

The Haining Nursing Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
19 May 2025

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 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 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 Maddiston, 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 throughout the home. The service offers a variety of communal and private areas including a dining room, sitting rooms, and spacious bedrooms which people can personalise to their own taste.

About the inspection

This was an unannounced inspection which took place on 14, 15 and 16 May 2025. 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 10 people using the service, spent time with others, and received feedback from six people via our survey.
- spoke with six relatives of people using the service and received feedback via our survey from a further six relatives
- spoke with 20 staff and management and received feedback via our survey from 13 staff
- observed practice and daily life
- reviewed documents
- received feedback from a visiting professional.

Key messages

- There had been significant improvements made in all aspects of care and support within the home since our last inspection.
- There was a warm, homely atmosphere and people were treated with dignity, respect and compassion.
- Management oversight and quality assurance throughout the home was very good.
- Staff worked very well together and this had improved outcomes for people.
- Care plans held clear and accurate clinical information and improvements were underway to make them more personalised and outcomes focused.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
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?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People were treated with dignity, compassion and respect, and there were warm, encouraging, meaningful relationships between staff and people living in The Haining. There was a comfortable and relaxed atmosphere, which was peaceful in some areas, and lively in others, and people told us they felt valued and listened to by staff. One person said, *"The staff are very good. They spend time with me. I value and enjoy that"* and another said, *"The staff are great. They help with whatever I need"*.

People's wellbeing and sense of worth were enhanced by staff who were knowledgeable about and valued diversity. Where people's behaviour could be seen as challenging to others, staff provided sensitive support to reduce the impact of this.

People were involved in decisions about the care home in ways which were meaningful to them. They told us they had been involved in the many recent improvements within the home, choosing soft furnishings and décor, and involved in decisions about the best use of the lounges. This meant that people felt empowered because their voice was heard.

Staff were responsive to people's needs and wishes and all relatives who provided feedback told us that they were happy with the care and support their relative received. They told us, *"My relative appears to be well and content"* and *"We feel welcome when we come in to visit"*.

People's physical, emotional and mental health and wellbeing were at the forefront of all decisions made by both management and staff. We could see that people benefitted from a comprehensive holistic health assessment, screening, and care and support based on good practice and evidence-based guidance.

People benefitted from high quality nursing care, led and delivered by registered nurses, and they experienced care and treatments which were safe, effective and in line with their wishes and choices. A relative told us, *"Since living at The Haining [my relative] has thrived. [The] staff are incredible, they are patient, caring, and interested. From the carers, cleaners, events organiser and the cook. [My relative] is happier and no longer lonely or scared. We cannot praise them enough"*.

There was an effective medication management system which adhered to good practice guidance and people's medication was regularly reviewed to ensure it met their identified health needs.

People's skin integrity was maintained because the service had a proactive and person-centred approach based on best practice and the assessment of risk.

A person-centred approach was in place to manage and prevent falls and fractures and people were encouraged to move regularly and remain as active as they could be, including using outdoor space where possible.

Staff shared information appropriately when they observed changes in people's eating and drinking and

this was well documented. There was regular access to drinks, meals and snacks, and for people who needed support to eat and drink, this was carried out with sensitivity and kindness.

People benefitted from access to an appetising, varied and well-balanced diet and they could choose from a variety of, meals, snacks and drinks including fresh fruit. People enjoyed their meals in an unhurried, relaxed atmosphere with caring interactions between staff and people, with people's choice of music playing softly in the background. A relative told us, *"There's always a great smell and the tables are set nicely"*.

How good is our leadership?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The manager engaged meaningfully with people living in the care home and their families. They took a collaborative approach to planning and delivering care and support, and to making improvements within the home, regularly discussing changes with people living in The Haining.

Staff were inspired and empowered by supportive and visible leadership, to play a key role in leading care and support, and to share ideas. This resulted in strong and effective systems of care with clear lines of responsibility and professional accountability, including clinical and care governance. The manager had invested time and effort into team building to the extent that staff felt ownership and commitment to the home. All staff were invested in ensuring people were supported to live as meaningful a life as possible, taking into account their preferences and wishes. Staff were involved in decision making and their ideas and suggestions to improve outcomes for people were welcomed. This meant staff felt valued and were committed to supporting improvements for people living in The Haining.

