

# The Haining Nursing Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
8 May 2024

**Service provided by:**  
ION Care and Support Services Limited

**Service provider number:**  
SP2016012737

**Service no:**  
CS2016348045

## About the service

The Haining Nursing Home is provided by Ion Care and Support Services Limited. The service registered with the Care Inspectorate in September 2016. The care home is registered to provide care for 34 older people. At the time of our inspection 33 people were living in the home. The service offers a permanent home to people as well as a "step-down" service which promotes re-ablement in preparation for people returning home after a hospital stay. .

The home is a traditional listed manor house set in large garden grounds. It is situated in the village of Maddison, which is within the Falkirk Council area. The majority of bedrooms have en-suite toilet and shower facilities. There are also communal toilet and bathing facilities around the home. The service offers a variety of communal and private areas including a dining room, sitting rooms, and spacious bedrooms that people can personalise to their own taste.

## About the inspection

This was an unannounced which took place on 6, 7, and 8 May 2024. The inspection was carried out by two inspectors and a complaint 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 14 people using the service and five of their family
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with two visiting professionals

## Key messages

People were treated with warmth and kindness and staff knew people well

People's needs were not always being met due to staff not being visible or available.

People needed more support to pass their time well, for them to remain engaged and occupied.

Improvements were needed to the leadership and the management to ensure that there is a focus on the quality of the care, support and experiences of people.

Improvements were needed to the environment to ensure it is homely, hygienic and safe.

Information in personal plans was relevant, up to date and reflected people's current needs.

## 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	2 - Weak
How well is our care and support planned?	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?

## 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

We observed many respectful and warm interactions between staff and people living in the home. People appeared comfortable and relaxed in the presence of staff. We could see that staff worked hard to meet people's care needs, and we saw that people looked well, for example with their hair, nails and personal care.

People's health care needs were regularly assessed and reviewed, and there were good links between the service and external professionals. Risk assessments within care plans identified healthcare needs and how people would be supported with any risks associated with daily living and healthcare. Nurses led on the delivery of care and updated care plans accordingly.

During the inspection, we spoke with two visiting health professionals who told us that the service made appropriate referrals and they felt that people's healthcare needs were being well looked after. We also heard from relatives that their loved ones health was well looked after. One person said "I visit often and I can see that my relative gets good care and they get the doctor when they need to and let me know about it" Because the service was responding to people's changing health needs, this meant that people got the support they needed at the right time.

Staff knew people well and when interactions were observed these were warm and friendly. At other times staff were focused on completing care tasks and people were not being acknowledged or spoken to. Staff missed opportunities to meaningfully engage with people. We also observed that staff were not always present in lounge areas. If people needed assistance they needed to wait long periods of time for staff to be present to provide care and support. As a result, this meant that people were left sitting in lounges without interaction or assistance when required. **This is discussed further under "How good is our staff team".**

A wellbeing coordinator had recently been employed to support people with activities and meaningful engagement. The wellbeing co-ordinator was in the process of finding out what people enjoyed and what they would like to engage in within the care home and the community. People should be supported by all staff to ensure their wishes and choices are supported and they are enabled to get the most out of life.

We observed people sitting in wheelchairs for long periods of time and not offered the choice to transfer to a comfortable chair. Relatives also commented on this saying "My relative was left in their wheelchair for more than three hours, the staff didn't ask if he wanted to move to a comfier chair. This happens quite a lot". People's care plans showed that people who were sitting in wheelchairs for long periods of time had been assessed as at high risk or very high risk of pressure sores. This meant that people were not supported to remain comfortable and reduce the risks associated with skin integrity and prevent pressure sores which may develop as a result of sitting for long periods of time. **(Requirement 1)**

Medication assessment and administration was carried out safely by the nurses and senior carers who had received training in medication support and assessments to ensure they carried out medication support competently and safely.

Carers and the cook were knowledgeable about people's food preferences and knew who needed special diets. People were complimentary about the food. One person told us; "The meals are nice; we get a choice

and there's always plenty of food" and "The cook is thoughtful and gets them what they like and puts a lot of care and attention into what she makes".

Breakfast took a very long time, finishing at around 12md. Lunch began being served at 12.30pm. The time between breakfast and lunch did not allow time for some people to properly digest their breakfast to be then offered another meal. This had the potential for people to refuse their lunch as they may not feel like eating so quickly after breakfast and therefore not always receive the nutrition they needed throughout the day. **(Area for improvement 1)**

Lunchtime was relaxed and organised. People were offered meal choices and plated options for people who had difficulty in making verbal decisions about the choices available. Staff were patient and supportive with people who needed assistance with their choices and support with meals.

