

# The Haining Nursing Home Care Home Service

Vellore Road  
Maddiston  
Falkirk  
FK2 0BN

Telephone: 01506 896610

**Type of inspection:**  
Unannounced

**Completed on:**  
10 October 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 32 people were living in the home. The service offers a permanent home to people as well as a "step-down" service which promotes reablement 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 a follow-up inspection which took place on 10 October 2024. 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 six people using the service and spent time with others
- spoke with eight staff and management
- observed practice and daily life
- reviewed documents
- spoke with a visiting professional.

## Key messages

- People were cared for well and supported with kindness and respect.
- We made a requirement about management and leadership at a previous inspection. The provider was unable to meet this requirement at this inspection due to the absence of a manager.
- Improvements to quality assurance were being sustained by the provider in the absence of a manager.
- A new manager was due to start working in the service and we will visit the care home again to follow up on the requirement.

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

### Requirements

#### Requirement 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' (HSCS4.19).

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

#### Action taken on previous requirement

At the time of this inspection there was no registered manager. A new registered manager was due to start working in the service.

At our previous follow-up inspection in July 2024, improvements had been made in terms of quality assurance. There was a clear connection between quality assurance within the home and the service improvement plan. Audits were clearly recorded with timelines, actions and responsibilities.

These improvements to quality assurance were being sustained by the provider in the absence of a manager and people were being cared for and supported respectfully.

The service was unable to adequately evidence that there was strong leadership and good effective communication due to the absence of a manager.

As a result we have extended the timeline for the service to meet this requirement to give the service more time to make the improvements.

This requirement is extended to 10 December 2024.

**Not met**

## 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

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).

**This area for improvement was made on 8 May 2024.**

#### Action taken since then

This area for improvement was not assessed at this inspection.

This area for improvement will remain in place and will be assessed at a future inspection.

#### Previous area for improvement 2

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).

**This area for improvement was made on 8 May 2024.**

### Action taken since then

This area for improvement was not assessed at this inspection.

This area for improvement will remain in place and will be assessed at a future inspection.

### Previous area for improvement 3

The provider should use a recognised environmental good practice guide such as the King's 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).

**This area for improvement was made on 8 May 2024.**

### Action taken since then

This area for improvement was not assessed at this inspection.

This area for improvement will remain in place and will be assessed at a future inspection.

### Previous area for improvement 4

To ensure ancillary staffing levels are appropriate to safely meet the needs of people living in the home, leaders should carry out a review of ancillary staffing hours.

**This area for improvement was made on 12 April 2023.**

### Action taken since then

This area for improvement was not assessed at this inspection.

This area for improvement will remain in place and will be assessed at a future inspection.

### Previous area for improvement 5

The provider should report significant events to the appropriate agencies. This allows for an investigation and an outcome, and to determine areas for improvement in order to minimise the risk of reoccurrence.

This is in order to comply with:

Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

**This area for improvement was made on 22 January 2024.**

#### Action taken since then

This area for improvement was not assessed at this inspection.

This area for improvement will remain in place and will be assessed at a future inspection.

### Previous area for improvement 6

To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved.

- There should be a system which effectively enables areas for improvement to be promptly and accurately identified.
- Where areas for improvement are identified an action plan is developed detailing timescales and the person responsible.
- Staff completing audits should receive training, to ensure that audits make improvements to the service.

This is in order to comply with the Health and Social Care Standards 4.1: 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 14 June 2022.**

#### Action taken since then

This area for improvement was not assessed at this inspection.

This area for improvement will remain in place and will be assessed at a future inspection.

## Complaints

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



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