

# Harbourside Project Care Home Service

The Richmond Fellowship Scotland  
106 Harbour Street  
Irvine  
KA12 8PZ

Telephone: 01294 276364

**Type of inspection:**

Unannounced

**Completed on:**

7 June 2019

**Service provided by:**

The Richmond Fellowship Scotland  
Limited

**Service provider number:**

SP2004006282

**Service no:**

CS2003001174

## About the service

The Richmond Fellowship Scotland's Harbourside Service is registered to provide a care home service to a maximum of eight adults with mental health problems. The service was registered with the Care Commission on 1 April 2002 and transferred its registration to the Care Inspectorate on 1 April 2011. The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

Harbourside is an eight bedroom, three story detached property overlooking Irvine harbour. The ground floor has a shared kitchen, dining room, lounge, office/sleep over room, a bedroom and a bathroom. The lounge and dining room have patio doors that open onto a maintained and secure garden, which has a green house and seating areas. Other floors have bedrooms, shared bathroom and/or shower rooms, a smoking room and office facilities.

The service was staffed by a registered manager and a small team of support workers providing care, including personal care, between 7am and 11pm. There was one staff member on a sleepover between 11pm and 7am. At the time of the inspection there were eight people resident in the care home, four male and four female.

The Richmond Fellowship Scotland's mission and values statement is "We recognise the complexities of people's lives, the challenges they face and the contributions and worth they bring. We believe everyone is unique and entitled to a fulfilling and meaningful life".

## What people told us

During the course of the inspection we met all eight of the people living at Harbourside and spoke to one relative. We received two completed care standards questionnaires from people supported who were assisted by a relative and a carer. We also asked for the views of staff and other professionals such as social work during the inspection.

Our interactions with residents varied from a brief chat to longer discussions where people spoke about their experience at Harbourside; we observed that everyone appeared relaxed and comfortable and were very at ease with staff.

Examples of comments received were:

"Staff are quite apt at what they do"

"I go to meetings with other people in the house"

"I am able to talk to the staff. If staff annoyed me I would talk to the manager"

"I feel very safe here"

"I have made great progress in the last year and I am ready to move on, Harbourside has been amazing, never been anywhere like it"

"Its good here, staff have been great"

"I think they do what is needed to tick the boxes"

"They used to have outings and go on trips, this has stopped, seems to be a general lack of organised activities, these were important, I think people are left feeling a bit bored"

## 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?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
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?

**4 - Good**

We could see that support made a difference to people in terms of being able to feel safe and supported; they were encouraged to go out independently and to maintain positive relationships. People could rely on the staff, they were assisted with household chores, shopping, banking and attending groups or activities. Some people viewed Harbourside as their home for life and told us they were happy and were appreciative of the support, others valued support to help them to move to more independent living.

People can expect to receive high quality care and support that is right for them and to experience compassion, dignity and respect. During the inspection our observations of interactions between people supported and staff were quite limited; those we did see were friendly and helpful and included staff supporting contact with GP surgeries and a housing association and advocating on their behalf where needed. People were encouraged to get involved in the participation group and were asked in reviews and through an annual "how well are we doing survey" for their views on the quality of service. Although there had been some turnover in staff it was evident that good relationships were established, people trusted staff and told us they had confidence in the manager. Good relationships meant that people could talk to staff if their mood was low or they felt anxious and this had a positive impact on their emotional wellbeing. People told us they could speak to staff and would be comfortable raising any concerns with them or with the manager.

People can expect to get the most out of life because the people and organisation supporting them have an enabling attitude and believe in their potential. We found the service was lacking in this area because it was task focussed and appeared to spend time with people as part of planned routines, such as going shopping or to the bank or a club on a specified day of the week.

While routine is important we did not see any time spent with people that was unplanned, for example interacting at meal times, cooking or doing an activity around the house. We would like to see a culture where all staff take opportunities to engage with people in a more meaningful way, encouraging them to develop their independence, to actively participate and be enabled to do much more. While we could see positive relationships and people told us they were happy; we observed missed opportunities for staff to engage and spend time with individuals. We could not see individual or group activities planned in the evenings or weekends and thought the service could be much more proactive in engaging with people. The service supported people to manage their money; we found the practices could be more person centred and tailored to suit individual abilities and to enable skills development. (see area of improvement 1)