We saw people being offered cold drinks throughout the day however, there was little opportunity for people or relatives to ask for a hot drink out with the scheduled hot drinks and snack times, or access drinks independently. Relatives said they did not want to ask staff to make them and their relative a hot drink when they visited as they felt staff were very busy and didn't have time to do this. We discussed this with the manager and we were assured he would look into this.

## Requirements

1. By 12 July 2024, to support people's health and wellbeing and ensure that people are respected and are given choice, the provider must;

a) ensure that each person is assessed for appropriate pressure relieving equipment, and that this is identified and available to meet people's needs

b) ensure people's personal plans detail how to support the person to maximise comfort and minimise the risk to skin integrity, including the opportunity to sit in comfortable seating at regular intervals.

This is to comply with Regulation 4(1)(a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"I am assessed by a qualified person, who involves other people and professionals as required" (HSCS 1.13)

## Areas for improvement

1. In order to ensure that people's food and drink preferences are met at appropriate times, the provider should review when meals are served and ensure that this supports people to have a positive mealtime experience. The provider should ensure that staff are available in sufficient numbers to support people at mealtimes.

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

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected" (1.23), and, "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (1.35).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses

Systems were in place to provide oversight of how the service was performing. There was a range of audits in the home to measure and assess the care and support provided however, we could see gaps where these had not been completed as planned. Where actions had been identified as necessary it was not clear when, or if, these actions had been addressed. An improvement plan was in place, however, due to a lack of information about whether or not actions had been undertaken, the plan was not effective in addressing areas for improvement. The service should ensure robust quality assurance takes place to allow effective oversight of needs and drive ongoing developments within the service through self-evaluation and improvement planning.

To ensure staff are well led, meaningful engagement between the manager and care staff is needed to ensure there is a collaborative approach to planning and delivering care and support. The manager had introduced flash meetings which included a representative from all staff departments attend to discuss and share information. However, there did not appear to be a robust process for staff to engage in the flash meetings as there was a lack of strong leadership to guide and lead staff at these meetings and ensure they took place. Staff, relatives and people stated that they would like to see the manager more visible around the home. Staff felt this would give reassurance that they were doing their jobs well and also support ongoing quality improvements. **(requirement 1)**

The manager carried out a daily environmental walk around and recorded the findings. When we looked at the daily reports we found them to be repetitive and not address the concerns we had found during our observations, such as the cleanliness of the kitchen and condition of lounge chairs. A more robust process was needed to enable areas of concern to be identified, actions required, responsibility and conclusion of actions. **(see 'How good is our setting').**

Relatives had commented that recent communications from the manager had improved and they were more aware of what was happening with their relatives. One person said "the manager has been in post for about a year now and slowly we are beginning to see improved lines of communication". Relatives meetings had begun again and relatives were supportive of these meetings as another line of communication.

A recognised tool was used to identify the right number of staff needed to provide support to people. However, not all aspects of care were considered when assessing and ensuring the right number of staff were available to meet people's needs. **(see "how good is our staff team").**

We found that although the nurses were included in the staffing numbers to provide direct support, they spent most of their day carrying out clinical tasks and administrative duties such as updating care plans. The manager should ensure that all aspects of a person's care is considered and the right number of staff available to undertake care and support to meet people's needs.

There was limited evidence of management oversight promoting good standards and addressing areas for improvement. The provider must revisit the current arrangements for management structure and responsibilities to ensure all staff are clear about their responsibilities, delegation and communication. **(Requirement 1)**

## Requirements

1. By 12 July 2024, the provider must provide a service which is well led and managed, and which results in better outcomes for people who experience care through a culture of continuous improvement, robust and transparent quality assurance processes.

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

- a) ensure there is a consistent management presence providing appropriate and effective leadership within the care service;
- b) implement a quality assurance system which supports a culture of continuous improvement

This is in order to comply with regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19)

## How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

People should be confident that the staff who support them have been appropriately and safely recruited. The provider had a system in place to support this process and essential checks were carried out prior to the person taking up employment. However, several staff had not registered with the Scottish Social Services Council (SSSC) within the necessary timescale. We brought this to the attention of the manager who assured us this would be dealt with immediately.

