

The Haining Nursing Home Care Home Service

Vellore Road
Maddiston
Falkirk
FK2 0BN

Telephone: 01506 896610

Type of inspection:
Unannounced

Completed on:
12 April 2023

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 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 re-enablement in preparation for people returning home after a hospital stay. The service registered with the Care Inspectorate in September 2016.

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 around the home. It 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 inspection which took place on 11 and 12 April 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, notifications submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke informally with people living in the home
- spoke with five relatives who were visiting people living in the home
- met with leaders in the home
- met with staff from a variety of roles including nurses, senior staff, carers and ancillary staff
- observed practice and daily life
- sampled care plans and a variety of other documents and recordings.

Key messages

- The quality of care and support had improved since our last inspection.
- There were enough staff to safely meet people's needs and wishes.
- People were treated with dignity, compassion and respect.
- People's health and wellbeing was supported to a very good level.
- The monitoring of people's weight had improved.
- On-going auditing and quality assurance had improved although further improvement was still needed.
- Service performance would be enhanced through self-assessment and benchmarking against best practice guidance and standards.

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?	4 - 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?

4 - Good

We made an overall evaluation of good for this quality indicator as there were a number of important strengths which clearly outweighed areas for improvement.

People experienced compassion, dignity and respect in their care. Interactions between staff and people were warm and encouraging. Support was delivered at a pace that suited people's needs and wishes. People we spoke with were happy with the support they experienced. Family members we spoke with were also happy with the support their loved one received. One person told us the staff "were great and couldn't do enough." Staff at all levels demonstrated a respectful approach where people's rights were protected and promoted.

The home had a welcoming atmosphere, and a number of family members were visiting loved ones during our inspection. Those family members we spoke with all stated staff were friendly and knowledgeable. We were confident that people's right to a family life was promoted. Some people who lived in the home as part of their step-down service were regularly going out in the community on their own. Staff worked hard to support this, and people's independence and confidence had improved as a result.

Staffing levels were good and meant people received the right support at the right time. People benefitted from having access to nursing staff when required, along with care staff who knew people well. Leaders worked with external professionals to ensure people who required additional staffing levels received it. This ensured people were supported sensitively. Although we were confident staffing levels were good, leaders were not using a recognised dependency tool to assess staffing levels. We encouraged leaders to re-introduce this to objectively assess that staffing levels remained responsive to people's changing needs.

People were encouraged to participate in a variety of activities both in and outwith the home. There was a lively atmosphere with music, games, and sensory activities. We heard about some of the recent outings that had taken place in the home's own minibus. We were confident the home was supporting good outcomes for people getting the most out of life. This would be enhanced further by identifying individual outcomes for people, along with building on evidence to demonstrate that people's activity outcomes were being regularly assessed. A planned and structured approach to activities based around feedback from people and their representatives would take the service to the next level.

People's health and wellbeing benefitted from their support. Nursing staff were on duty 24 hours a day and designated senior staff administered medication. Medication records we sampled were completed to a high standard. Staff actively promoted people's wellbeing and mobility. There were some very good examples of people's mobility improving as a result of their support, which had improved their physical health and emotional wellbeing.

People's health benefitted from having access to a multi-disciplinary team of healthcare professionals. Staff were responsive to changes in people's health needs and sought additional support as and when required. Care plans contained clear and current healthcare guidance for staff. The monitoring of people's weight had improved since our last inspection. Staff were responsive to changes in people's weight and offered fortified diets when required. This had resulted in the majority of people's weight being held at a relatively stable level, which had led to improved health outcomes.

People benefitted from homemade food prepared by the home's own cooks. People we spoke with were very complimentary about food choices and quality. People could choose to have their meals where they wished. People who needed support to eat and drink received this in a dignified manner, with unhurried and respectful support. Staff we spoke with were knowledgeable about people's individual preferences and dietary requirements, including people who ate a textured or modified diet. This meant people were safe and protected as staff knew their individual needs.

How good is our leadership?

4 - Good

We made an evaluation of good for this quality indicator, as there were strengths that clearly outweighed areas for improvement. However, improvements were needed to ensure that people had outcomes that were as positive as possible.

At the time of our inspection the home was in the process of recruiting a permanent nurse manager. In the interim period the home provider, Ion Support Services, had temporarily placed one of their managers in the home. This person provided leadership and consistency until the new manager took up post.

Leaders were evident in the home. They included nurses, medication seniors and on-the-floor seniors. Staff we spoke with felt leaders were inclusive and respectful. Those family members we spoke with also knew the temporary manager and found them to be approachable. Leaders in the home met regularly to improve quality and drive the service forward. This was evidenced through a reduction in the number of incidents.

Quality assurance could be further improved through the development of planned and regular auditing and quality assurance systems, together with an overall service development plan. Plans were in place to introduce a new system but at the time of our inspection it was not yet in place. We made an area for improvement about this at a previous inspection and have therefore repeated it at this inspection. **See area for improvement 1.**

Areas for improvement

1. 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 (HSCS) which states 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?

