

# Harbour House Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
26 April 2023

**Service provided by:**  
Musselburgh Care Home Ltd

**Service provider number:**  
SP2020013506

**Service no:**  
CS2020379548

## About the service

The service is a care home providing care and support for up to 43 older people, located at the harbour front in Fisherrow, Musselburgh. There were 35 people experiencing care with the service during the inspection. The care home was registered with the Care Inspectorate on 17 November 2020 and is provided by Morar Living.

The service consists of three floors, all rooms are single with en suite shower facilities. Additional toilets and bathing facilities are available throughout the home. 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.

## About the inspection

Three complaint investigations were carried out on 24 January 2023 which were all upheld. We were concerned about the risks to people's health and wellbeing and issued an Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010 on 1 February 2023. This Improvement Notice consisted of six requirements which needed to be met by 14 March 2023.

The six requirements are summarised below.

- There are sufficient numbers and skill mix of staff to support people's needs safely and staff are trained and supervised effectively.
- That service users have access to and can use the call bell system to summon assistance at all times.
- That service users have an up-to-date care and support plan that accurately reflects all their health and wellbeing needs.
- That service users are provided with meals, snacks, drinks, and support to eat and drink in accordance with their nutrition and hydration needs and preferences.
- That people are supported effectively with continence care.
- That the care service is led and managed in a manner that results in service users' health, safety and wellbeing needs being met.

Additional information was received from East Lothian Health and Social Care Partnership whose social workers and Care Home Team nurses were also visiting the service due to the concerns about the risks to people's health and wellbeing.

On 13 February 2023 during a monitoring visit, we observed people not receiving adequate support to access fluids and issued a Serious Concern Letter that day. On 16 February 2023 during a monitoring visit this had not improved. An emergency meeting with the provider, Care Inspectorate and East Lothian Health and Social Care Partnership was arranged on 17 February 2023. On 18 and 19 February 2023 during the monitoring visits, people were receiving adequate support to access fluids and the Serious Concern Letter was met.

We also attended a Harbour House relatives' meeting on 22 February to discuss their concerns, the requirements in more detail and progress seen so far.

On 15 and 16 March 2023 we carried out an unannounced inspection to check whether the six requirements had been met. This inspection was carried out by two inspectors from the Care Inspectorate. Prior to this inspection, we carried out seven monitoring visits to the service on 4, 7, 13, 16, 19, 27 February and 8 March 2023. These monitoring visits were to make sure improvements were progressing and people were safe and well.

The 15 and 16 March 2023 inspection concluded that the requirement had been met regarding people having access to and could use the call bell system to summon assistance at all times. There had been improvements made in the other five requirements but these were not met. However, as there had been reasonable progress, the Improvement Notice was extended until 18 April 2023.

On 20 and 21 April 2023 we carried out an unannounced inspection to check whether the remaining five requirements had been met. This inspection was carried out by two inspectors from the Care Inspectorate. Prior to this inspection, we carried out two further monitoring visits to the service on 29 March 2023 and 14 April 2023. These monitoring visits were to make sure improvements were progressing and people were safe and well.

During the inspection on 20 and 21 April 2023 to inform our evaluation we:

- spoke with people using the service and family members as well as visiting professionals;
- spoke with staff and managers;
- observed daily life at the service;
- observed how well care staff supported people;
- considered information gained from the monitoring visits;
- reviewed documents and electronic records.

## Key messages

- Staffing arrangements had improved with more nurses and care staff on duty and a reduction in agency staff.
- The service had assessed for people needing food and drink fortification to put on weight. The service had improved their variety of snacks which were easily accessible to people. Decent quality meals were available for people and mealtimes were well staffed. Fortification of meals needed to be better organised.
- Correct continence products were provided with good stock levels at the service. People were no longer receiving a shower or bath only once a week.
- Additional staff training due to health and wellbeing concerns had taken place.
- Staff team meetings, face-to-face supervision and practice observations were occurring to support and communicate effectively with staff.
- People's personal plans were up to date and had been reviewed with people and their loved ones.
- There was a new permanent manager in position at this inspection who was consolidating the improvements at the service. We need to see sustainability over a longer period of time before we can be reassured that the improvements have embedded into practice.

