maintained.

The home was decorated and furnished well, with ongoing upgrades due to wear and tear. People had the opportunity to contribute to decisions about the setting through regular resident meetings. This ensured that the building retained a good standard of decoration and people's views on their home were valued.

All areas of the home were tidy and free from odours and intrusive noise. Domestic staff worked hard to keep the home clean and daily cleaning schedules were in place for furniture and equipment. Staff were seen to wear, use and dispose of personal protective equipment such as gloves and aprons in line with guidance. This meant that good hygiene practices kept people safe.

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 ensure people's health and safety, the provider should ensure the duty of candour policy is fully considered and applied, where necessary, after an incident or accident occurs.

This is to ensure care and support is consistent with Health and Social Care Standard 4.4: 'I receive an apology if things go wrong with my care and support or my human rights are not respected, and the organisation takes responsibility for its actions.'

This area for improvement was made on 19 August 2025.

Action taken since then

The provider had undertaken a review of their duty of candour policy and introduced training on duty of candour as part of the induction for new staff. Most existing staff had completed this training, with plans in place for others to complete as soon as possible. Discussions had taken place within staff meetings to ensure learning was embedded.

There was evidence that accidents and incidents were recorded and monitored by senior management. Learning from serious incidents was apparent, with appropriate action taken to reduce the risk of reoccurrence. Where required, the provider's duty of candour process had been triggered, with the necessary actions taken to ensure openness and transparency.

While there was evidence to demonstrate that accidents and incidents were evaluated to determine whether they met the threshold to trigger the provider's duty of candour policy, we spoke with the manager about recording this in more detail. During the inspection, the manager produced a template that would better capture the decision-making process and assured us that this would be used to document any future incidents triggering a duty of candour.

This area for improvement has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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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