

# Haddington Care Home Care Home Service

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Haddington  
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**Type of inspection:**  
Unannounced

**Completed on:**  
11 May 2023

**Service provided by:**  
Haddington Care Ltd

**Service provider number:**  
SP2017013005

**Service no:**  
CS2017361356

## About the service

Haddington Care Home is a privately owned care home registered in June 2018 to provide a care service to a maximum of 68 older people of whom 1 may be receiving respite care and 1 specific younger service user, as agreed at registration. The service provider is Haddington Care Ltd.

Accommodation is provided over three floors. There is lift access to the upper floors. The accommodation includes, 68 bedrooms, with en-suite facilities including wet rooms. A call system is in place for each room and at points throughout the home including bathrooms and toilets. There is access to an outside raised terrace and lower terrace with gardens. Sitting and dining areas are on each floor and there are other small sitting areas throughout the home.

There is a reception area with a manager's office and a visitors toilet. Nursing stations/offices are on each floor as are bathing and toilet facilities. Kitchen, laundry and staff areas are on the ground floor.

## About the inspection

This was an unannounced inspection which took place on 3 May between 9:30 and 18:00, 4 May between 9:15 and 15:30, 5 May between 9:30 and 18:00 and 11 May between 9:50 and 14:00. 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 25 people using the service and their family members
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Staff recruitment had taken place but support was needed to promote good team work.
- Senior Managers were in the home supporting the home management to make improvements that were needed in the service.
- Some aspects of care needed improved such as the dining experience and medication management. This needs to be done in conjunction with staff training.
- Care plan work needs to progress to ensure that information is current and used to help staff deliver consistent care.
- The numbers and skills of staff working in the home must be reviewed to ensure that all areas of the service function well.

## 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?	2 - Weak
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	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?

2 - Weak

We evaluated this key question as weak. We identified some strengths in the service but these were compromised by significant weaknesses and a lack of sustained improvement.

Mostly, people experienced care and support delivered in a compassion, dignified and respectful way. However sometimes care was given without any interaction or positive regard. Some staff had very positive relationships with residents and families and were aware of individual's needs and preferences. However, there were a number of staff who did not appear to be able to anticipate people's needs. This meant that people did not always feel listened to or cared about.

Further steps needed to be taken which would enhance peoples' experiences, minimise the risk of harm and contribute to dignified care. For example making sure that peoples clothes are correctly returned to their bedrooms and that bedsheets are changed when required. Regular discussion with people and/or their family about items of clothing that are no longer fit for use, or where more clothing was needed, would also ensure that people experience dignified care.

Three designated activity staff were in post. Staff understood the importance of adapting planned activities on the day to suit peoples frame of mind, however they did not communicate their plans to residents and relatives so that they could plan their day or visitors. This meant that people did not know what activities were happening and when. People would benefit from a variety of options and a mixture of planned and spontaneous activities to accommodate all needs and abilities.

Whilst some people had the opportunity to go out on trips, this took staff away from supporting the majority of people most of the day. Care staff had little time or were unfamiliar in stimulating and engaging with people in a meaningful way so this meant that often individuals sat bored, isolated, disengaged and under stimulated.

Professionals from the Health and Social Care Partnership supported the home meet the health needs of people and referrals were made as necessary to specialists. A wide range of assessments to identify health risks were in place. For example specialist equipment and regular recorded repositioning was in place to prevent skin damage in those assessed as at risk.

Medication management was weak and needed to improve to ensure people had their medicines as prescribed. This included topical medication and skin care. Senior managers were in the home to help make these improvements. Any amendments made to medicine records needed to be properly recorded to ensure the amender could be contacted if necessary.

**See requirement 1.**

Meals are an important part of peoples' lives in a care home and we found that the dining experience was weak needed to be improved. This would encourage and support healthy eating and prevent malnourishment. Offering a visual choice of meals helped some residents choose what they would like to eat, but visual choice was not offered to all of the residents who might benefit. Some people with dietary needs had their needs and choices met but others became frustrated at having to repeat their wishes every day. Some staff training had taken place since the last inspection, however new staff had not yet received this training. This may have accounted for the variations in experience for people.

