



Accept Continuing Care funding



Fairview Care Home

Cowie Road, Bannockburn, Stirling, FK7 8JW

Website: EAC ID: 148423 Owner: **HC-One** Ms Lise Smeaton Person in charge: Job title: Manager 01786 816111 Telephone: e-mail: fairviewnh@hc-one.co.uk YOUR DESCRIPTION **ACCOMMODATION Private rooms** Rooms have Residents may bring Details of any associated housing Single 60 ✓ Own furniture ✓ Phone point Double 0 Own decoration ✓ TV point Total ensuite 60 **Building type** Lifts Total reg. beds 60 ✓ Purpose built ✓ Full lift **Communal rooms** Conversion ☐ Stair lift **WEEKLY COST** Number of lounges Storeys No lift or seating areas Personal care **Nursing care** Wheelchair access **Outdoors** From: From: ☐ Hobby room ▼ To all floors ✓ Garden ☐ Ground floor only Accept local authority rates Seating areas

■ No access

| LIFESTYLE | | | REGISTRATION and SPECI | ALISMS | | |
|---------------------------------------|---|---|--|----------------------------------|--|--|
| Pets | Meals | | ☐ Care only Beds: 0 | - | | |
| ✓ Pets accepted | ☐ Meal times are flex | rible | ✓ Nursing Beds: 60 | | | |
| ☐ Home has a pet | ☐ Meals can be take | n in own room | Year registered: 1995 | | | |
| Decision making | \Box There is a choice of | of menu | Year built: | | | |
| Residents' committee | Residents assist in | planning meals | | | | |
| Relatives' committee | ☐ Relatives' committee ☐ Meals are prepared in the home | | Registration categories | | | |
| Smoking | ☐ Snacks are availab | • | Older people generally | | | |
| Smoking ☐ Smokers not accepte | .d — | ☐ Vegetarians are catered for Learning difficulties | | | | |
| | □ Special diets are a | Do | | Mental disability | | |
| Daily routines are Family and friends | | Dementia | | | | |
| Fully flexible Flexible to a degree | Overnight facilities | available | | | | |
| ✓ Not known | Can usually accon | nmodate visitors | | | | |
| | | | Care specialisms | | | |
| | | | 1 | | | |
| CULTURE and RELIGI | ON | | | | | |
| | arly suited to particular gro | uns of people. | | | | |
| please describe: | iny duitou to partionia. g | upo or poop.e, | | | | |
| | | | | | | |
| | | | Care for people who need: | | | |
| | | | ☐ Minimal help | ☐ Minimal help | | |
| | | | ☐ Moderate help | | | |
| Specific requirements addressed? | | | A high level of help | | | |
| Religious Dietary Language | | | Can usually accept people with: | | | |
| Languages spoken: | | | ☐ Visual impairment | | | |
| | | | ☐ Deafness | | | |
| ACTIVITIES | | | Urinary incontinence | | | |
| | | | ☐ Faecal incontinence | | | |
| Entertainment in the home | | | ☐ Moderate memory problems | | | |
| ☐ Outings | | | ☐ Severe memory problems | | | |
| Regular activities programme | | | Disruptive behaviourChallenging behaviour | | | |
| Facilities for hobbies | | | | | | |
| ☐ Involvement in gardening | | | and/or people who: | | | |
| ✓ Own minibus | | | ☐ Walk with a frame | | | |
| How often are activities organised? | | | ☐ Use a wheelchair | ☐ Use a wneelchair ☐ Are bedfast | | |
| | | | ☐ Wander indoors | | | |
| | | | ☐ Wander midders | | | |
| LOCATION | | | Duration of care: | | | |
| LOCATION | | | | | | |
| Location type: Not kno | own | Shops walkable | ✓ Short / respite ☐ Day of ☐ Day of ☐ Home | are e care | | |
| Distances yards | miles Distances ya | rds miles | ☐ Trial visits can be arranged | , oarc | | |
| Local shop: | Bus: | | ☐ Dedicated beds for respite ca | re | | |
| GP: | Town centre | | Dedicated beds for convalesc | | | |