## 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 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?****3 - Adequate**

We were concerned about the risks to people's health and wellbeing and issued an Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010 on 1 February 2023.

For this key question, an improvement was made that service users are provided with meals, snacks, drinks, and support to eat and drink in accordance with their nutrition and hydration needs and preferences. (See previous requirement 3 for more details).

Another improvement was made for this key question that people are supported effectively with continence care. (See previous requirement 4 for more details).

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

We were concerned about the risks to people's health and wellbeing and issued an Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010 on 1 February 2023.

For this key question, an improvement was made requiring that the care service is led and managed in a manner that results in service users' health, safety and wellbeing needs being met. (See previous requirement 5 for more details).

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

We were concerned about the risks to people's health and wellbeing and issued an Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010 on 1 February 2023.

For this key question, an improvement was made requiring there are sufficient numbers and skill mix of staff to support people's needs safely and staff are trained and supervised effectively. (See previous requirement 1 for more details).

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

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed.

The service was very clean, tidy and spacious. The furnishings and equipment were in good condition. People's rooms were comfortable with personal decoration.

There were plenty of communal facilities, such as main lounge and dining areas, small quiet lounges, hair salon, cinema room, a fine dining room for people to use on request and a tearoom with hot drink making facilities for relatives to use. There were enclosed gardens and balconies available for people and a minibus for outings.

These facilities were being underused, though there were plans in place to use more fully due to a recent change in manager.

There were less people in bed for non-medical reasons, however, undertaking prompt morning personal care and offering encouragement for people to get up and out of bed needs to happen more regularly. If people are staying in bed they are unable to experience the facilities more fully.

## How well is our care and support planned?

**3 - Adequate**

We were concerned about the risks to people's health and wellbeing and issued an Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010 on 1 February 2023.

For this key question, an improvement was made requiring that service users have an up-to-date care and support plan that accurately reflects all their health and wellbeing needs.  
(See previous requirement 2 for more details).

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

### Requirements

#### Requirement 1

By 14 March 2023, you must ensure that there are, at all times, adequate numbers of skilled and competent staff on each shift, and in each unit of the care home, to meet service users' health, safety, and wellbeing needs.

In order to achieve this, you must:

- a) Ensure that staff are effectively led, deployed, and supervised to meet people's needs.
- b) Ensure that all staff have had a comprehensive induction.
- c) Ensure all staff have the correct knowledge and skills to support people safely.
- d) Ensure there are sufficient numbers and skill mix of staff to support people's needs safely.
- e) Ensure that the management team have effective oversight of people's support and are able to direct staff to respond to changes in service users' needs.

This is in order to comply with regulations 4(1)(a), 9(1), 15 and 17(1)(c) of The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 1 February 2023.**

**Action taken on previous requirement**

The 15 and 16 March 2023 inspection concluded that there had been improvements made with this requirement but it was not met. However, as there had been reasonable progress, the Improvement Notice was extended until 18 April 2023 and the service inspected again on 20 and 21 April 2023.

Staff team meetings were in place to assist communicating effectively with staff. Face-to-face supervision sessions with staff had started and the management team had a supervision plan organised. Essential staff training had been completed by staff. Additional staff training due to health and wellbeing concerns had been delivered by the provider and East Lothian Health and Social Care Partnership. There were managerial observations of staff competence which were occurring regularly on various aspects of care and support. This ensures staff have the necessary information and support to provide quality care based on relevant guidance and best practice.

The staff team was becoming more consistent, with new permanent staff replacing agency staff. New staff reported being well-supported and the induction paperwork seen for permanent and agency staff was thorough and completed. Staffing arrangements had improved with more nurses and care staff on duty. Staffing was now deployed in a more responsive way. We observed that staff worked together well, in a positive and calm manner. Staff had more time to support, care and speak with people.

**Met - outwith timescales****Requirement 2**

By 14 March 2023, you must ensure that all service users have an up-to-date care and support plan that accurately reflects all their health and wellbeing needs with detailed and clear information about how people are to be supported. Accurate records must be kept at all times to demonstrate how this support is provided.

