

# Orchard House Nursing Home Care Home Service

Orchard House  
Crossford  
Carluke  
ML8 5PY

Telephone: 01555 860486

**Type of inspection:**

Unannounced

**Completed on:**

5 August 2019

**Service provided by:**

Enhance Healthcare Ltd

**Service provider number:**

SP2012011938

**Service no:**

CS2014323294

## About the service

Orchard House Nursing Home is owned by Enhance Healthcare Limited and was registered with the Care Inspectorate in November 2014. The home is registered to provide care and support for up to 44 older people including a maximum of eight adults, 50 years and over with conditions associated with ageing. At the time of inspection there were 36 people residing here.

The service is provided within a large traditional building with lovely views over the surrounding countryside. There is an enclosed garden area to the front of the building and a smaller courtyard to the rear of the building for residents and visitors to use. The home is housed over three floors with a passenger lift providing access between floors.

Eight additional en-suite bedrooms, lounge and storage areas had recently been added. This had increased the overall capacity and provided additional space and quieter areas for residents and visitors to access.

There are two units on the ground floor called Rosebank and Hazelbank after local areas, each with a sitting room and separate dining room. There are additional quieter sitting rooms available on the each floor for residents and relatives to use as an alternative space.

The aims and objectives of the service are to provide;

"all service users with a quality of care that will enable them to live as independently as possible, with dignity, privacy and the opportunity and support to make their own choices ensuring that every resident is treated on an individual basis and that their human rights are respected when developing focused care".

## What people told us

We gathered feedback from residents in the service and their families by sending out questionnaires and speaking to people during the inspection.

Prior to this inspection we issued a total of 30 Care Standard Questionnaires to residents/relatives and carers of which 24 were returned.

All those returned said they strongly agreed/agreed that they were satisfied with the standard of care and support provided. Some of the comments we received were as follows;

'my relative has advanced dementia and is unable to make any choices, they are exceptionally well cared for in a warm and safe environment with all staff going beyond their duties'.

'anytime I have a problem with my relatives care it is quickly dealt with and I am informed at all times of any issues'.

'my relative is very settled and content which is a huge relief for me. I am grateful to all the staff for the high level of care given'.

'I am happy with the care my relative receives they are well cared for and the staff treat people with respect. Food is nutritious and varied the décor is good and colour choice is fresh and calming if I have any issues these are dealt with quickly and professionally'.

'during staff breaks often only one member of staff in the sitting room, ratio of staff to residents needs to be increased'.

'lack of secure access to outdoor areas unsupervised results in my relative feeling trapped. Activities do happen but there appears to be a high turnover of co-ordinators and many activities are passive, like watching TV music playing'.

'enjoy the great activities they have throughout the year'.

'happy with care, communication is very good, staff and manager are very pleasant and always approachable. Lovely big room, pleasant surroundings'.

## 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?                | 2 - Weak     |
| How good is our staffing?                  | 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**

People who experience care have the right to be treated with dignity, respect and compassion and have confidence in the people who provide their care and support.

We observed some nice staff interaction and saw people being supported in a caring, dignified manner in some parts of our inspection. In other observations we saw staff who were not engaging with people and demonstrated poor moving and handling awareness putting residents at risk of injury (see requirement 1).

We received mixed feedback on the standard of food and portion sizes offered at mealtimes. We were told that at times portion sizes were inadequate and the choice/combination was not appetising. Our observations at mealtimes demonstrated residents were offered choice with adequate sized portions which people were enjoying. We were informed there was no morning or evening tea/coffee given out routinely. This resulted in residents being offered hot drinks dependant on staff routine which could potentially result in inadequate fluid intake.

The diet and fluid charts we looked at demonstrated that some people had nothing to eat or drink after tea time. This poor standard of record keeping resulted in staff being unable to provide evidence of the support provided. We discussed this with the provider who assured us this would all be reviewed as a matter of priority to ensure individuals health and wellbeing (see area for improvement 1).

We looked at the storage and management of medication. We found the room temperatures on the upstairs unit was too high which could be detrimental to the effectiveness of the medication. There were missing as required medication protocols and we found gaps in the weekly blood sugar monitoring records.

The additional observation records used by staff to monitor individuals diet and fluid intake, skin integrity and bowels had gaps in these resulting in the service being unable to provide evidence that the appropriate support had been provided which negatively impacts on people's health and wellbeing (see requirement 2).

The activity organiser was involved in CAPA, Caring About Physical Activity and promoted exercise through walking and gardening. The men enjoyed the services of the singing barber, football and sporting memories and we could see from the wish tree that one lady had thoroughly enjoyed being supported to attend her granddaughters wedding.

There was evidence of consultation in order to obtain peoples views and suggestions however there was not always action plans demonstrating how people's views were being taken forward in order to enhance their daily routine and life (see area for improvement 2).