Effective quality assurance and audit processes were also in place to help direct improvements and ensure that the manager had clear oversight of all activity within the home. Information from audits, self-evaluation and feedback from people and relatives, were all informing the service development plan, with detailed, clear actions with timescales where areas for improvement had been identified. This meant there was a record of all improvements being carried out and a clear plan to implement improvements to achieve improved outcomes for people.

Relatives were complimentary of the management within the home and told us, *"Positive strategies and procedures are evident since the new manager took her post"* and *"Everything seems to run well"*. A health professional said, *"The care home manager runs a good service and is well organised"* and *"The quality of leadership is good. I have no concerns"*.

Staff told us that the new manager was a role model for staff within the home and we saw that they were accessible to people, relatives and staff. They supported the staff teams in all areas, including staff on nightshift. Staff told us, *"She is hands-on. She supports you and so you want to support her in return. She has such a good rapport with residents, families and staff"*; *"She listens to our opinions, and takes action on them"* and *"She has a way of bringing all of the staff team along with her"*. This meant the staff team felt valued and well supported.

How good is our staff team?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People and staff, benefitted from a warm, caring atmosphere because there were good working relationships within the home. There was effective communication between staff, with opportunities for discussion about their work and how best to improve outcomes for people.

The manager was skilled at identifying and delivering the right resources, at the right time to ensure that people experienced high quality care and support. The numbers and skill mix of staff were determined by a process of continuous assessment linked to quality assurance. This included taking account of the complexity of people's care and support. Feedback from all parties contributed to this alongside dependency assessments which were transparent, and shared with key staff. This meant that the skill mix, numbers and deployment of staff met the needs of people living in the home.

Staff were flexible and supported each other to work as a team to benefit people. There were enough staff so that people could be well supported with their emotional needs as well as their physical needs. This meant that people could get the most out of life.

Staff worked very well together and understood the needs of people living in The Haining. Staff were clear about their roles and were deployed effectively. They supported each other by being flexible in response to changing situations to ensure that care and support was consistent and stable. People could have confidence in their support because staff had ready access to the right information about their specific needs and outcomes.

Motivated staff, effective deployment and good team working meant that staff spent as much time as possible with people and staff were confident in building positive relationships with people. We heard from people living in The Haining that staff were approachable, friendly and supportive, and a relative told us, *"The staff are incredible. We are welcomed, informed and always feel confident to ask about my [relative]. My [relative] has a great relationship with the staff, there's a lady who picks her up wee treats. The events coordinator has become her bestie and the cook goes out of her way to make sure she makes things she knows my [relative] will eat. They are all very caring, they know her name, they always check in on her. They all deserve a mention"*.

How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People benefitted from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space and comfort to meet their needs and wishes. The environment was relaxed, clean, tidy and well looked-after, with no evidence of intrusive noise or smells.

Significant improvements had been made to bring the home up to the standard needed to promote and enable people's independence and comfort. The King's Fund tool had been utilised to good effect, to assess the environment and make it more dementia friendly, welcoming and homely.

There was a sensory room which had already benefitted some people and a small lounge had been decorated as a 1950's-style café, with a coffee machine and juice available for visitors to enjoy with their loved ones. There was new bedding ordered, and new curtains, flooring and décor in place throughout the home. Small activity stations were in place within the main social and communal areas and furniture in lounges was arranged in small groups to encourage engagement and conversation. New table covers had been purchased along with contrasting crockery, napkins and cutlery.

This had considerably improved people's living environment and we heard positive feedback about the difference this had made. People had been involved in choosing décor and furnishings and were very happy with the results. This meant that people felt that they were listened to and could influence change. People were benefitting from a more comfortable and homely environment where infection prevention and control was not compromised.

People were enthusiastic in telling us how happy they were with the improvements throughout the home and one person told us, *"[the manager] has made many improvements. There are pictures on the walls now and she has given the home a personal touch. I find it a pleasure to walk around the home"*. Relatives said, *"It's a nice, homely environment, and it's great that they have a coffee machine for visitors"* and *"It's perfectly safe, homely, clean and comfortable"*.