This is in order to comply with regulation 4(1)(a) and regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 1 February 2023.**

**Action taken on previous requirement**

The 15 and 16 March 2023 inspection concluded that there had been improvements made with this requirement but it was not met. However, as there had been reasonable progress, the Improvement Notice was extended until 18 April 2023 and the service inspected again on 20 and 21 April 2023.

People's personal plans detailed each area of care, for example, mobility, and set out any needs for support. Updates were recorded regularly and promptly as were any changes in actions needed. The staff had recently been provided with additional smart phones to assist with prompt recording. Auditing of the quality of personal plans was being undertaken by managers. Personal plans had been reviewed with people and their loved ones. This is to ensure that personal plans remain right for people as their needs change.

**Met - outwith timescales**

## Requirement 3

By 14 March 2023, you must ensure that service users are provided with meals, snacks, drinks, and support to eat and drink in accordance with their nutrition and hydration needs and preferences.

In order to achieve this, you must:

- a) Ensure that service users' care plans record their nutrition and hydration needs and preferences and identify when people are at risk of weight loss and/or dehydration.
- b) Catering staff are familiar with each service user's nutrition and hydration needs and that they have the knowledge and skills to provide meals, snacks and drinks which meet those needs.
- c) Nursing and care staff are familiar with, and implement, each service user's nutrition and hydration needs, including relevant monitoring and recording.
- d) Nursing and care staff can identify and respond to any change to a service user's nutrition and hydration needs.

This is in order to comply with regulation 4(1)(a) and regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 1 February 2023.**

### Action taken on previous requirement

The 15 and 16 March 2023 inspection concluded that there had been improvements made with this requirement but it was not met. However, as there had been reasonable progress, the Improvement Notice was extended until 18 April 2023 and the service inspected again on 20 and 21 April 2023.

During this inspection, mealtimes were well staffed, and people were not kept waiting for their meals or being rushed. Menus were made readily available to people. Support with eating and drinking was undertaken in a dignified way. This meant people enjoyed their mealtime experience. The service had provided a greater variety of snacks which were easily accessible to people.

Accurate information was available for people's nutrition and hydration needs and preferences. People had risk assessments completed which identified when people were at risk of weight loss and/or dehydration. When there were concerns about a person's food and drink intake this was monitored effectively. People were not experiencing significant weight loss, though fortification of meals for people who needed to put on weight are to be better organised.

**Met - outwith timescales**

## Requirement 4

By 14 March 2023, you must ensure that people are supported effectively with continence care.

To achieve this, you must:

- a) Identify all people with continence management needs and implement individual continence management plans which take account of how continence is promoted and links to nutrition, skin integrity and medicines.
- b) Ensure service users' continence needs are assessed so that correct continence products are provided.
- c) Ensure continence care training is provided to staff so that they are skilled and knowledgeable in providing this support.
- d) Ensure that there is sufficient staff on duty to support people with their continence care needs without



unnecessary delay.

This is in order to comply with regulations 4(1)(a), 5 and 15 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 1 February 2023.**

#### Action taken on previous requirement

The 15 and 16 March 2023 inspection concluded that there had been improvements made with this requirement but it was not met. However, as there had been reasonable progress, the Improvement Notice was extended until 18 April 2023 and the service inspected again on 20 and 21 April 2023.

Accurate assessments were available for people's continence care. Correct continence products were provided with good stock levels at the service. There were no malodours or people having experienced skin damage related to incontinence. Additional continence care training had taken place for staff. Personal care had improved with people no longer having access to a shower or bath only once a week.

There were less people in bed for non-medical reasons, however, undertaking prompt morning personal care and offering encouragement for people to get up and out of bed needs to happen more regularly.

#### Met – outwith timescales

### Requirement 5

By 14 March 2023, you must ensure that the care service is led and managed in a manner that results in service users' health, safety and wellbeing needs being met.

In particular you must ensure that:

- a) The quality of service users' care and support is continuously assessed by knowledgeable, skilled, and compassionate staff in leadership roles using a range of methods. This may include, but is not limited to, observation of service users' care experiences, observation of staff practice and regularly obtaining the views of service users or their relatives on the quality of care they are experiencing.
- b) Where the quality assurance procedure identifies areas for improvement, leaders must take appropriate action and make any achievable improvements to service users' care and support at the time.
- c) The quality assurance procedure must be used to identify any further staff training or support necessary to ensure service users' health, safety and wellbeing needs are met.
- d) Action planning must be used to assist the service to plan, make and measure improvement. This must include putting in place reasonable timescales for completing and measuring the impact of improvement activities on service users' experiences and outcomes.

