

Harbour Care Home Care Home Service

91C High Street
Dysart
Kirkcaldy
KY1 2UQ

Telephone: 01592 650 800

Type of inspection:
Unannounced

Completed on:
26 August 2024

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 53 adults and or older people, with a range of physical and sensory needs. Harbour Care Home is located in the seaside town of Dysart, Kirkcaldy. Accommodation is located across two floors with an accessible garden area to the rear.

About the inspection

This was an unannounced inspection which took place on over 21 and 22 August 2024. The inspection was carried out by two 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 six people using the service. Seventeen people also shared their views with us via a customer service questionnaire
- spoke with ten staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People benefit from good clinical guidance and oversight.
- Activities had improved. Further development around planning would be of benefit to people.
- Leadership and management was good. Strong quality assurance had been the driver for improvement.
- The service needs to continue to improve consistency in the quality of care planning.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service was not yet undertaking self-evaluation. We discussed the benefits of self-evaluation and how this approach should be adopted to support improvement in the service.

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?	4 - 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 this key question as 'good' where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

There was evidence of good practice and noted improvements since our last inspection and we found everyone moving forward to support consistently good outcomes for people.

It is important that people are supported by a staff team who know them well and who uphold good standards of practice. The service aims and objectives clearly reflected the principles behind the Health and Social Care Standards and staff demonstrated their knowledge of how people were best supported even where they could not communicate their wishes directly. There was good oversight of people's likes and dislikes as well as health needs. Comments from people included:

"Everyone is nice and helpful"

"I am looked after well"

"I have no complaints about my welfare or the care I get here".

From records, observations and discussions we found the service responded well when people's needs changed which meant people could be kept safe and maintain their health and wellbeing. Prompt referrals were made to health professionals meaning that people had the most appropriate health care. This evidenced responsive, person-centred care.

It is important people benefit from prescribed treatments. We found good management and administration of medication. There was regular audit which provided oversight and assurance that any discrepancies could be easily identified and addressed. We observed safe administration, proper storage and good record keeping. This supported people getting the right medications at the right times.

There were systems in place for recording and analysis of accidents and incidents, including appropriate actions taken to mitigate risk and keep people safe. From these we saw how the service considered how to maintain people's independence and encouraged positive risk taking. One example we saw was ways in which a person could be more actively involved in their medication management. Management used information about falls and other indicators to assess outcomes experienced by people, identify any themes or trends and act in response to support treatments and result in improvements. This ensured that the care and support being given to people was relevant to their current needs and wishes.

There were clear efforts to ensure care records were completed consistently and that person-centred support was being delivered. Although care records were generally well maintained, we found some inconsistencies around care planning and risk assessment. Please see area for improvements noted under Key Question 5 'How well is our care and support planned?'.

Increased efforts to support people to be active and enjoy meaningful days was evident. We found planned activities and events focussed on keeping people active, with the staff team motivated to supporting people to "have fun". Despite this, many people did report to us being lonely at times. One person told, "[Activities] are not my cup of tea". One relative stated, "My [loved one] needs more stimulation". Further work was required to ensure people in bed, or who prefer to be in their own rooms, are equally supported with doing things that they enjoy, if this is their wish. Records indicated efforts to get feedback from people following any planned activity and evaluate any outcomes achieved. The service should continue to develop this practice, seeking to plan and deliver activities that are in line with people's likes, interests and outcomes. **See area for improvement 1.**

Areas for improvement

1. In order that people experience good outcomes and quality of life, the provider should ensure people are supported to spend their time in ways that are meaningful and meet their outcomes.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

How good is our leadership?

4 - Good

We evaluated this key question as 'good' where several strengths impacted positively on outcomes for people and outweighed areas for improvement.

Quality assurance should be well led, by a leadership team that have the skills to drive improvement. Robust systems were in place to monitor standard of practice and monitor people's experiences. We reviewed the services audits of medication management, accidents and incidents, and mealtime experiences. All of these demonstrated efforts to review standards of care and identified areas for improvement. Some of these systems recorded people's voices and feedback. The service should continue to maintain these standards and promote opportunities for people to be involved in evaluating their care.

It is important that leaders in the service have the right skills, knowledge and people feel confident in approaching them with concerns. People living in the service told us, "Good leadership here and things are done" and "If I am concerned, they are always there to talk to".

We found the leaders of the service demonstrated a good understanding of where improvements were needed. Improvement planning would be enhanced by demonstrating clearer links between quality assurance findings and feedback from people. Feedback was also given to the service about making service improvement planning accessible to people using the service. This keeps people central to driving change.

How good is our staff team?

4 - Good

We evaluated this key question as 'good' where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

At this inspection, we examined staff recruitment as part of our core assurances and focussed on assessing staffing arrangements. We found staffing arrangements were sufficient and staff worked well together. Comments from people using the service included: "They are great, we have a laugh" and "I feel respected and able to speak to staff about any personal things".

We found people using the service were protected by safer recruitment checks that were completed before staff took up post. Staff induction was comprehensive, systematic and could direct future training. Agency staff were given sufficient orientation to support the people in their care.

We sampled duty rosters and looked at the tool the manager used to assess service user dependency. Staffing levels and deployment took into consideration the layout of the home and the demands of the day-to-day routine as well as the assessed care and support needs of those living in the home.