**See requirement 1.**

Food and fluid recordings poorly completed and not analysed. Analysis could improve care by directing staff to where there were opportunities to further increase intake.

People's weight was monitored and those losing weight identified, however a whole home approach was needed to maximise the opportunities for eating and drinking and ensure an enjoyable dining experience. Some changes started during the inspection with an alternative picture menu being made available to help people make choices off menu. Mealtimes needed to be well led. This would contribute to a more positive experience for people.

**See requirement 1.**

Recognising and appropriately responding to residents experiencing declining or deteriorating health is an important skill. Although some staff could recognise residents with declining health and report this, more senior staff had failed to act or take further steps to make an assessment. This meant that people's health and wellbeing had been compromised.

**See requirement 1.**

New staff had been recruited. The numbers and knowledge of staff meant that there were a high number of people who did not know the residents well. Staff did not routinely make use of information in peoples care file to make sure that there was consistent care, relying only on information shared at handovers. Work was in progress to improve the information and use of care plans. See **How well is our care and support planned?**

We found that the health and wellbeing of people using the service was compromised by a lack of leadership and direction. Many staff had been recruited but there was a lack of a clear skills analysis of their previous experience. Arrangements for essential training, checking learning and competencies from training and offering support to put training into everyday practice were unclear and unstructured. Existing staff were unable to support the volume of new staff working in the home and when they raised issues they were not heard. This meant opportunities to improve residents health and wellbeing were not always met. Examples included mealtime experiences, prevention of falls medicines management and recognising deteriorating health. We have made a requirement.

**See requirement 1.****Requirements**

1. By 5 September 2023, the provider must ensure staff have the right competence and development to support people to maximise their nutrition during mealtimes, support falls management strategies, recognise deteriorating health and act appropriately and manage medicines, to maintain their health and wellbeing.

To do this, the provider must, at a minimum:

- a) carry out a training needs analysis for staff
- b) ensure a clear structure of training for each role, which includes values, standards and codes as well as best practice
- c) ensure each member of staff has an individualised training plan to meet their specific needs and learning gaps

- d) provide a structured supportive supervision and appraisal system to support staff personal and professional development
- e) provide sufficient staff in sufficient numbers to effectively direct, guide, supervise and support staff to put their learning into practice.

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:

'My care and support meets my needs and is right for me' (HSCS 1.19) and  
'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## How good is our leadership?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweigh weaknesses. This was because the senior management team had recognised that the home management needed further support and were in the home making improvements.

There were a range of audits and overviews in place including a clinical risk register which monitored people's weights and people's skin care needs. There were overviews of falls in the home and accidents and incidents. However, the information was not used effectively and consistently to make improvements to the service.

There was little effective evaluation of residents experiences to ensure that their needs were being met. It was therefore difficult to make sure that people were given the right care at the right time.

Positively, staff recognised and had raised concerns about some practices in the home. These were not adequately addressed which means that leaders in the home were not responsive to feedback. This was now being addressed by senior leaders to improve staff relations and care. Leaders were in place but did not address issues raised with them or escalate appropriately. There was ambiguity about their roles and responsibilities which did not promote good team work and affected people's care.

Oversight of complaints activity should for part of a quality audit process. this will ensure all actions agreed as a result of the complaint have been taken and any learning can be used to further improve the service.

Relatives feedback was that they did not have faith in the action being taken when they raised concerns. They described spending lots of time looking for someone to speak to in the home but no one being around.

Senior leaders however did listen to people and have started to take action to manage and stabilise the service.

We have confidence that the leadership in the home has been strengthened by senior management support. Feedback from residents, relatives and staff will be used to make improvements to the home. A clear improvement plan has been shared which will improve outcomes for people.

**How good is our staff team?****3 - Adequate**

We evaluated this key question as adequate, where strengths only just outweigh weaknesses. This was because the senior management team had recognised that the home management needed further support and were in the home making improvements.

Staff were recruited safely following completion of relevant pre-employment checks. Many new staff had recently been recruited but their individual knowledge, skills and competency had not been assessed for working with older people. There were a number of mandatory training topics to complete. It was not clear that all staff had completed these. In addition, new staff did not receive sufficient support to ensure they had gained the knowledge, understanding and competencies needed to put their training into practice.

