

Harbour House Care Home Care Home Service

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Type of inspection:
Unannounced

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Service provided by:
Musselburgh Care Home Ltd

Service provider number:
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Service no:
CS2020379548

About the service

On 17 November 2020 Harbour House became registered to provide care for a maximum of 43 older people. It is situated at the harbourfront in Fisherrow, Musselburgh with a view over the Firth of Forth. Local transport links and amenities are close by.

Accommodation is provided over three floors. All rooms are single with en-suite wet room facilities. Additional toilets and bathing facilities are available throughout the home. Stairs and lifts provide access to the upper floors. Communal lounges, quiet areas and dining areas are on each floor.

There are separate kitchen, laundry and staff facilities. The home has its own car park and public parking nearby. An enclosed garden area is available to the rear and side of the home.

The provider, Musselburgh Care Home Ltd states that it aims:

"To provide high-quality support to residents that ensures that their individual care needs are met and that they succeed in achieving their planned personal outcomes."

At the time of inspection, 15 people were using the service.

This inspection was carried out by three inspectors from the Care Inspectorate. There was an initial focus on Key Question 3.3 'How good is our staff team?'. Key Question 1 'How well do we support people's wellbeing?' and Key Question 5.1 'How well is our care and support planned?' We also took into account the areas for improvement made at the previous inspection completed on 18 May 2021.

What people told us

We spoke with or observed all the people residing in the home during the course of inspection. People were positive about staff. They told us that "the girls are lovely" and "the staff are amazing and never complain and are always busy".

Some people told us that they had no problems with the food or that it was excellent. People could tell us what they liked but said that they didn't always get it. However, one person knew of the alternative menu that was offered.

People told us that they often went out with their families or staff and enjoyed this. They acknowledged that there were some planned activities. However, one person commented that these were often cancelled.

We spoke with six family members. They told us of their differing experiences. One explained that they had a meal twice a week with their relative and felt supported to do so and really enjoyed their visits. Staff were described as warm and welcoming. However, comment was made about the high turnover and feeling that there was no stability in the service. There were frustrations about the lack of progress and of being informed that, "Things will change when we get a new manager". The approach to enabling and encouraging their family member to remain independent was a concern to some. We were told of a lack of appropriate equipment which had an impact on wellbeing.

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 staff team?	2 - Weak
How well is our care and support planned?	2 - Weak

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 the service to be performing at a weak level overall in meeting people's health and wellbeing. Strengths can be identified but these are outweighed or compromised by significant weaknesses which can affect people's experiences and outcomes.

Residents were respected, and staff were kind and caring in their interactions. The impact of staff numbers and/or deployment of staff meant that care and support was delivered around routine tasks with some individuals not having the care that they needed or wanted. For example in their wishes for frequency of showering or in being encouraged to eat and drink. See area for improvement under the key question 'How well is our care and support planned?'

There continued to be the development of links to other professionals to meet the health and well-being of people. We acknowledge that there had been input from, for example, the dietician and OT. However, the practice within the home needed to improve to make sure that there were positive outcomes for people and that they were not at risk.

Good nutrition for older people is important for health and well being. Alternative menus and snacks were on display and one person confirmed that they knew what they could have. Most people were complimentary about the meals and choices in the home. Attention and support was given when people attended the dining room and this meant that people could experience a positive dining experience. However, many people remained in their bedrooms and were served individually. They were not always supported and encouraged to eat and drink.

Information was not available for staff to deliver appropriate and safe care. For example, targets were not set out of what peoples' intake should be, or directions on how this can be achieved. This was a concern as some people needed encouragement and monitoring of food and fluid. It was additionally very concerning that information was not detailed in care plans to guide and direct staff on how the individual could be supported to eat and drink to minimise the risk of choking. Care plans also lacked detail to include details of peoples' wishes and preferences in all aspects of care.

See Requirement 1.

Appropriate skin care must be in place to keep skin supple and prevent breakdown.

A range of pressure-reducing equipment was used in the home. However, these were not always being used effectively.

Airflow mattresses were not set to the appropriate levels for individuals using them. Settings need to be clearly displayed and recorded to allow staff to carry out setting checks effectively. We noted that the service responded to our feedback and these had been adjusted by the end of the inspection.

The frequency of planned repositioning should be clearly documented and recorded. A few residents needed assistance to reposition in bed. Records could not evidence that assistance with this was delivered in a way that ensured that they experienced support in accordance with their assessed needs.

Care plans did not give sufficient information on how to assist people to relieve pressure. People could not, therefore, be confident that staff had the right information to inform them of support needs regarding this.

Wound care plans were not always seen to have comprehensive assessment and treatment records. This means that people are at risk of not getting safe and effective support to ensure the prevention and healing of wounds.

We advised that prescription creams and lotions should show a date opening to ensure that they are fit for use.

It is also important that people have appropriate equipment to ensure that care is optimum. Some equipment was awaited that required the assistance of specialist advice. We were informed that referral had been placed and when the correct item was identified this would be provided.

