

# Haddington Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
28 November 2024

**Service provided by:**  
Haddington Care Ltd

**Service provider number:**  
SP2017013005

**Service no:**  
CS2017361356

## About the service

Haddington Care Home is a purpose built, privately owned care home for older people situated in Haddington, East Lothian. The service provides accommodation over three floors. Each floor having a large communal lounge with dining area and kitchen.

The provider Haddington Care Ltd has been registered to provide the service to 68 older people since June 2018.

## About the inspection

This was an unannounced inspection which took place on 19, 20 and 21 November 2024. The inspection was carried out by 3 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 5 people using the service and 5 of their family
- Spoke with 12 staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

## Key messages

- People described being cared for well and being treated with kindness
- Staff understood their role in supporting people's health and wellbeing
- Quality assurance processes were good and improvement was led well by managers
- Some areas of property maintenance required improvement and action
- Personal plans were detailed and person centred

## 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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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?

4 - Good

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

We observed warm and compassionate interactions between staff and people using the service. People were clearly supported well with their health and wellbeing. A range of documentation and recording charts had been completed to ensure that people's health was documented well. This ensured that care and support was consistent for people.

Staff understood their role in supporting people with their health and wellbeing. Staff described how they knew people's care needs and were aware when there was a change. We observed interactions where staff reacted quickly to people's care needs, prioritising people's wellbeing and comfort. This ensured that people's physical and mental health were a priority for staff.

The service had developed positive relationships with local healthcare professionals, including GPs and staff from specialist healthcare services. Staff made appropriate referrals to external healthcare services as and when required. This had included oral health, psychiatry and podiatry. Professionals we spoke to confirmed, that they were confident in the services ability to take on board any suggestions and work well with guidance. This had clearly impacted positively on the health and wellbeing of people using the service.

People were positive when they described their experiences of living in the care home, with one person commenting "they care, they are specialists in looking after folk".

Medication was generally being managed well. We observed staff administering medication, viewed records and discussed medication processes with staff responsible for medication. Some practices had the potential to lead to medication administration errors (see area for improvement 1). This could lead to a negative impact on people's health and wellbeing.

Mealtimes were relaxed social times within the care home. The majority of people chose to eat with others in the dining rooms, however some people preferred to eat in their rooms, which was supported by the staff.

People's feedback on the food provided was positive, one person commented "the food is unusually good. I have no complaints".

People were supported to make choices based on their likes and dislikes, which staff appeared to know well. Some people were supported to eat using aids and gained one to one support when required. This was undertaken with compassion and care.

This meant that people were able to enjoy meals and snacks in a way that supported their choice and dignity, within a relaxed environment.

## Areas for improvement

1. To ensure people's health and wellbeing, the provider should ensure that staff follow safe medication administration processes.

This should include but not be limited to ensuring that staff have the right competencies to administer medication, and that medications are administered to one person at a time.

### How good is our leadership?

4 - Good

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

The service had a range of quality assurance processes which supported managers to ensure staff were achieving standards. This included, audits of clinical processes, oral health checks, infection prevention and control checks, environmental audits and staffing practice observations.

Managers had an overview of staff e-learning training needs, however not for face-to-face training. We discussed this with the managers who confirmed this was an area they planned to prioritise and track.

The managers met weekly with senior staff to discuss the clinical risks within the care home. This was an opportunity for all staff to share information and have an oversight of the health and wellbeing of people. This ensured the right approaches were taken to support people with their changing needs.

The service's Improvement plan ensured that areas of improvement were identified, and a dynamic approach was used to ensure actions were completed. There was, however, a lack of focus on the outcomes for people within the improvement plan. We discussed with the managers how this could be developed further to take account of feedback from people who used service, their relatives and other stakeholders. This would allow the management team to develop improvements that were more person focused. The managers agreed to consider a different approach to improvement planning. We'll follow this up at our next inspection.

### How good is our staff team?

4 - Good

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

The service used a staffing assessment tool. This allowed the managers to regularly assess the care needs of people who used the service and generate the staffing levels required for each area of the home. This generally worked well, however one area of the home appeared to be short of staff at certain times of the day.