4 - Good

We made an evaluation of good for this quality indicator, as there were strengths that clearly outweighed areas for improvement.

We recognise the current staffing issues in social care nationally. The Haining Nursing Home had successfully recruited a number of new staff in the past year. During our inspection there were enough staff working to safely meet people's needs and wishes. Rotas we sampled demonstrated that the home maintained safe staffing levels. A flexible approach was taken to ensure there were more staff at key times of the day when people may need more support. This meant people received the right support at the right time.

Recruitment processes for new staff were thorough. Staff went through an interview process and three references were sought, along with a Protection of Vulnerable Groups (PVG) check before people took up post. These measures meant people could be confident staff were recruited in a safe way.

New staff undertook an induction programme which was a mixture of face to face and on-line training. They 'shadowed' existing staff before working with people on a one-to-one basis. Staff we spoke with felt well supported during their induction process and were encouraged to request more shadowing opportunities if they felt they needed them. This meant people could be confident in their staff because they were competent in their role.

Regular supervision and team meeting opportunities had not been taking place. However, the manager had plans in place to address this and supervisions were scheduled moving forward. The home employed ancillary staff including a maintenance person, cooks and domestic staff. Some of those ancillary staff we spoke with felt they did not have enough time to complete all their duties. Although managers were confident this was not the case, we requested that leaders in the home carry out a full review of ancillary hours to ensure they remained appropriate to meet the current needs of people in the home. We made an area for improvement about this. **See area for improvement 1.**

Areas for improvement

1. 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).

How good is our setting?

4 - Good

We made an evaluation of good for this quality indicator, as there were strengths that clearly outweighed areas for improvement.

The home offered people a variety of private and communal areas they could choose to use when they wanted. The size of the main home meant people had plenty of space if they wanted a quiet area to spend time in. Bedrooms were a good size with plenty of natural light.

The home was traditional and homely but maintained to a good standard. There had been on-going investment in the home with bathrooms having recently been refurbished along with the purchase of

accessible baths. Some areas of the home would benefit from redecoration, but we were confident this would happen.

During our inspection, we identified some environmental defects. Leaders were responsive to this, and they had been rectified by the end of the inspection process. We advised leaders that moving forward the environment would benefit from regular quality assurance processes to ensure issues were addressed quickly. We made an area for improvement around quality assurance under the section 'How Good is our Leadership.'

How well is our care and support planned?

4 - Good

We made an evaluation of good for this quality indicator, as there were strengths that clearly outweighed areas for improvement.

Support planning documents were reflective of people's current needs. They were written in a person-centred manner and contained a good level of detail to inform the care and support people received. This helped ensure people's wishes and choices were met. Additional training may be useful for some staff to ensure they are able to effectively navigate electronic systems and use them to their full potential.

Social Work Reviews had been taking place in November 2022 for all residents who were present in the home at that time. We advised leaders of their responsibility to have a proactive and planned approach to reviews moving forward to ensure they were carried out within required timescales. We discussed with the manager how care planning and reviews could be enhanced by having a stronger outcome focus. This would allow people to measure achievements and work towards future goals.

The support planning process would benefit from a creative approach to ensure everyone was supported to give feedback on the service to ensure it was meeting their current and future needs and wishes. Service performance would be further enhanced through the use of self-assessment tools and benchmarking against best practice guidance and standards.

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 keep people well and promote their health and wellbeing, recording in relation to health and wellbeing needs should be consistent across the service. This should include but not be restricted to the use of the provider's screening tool, Malnutrition Universal Screening Tool (MUST). Where anyone is identified as at risk of malnutrition, then appropriate actions are followed, including referral to appropriate professionals for support.

This is in order to comply with the Health and Social Care Standards which state that:

'If I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that I experience consistency and continuity' (HSCS 4.17).

This area for improvement was made on 11 January 2023.

Action taken since then

Recording in relation to people's health and wellbeing needs had improved.

The service was using a recognised screening tool to monitor people's weights. Action was taken in the event anyone was identified as being at risk of malnutrition. Staff we spoke with were knowledgeable about their responsibilities in recording as well as escalating concerns. People's weights were well recorded and people were supported to maintain a relatively stable weight or to gain weight if required. This had resulted in improved health outcomes for people living in the home.

This area for improvement had been met.

Previous area for improvement 2

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 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 area for improvement was made on 11 January 2023.

Action taken since then

At the time of our inspection the service was in the process of recruiting a permanent nurse manager. In the interim period the home provider had temporarily placed one of their managers in the home. This person provided leadership and consistency until the new manager took up post.

Leaders were evident in the home and met regularly to improve quality and drive the service forward. This was evidenced through a reduction in incidents and improved health outcomes for people living in the home.

A planned and regular cycle of auditing and quality assurance activities had not yet been established. This area for improvement has therefore been repeated.

Please see section two of this report 'How Good is our Leadership' for more details.

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?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very 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
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - 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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