See Requirement 2.

Medication administration needed to improve. Two incidents were noted where people had not taken prescribed medication at the time of administration. We sought assistance from staff to rectify this. This meant that people could not be confident of effective support to receive essential prescribed medication. The manager described plans to focus on medication administration.

Activities were being developed and informed by discussion with people and events were taking place. However, these were not always suited to people as some people remained in bed each day. We were informed of events that people would like being cancelled. This was, for example, bingo sessions that individuals liked. This aspect of care is relevant to area for improvement 1 under key question 'How well is our care and support planned?'

Visiting to the home had no restrictions and family members frequently arrived to support their relatives. This was in line with Scottish Government guidance.

Requirements

1.
In order to support good outcomes to meet people's nutritional needs, the provider must by 1 September 2021:

- Ensure that preferences in foods and fluids are sought and recorded

- Ensure that food and fluid monitoring records are fully completed and analysed and guide staff to support individuals nutritional intake
- Promote positive dining experiences for people both in bedrooms and dining areas.
- Ensure that people are seated appropriately to minimise the risk of choking and that this is recorded in care plans.

This is to comply with Regulation 4 (1) (a) Welfare of users.

This is also to ensure care and support is consistent with the Health and Social Care Standards 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' and 1.34 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'.

2. In order to support good outcomes to meet people's skincare needs, the provider must by 1 September 2021 introduce systems and associated records that evidence that delivery of care and support reflects best practices regarding the promotion of good skincare. In order to achieve this particular attention must be given to :

Plans and records of each individual's care clearly set out needs in relation to.

- Pressure-reducing mattresses and their settings.
- Repositioning charts.
- Wound assessments and treatment plans.

This is to comply with Regulation 4 (1) (a) Welfare of users.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which state:

'My care and support meets my needs and is right for me' (HSCS 1.19) Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

How good is our staff team?

2 - Weak

We evaluated the service to be performing at a weak level in this key question. Without improvement, the welfare and safety of people may be compromised, or their critical needs not met.

People were complimentary about staff working in the service. Interactions between staff and people using the service were kind, pleasant, and caring. Staff worked hard but we noted that there were aspects of care that were missed. Mealtimes were particularly busy, and a few people would have benefitted from assistance and encouragement to eat and drink. However, staff were not present which resulted in drinks and breakfasts being uneaten.

The service used a dependency tool to assess people's direct care needs. These reflected the complex needs of people. However, it does not adequately reflect all things that must be taken into account to inform the required levels of staff need to effectively support people.

Gaps were noted in duty rotas. Although they reflected direct care hours, they omitted to include the additional duties that staff must undertake. This means that people could not be confident of support from staff who could allow the time necessary for all of their health and well-being needs to be met.

The additional assessment of hours must take account of safety issues, nursing duties and other roles that staff need to undertake on a daily basis. We could not see that this had been considered in the assessment of staffing levels.

See Requirement 1.

Requirements

1. By 1 September 2021 the provider must:

Provide sufficient care staff to ensure people's safety, care and wellbeing needs are met at all times. This is to comply with Regulation 4 (1) (a) Welfare of users & Regulation 15 (a) Ensure that at all times suitably qualified and competent persons are working in the care service. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

How well is our care and support planned?

2 - Weak

We evaluated the service to be performing at a weak level in this key question.

Strengths can be identified but these are outweighed or compromised by significant weaknesses which can affect peoples' experiences and outcomes. Without urgent improvement, the welfare or safety of people may be compromised, or their critical needs not met.

An electronic system was used in the service for planning and assessing care. There was some clear information with photographs of people using the service and individualised personal details. However, care plans were lacking detail of the care that people wished and needed. Key aspects of care were not always completed in care plans. People therefore could not be confident that staff providing their care and support had current information documented to inform them about their needs and the agreed plan to support them. The omissions in the care plan were significant. Examples included minimal or no recording of preferences of people regarding what they enjoyed to eat and drink. No direction was given for positioning of people when they ate in bed. This meant that people could not be assured that the risk of choking was minimised. They could also not be confident of support and encouragement to have sufficient fluid and nutritional intake. Care plans did not direct staff to care that minimised the risk of skin damage or the assessment and treatment of wounds. Therefore, people could be more likely to develop skin damage or experience delays in the healing of a wound.

The provider clarified subsequent to inspection that care plans did contain some information that we were unable to find. However, practice that we observed did not assure us that staff followed care plans. They also told us that "Continued staff training is required to ensure that consistent and complete record keeping is achieved. This was reported as being in progress and will be reviewed."

We have concluded that these elements of care planning are a priority for completion to assure safe care. This is important if people are to be confident that the plan offers staff direction in how to deliver optimum care to them. It is also important for people to feel assured of care that can be delivered in a consistent way minimising risks to them.

See Requirement 1.

It is essential for people's emotional and psychological well-being that care and support plans make provision for sufficient support to engage in meaningful activity. In order to plan for this, information needs

to be gathered from people as to their likes, dislikes, and preferences in everyday life. We acknowledge that there is work ongoing in respect of this.

