

# The Haining Nursing Home Care Home Service

Vellore Road  
Maddiston  
Falkirk  
FK2 0BN

Telephone: 01506 896610

**Type of inspection:**  
Unannounced

**Completed on:**  
17 July 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 follow up inspection which took place on 16 July 2024. 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 four people using the service and two relatives
- spoke with six staff and management
- observed practice and daily life
- reviewed documents

## Key messages

The outside areas had improved and the garden and courtyard were tidy and pleasant for people to access and enjoy.

Further improvement was needed to fully meet the requirements for management and leadership.

We saw kind interactions between staff and supported people.

All staff had completed infection, prevention and control training.

Management oversight had improved following the introduction of systems to improve quality assurances.

## 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?	3 - Adequate

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 carried out an unannounced inspection and to follow up on requirements and areas for improvement from a complaint inspection made at a previous visit on May 8 2024.

We have reported on our findings under the following sections of this report:

'what the service has done to meet any requirements made at or since the last inspection' and  
'what the service has done to meet any areas for improvement we made at or since the last inspection'

The service had made progress in order to meet the requirement under 'Peoples health and wellbeing benefits from their care and support'.

We did not change the evaluations from the inspection in May 2024

## How good is our leadership?

3 - Adequate

We carried out an unannounced inspection and to follow up on requirements and areas for improvement from a complaint inspection made at a previous visit on May 8 2024.

We have reported on our findings under the following sections of this report:

'what the service has done to meet any requirements made at or since the last inspection' and  
'what the service has done to meet any areas for improvement we made at or since the last inspection'

The service had made progress in order to meet the requirement under 'Staff are well led'. However, the requirement had not been fully met and we extended the timescale to give the provider additional time to make the improvements.

We did not change the evaluations from the inspection in May 2024.

## Requirements

1. By 12 September 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 carried out an unannounced inspection and to follow up on requirements and areas for improvement from a complaint inspection made at a previous visit on May 8 2024.

We have reported on our findings under the following sections of this report:

'what the service has done to meet any requirements made at or since the last inspection' and  
'what the service has done to meet any areas for improvement we made at or since the last inspection'

The service had made progress in order to meet the requirement under 'staffing arrangements are right and staff work well together'.

We did not change the evaluations from the inspection in May 2024.

### How good is our setting?

### 3 - Adequate

We carried out an unannounced inspection and to follow up on requirements and areas for improvement from a complaint inspection made at a previous visit on May 8 2024.

Good progress had been made to meet the requirement and improvements were being sustained. We re-evaluated this key question overall from weak to adequate.

We have reported on our findings under the following sections of this report:

'what the service has done to meet any requirements made at or since the last inspection'

## What the service has done to meet any requirements we made at or since the last inspection

### Requirements

#### Requirement 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)

**This requirement was made on 8 May 2024.**

#### Action taken on previous requirement

We reviewed care plans and could see that where a risk had been identified, assessments had been carried out for appropriate pressure relieving equipment. Personal plans also included details of how to support people to maximise their comfort and to minimise the risk to skin integrity. We observed people being transferred from wheelchairs to comfortable chairs when required. People were not left sitting in wheelchairs for long periods of time as we had previously observed.

Care plans detailed information when there was tissue viability nurses input and wound care was appropriately documented. Daily flash meeting records evidenced ongoing discussion about wounds and we could see the records of progress made with wounds through appropriate interventions.

**Met - within timescales**

#### Requirement 2

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)

**This requirement was made on 8 May 2024.**

#### Action taken on previous requirement

We heard from staff, people and relatives, and observed that there had been some improvement in visibility of management within the home. However, in terms of appropriate and effective leadership, we could not evidence any significant improvement in these areas. We observed very little connection or meaningful engagement between the manager, people and staff. We also observed a number of notices around the building giving staff instructions. We discussed this with the manager and suggested that these did not inspire or motivate staff. Staff did not feel that improvements in support, was recognised or assurance given that they were doing their job well. Further work in this area is required to ensure that there is strong leadership and good effective communication.

We reviewed documents relating to quality assurance and found improvements had been made in this area. There was a clear connection between the quality assurance and the services improvement plan. Audits were clearly recorded with timelines, actions and responsibilities.

We have extended the timescale for this requirement to give the service more time to make the improvements.

#### Not met

### Requirement 3

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).

**This requirement was made on 8 May 2024.**

### Action taken on previous requirement

Regular assessment and review of people's care needs was being undertaken to inform staffing numbers. We saw that staff were being deployed to areas which better supported people at appropriate times. An allocation board identified the areas of work, leadership, and deployment of staff. This meant that everyone was clear on their responsibilities throughout the day and evening.

The service had developed a questionnaire for staff, people and relatives and were receiving feedback from them. From the returned surveys we saw that staff were positive about improvements being made and they were making suggestions on further improvements to support better outcomes for people. The service is still collating the information and will develop an action plan based on the responses from people.

### Met - within timescales

#### Requirement 4

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)

**This requirement was made on 8 May 2024.**

#### Action taken on previous requirement

The service had a training matrix in place which identified training staff should undertake and dates for training. All staff had participated in eLearning for infection prevention and control (IPC) training. Additional face to face training had been carried out facilitated by an infection prevention and control nurse and some staff had accessed the NHS learning and development platform for further IPC training. When speaking with staff and from our observations, we were confident that safe IPC practices were being carried out.

We observed that the kitchen area was clean, tidy and regular deep cleaning of the kitchen was being carried out. Cleaning schedules were in place and guidance being followed.

Regular daily, weekly and monthly environmental checks and audits were being carried out and these informed the overall environmental quality assurance process and improvement plan.

Changes in the deployment of staff ensured that the cook had more time to carry out kitchen duties. Housekeeping and laundry staff were carrying out their roles and recording their actions following a plan to ensure all areas were clean, tidy and odour free. We found that there were improvements in these areas however, there were some areas still to be addressed but these were not as impactful as at our previous visit and were work in progress.

#### Met - within timescales

#### Requirement 5

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).

**This requirement was made on 8 May 2024.**

## Action taken on previous requirement

We visited the laundry area and found improvements in this area had been carried out. The area was tidy, organised, clean and clutter free. Signage around the laundry directed staff in the correct procedure for entering and leaving the laundry to avoid cross contamination. Laundry bags were being used appropriately with the correct procedures being followed for general laundry and contaminated laundry.

A laundry audit and questionnaire had been developed and responses from people and relatives were still to be returned, collated and action plan developed but, good progress was being made with this.

Staff had specific roles with regard to the laundry and a member of staff was in post to lead the housekeeping and laundry team. This was working well and the laundry was much better organised and functioning more efficiently.

## Met - within timescales

### Requirement 6

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)

**This requirement was made on 8 May 2024.**

**Action taken on previous requirement**

The service had implemented a range of audits to ascertain the condition, cleanliness and efficiency of the care home. We saw that these audits and quality assurance processes informed the overall improvement plan. Improvements in these areas were evident at our visit. Work in this area is ongoing as is the process of self evaluation and informing the improvement plan for the care home. We will continue to monitor this at future visits.

**Met - within timescales**

**Complaints**

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## 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?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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