This is in order to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

**This requirement was made on 1 February 2023.**

#### Action taken on previous requirement

The 15 and 16 March 2023 inspection concluded that there had been improvements made with this requirement but it was not met. However, as there had been reasonable progress, the Improvement Notice was extended until 18 April 2023 and the service inspected again on 20 and 21 April 2023.

The new management team had laid effective foundations with various quality checks, such as personal plans, medication administration and the environment. An action plan was in place to assist the service to plan, make and measure improvement. This was detailed with reasonable timescales and being implemented well.

Daily management meetings were proving effective to make sure actions were progressed for people experiencing care. Staff team meetings, face-to-face supervision and practice observations were occurring to support and communicate effectively with staff. People we spoke to considered that management was more approachable and responsive.

Additional staff training due to health and wellbeing concerns had been delivered by the provider and East Lothian Health and Social Care Partnership. There were managerial observations of staff competence which were occurring regularly on various aspects of care and support.

The service had sought feedback through satisfaction surveys with people experiencing care and their friends and relatives. The service had held a residents' and relatives' meeting and had planned this to be a regular occurrence.

There was a new permanent manager in position at this inspection who was consolidating the improvements at the service. We need to see sustainability over a longer period of time before we can be reassured that the improvements have embedded into practice.

## Met - outwith 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 ensure people's needs and wishes are shared, the manager should ensure that the pre-admission assessment is used to inform the care and support required. This should include, but is not limited to, the person's wishes with regard to personal care and for activities that they would like to be involved in.

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

**This area for improvement was made on 24 November 2022.**

### Action taken since then

This was a focused inspection, therefore this area for improvement was not considered.

**Previous area for improvement 2**

In order to ensure people's personal belongings are kept safe and are easily identifiable, the service should maintain an inventory which details what belongings the person has with them. This should include taking clothing off the inventory when it has been lost or replaced.

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

'I use a service and organisation that are well led and managed'. (HSCS 4.23).

**This area for improvement was made on 24 November 2022.**

**Action taken since then**

This was a focused inspection, therefore this area for improvement was not considered.

**Previous area for improvement 3**

To ensure positive outcomes for people experiencing care, the manager should ensure staff are aware of how to plan for and support people in a dignified and respectful manner when they are being discharge. This should include considering their social and emotional needs.

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

'My future care and support needs are anticipated as part of my assessment'.  
(HSCS 1.14)

**This area for improvement was made on 24 November 2022.**

**Action taken since then**

This was a focused inspection, therefore this area for improvement was not considered.

**Previous area for improvement 4**

In order to ensure that people's concerns and complaints are responded efficiently, the manager should ensure that the provider's complaint policy is effectively implemented.

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

'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me'. (HSCS 4.21)

**This area for improvement was made on 24 November 2022.**

**Action taken since then**

This was a focused inspection, therefore this area for improvement was not considered.

**Previous area for improvement 5**

To support people more effectively with their food and fluid intake the provider should undertake the following:

In order to achieve this the provider should undertake the following:

- a) When there are concerns about a person's food and drink intake, the food and fluid charts are to be recorded fully. These need to include personalised daily targets and clear actions if not reached.
- b) When there are concerns about a person's food and drink intake, a more detailed assessment is needed for personalised food fortification and drink preferences.
- c) All people's likes and dislikes for food and drink to be recorded in more detail regardless of whether there are concerns about food and drink intake.

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences' (HSCS 1.37).

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty' (HSCS 3.18).

**This area for improvement was made on 14 September 2022.**

## Action taken since then

Accurate information was now available for people's nutrition and hydration needs and preferences. People had risk assessments completed which identified when people were at risk of weight loss and/or dehydration. When there were concerns about a person's food and drink intake this was monitored effectively. Fortification of meals for people who needed to put on weight are to be better organised, therefore, this area for improvement is not met.

## 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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

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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