

# Haddington Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 September 2025

**Service provided by:**  
Haddington Care Ltd

**Service provider number:**  
SP2017013005

**Service no:**  
CS2017361356

## About the service

Haddington Care Home, is a large purpose built care home, located in the East Lothian town of Haddington. Accommodation within the care home is spread over three floors, with a range of communal areas and an enclosed garden area.

The provider Haddington Care Ltd, has been registered since 22 June 2018 to provide care and support up to 68 older adults. At the time of inspection 55 people were using the service.

## About the inspection

This was an Announced (short notice) inspection which took place on between 15 and 26 September 2025. 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 12 people using the service and 7 of their family
- Spoke with 22 staff and management
- Observed practice and daily life
- Reviewed documents

## Key messages

- People were generally happy with their care and support
- Some information about people's health, wellbeing and preferences was out of date
- Healthcare monitoring charts were not being consistently used
- Redecoration of the home was under way
- Maintenance, repairs and environmental checks were good
- Some people and their relatives were frustrated regarding missing and damaged personal items

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

## 3 - Adequate

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

Interactions between staff and people were generally very pleasant, warm and compassionate. People described the majority of staff as brilliant, kind, caring and friendly. This meant that people were comfortable with their staff team.

Staff had developed an understanding of the care needs and preferences of people, which helped to support their health and wellbeing. Detailed information related to people's health, wellbeing and preferences were available within personal plans, however some were outdated, see area for improvement one.

A range of activities were on offer across the week, with quizzes and entertainers being very popular. People described enjoying these, as well as the regular outings to places of interest. One person commented that every week they had their nails painted, which they were very happy about. One to one activities were limited, which had the potential to isolate people who chose not to engage in group events. We spoke with the manager about this, they agreed to look at how individuals could be supported with their choices. We'll follow this up at our next inspection.

People's health and wellbeing was monitored using a variety of assessments and recording charts. Some of these records were not being managed well, and we found gaps in recordings. This had the potential to impact negatively on people's health and medical conditions, see requirement one.

Medication was being managed well, using electronic recording systems. These systems had supported a reduction in medication errors. Staff were knowledgeable about people's health conditions and the medication they were prescribed. Managers audited medication regularly. This ensured that people's health was being supported appropriately.

Where people were supported with their oral health, this appeared to be inconsistent and poorly recorded. Some people's toothbrushes were in a poor state and needed replaced. We discussed this with the manager, who agreed to make immediate improvements to the products used and processes of recording care, see area for improvement one.

We observed mealtimes to be unhurried, with some staff actively ensuring people enjoyed the opportunity to chat and enjoy the experience. People provided mixed feedback about the food on offer at mealtimes, with some liking the choices and others feeling that there was too much repetition and a lack of choice. People were not aware that there were a variety of alternatives available if they did not like what was on the menu. We discussed this with the manager, who agreed to ensure that all staff would promote alternatives at mealtimes. We will follow this up at our next inspection.

A variety of sweet snacks, baking and fruit were available at set times during the day. However at other times, there was a lack of choice of snacks within communal areas. Drinks were available for people at mealtimes and within their bedrooms, but there was no easily accessible drinks available in communal areas, see area for improvement three.

## Requirements

1. By 8th December 2025 the provider must ensure that fluid monitoring is appropriately used and recorded to ensure the health and wellbeing of people.

To do this the provider must as a minimum:

- a) implement processes to ensure fluid records are consistently and appropriately completed
- b) ensure staff have an understanding of the importance of monitoring people's fluid
- c) regularly check and audit fluid records

This is to comply with Regulation 4(1)(a) and (b) (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 the Health and Social Care Standards (HSCS) 4.11, which states, "I experience high quality care and support based on relevant evidence, guidance and best practice".

## Areas for improvement

1. To ensure people's health, wellbeing and preferences are supported appropriately, the provider should ensure that information within personal plan is updated and accurate.

This should include but is not limited to ensuring that information is consistent through the personal plan, and reflects the person's needs, wishes and preferences.

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

2. To ensure people's health and wellbeing, the provider should ensure that staff follow oral healthcare guidance and processes appropriately.

This should include but not be limited to ensuring that people's oral healthcare products are fit for purpose, and support with oral care is recording consistently.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 1.23, which states " My needs, as agreed in my personal plans, are fully met, and my wishes and choices are respected".

3. To ensure people's health and wellbeing, the provider should ensure that people have easy access to snack and drinks throughout the day

This should include but not be limited to ensuring that drinks, snacks and fresh fruit are available in accessible communal areas.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 1.38, which states "If appropriate, I can choose to make my own meals, snacks and drinks, with support if I need it, and can choose to grow, cook and eat my own food where possible".

## How good is our setting?

## 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 rooms were as personalised as they wished them to be, with some being very homely with personal photos, art and possessions. This ensured for some people that they felt comfortable in their surroundings.

People had access to communal areas on each floor, with a large living, kitchen-diner, where most activity, meals and socialising took place. The layout in some communal areas was not supporting of people socialising. Chairs were set in rows, which reduced people's ability to make eye contact, strike up conversation and enjoy others company. This meant that there was potential for people to be socially isolated, even when in a room with others. We discussed this with the manager, who agreed to look at the layout of rooms and how this could improve people's experiences.

Dining areas were set out nicely for mealtimes, with table cloths, condiments and flowers on each table. This enhanced the experience for people.

A redecoration schedule had been started, where rooms and areas of the home were being prioritised for improvement. This included an area that was being developed into a café space, for people and relatives to use on the ground floor. This would ensure people had a variety of communal spaces to enjoy.

The gardens were accessible from a variety of locations on the ground floor. These were varied in their landscaping and design, with seating areas and a small putting green. People situated on the ground floor could easily enjoy the outside space and fresh area when they wished. People living on the first or second floors however, had a lack of freedom in terms of accessing other areas of the home unaided, and required staff to support them to other floors. We spoke with the manager about this, and the importance of people being able to safely access all areas of their home independently. They agreed to consider to take this forward for people. We'll follow this up at our next inspection.

The maintenance team ensured the home was safe, that repairs were completed quickly and a programme of checks and maintenance were undertaken regularly. This included checks on fire, water and electrical systems. This meant that the care home was a safe and well maintained environment.

The home had a homely feel and was well managed by the housekeeping team. Regular audits and checks were in place, with oversight from the management. This meant that people could enjoy a of clean and tidy environment.

The laundry had improved since our last inspection, ensuring that the potential for cross infection had reduced. People were supported with their laundry, some people had issues with damaged or lost items. We discussed this with the manager, who agreed to look into processes used to launder and care for people's clothing. We'll follow this up at our next inspection.

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

### Requirements

#### Requirement 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".

**This requirement was made on 28 November 2024.**

#### Action taken on previous requirement

The provider had ensured that health and safety issues had been dealt with well, and with external expert advice on safety being followed and implemented.

**Met - 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 health and wellbeing, the provider should ensure that people's fluid intake are effectively assessed, reviewed and action taken to address any concerns. This should include, but is not limited to, ensuring effective monitoring of people's fluid intake records and onward referrals to appropriate professionals.

**This area for improvement was made on 28 November 2024.**

#### Action taken since then

No action had been taken to improve this area of practice. This has now been escalated to a requirement.

## 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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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