Staff we spoke with were positive about working at The Haining and commented on the induction and training received. A training manager supported new employees, particularly overseas workers, to assist them to integrate into the staff team and that all staff received training and guidance to ensure they are competent and skilled in their role.

People and relatives spoke positively of the staff saying they were hard working, kind and caring. One relative said "Most of them (staff) are really good with people, really caring, and really interested in them, they are good fun". Another said "The staff are really nice, can't fault them. I think they could do with a few more staff though"

The service used a 'dependency tool' to assess the direct care needs of people. We found that the staff rota was static and consideration to people's non-direct care needs, the environment and other daily life events was not considered when ensuring there were enough staff to support people. Staff were not always present in lounge areas. If people needed assistance, they could wait for long periods of time for staff to be present to provide care and support. As a result, this meant that people were left sitting in lounges without interaction or assistance when they needed it.

Although nurses across all shifts were included in the dependency assessment for people, we found that nurses spent the majority of their day carrying out clinical roles, updating care plans, with minimal time spent directly supporting people and assisting their colleagues. This meant that there were fewer staff providing care and support to people than were needed. **(Area for improvement 1)**

We observed that after breakfast, people were sitting in the dining room waiting on assistance from staff to support them to leave the dining room. Staff told us that there were not enough staff available at this time to support people. Staff were carrying out designated tasks and there was no flexibility or capacity to enable them to respond to people's support needs. **(Requirement 1)**

The management team must ensure that staff have enough time to carry out direct and non direct care roles. This would also ensure that there are enough staff to support people with their care needs, including when their needs change. We signposted the service to the newly enacted Health and Care (staffing)(Scotland) Act 2019.

## Requirements

1.  
By 12 July 2024, to ensure that people's care and support needs are met effectively, the provider must ensure staffing arrangements are safe.

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

a) regularly assess and review people's care and support needs to inform staffing numbers and arrangements, including skill mix and layout of the building.

b) use quality assurance systems to evaluate people's care experiences to ensure that people experience responsive, person-centred support. This must include feedback from people, their families and staff.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

"My needs are met by the right number of people' (HSCS 3.15) "I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).



## Areas for improvement

1. To ensure that people benefit from effective and consistent leadership, care and support throughout the service, the provider should ensure that senior staff are deployed so that communication, direction and support enables all staff to deliver high quality care throughout the service. Senior staff should be afforded time to carry out essential non direct care duties.

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

'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17). and 'My needs are met by the right number of people' (HSCS 3.15)

## How good is our setting?

### 2 - Weak

We made an evaluation of weak for this key question. Whilst we identified some strengths, these were compromised by significant weaknesses.

The kitchen was unhygienic, with with dirty floors, equipment and cupboards. We spoke with the support manager who addressed this by organising additional staff to carry out a deep clean of the kitchen the following morning. However, we were concerned that the condition of the kitchen had not been identified during environmental observations by management and senior staff and we could not be assured that regular cleaning would be carried out. We have made a requirement to ensure that the service has a planned approach to ensuring that the kitchen and communal areas are regularly cleaned and infection prevention and control measures are in place. **(Requirement 1)**

People and relatives spoke of their dissatisfaction about the laundry, with items of clothing frequently going missing, and clothing returned to the wrong people. The laundry was disorganised and staff were not following best practice guidance for managing soiled laundry. **(Requirement 2)**

The service had an improvement plan in place which identified some areas for improvement however, it was not clear from the plan whether or not the identified actions had been concluded. An example of this was the degrading of armchairs in lounges. This was identified in the plan but action to replace degraded cushions had not been carried out. We discussed this with the provider and action was taken to resolve the situation with cushion replacements found during the inspection.

We found some of the communal areas and some people's rooms to be malodorous. We discussed this with the manager and provider. We were assured that deep cleaning of these areas were regularly carried out. However, the cleaning carried out was not effective in minimising or removing the odours. We saw on the improvement plan that specific rooms had been identified for deep cleaning and carpet replacement, however, we were not confident that the service would address the concerns and make improvements in these areas. **(Requirement 3)**

The care home environment lacked a homely atmosphere. There were few pictures or interesting stopping points for people, particularly for people with dementia or cognitive decline to guide and familiarise them with the environment.

We signposted the service to the Kings Fund environmental tool to enable them to assess the environment to make it more dementia friendly, welcoming and homely. We will review this at the next inspection. **(Area for Improvement 1)**.