We found sufficient staffing in terms of numbers and skill mix and that staff felt valued. They commented on how staffing had improved but that at times they felt short staffed and that this had an impact on the time they had available to spend with the people in their care, out with routine care and support. This could impact people getting the right care and support, at the right times. This feedback was shared with the management team, who agreed to review how they assess people's outcomes vs the staff available to meet these outcomes.

Management had good oversight of staff wellbeing and development. Staff told us that the management team were supportive and responsive of any concerns or issues raised. Their comments included, "Management are approachable but very busy" and "I feel valued and supported". Staff received supervision and were supported to attend a mixture of online and in-person training which they found useful in increasing and refreshing their knowledge, skills, and confidence. The management team carried out regular direct observations of staff practice which looked at staff competency and could inform future training. All of which meant people could be confident in the knowledge and skills staff had.

People held staff in high regard and comments included, "All the staff are good to me" and "Staff are helpful and compassionate in providing me support and care I need, and they are kind and caring...". We found staff worked well as a team and there were lovely interactions with people from all staff including domestic, kitchen and care staff. This contributed to the positive atmosphere within the home.

How good is our setting?

4 - Good

For this key question we looked at how well the setting promotes people's independence. We made an evaluation of 'good' where several strengths impacted positively on outcomes for people.

We saw people having independent access to the secure garden area. People were also observed moving around the various areas of the service without restrictions. Communal areas were spacious and housed numerous opportunities for engagement for example, pool table and sensory garden café. One person living in the service told us they used the pool table every day, playing this with fellow residents. The service had also developed a quiet, sensory space for people who wanted a more relaxed environment. These facilities meant people had choice about how they spent their time.

We reviewed infection prevention and control standards around the service. We found good standards of cleanliness in place. One person told us, "It's very nice and comfortable place for living and it's a good place for relaxation and it's neat". The service was well maintained with good systems in place to ensure a safe and comfortable environment.

It is important that people have the option to be as active and independent as possible. We observed mealtimes and saw some people collecting their own meals and clearing their own plates. A small 'hydration station' was available at all times of the day for people to access independently. We saw limited use of this during our inspection and people told us they were not aware of this. The service also benefited from having a small kitchen where people could prepare their own food. At the time of this inspection, this was only used by one person. The service should seek to further develop opportunities for people to maintain and or develop independent living skills, linked to their goals and outcomes. Area for improvement in Key Question 1 "How well do we support people's wellbeing?" applies.

How well is our care and support planned?

4 - Good

We reviewed assessment and care planning to evaluate how well the service reflects people's outcomes and wishes. We made an evaluation of 'good' where several strengths impacted positively on outcomes for people.

Support plans and risk assessments should guide care staff to effectively deliver care in line with people's identified outcomes and wishes. Some care plans we reviewed were detailed and gave comprehensive guidance to care staff around peoples clinical and wellbeing needs. There was evidence of multi-disciplinary inputs. For example, a general practitioner assessment and guidance was included in a person's 'infection management' plan. This helps to supports best practice and maximise peoples' wellbeing.

We saw evidence that care reviews had been carried out and included supported people and their relevant others. Other plans still required reviewing to reflect peoples current care needs. The service had also identified this through their quality assurance process. We found epilepsy care plans, emotional support plans and anticipatory care plans were missing, and or lacked detail in some cases. This can result in support staff being unclear about how to support people to be safe and with their specific needs. A previously made area for improvement remains in place to support the continued development in this area. See section 'What the service has done to meet any areas for improvement we made at or since the last inspection' for details.

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 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).

This area for improvement was made on 11 August 2023.

Action taken since then

We found some care plans were detailed and gave good guidance to care staff. The service had demonstrated having completed full reviews of some plans and had identified others that required reviewing.

Some of the plans we sampled were missing, or lacking the detail required to safely guide staff and did not reflect people's current needs. The service was able to be immediately responsive to our concerns around some of these points at the time of inspection. This area for improvement therefore remains in place to allow for the further development.

Area for improvement is NOT MET.

Previous area for improvement 2

The provider should engage in proactive communication with people, and their representatives, following any significant incidents occurring. This would support an open and honest learning culture where people feel included, respected, and listened to.

This is to ensure care and support is consistent with Health and Social Care Standard 4.8: I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.

This area for improvement was made on 13 December 2023.

Action taken since then

The service evidenced a good level of communication with all stakeholders in response to incidents.

In general, the service has evidenced a culture of learning from events to support further improvements.

Area for improvement is MET.

Previous area for improvement 3

The provider should ensure that preferred methods of contact for representatives regarding changes to health and wellbeing are established on admission, and are reviewed, and updated as required.

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

This area for improvement was made on 13 December 2023.

Action taken since then

Although we found people's next of kin information recorded within people's care records, further detail is required to clearly document the following:

- 1: Status of the representative, for example power of attorney.
- 2: How and when they wish to be contacted.

Area for improvement is NOT MET.

Previous area for improvement 4

The provider should ensure that cleaning processes are revised to ensure all areas of the care home are maintained. This should include, but is not limited to, communal bathrooms, and equipment such as cutlery storage and communal fridges.

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 13 December 2023.

Action taken since then

Our review of cleaning standards within the service found good standards of infection prevention control. Observations were made to the cleanliness of communal bathrooms and other communal areas across the service. All were found to be clean and in a good state of repair.

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?	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
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - 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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