Providing regular support and supervision for all staff and assigning mentors for new staff would improve staff practice and improve outcomes for people.

Staff were not always working well together. Many new staff had started and existing staff were expected to support them without knowing how to do so. The higher ratio of new staff to existing staff on a shift meant that existing staff were overwhelmed. This had created tensions in the staff team and compromised outcomes for people because there were often not enough staff who knew them well.

Whilst the number of staff met or exceeded the calculated dependency needs of residents we questioned that the calculated needs would fit the person needing to be cared for in a care home. There were times that there were not enough staff available to assist residents. In particular, when two staff were needed to safely operate equipment and especially on the top floor of the home. We have asked the senior management team to review the staffing, skill mix and deployment so that staff are available to residents when the need support.

**How good is our setting?****3 - Adequate**

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

The home was modern and purpose-built. Each resident had a single rooms with an en-suite shower and toilet.

Overall the home looked clean and tidy but due to a lack of housekeeping staff, deep cleaning was not completed. Lack of deep cleaning meant that the underside of cushions were dirty and stained, recliner chairs were stained and cupboards were untidy and unorganised. This detracted from the generally good appearance of the home and meant it took longer for staff to find items in storage. Work to rectify this took place during the inspection. As a permanent solution we have asked senior managers to review the domestic hours available to address these items on a regular basis.

Bed sheets and towels had been purchased since the last inspection ensuring a good supply whenever these were needed by residents.

There were good maintenance records kept in the home and a full time maintenance person employed who ensured all regular checks to maintain safety in the home were completed.

A bath on the top floor of the home had been installed as per the conditions of registration which gave residents more bathing options.

## How well is our care and support planned?

3 - Adequate

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

Information in individual files was good but was difficult to find. Care plans were in the process of being put into a new format. The new format made it easier to find information and this work needs to be completed.

Care staff relied on their existing knowledge of a person or information from handovers. This meant that key changes to care had been missed. Care plans should be working documents which allow people to receive up to date care which is consistent and takes account of their preferences and wishes.

The standards of care planning was inconsistent and was not supported by strong leadership, staff competency and quality assurance processes. Key information about people was missing. Recent changes mean that work to improve the quality and use of the care plans was in progress but not completed.

During our examination of the care records we found the quality of the recording of discussion was poor. This needed to be improved to ensure a clear and accurate record of discussion and agreements was kept. Better recording means that staff who subsequently implementing actions from decisions made can be confident that decisions have been made following a fully informed discussion. We have asked that the importance of good record keeping is reinforced to staff. **See area for improvement 1.**

### Areas 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)

## 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 should ensure that medicines management systems are improved including:



- a) body maps to direct staff in the administration of topical lotions and creams are fully completed.
- b) staff consistently sign the records to confirm the administration of topical medicines
- c) dates of opening topical creams and lotions are consistently recorded.
- d) handwritten entries on medication charts (including any changes as a result of instruction from the GP) are signed by two members of staff to verify the information.

This is to ensure that medication management including topical creams and lotions is consistent with Health and Social Care standards 1.24 "Any treatment or intervention that I experience is safe and effective" and 4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice".

**This area for improvement was made on 12 May 2022.**

#### Action taken since then

The use of body maps to directed staff on where to apply topical preparations had improved. However other aspects of medicines management had not improved.

Staff did not sign records to confirm the administration of topical medicines had been given as prescribed. There were gaps in the records. There were no dates of openings on creams and lotions which meant that some creams or lotions could be inadvertently used after their expiry date.

However, following feedback during the inspection, senior management had reviewed and addressed the issues around topical medications before the end of inspection.

Tracking who had authorised changes to prescribed medicine was not clearly recorded on the medicine recording charts. This meant that medications systems were not as safe as they could be and prescriptions could be checked with the prescriber.

**Therefore, we have included this in a requirement in How well do we support people's wellbeing?**

#### Previous area for improvement 2

To support people's wellbeing, the manager should ensure that residents have meals and snacks which meet their dietary needs and preferences and should ensure:

- a) the alternative menus are more prominently displayed
- b) menus are available on tables at meal times to inform residents of the choices available
- c) visual choices are offered to residents at meals where they may not be able to choose from the menu.
- d) the dining experience is positive for people.