## Requirements

1. The provider must ensure that all staff have received training and are aware of the correct moving and handling procedures when dealing with vulnerable people who are reliant on staff to use the appropriate equipment correctly when required to do so. The provider must ensure that staffs' knowledge and competency is regularly assessed through observation of practice and feedback from residents.

This ensures care and support is consistent with the Health and Social Care Standards which state; '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' (HSCS 3.14).

It also complies with Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Timescale; to be completed by 30 November 2019.

2. The provider must ensure the health and welfare of residents by ensuring safe storage of medication. To do this they must ensure that medication is stored within the recommended temperature that allows the resident to get the intended benefit of the medicine.

Where people's care needs require to be closely monitored that this documentation is appropriately completed and evaluated to ensure that the persons needs are being addressed and where not there is evidence of actions are taken to address this.

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

It also complies with Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2011/210 Regulation 4(1)(a) (welfare of users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Timescale; to be completed by 30 November 2019.

### Areas for improvement

1. The provider should ensure that people have access to their preferred choice of drink and snacks throughout the day and not just when staffs' routine dictates this.

This ensures care and support is consistent with the Health and Social Care Standards, which state; 'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables and participate in menu planning' (HSCS 1.33)

2. The provider should ensure that where suggestions or requests have been made through consultation that these are recorded within an action plan and followed up until concluded.

This ensures care and support is consistent with the Health and Social Care Standards, which state; 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7)

### How good is our leadership?

### 2 - Weak

People should be supported by a service and organisation that is well led and managed.

Since the previous inspection we found the service was unable to demonstrate improvement which has resulted in the previous areas for improvement we made now being requirements.

The management were unaware of the new framework for inspection therefore were unaware of the standards they were expected to achieve.

Some of the staff we spoke to were positive about their role and said they enjoyed working in Orchard House. Others raised concerns about the lack of support from management and lack of action where serious concerns had been raised over people's safety, health and wellbeing. Management appeared detached from staff and the day to day issues within the service. This resulted in further action being taken by the Care Inspectorate in partnership with other authorities.

As a direct result of the serious concerns we raised following the inspection we were assured by the providers prompt actions and increased presence within the home to address these issues and ensure residents safety.

We saw through the minutes of staff meetings and supervision records that concerns had been raised in relation to poor standards of practice. We found this had not been recorded or actioned appropriately. This suggested that staff displayed a lack of respect and provided inadequate standards of care and support.

We previously made an area for improvement about the service developing and reviewing its quality assurance systems to ensure that they were robust and effective and that any actions identified were actioned promptly. Our findings at this inspection highlighted poor and limited quality assurance systems with management being unable to provide evidence that actions have been taken to resolve issues and improve the outcomes for people living there. This is now a requirement (see requirement 1).

We looked at how the service managed residents finances. We found the system of recording finances to be disorganised, we found petty cash recordings from 2016 some of which when cross referenced did not correspond with the book used to log all entries. We were therefore unable to see if people's finances were being managed safely and appropriately (see requirement 2).

## Requirements

1. The provider must ensure the service continues to develop the quality assurance system to ensure all aspects of service quality is comprehensively evaluated and include measures to be taken where concerns have been identified until they have been satisfactorily completed.

These audits and outcomes should then demonstrate that practices and processes have improved as a result of the audits. This should also include the reasons why if actions have not been taken where there are ongoing issues.

This ensures 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'. I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS4.19).

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale; to be completed by 30 November 2019.

2. The provider must ensure there are accurate records of each residents individual finances where appropriate and include evidence of regular auditing and archiving of old transactions to avoid confusion. All records when cross referenced must correspond with each other to provide an accurate balance of financial transactions.

This ensures care and support is consistent with the Health and Social Care Standards, which state; 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20)

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people.

Timescale; to be completed by 30 November 2019.

## How good is our staff team?

### 3 - Adequate

People using care services should have confidence in the people who provide support because they are trained, competent and respond promptly to requests for help.

Feedback on the staff was positive and people spoke positively about the support they received.

We reviewed files of staff recently recruited by the service. We found staff were appropriately and safely recruited in line with best practice guidelines. The service maintained a register of staff registered with professional bodies, namely the Scottish Social Services Council (SSSC) and Nursing and Midwifery Council (NMC).

We also looked at the volunteer policy and file. There was no references or evidence of supervision within the file on order to comply with the company policy. This area for improvement has been highlighted at two previous inspections and we were disappointed to find that this had still not been rectified. This is now a requirement (see requirement 1).

There were gaps in supervision meetings and staff told us where they had raised concerns that they felt nothing was actioned. This resulted in staff feeling unsupported and not raising some very serious issues with the manager consequently putting people at risk (see requirement 2).