People can expect their health to benefit from receiving support. There was a system in place for reporting and recording of accidents and incidents which demonstrated that appropriate actions were taken to support people and for them to access emergency medical care when required. The service supported people to take their medication; to liaise with medical professionals and to collect prescriptions which was key to individuals' mental health remaining stable. We observed the administration of medication and looked at medication administration records and identified areas where practice could be improved. We were told about occasions where medical input had been requested because staff had picked up on changes in an individual's presentation which demonstrated staff's knowledge of them. However, we were concerned that care plans did not contain an assessment of health needs or sufficient information about these. We discussed with the manager a number of findings relating to people's health and wellbeing, these were:

- \* The level of support required with medication was not clear in care plans
- \* People could be more independent with their medication and should be encouraged to do so with the relevant risk assessment in place
- \* Where health monitoring charts were in place the purpose was unclear resulting in inconsistent implementation
- \* People could be encouraged and supported to be more physically active
- \* A lack of evidence of induction of support staff to the service
- \* Training records indicated gaps in key areas such as medication, continence care, mental health and adult protection

Addressing these areas would lead to people being enabled to manage their medication and health safely; leading to improved health outcomes and independence. (see area of improvement 2 and 3)

## Areas for improvement

1. The manager should review the current routines and culture within the service with the aim of increasing opportunities for people to participate in meaningful activities and support being more dynamic and person centred.

This ensures care and support is consistent with the Health and Social Care Standards, which state that people can expect to get the most out of life because the people and organisation supporting them have an enabling attitude and believe in their potential (HSCS 1.6)

2. We discussed with management and staff about how aware they were of people's needs and how people could be supported to make decisions and choices about how they, meaningfully engage in the management of their medication and finances.

This ensures care and support is consistent with the Health and Social Care Standards, which state that if I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded (HSCS 2.5)

This ensures care and support is consistent with the Health and Social Care Standards, which state that if I need help with medication, I am able to have as much control as possible (HSCS 2.23)

3. In order for people to be kept safe and their health to benefit from support; the manager should ensure staff attend all relevant training, including refresher training and are supported to apply learning in daily practice, to meet peoples care needs.

This ensures care and support is consistent with the Health and Social Care Standards, which state I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14)

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

**3 - Adequate**

People can expect assessment and care planning will reflect their outcomes, needs and wishes. This is important because care plans are used to direct staff in delivering care in a way that is right for people and affects their experience of care and support. The Richmond Fellowship Scotland have a standard care plan template and a range of support planning tools for staff to utilise. We could see that people had been trained in how to use these and the manager discussed these in supervision and team meetings. The care plans that we viewed were varied in the contents and quality of information, each did have a one page profile, some basic identified outcomes and how these would be met and the persons weekly routine.

Care plans did not contain an assessment or clearly identify individual needs and there was a lack of information about each person's physical and mental health needs. Information about a person's background, family and relationships and what was important to them lacked depth. We found plans were very task focussed and daily running notes described a fixed daily routine. Care plans did not detail what people could do for themselves and how they could be encouraged and enabled to maintain or develop their skills.

People can expect to be fully involved in assessing emotional, psychological, social and physical needs at an early stage, regularly and when needs change. Care plans were not reflective of people's current needs and it was not evident how people or their relatives were involved in developing or updating the care plans. We could see that some reviews had taken place, these were missing the opportunity to explore what impact the service was having, to review support needs and set new goals and outcomes with individuals and their relatives.

We heard examples of how staff managed personal care needs, moods and behavioural challenges; these issues were not detailed or backed by the relevant documentation such as risk assessments, behaviour or restriction to freedom plans. It was evident that support was being delivered based upon staff's experiences and knowledge of a person, because they knew them very well and not because of good quality care plans.

People can expect to be supported to make informed lifestyle choices that affect their health and wellbeing and be helped to use screening and healthcare services. We discussed with the manager the importance of regular medication reviews and health checks, such as hearing and eyesight tests, continence, chiropody and screening and how we would like to see a proactive and consistent approach to these aspects of health care.

We did not find that care plans contained key information about a person and set out how their needs will be met as well as their wishes and choices and detail how they will be supported to get the best out of life. (see requirement 1)

## Requirements

1. The provider must ensure that everyone accessing the service has a support plan in place which reflects the current needs of the individual and provides staff with appropriate guidance on how to best support them and manage any risks presented.

Plans should identify individuals outcomes, needs, wishes and choices and should be regularly updated (as and when required but at least once every 6 months).

People supported and their relative(s) should be included in the development and review of support plans.

This is to ensure that care and support is consistent with the national health and social care standards which state that:

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 (HSCS 1.15)

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12)

I am fully involved in developing and reviewing my personal plan, which is always available to me (HSCS 2.17)

And comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4(1)(a) – requirement for the health and welfare of service users.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.