People described staff taking some time to answer call bells, which meant that people were at times waiting for care and support they required. The service had a call bell testing process in place; however, this did not enable the service to check the actual response times for people on a day-to-day basis.

We discussed this with the managers and suggested that they consider a system or process that allowed them to have an overview of the times people waited for a response. This would allow the service to know the times and circumstances where staffing levels were having a negative impact on people. We'll follow this up at our next inspection.

We observed staff worked well together, communicating supportively with each other, sharing workloads and being flexible to changing situations. This clearly had a positive impact on the warmth and friendly atmosphere within the home.

Staff had regular team meetings, which enabled managers to keep staff up to date with important information or changes in people's care needs. We discussed with the managers how these meetings would benefit from staff having the opportunity to reflect and discuss standards. The managers agreed to consider this, we'll follow this up at our next inspection.

Staff described managers as being supportive and encouraging of staff development. Staff had requested additional input with areas of their practice, which had been developed into peer support sessions. This meant that managers were reactive to staff learning and development needs, ensuring staff had a forum to discuss their practice and enhance their skills. Visiting professionals commented that staff teams were working well together, and managers were very supportive and considerate of the wellbeing of staff.

## How good is our setting?

### 3 - Adequate

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

Communal areas of the care home were welcoming and in a good state of decoration and cleanliness. There was a friendly atmosphere, with some people describing the service as their home. The large dining kitchen areas were used independently by people to make drinks and snacks. This enabled people to be as independent as they could.

Some people's bedrooms were a little basic and although these were personalised with family photographs, there was a lack of warmth and homeliness within these. Other bedrooms reflected people's preferences well and were full of personal items and furniture. We discussed this difference with the manager who agreed to consider if some improvements could be made to some people's rooms if they possessed less items, to add a sense of comfort.

The service used a variety of internal and external processes to record property maintenance, and health and safety checks. However, some of the actions required which related to emergency fire lighting, legionella checks and electrical issues, to ensure the safety of the property, had not been completed or recorded appropriately. (see requirement 1). We spoke with the managers who acted quickly during inspection to expedite the actions required.

We gained a variety of feedback related to the care home's laundry. Some people were unhappy with how their clothing was laundered. Prior to and during inspection the service's laundry had been overwhelmed with laundry bags. These had been inappropriately stored, causing a health and safety hazard. We spoke with the manager regarding our concerns, which were acted on immediately. During the rest of the inspection, processes to improve the laundry layout and systems had been implemented to remove hazards and ensure the laundry could function appropriately.

## Requirements

1. By 31 January 2025 the provider must ensure that all assessed health and safety issues are actioned appropriately, to ensure people's health and safety.

This is to comply with Regulation 10(1) and (2)(b) and (d) (Fitness of premises) 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) 5.24 which states; "I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment".

### 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's personal plans were detailed and included personal information to ensure that people's background, aspirations and outcomes were identified. Within some personal plans, the language was clinical, which did not represent the person's use of language. We discussed this with the manager who agreed to encourage a more person-centred approach to the way personal plans were written, to ensure the voice of the person was within their plan.

Plans included a range of audits and checks related to people's health and wellbeing, including weight charts, falls risk assessments, wounds charts and assessments of needs. These ensured that people's health and wellbeing was the focus for staff, and that important information on people's care needs and wellbeing were communicated well.

Personal plans had been reviewed appropriately and within timescales.

## 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 support people's wellbeing the manager must ensure that staff practice is informed by accurate and up to date information there should be a system in place to check that all areas of care plans relevant to the care of the individual have been completed. Improvements to the recording of the clarity and details of discussions and agreements to care should be made.

This is to ensure that care and support is consistent with Health and Social Care standards (HSCS) "My personal plan (care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices," (HSCS 1.15)

"My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event" (HSCS 4.14) and " I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation". (HSCS 4.15)

**This area for improvement was made on 11 May 2023.**

#### Action taken since then

The service had improved people's personal plans, which included detailed information about people's backgrounds and personal outcomes. Information was up to date and reviewed appropriately.

### 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
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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