We received some mixed feedback in relation to staffing levels, some staff said there were enough staff others felt there were times during the day and night where additional staff would be beneficial. Dependency assessments were being completed by the manager however where staffing levels decreased we were unable to see if this was due to a decrease in dependency at these times. The provider assured us the dependency and staffing levels would be reviewed to ensure residents care and support needs were being met at all times.

There was online and face to face training available which staff confirmed. We were unable to see how staff practice had improved following training. We observed poor moving and handling practice and raised concerns over staff awareness of adult protection and their codes of conduct stipulated by their regulatory body. This lack of knowledge and confidence in reporting concerns puts people at risk of harm (see requirement 3).

## Requirements

1. The provider must ensure that the service complies with its own policy and procedure regarding the use of volunteers within the service. There must be evidence that the volunteer has attended relevant training and has the opportunity to attend supervision meetings with the manager in order to discuss any concerns or training requests.

This is to ensure confidence in the people who support and care for me and is consistent with Health and Social Care Standards which state; 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24) and The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users.

Timescale; to be completed by 30 November 2019.

2. The provider must ensure that staff feel supported and have the opportunity to meet regularly with management to discuss any concerns or training requests. There must be an accurate record of these meetings with details of actions taken to address any concerns or requests made. Where serious concerns have been raised there must be a record of the actions taken and contact with the relevant authorities in order to reduce risk and ensure peoples safety is prioritised.

This is to ensure confidence in the people who support and care for me and is consistent with Health and Social Care Standards which state; 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users and 7(2)(c) Fitness of managers.

Timescale; to be completed by 30 November 2019.

3. The provider must ensure that all staff are provided with opportunities to attend training and updates relevant to their role and current needs of residents. The manager must ensure all staffs training needs have been analysed and prioritised with a training plan demonstrating this. As part of staff ongoing training and development the manager should regularly assess staff practice and competency and demonstrate how this has been used to improve staff knowledge and practice to ensure the safety of residents.

This is to ensure confidence in the organisation providing my care and support and is consistent with 3.14 which states; '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' and The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users.

Timescale; to be completed by 30 November 2019

## How good is our setting?

### 3 - Adequate

People should benefit from high quality facilities that are comfortable, homely, safe and well maintained.

The home appeared clean and welcoming. Lounges were spacious which enabled residents to move around freely. Drinks and snacks were visible and at mealtimes staff were observed offering choice and supporting people individually at their own pace. Some residents were outside with staff having a walk or sitting enjoying the sunshine. The communal lounges were spacious, and we saw residents participating in morning exercises. Residents were able to wander freely around the home, staff encouraged and supported people to wander or sit at the large reception area watching people coming and going.

Since the last inspection the garden has been refurbished which now provided an improved enclosed space, a fish pond had been added as a focal point with plants and seating for people to enjoy and use.

The home is secure and there was a maintenance log where staff recorded any repairs or issues on a daily basis. We could see that any issues identified were actioned within a reasonable timescale. Satisfactory safety checks of equipment and appliances such as gas, moving/handling equipment and hot water checks were available.

The extension which created an additional eight bedrooms had been fully completed and provided nice spacious rooms with full ensuite facilities.

Signage could be better and lighting was dull in some areas. There were memory boxes to assist residents in identifying their rooms some of which were empty. We were informed this was all work in progress which we will review again at the next inspection.

We discussed with the manager the need to ensure people can have the facility and choice to lock their doors and bathrooms to ensure their privacy and were assured this would be reviewed with the provider. We directed the service to the King's Fund Environmental Tool as part of their environmental audit.

## How well is our care and support planned?

### 3 - Adequate

People should be able to benefit from care plans which are regularly reviewed, evaluated and updated which consistently informs all aspects of the care and support they experience.



We sampled some care plans and could see evidence of links with the local GP practice who supported the home as well as other health care professionals.

Appropriate risk assessments were in place however there were gaps in these and where a risk had been identified there was lack of detail on the monitoring and management of this to ensure residents safety.

We found the plans for newly admitted residents contained very basic information, other plans were not up to date, lacked detail in evaluations and were not currently reflecting the care and support experienced by residents.

The care plans were large and contained a lot of irrelevant information. We also found information filed in different folders causing confusion and additional time having to source and follow up information which should have been available within the plan. This resulted in information not being recorded or followed up until concluded.

We could see staff had recorded the reason and level of assistance needed to support residents however there was lack of detail to direct staff on how to provide the appropriate support required including people who were anxious and distressed. This resulted in a lack of information for staff on how they were expected to manage residents healthcare needs.

We found conflicting information on falls and wound care, there were gaps in the wound care charts resulting in the service being unable to provide evidence of the support provided.

Residents and relatives appeared to have limited input into the care planning and review process.

Care reviews had not been happening six monthly in line with legal guidance, and this lack of consultation had resulted in the service being unable to demonstrate how people were being consulted and were satisfied with their care and support. This was an area for improvement at the previous inspection, due to the lack of progress this is now a requirement (see requirement 1).