People could choose to use private and communal areas and their right to privacy when they wished was respected. The setting was kept safe and well-maintained. There were clear planned arrangements for regular monitoring and maintenance of the premises and the equipment to ensure people were safe. This included training and assessing staff competency to safely use and maintain any equipment their role required.

How well is our care and support planned?

4 - Good

We made an overall evaluation of good for this key question, as there were strengths that clearly outweighed areas for improvement.

People benefitted from clear and accurate care and support plans which detailed the key areas of people's support needs and wishes and enabled staff to provide support at the right time and in the right way, which resulted in positive outcomes for people. Care plans were written in a respectful way and gave a good insight into how to support and care for people. To promote best outcomes for people, improvements to care plans were underway to ensure these held information, which was personalised and outcomes focused, with detailed information about how best to support people who experience stress or distress.

People were fully involved in decisions about their current and future health and support needs. They had an anticipatory care plan in place that reflected their wishes and where appropriate, those of their representatives. Where people were not able fully to express their wishes and preferences, individuals who were important to them were involved in shaping and directing their care and support plans. Risk assessments were used to enable people rather than restrict their actions or activities.

There was an effective system in place for regular reviews with people and their relatives, and relevant professionals where this was appropriate. This meant that people benefitted from personal plans which were regularly reviewed, evaluated and updated, involving relevant professionals where appropriate, and taking account of good practice and their own individual preferences and wishes.

The service had plans to further develop their care plans to include more information about what people enjoy, so that new staff would be better able to engage with people in ways that were meaningful to them.

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' (HSCS 4.19).

This requirement was made on 17 June 2024.

Action taken on previous requirement

This requirement was followed up at several inspections where, although there was progress, this was not enough to meet the requirement and we extended the timeline to enable the service to meet this requirement. We reviewed progress at this inspection.

We found that there had been a consistent management presence for the last six months since the appointment of the new registered manager. There was now appropriate and effective leadership, evidenced by improved relationships within the staff team which had resulted in improved outcomes for people living in The Haining.

A system of quality assurance had been introduced and embedded into practice, which supported a culture of continuous improvement. Actions from audits and feedback from people, relatives and staff, were informing a robust development plan which included timescales and person responsible. Many improvements had already been made as a result.

This requirement had been met.

Met - outwith 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

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' (HSCS 1.23); and

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

This area for improvement was made on 17 June 2024.

Action taken since then

People's food and drink preferences were being met at appropriate times and we saw that people had a positive mealtime experience. There were sufficient staff during mealtimes to ensure that people were supported with dignity and respect.

This area for improvement was met.

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 17 June 2024.

Action taken since then

All roles of staff were deployed effectively and worked together to carry out high quality care and support. Staff worked well as a team and senior staff were afforded the time to carry out essential non direct care duties.

This area for improvement was met.

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 that:

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

This area for improvement was made on 17 June 2024.

Action taken since then

The King's Fund tool had been fully utilised to enable the service to assess the environment to make it more dementia-friendly and most of the actions from this had been implemented, with some still in progress. As a result, the environment was more dementia-friendly, welcoming and homely.

This area for improvement was met.

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 is in order to comply with the Health and Social Care Standards (HSCS) which states that:

'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 15 May 2023.

Action taken since then

Ancillary staffing levels had been reviewed and a member of staff had been recruited into a new domestic supervisor post. Additional ancillary staff were also in place.

This meant that levels of ancillary staff were now appropriate to safely meet the needs of people living in the home.

This area for improvement was met.

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

Significant events were now being reported to the relevant agencies and investigations, outcomes and any resulting actions were clearly documented.

This area for improvement was met.

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 27 July 2022.

Action taken since then

A system of quality assurance had been introduced and embedded into practice, which effectively enabled areas for improvement to be promptly and accurately identified. Action plans had been developed, detailing timescales and person responsible. Staff completing audits were sufficiently knowledgeable and experienced to ensure that audits informed improvements to the service.

This area for improvement was met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
2.4 Staff are led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

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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