People should have access to outdoor space and fresh air. The care home was surrounded by gardens and a courtyard area. These areas could offer a pleasant environment for people to use, however, these areas were not in good condition and needed improvement to enable people to access them safely and enjoy the outside areas. The provider agreed to make improvements to the outside areas and make them accessible for people.

Maintenance checks were carried out regularly and there were up to date records of checks and maintenance of equipment, water temperatures, and legionella checks. Although checks were carried out regularly, it was clear that there were areas needing repair however, these were not always brought to the attention of the maintenance person. A more robust reporting system is required to ensure that everyone has responsibility to report any concerns about the environment and action taken and signed off when completed.

We observed people sitting in the lounges and moving around the care home. Some people were able to do this independently whilst others had to wait for staff to be available. Some people needed to wait too long for staff because there were not enough staff at that time to help people to move to where they wanted to go. **See 'How good is our staff team'**.

Although we had concerns about the environment, the majority of people's bedrooms, were pleasant, odour free and personalised with items of their choice. The provider must ensure that everyone experiences the same standards and quality facilities, offering a homely, hygienic, comfortable environment throughout the care home.

## Requirements

1.  
By 12 July 2024, the provider must ensure that people are supported in an environment that is safe, clean and minimises the risk of the spread of infection. To do this the provider must at a minimum:

- a) Ensure that staff receive the appropriate training in infection prevention and control.
- b) Ensure that there are sufficient staff on duty to undertake kitchen and domestic duties and that cleaning schedules are developed and followed
- c) Ensure that quality assurance checks are made at regular intervals to ensure compliance with infection control practice and general cleanliness of the home, including all equipment.

This is to comply with Regulation 4 (1) (a)(Welfare of users) and (d) (Infection control) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11)

2. By 12 July the provider must ensure that people's personal clothing is respected and look after appropriately. In order to do this the provider must;

- a) implement a procedure for identifying and managing personal clothing so that people experiencing care can be confident that their personal belongings are properly cared for
- b) ensure the laundry area is organised and free from clutter and there is a system of accessible ingress and egress in place to minimise the potential for cross contamination
- c) ensure staff are aware of the system and importance of separation of contaminated laundry from regular laundry and carry out infection prevention and control procedures to avoid cross contamination
- d) develop a laundry audit to inform and support improvement and this should include a focus on people's experiences and outcomes.

This is to comply with Regulation 4 (1) (a)(Welfare of users) and (d) (Infection control) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

3. By 12 July 2024, the provider must ensure that service users experience care in an environment that is safe, fit for purpose and minimises the risk of infection. To do this, you must, at a minimum:

- a) ensure environmental audits are robust and inform the care home improvement plan setting out clear timescales, monthly updates for works as identified in the management environmental audits and responsive remedial actions taken.
- b) the improvement plan should be SMART, regularly evaluated, with actions taken documented, and new actions highlighted.

This is in order to comply with Regulation 4(1)(a), and (d), and Regulation 10 (2)(b) and (d) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 211/210).

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

'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.20) and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.24)

## Areas for improvement

1. The provider should use a recognised environmental good practice guide such as the Kings Fund tool to enable them to assess the environment to make it more dementia friendly, welcoming and homely.

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

"The premises have been adapted, equipped and furnished to meet my needs and wishes" (HSCS 5.16).

## How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People had an electronic personal plan in place, which contained guidance around the care and support they required. Care plans were informed by a range of assessments that were regularly evaluated and updated. Risk assessments helped to ensure that people's independence was encouraged, and supported, where safe to do so. Nurses had good clear oversight of people's clinical needs, such as weights, skin and wound care.

Care reviews were being carried out and these were of good quality, particularly clinical input. These could be further enhanced with input from care staff and the wellbeing coordinator focusing on people's choices, wishes and meaningful engagement.

Risk assessments were up to date however, we saw that the information within care plans was not always used to support people effectively. An example of this was people's risk assessments detailing high risk of skin breakdown and people sitting in wheelchairs for lengthy periods of time. (We have addressed this in Key Question 1). The manager should ensure that all staff have access to the care plans and summary documents which details people's choices, wishes and areas of importance to them to ensure they receive the right support at the right time.

People's personal plans showed that they were able to access a range of services such as tissue viability, speech and language therapy, and podiatry. This ensured people were appropriately accessing other professionals' support to optimise their health.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.4 Staff are led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	2 - Weak
4.1 People experience high quality facilities	2 - Weak
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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