## Requirements

1. The provider must ensure that individual's personal plans are up-to-date, are reviewed at least six monthly and provide detailed information to ensure that the care required is accurately documented and delivered. Where there is a specific health care need identified that a relevant care plan is developed and regularly evaluated to ensure that the individual is appropriately supported by staff who are knowledgeable and competent in managing their needs, including stress and distressed reactions.

Where a risk has been identified there must be a plan in place with evidence of actions to be taken, advice sought with regular evaluations which are regularly reviewed and updated. Where there has been a change in need this must be recorded within all the appropriate sections of the plan and filed within the relevant section of the care plan to avoid confusion when looking for information.

This is to ensure confidence in the people who support and care for me and is consistent with Health and Social Care Standards which state; 'My personal plan (sometimes referred to as a personal 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) and The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users and regulation 5 (b)(ii)(iii) Personal plans.

Timescale; to be completed by 30 November 2019.

## 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

The provider should develop personal plans to ensure they fully reflect the preferences of individuals regarding their care and support, social and spiritual needs ensuring that each plan is up-to-date and clearly captures the current level of support required. Where there is a specific health care need identified that a relevant care plan is developed and regularly evaluated with details of any changes to the support required. This will ensure that the individual is appropriately supported by staff who are knowledgeable and competent in managing their current needs. With particular focus on:

- residents who experience stress and distress
- updating the relevant section of the care plan following accidents, incidents or change to need following care reviews
- updating the anticipatory care plans to reflect individuals current wishes

This is in order to comply with; Health and Social Care Standards, which state; 'My Support, My Life'. 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 31 May 2017.**

#### Action taken since then

Due to the lack of improvement in the quality and content of the care plans we looked at this area for improvement is now a requirement. Please refer to Key question 5, How well is our care and support planned? for further information.

#### Previous area for improvement 2

The provider should ensure that all staff, including volunteers are recruited safely and in line with best practice guidance, complying with their own policies and procedures: 'Safer Recruitment Through Better Recruitment' 2016.

This is in order to comply with; Health and Social Care Standards, which state; 'My support, my life'. Standard 4.24, 'I am confident that people who support and care for me have been appropriately and safely recruited'.

**This area for improvement was made on 16 May 2017.**

#### Action taken since then

We continued to find a lack of improvement in addressing this area for improvement which is now a requirement. Please refer to key question 3, How good is our staff team? for further information.

**Previous area for improvement 3**

The provider should ensure that the recording of accidents and incidents are developed to show;

- the action staff should take to minimise the risk of reoccurrence
- families notified if appropriate
- that care plans and risk assessments are updated or reviewed following events.

This is in order to comply with; Health and Social Care Standards, which state; 'My support, my life'. Standard 3.18, 'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty'.

**This area for improvement was made on 31 May 2017.**

**Action taken since then**

We found that where people had experienced falls that these were not recorded within the relevant sections of the care plan. Where incidents had been reported we found these were not recorded or followed up appropriately in order to ensure people's safety. Please refer to key question 1, How well do we support people's wellbeing? and Key question 2, How good is our leadership? for further information.

**Previous area for improvement 4**

The provider should continue to develop how the staff duty rota is recorded to ensure that:

- staffing levels are influenced by residents individual needs assessments and not the number of people in residence
- develop the residents needs assessment tool to include consideration of other tasks care staff have to undertake.

This is order to comply with; Health and Social Care Standards, which state; 'My support, my life'. Standard 3.15, 'My needs are being met by the right number of people'.

**This area for improvement was made on 31 May 2017.**

**Action taken since then**

This area for improvement has been met, please refer to Key question 3, How good is our staff team? for further information.

**Previous area for improvement 5**

It is recommended that the provider continues to develop the quality assurance system to ensure all aspects of service quality is comprehensively evaluated.

This should include measures to be taken to check that any identified action has been satisfactorily completed.

This is in order to comply with; Health and Social Care Standards, which state; 'My support, my life'. Standard 4.19, 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance process'.

**This area for improvement was made on 31 May 2017.**

## Action taken since then

This area for improvement is now subject to a requirement due to lack of progress, please refer to Key question 2, How good is our leadership? for further information.

## 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 |
| 1.2 People get the most out of life   | 3 - Adequate |
| 1.3 People's health benefits from their care and support                                      | 3 - Adequate |
| How good is our leadership?   | 2 - Weak     |
| 2.2 Quality assurance and improvement is led well   | 2 - Weak     |
| 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 |
| How good is our setting?  | 3 - Adequate |
| 4.2 The setting promotes and enables people's independence                                    | 3 - Adequate |
| How well is our care and support planned?   | 3 - Adequate |
| 5.1 Assessment and care planning reflects people's planning needs and wishes                  | 3 - Adequate |



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