

# Harbour Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
24 August 2023

**Service provided by:**  
Enhance Healthcare Ltd

**Service provider number:**  
SP2012011938

**Service no:**  
CS2014329901

## About the service

Harbour Care Home is an established care home provided by Enhance Healthcare Ltd.

The home is registered to provide 24 hour care and support for up to 23 older people and 30 adults between the ages 25 - 65 with a physical and sensory impairment. At the time of this inspection there were 40 people living here.

## About the inspection

This was an unannounced inspection which took place on 22 and 23 August 2023. The inspection was carried out by three 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 ten people using the service and seven of their family members
- spoke with seven staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

## Key messages

- Staff knew people well.
- People were encouraged to be as independent as possible, and their rights respected.
- The range of activities on offer had a positive impact on people's wellbeing.
- Urgent improvements were needed to the management of medication system.
- The service must make improvements to how quality assurance is used to promote best practice and ensure the right care and support is in place for people.

## 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

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 adequate, where there are some strengths which just outweigh the weaknesses.

People were cared for by staff that knew them well. We saw caring and respectful interactions between staff and people throughout the inspection. People told us, "They will do anything for you" and "The staff are good". Families echoed this view, "She has thrived since coming here" and "He is much better here than he was before". This meant people felt safe.

For people with legal restrictions in place, these were managed appropriately and discreetly. The service evidenced promoting people's choice and ensuring their views were respected. People were encouraged to be independent where they could. People told us they could go to the local shop themselves, many people had access to garden as they wished and were encouraged to maintain daily living skills. This evidenced people's rights being respected.

People should expect to be consulted about what is important to them and give feedback on the service they are receiving. The service provided formal opportunities for people to give their views through group discussions and feedback forms. The service should continue to strive to seek feedback from people, in ways that are meaningful and accessible, for example in easy read format, if this is required. This supports continued engagement.

People should expect to be able to make decisions and choices about how they spend their time. We saw people being supported to engage in activities within a group setting and on an individual basis. One lady had been supported to for a walk in the park the day before, she told us, "I loved it". Another person told us they really liked the activities that were on offer, "I like to get involved". The service had staff specifically designated to support meaningful engagement, including wellbeing. We saw evidence of people who were supported to engage in a considerable range of activities which were meaningful to them. We saw examples where staff support enhanced relationships between people and their families. One relative told us, "They always accommodate our family". This engagement and opportunity allowed people to experience meaningful days.

The service had spaces designated to support different interactions, including a salon, an indoor garden, secure outdoor garden, and a sensory room. People had access to various forms of entertainment including a pool table, air hockey, karaoke, and electronic games systems. We observed people using these spaces to interact with staff, family and spend time on their own. Spaces were well maintained and easily accessible to people living in the service.

People should expect to have choice and control over how they manage their finances. The service supported individuals to ensure they always had access to their money where appropriate. The service had some arrangements in place to safeguard people's finances however these were not robust. Regular financial audits should take place to ensure people are safeguarded from financial harm. **See requirement in key question 2.**

People should benefit from care plans that are holistic, person-centred and based on good practice guidance. Care plans we sampled reflected good use of up-to-date guidance and input from multi-disciplinary teams was evident. We saw care plans that promoted choice and independence. This promotes people's needs and wishes.

Care plans and assessments should also give appropriate guidance to care staff about people's specific needs and any risks. We found that some people with epilepsy did not have epilepsy care and treatment plans. We also found inconsistent recording of people's pain management needs and anticipatory care wishes. The service was responsive to some of the concerns raised at the time of inspection and relevant plans put in place. The service should look to review people's plans and ensure that they are sufficiently detailed, and that the relevant personalised assessments are in place. This means people have the right care, at the right time. **See area for improvement 1.**

It is important that people have a well-balanced diet, with good access to foods and fluids that they enjoy. People living in the service told us they enjoyed the food, "It's pretty good". Drinks and healthy snacks were always available and accessible. For people who required a modified diet, this was well managed. People benefited from promotion of good nutrition, which enhances physical wellbeing.

We found medication management required improvement. A simple audit highlighted significant discrepancies in medication administration records. We also found lack of 'as required' protocols in place to guide staff on people's medication needs. This meant we could not be confident people were being safely supported with their prescribed medications. **See requirement 1.**

We followed up on a requirement made at the last inspection. Please see the 'What has the service done to meet previous requirement' section of this report.