This is to ensure that the provision of meals, snacks and drinks is consistent with Health and Social Care standards 1.33 " I can choose suitably presented and healthy meals and snack, including fresh fruit and vegetables, and participate in menu planning and 1.37 "My meals and snacks meet my cultural and dietary needs beliefs and preferences".

**This area for improvement was made on 12 May 2022.**

#### Action taken since then

The daily menu were on tables.

Alternative menus with pictures were put in place during the inspection. These help people make decisions about what they would like to eat on the day if they did not want the daily choices.

People were not always given a visual choice.

In order to optimise peoples nutritional care the dining experience should be relaxed and positive. In order to do this it needs to be led and managed by staff who have an understanding of each residents individual nutritional goals of care.

Overall we evaluated that improvements in nutritional care and the mealtime experience were inconsistent and unstained.

**Therefore, we have included this in a requirement in How well do we support people's wellbeing?**

### Previous area for improvement 3

To support people's wellbeing the manager must ensure that staff have the appropriate training to assist them to meet the health, welfare and safety needs of service users the manager should:

- a) review the current training status of the staff group in particular in regard to management of stress and distress and nutritional care.
- b) identify where there are gaps in training and seek appropriate training for staff
- c) ensure that there is a system in place that can support and guide staff in the implementation of any learning in these areas of care in their everyday practice.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled. (HSCS 3.14).

**This area for improvement was made on 12 May 2022.**

### Action taken since then

Although training had been access for staff in July and August 2022, there were a number of new staff and our findings were that there had been no overall improvement in practice.

**Therefore, we have included this in a requirement in How well do we support people's wellbeing?**

### Previous area for improvement 4

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.

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 12 May 2022.**

#### Action taken since then

Care files were in the process of being updated and changed to a new clearer format. Despite this there remained sections uncompleted in the new format. Care planning should be subject to a quality assurance system to make sure they are accurate and complete.

**Until the work is completed we have carried this area for improvement forward in this report. See How well is our care and support planned?**

#### Previous area for improvement 5

To ensure peoples medication is administered and monitored effectively, the service should: Ensure medication records are completed in accordance with the service policy and procedure, and in line with good practise guidelines, including but not limited to as required medication administration.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) To be in line with best practise guidelines, Care Inspectorate documents:

- Medicines Improvement Project report, Care Inspectorate 2020.
- Guidance about medication personal plans, review, monitoring and record keeping in residential care services, Care Inspectorate 2012
- National Institute for Health and Care Excellence
- Managing medicines in care homes, NICE, 2014.

**This area for improvement was made on 22 November 2022.**

#### Action taken since then

This has been managed by the senior management team. A full audit of medication management has been made and highlighted areas which the provider needed to address.

This process is progressing.

**We have made a requirement in How well do we support people's wellbeing? which considers medicines management.**

#### Previous area for improvement 6

People experiencing care should be confident that their chosen guardian or advocate will be contacted and discussed with prior to any medical interventions and or changes, not limited to but including medications.

In order to achieve this the manager should:

Ensure there is clear and robust guidance in place to support staff in making sure they have contacted and recorded any discussions with people's guardian or advocate are sought and taken into account prior to any changes in their health and wellbeing supports.

**This area for improvement was made on 22 November 2022.**

## Action taken since then

Care plans contained evidence of contacting relatives and updating them if there were concerns and changes about health or medication.

Files showed that there were details of contacts including Power of attorney (POA) and appointed guardians. An overview of POA and guardians was in place so that the manager could access this easily. We made one further suggestion which was to ensure the administrator responsible for contacting people could verify peoples wishes expressed in their legal proxy documents e.g. power of attorney.

**This area for improvement was met.**

## Previous area for improvement 7

To support people's health and wellbeing, the provider should:

Ensure staff access training appropriate to their role, and apply their training in practice. This should include, but is not limited to, responding appropriately and in a timely manner to signs of deterioration in someone's health and wellbeing.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing. (HSCS 3.21)

This is to ensure care and support is consistent with Health and Social Care Standard 3.21: I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm.

