

# Harbour House Care Home Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
22 May 2024

**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 39 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. 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 patios and balconies available for people also.

## About the inspection

This was an unannounced inspection which took place on 15 and 16 May 2024. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service, intelligence gathered and complaints received.

We evaluated how well people's health and wellbeing was supported and their personal plans, the setting, as well as the quality of staffing and management.

To inform our evaluation we:

- Spoke with 15 people using the service and nine relatives as well as three professionals working with the service
- spoke with 15 staff and three managers
- observed daily life at the service
- observed how well care staff supported people
- considered the cleanliness and quality of the physical environment
- reviewed documents and electronic records.

## Key messages

- People were satisfied with the quality of the care and support received.
- Staff interacted warmly and respectfully with people.
- Mealtimes were well staffed and snacks were available for people.
- The environment was clean, tidy and homely.
- Staff were well trained and supported.
- Managers were accessible and responsive.

## 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?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	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?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the care provided and how this supported positive outcomes for people.

Staff interacted warmly and respectfully with people and knew their history, routines and preferences. Staff would assist people who were anxious in a caring and calming way. When assisting people to move, staff interacted supportively and with encouragement. This meant people could build trusting relationships at the service.

People experiencing care told us "they are kind and helpful," "I am being well looked after" and "the staff are friendly and positive and treat me well." Relatives said "when I visit there is an open culture, you can go to the lounge and can chat to other residents, you can go and make yourself a cup of tea or coffee as a visitor" and "I have seen a difference in her since she moved in, mum was very depressed and lonely when at home; the staff are lovely and really caring."

The staff interactions were kind and patient; they actively encouraged people to engage in meaningful activities. Staff were spending one-to-one time with people to chat or undertake an activity, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors. There were gentle exercises in the morning to assist people's flexibility and mobility. The service is recruiting another activities coordinator so there can be activities at the weekend. To improve further the service could use their minibus more and provide more visiting entertainers.

People mentioned "they're very good in here, they always invite me to activities if there's something going on" and "sometimes we've been out on trips, we do get good care here and good activities."

Mealtimes were well staffed and people were not kept waiting for their meals or being rushed. Support with eating and drinking was undertaken in a dignified way. The service provided a variety of snacks which were easily accessible to people.

Medication administration was well organised with regular audits and appropriate training for staff. This ensured that people experienced safe and effective medication. Health issues of people experiencing care were being well monitored and actions taken. This supported the service to effectively respond to signs of deterioration in people's health.

## How good is our leadership?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the leadership and quality assurance.

People we spoke to considered that management were accessible and responsive. If there were any concerns regarding people's health and wellbeing, relatives were communicated with quickly. Relatives said "general care he gets is really good, any medical issue they are on it straight away" and "they will communicate and update me if there are any concerns."

Any incidents were reported thoroughly with actions on improvements where needed. Regular quality audits were taking place, such as medication, dining experience and the environment. There were action plans in place to assist the service to plan, make and measure improvement. The service sought feedback from people experiencing support and their relatives through regular group meetings and satisfaction surveys. A regular newsletter and social media were also used to communicate with people. This ensured that there was a culture of continuous improvement for people experiencing support.

### How good is our staff team?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the staff training and support.

Staff recruitment processes were thorough. Staff reported good informal support available from their managers. Regular face-to-face supervision sessions and regular management and staff meetings were held to assist with effective communication. Training was of good quality with a high level of completion. There were formal managerial observations of staff competence though these needed to be more regular. This ensured people experienced good quality care and support based on relevant guidance and best practice.

Staffing arrangements worked well with only a few agency staff being used. We observed that staff worked together well, in a positive and calm manner. This ensured people benefited from a warm atmosphere because there are good working relationships.

People experiencing support said "I see the same staff regularly, I have got to know people quite well now" and "the staff are really patient with my personal care." Relatives told us "staff are kind and caring...mum can be agitated and staff support this well" and "what I have experienced in the care home is generally very good, staff are really kind to her and do everything they possibility can and she seems quite settled."

### How good is our setting?

5 - Very Good

We evaluated the service as operating at a very good level for this key question. There were significant strengths with the setting which was comfortable and homely.

The setting was well-designed and fit for purpose. People's bedrooms and communal areas were clean and tidy, though retained a welcoming and homely setting. 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 patios and balconies available for people also.

Equipment used to assist people to move was in good condition. There were arrangements in operation for maintenance of the premises and the equipment to ensure people are safe. This ensured an environment that has been adapted, equipped and furnished to meet people's needs and wishes.

Staff were seen to wear, use and dispose of personal protective equipment such as gloves and aprons in line with guidance. The cleaning products for the toilets, baths and showers were effective against Covid-19 as advised in national guidance.

## How well is our care and support planned?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with personal planning.

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. However, these were not always written in a personalised way. There needed to be more focus regarding what people consider is important to them and the related outcomes they want to achieve. Personal plans were being regularly audited by managers for consistency and quality. Six monthly reviews (as required by legislation) were taking place with people experiencing care and their relatives. This ensured that personal plans remained right for people and that everyone had the opportunity for their views to be heard.

## 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 more effectively with their food and fluid intake 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 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 food and drink for people who needed to put on weight was organised. The service provided a variety of snacks which were easily accessible to people.

This area for improvement has been met.

#### Previous area for improvement 2

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

'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

We spoke with relatives of the two most recently admitted people. They considered the service had been well organised and communicated well. The personal plans were completed.

This area for improvement has been met.

### Previous area for improvement 3

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

'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

The service had a detailed inventory of people's belongings which was up to date. Clothes labelling was satisfactory. The laundry process and laundry room were well organised with few missing clothes.

This area for improvement has been met.

### Previous area for improvement 4

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

'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

There were no concerns regarding the service's ability to discharge people in a dignified and respectful manner. The service was well organised and communicated well.

This area for improvement has been met.

### Previous area for improvement 5

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

'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

The complaint policy was being effectively implemented. Complaints had been investigated promptly and thoroughly. There were apologies where necessary and appropriate actions undertaken to resolve the complaints and improve practice.

This area for improvement has been 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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