## Requirements

1. By 13 November 2023, the provider must protect the health and welfare of those who use the service. In particular, you must ensure that medication is managed in a manner that is safe and protects people from risk of harm. In order to achieve this, you must ensure:

- staff are supported to be competent in the use of the medication administration and recording system.
- accurate records of medication administration are maintained.
- suitably detailed protocols are in place to inform the consistent and appropriate administration of medication that is prescribed on an 'as required basis'.
- that there is sufficient and effective oversight of medication management.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4(2)(b)(welfare of users) and 9, (2)(b) (fitness of employees) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I experience high quality support based on relevant evidence, guidance and best practice' (HSCS 4.11).

## Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place, that offer clear guidance to support staff and are regularly reviewed. Priority should be given, but not be limited to, epilepsy care plans, pain management, bowel and continence care and anticipatory care plans.

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

## How good is our leadership?

### 3 - Adequate

We evaluated this key question adequate, where there are some strengths which just outweigh the weaknesses.

Quality assurance and improvement should be well led. We found the service had systems in place to monitor practice and service delivery. For example, audits of care plans, medication audits and infection prevention and control audits were regularly taking place. Despite this, we found improvements that were needed around safe management of clinical waste. We also found gaps in peoples care plans and issues in relation to medication management. Improvements are also needed to how the services quality assures the management of people's money. The service must develop and evidence how it effectively uses its quality assurance systems to support people's health and wellbeing. A requirement is made. **See requirement 1.** We found the service had good oversight of staff supervisions needs and core training. Staff told us they felt well supported and well informed. Staff commented on the positive whole team approach, with everyone from kitchen staff to maintenance being improvement focussed. Team meetings we sampled evidenced good use of reflective practice. The service evidenced having a good induction program in place. We gave feedback around ensuring all completed induction packs are consistently evaluated and signed off by the manager. This evidence's staff are competent and well skilled.

We identified that some additional but essential training had lapsed for staff. This was specifically around modified diets and gastronomy care. The service must review their service user specific training plan to ensure that staff are adequately trained to meet peoples essential care needs. **See requirement 1.**

Providers should have a dynamic service led development plan in place and evidence using self-evaluation to measure improvement. The service had various system in place to gain feedback from people living in the service, relatives, and staff. They were able to give examples of how some of this feedback had led to improvements in the service. The current development plan that is in place details the services business needs and the organisational goals. The organisation should look to ensure that a service level development plan is in place, which details the goals for the service and clearly evidences local stakeholder input. This plan should be made accessible. This helps to ensure peoples voices are heard and outcomes achieved. **See requirement 1.**

## Requirements

1. By 13 November 2023, the provider must make proper provision for the health, welfare and safety of people using the service. To do this the provider must evidence that effective quality assurance systems are in place and result in consistent good standards of care and support for people living in the home. This must include, but is not limited to:

- ensuring a continuous service improvement plan that reflects the needs and wishes of service users and the needs of the service.
- ensuring that audits are robust and effective in monitoring safe practice.
- analysis of training needs to ensure these are service user led and that staff have the right training to meet people's needs.

This is 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 is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My environment is safe and secure' (HSCS 5.17).

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

## Requirements

### Requirement 1

To ensure positive outcomes for people who use this service, the provider must, by 1 August 2023, further develop robust systems to:

- a) be able to demonstrate that if clients are not complying with prescribed medication(s), that this is being closely monitored and advice and guidance is being sought from appropriate healthcare professionals.
- b) ensure documentation is accurate and sufficiently detailed, to be able to demonstrate that people who use this service receive consistent support with tissue viability.
- c) be able to show evidence of regular on-going monitoring and evaluation of records, to demonstrate that staff have a clear understanding about their role and responsibilities to meet peoples' needs in relation to tissue viability and can demonstrate this through their practice.

This requirement was made on 22 June 2023.

## Action taken on previous requirement

We found the service was capturing at the 'daily flash meeting' any concerns with people who were non-complaint with areas of care. This was then recorded and necessary follow up actions agreed. Input from multi-disciplinary teams was evident in response to changes to care needs.

Records for wound care were appropriate and required treatment plans in place. We suggested more regular use of photographs to record and assess changes to wounds. For people who were in bed, we found care plans gave guidance on regular turns, how to monitor skin fragility and turning charts reflected this care being provided.

The service evidenced use of reflective logs and team meetings to discuss best practice and responsibilities around tissue viability. Further training was also evident for staff providing this care.

## Met - within timescales

## 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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	5 - Very Good
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

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