**This area for improvement was made on 22 November 2022.**

## Action taken since then

Care files contained guidance on how to recognise and manage deteriorating health. There were examples of care staff recognising deteriorating health but more senior staff not acting promptly on their concerns. Further training was planned for staff in using this to aid assessment and ensure they knew how to respond timeously and appropriately to concerns raised about people's deteriorating health and wellbeing.

Staff need to attend this training and management needed to ensure they were competent in the knowledge and skills learned from training.

**This is now a requirement. See How well is our care and support planned?**

## Previous area for improvement 8

To support people's health and wellbeing, the provider should: Ensure staff access training appropriate to their role, and apply their training in practice.

This should include, but is not limited to, training in effective falls management and the assessment of people's needs and planning their support in a safe way.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

**This area for improvement was made on 22 November 2023.**

#### Action taken since then

Falls risk assessment tools were in care files and assessments were complete.

We were concerned about the moving and handling of people in the home which put them at greater risk of falls and injury. Staff who did not have training were assisting to use equipment to move people. This placed people at risk of falls and injury.

Following staff feedback senior management had stopped this practice until training was complete and competencies could be checked.

**We have made a requirement in How well do we support people's wellbeing? to include falls prevention and checking staff competencies following training.**

#### Previous area for improvement 9

The service should ensure: That communication systems are improved to ensure that important, meaningful, and required information is shared with relatives, as appropriate to individual needs, preferences and legal status in a timely manner.

This is to ensure care and support is consistent with Health and Social Care Standard 4.18: I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected.

**This area for improvement was made on 22 November 2022.**

#### Action taken since then

Care files showed that there were communications with families and significant others.

The recording of this needed to be improved and is included in an area for improvement in **How well is our care and support planned?**

**This area for improvement was met.**

#### Previous area for improvement 10

To ensure that people experience stability in their care the service should:

Ensure that people's care and support is provided from people who know their needs and is provided in a planned safe way, even if there is changes in their care and support requirements.

**This area for improvement was made on 22 November 2022.**

## Action taken since then

New staff were recruited and started in the care home. The numbers and knowledge of staff meant that there was a high level of people who did not know the resident well.

Staff did not use information in care file to make sure that there was consistent care relying only on handovers. This meant that important information could be missed.

**We have carried forward an area for improvement in this inspection report about the content and use of care plans. See How well is our care and support planned?**

## Previous area for improvement 11

People experiencing care should be confident that their chosen guardian or advocate will be contacted if there are any significant changes in their health and wellbeing and discussed, not limited to but including medications. In order to achieve this the manager should: Ensure there is clear and robust guidance in place to support staff in making sure they have contacted and recorded any discussions with people's guardian or advocate and share any changes in their health and wellbeing supports.

This is to ensure care and support is consistent with Health and Social Care Standard 2.12: If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

**This area for improvement was made on 22 November 2022.**

## Action taken since then

There was an overview of guardians and advocacy in the service. Significant others were detailed in the care plans and seen to be contacted. This area for improvement has been met.

**The recording of this needed to be improved and is included in an area for improvement in How well is our care and support planned?**

## Previous area for improvement 12

People experiencing care and or their chosen advocates should be confident that if they raise concerns with their service provider, these will be responded to appropriately. In order to achieve this the provide should:

- Ensure there is a robust policy in place with clear guidance for staff to follow when concerns and complaints are raised.
- The manager should support staff to respond to concerns raised appropriately.
- Ensure that all agreed actions are implemented, monitored and reviewed regularly to ensure they remain suitable making changes as required.

The manager should review and implement an effective auditing system that ensures changes that are implemented are recorded effectively and shared with the individual or their chosen advocates.

People's support plans to be reviewed regularly to ensure that all changes are noted and effects recorded to make sure they are appropriate and continue to support the individual.

**This area for improvement was made on 22 November 2022.**

## Action taken since then

We checked records and found that recent complaints were logged and managed appropriately.

This area for improvement has been met.

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	2 - Weak

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	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

How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate



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