See area for improvement 1.

Requirements

1. In order that people can be assured of support that is provided in a planned and safe way. By 1 September 2021 the provider must have care plans in place that detail care and support needs. This should encompass all aspects of care and commence by prioritising in detail how needs will be supported in relation to nutrition and skincare.

This is to comply with Regulation 4 (1) (a) Welfare of users.

This is also to ensure care and support is consistent with the Health and Social Care Standards HSCS 1.15 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.

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' and 1.34 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'.

Areas for improvement

1. In order to support people's emotional and psychological well-being good outcomes for people experiencing care, the provider should ensure that information is gathered and recorded from people as to their likes, dislikes and preferences in everyday life. This should inform a meaningful person centered plan of activity.

This is to ensure care and support is consistent with Health and Social Care 2.22: I can maintain and develop my own interests, activities and what matters to me in the way that I like.

HSCS 1.19: I am recognised as an expert in my own experiences, needs and wishes.

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

Requirements

Requirement 1

Provide sufficient care staff to ensure people's safety, care and wellbeing needs are met at all times. This is to comply with Regulation 4 (1) (a) Welfare of users & Regulation 15 (a) Ensure that at all times suitably qualified and competent persons are working in the care service. Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210).

This requirement was made on 30 July 2021.

Action taken on previous requirement

The service used an assessment tool to help calculate staffing needs. This only takes account of peoples' direct care needs. We were not satisfied that sufficient account was taken of other essential activities. This meant that people could still not be assured of sufficient staff available for their care and support.

We have extended the timescale for completion of this requirement to 1 September 2021.

Not met

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 support good outcomes for people experiencing care, the provider should ensure that information is gathered from people as to their likes, dislikes and preferences in everyday life.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: I am recognised as an expert in my own experiences, needs and wishes.
2.22: I can maintain and develop my own interests, activities and what matters to me in the way that I like.

This area for improvement was made on 18 May 2021.

Action taken since then

This area for improvement has been amended and carried forward in the key question 'How well is our care and support planned?'

Previous area for improvement 2

In order to support and encourage healthy eating and drinking, the provider should make sure that people are aware of all meals and snacks available. Where people are at risk of undernutrition and/or poor fluid intake, records should be managed with target intakes and staff should be guided in the event that intake is insufficient.

This is to ensure care and support is consistent with Health and Social Care Standard 1.33: I can choose suitably presented meals and snacks, including fresh fruit and vegetables, and participate in menu planning.

1.24: Any treatment or intervention that I experience is safe and effective.

This area for improvement was made on 18 May 2021.

Action taken since then

This area for improvement has been taken into account in a requirement under the key question 'How well do we support people's wellbeing?'

Previous area for improvement 3

In order to support good outcomes for people experiencing care, quality assurance systems should have an impact on the direction, development and improvement of the service. In order to achieve this the provider should:

- Review the current systems of audit.
- Make sure that action plans are in place
- Make sure that these are signed off when identified improvements take place.

This is to ensure care and support is consistent 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 18 May 2021.

Action taken since then

The care director informed us that action had been taken to review the system of audit. This was currently being shared with managers. This area for improvement will remain until the system is implemented in the service.

Previous area for improvement 4

The provider should make all notifications as per the guidance 'Records that all registered care service (except childminding) must keep and guidance on notification reporting'.

This area for improvement was made on 18 May 2021.

Action taken since then

Subsequent to this inspection we received notification relating to the current management status of the home.

This area for improvement is met.

Previous area for improvement 5

In order to support good outcomes for people experiencing care, the provider should enhance their dependency tool assessment, taking account of physical, social and emotional needs of residents.

This is to ensure care and support is consistent with Health and Social Care Standard 3.15: My needs are met by the right number of people.

3.16: People have time to support and care for me and to speak with me.

This area for improvement was made on 18 May 2021.

Action taken since then

This area for improvement has been incorporated into a requirement relating to staffing. See 'How good is our staff team?'

Previous area for improvement 6

In order to support good outcomes for people experiencing care, the provider should review staff training records to evidence any time-limited training and additional training that staff have attended.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This area for improvement was made on 18 May 2021.

Action taken since then

We did not focus on this area for improvement at this inspection. We were informed that training is ongoing. We will look at progress at the next inspection.

Previous area for improvement 7

People should experience a high quality environment. The provider should make sure that all areas of the home comply with good practice in infection prevention and control. Additionally, remedial work must be completed.

This is to comply with Health and Social Care Standards 5.1 I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support.

This area for improvement was made on 18 May 2021.

Action taken since then

We saw improvement in the environment, particularly in the garden area. There remained some work to do, for example in painting. We also noted that hand gels were not always available at PPE stations. Actions were taken in the service to rectify this.

This area for improvement is 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?	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 benefits from their care and support	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing levels are right and staff work well together	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's outcomes and wishes	2 - Weak

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