

Orchard House Nursing Home Care Home Service

Orchard House
Crossford
Carluke
ML8 5PY

Telephone: 01555 860486

Type of inspection:
Unannounced

Completed on:
23 September 2020

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 at the home.

The service is provided within a large traditional building with 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.

At the time of the visit there was a new manager in post who had been in post for eight weeks and had started making improvements during that time.

This was a focussed inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors from the Care Inspectorate and Healthcare Improvement Scotland.

What people told us

All relatives were very positive about the service and care their loved ones received. Some stated they would like further and regular communication about the activities that their relatives were participating in. Also, they would be interested to receive any updates about happenings in the care home.

Some comments from relatives:

"I feel they get excellent support, they have coped very well through the pandemic".

"Staff has done an amazing job, first-class".

"We were notified in plenty of time about the visiting restrictions".

"My relative tells me the food is great and that he is well looked after".

"The staff are great, in my hour of need they were there".

"The place is like a hotel, if he wants 20 cups of tea he can have that".

"My aunt's welfare has considerably improved since living in the home and she appears happy".

"Communication is good but could be better, there is Facebook page, but I don't access this".

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic

Our focus in this inspection area was to establish if people's health and wellbeing were being supported during the COVID-19 pandemic. We assessed the service as adequate in this area of service delivery. We observed kind and compassionate engagements between staff and people experiencing care. This demonstrated that staff were familiar with the people they were supporting. We found people moving around freely, with supervision, to support social distancing. However, this was not consistent in other areas of the home where seating was too close together to limit the spread of infection. The staff rectified this instantly when it was pointed out.

We witnessed relatives having window visits with their loved ones which brought joy to both parties. Other relatives we spoke to were very positive in relation to how the service had performed in supporting their relatives through the pandemic. We found that staff were also supporting people to stay connected with video calls and garden visits which helped maintain their mental health. Relatives told us communication was good although this could be improved with newsletters and pictures to keep them updated. There was a social media page that included this. However, not everyone had access to this. (See Area for Improvement 1)

Over our two day visit, we observed some people taking part in activities. However, this should be developed to ensure people are stimulated in all areas of their wellbeing including emotionally and physically. The manager was aware of this and had a new activities co-ordinator in place. We advised the service to prioritise training and development for the staff to ensure people had the best lifestyle opportunities offered to them. (See Area for Improvement 2)

We looked at care plans and found that some progress had been made. They were more person-centered and outcome focussed for some. However, these were not yet completed for all people. We found that stress and distress charts were in place to help staff respond effectively. Additionally, plans should be improved to demonstrate how information is being analysed to highlight triggers and patterns of behavior. Reviews of the care plans must take place on a six-monthly basis to ensure up-to-date information and changes. Therefore, we repeated this requirement. (See Requirement 1)

We noted that some anticipatory care plans had been completed. However, there needs to be a more focused and person-centred approach to this. This is to ensure all people have been offered the opportunity to have a record of their choices about their end of life care. (See Area for Improvement 3)

7.2 Infection control practices support a safe environment for both people experiencing care and staff

We found some concerns which required prompt responses by the service and the provider. We were assured by the actions and measures taken immediately to ensure the health and safety of people experiencing care. These concerns involved the cleanliness of people's equipment such as mattresses, bed rails, tables, seating and cushions. By day two mattresses and chairs had been replaced and the cleaning of identified areas had met the safe standards. There should be a review of the systems and processes used to provide assurance to managers. This would demonstrate completion to an acceptable standard. (See Area for Improvement 4)

We observed that there were sufficient PPE stations throughout the home. However, bottles of alcohol-based hand rub at the PPE stations were not labeled. This meant that people were at risk of using these inappropriately. Staff were also observed using the wrong gloves for personal care. This was corrected immediately.

We found that staff were not familiar with the promotion of the 'World Health Organisation 5 Moments for Hand Hygiene' guidance. This meant that best practice in this area had not been adopted to provide further protection for both residents and staff.

The re-introduction of environmental maintenance in the home was put into action during the inspection which improved the ability to clean all areas effectively such as flooring and walls. The environment must be maintained in a good state of repair and able to be effectively decontaminated and cleaned. The maintenance programme should continue alongside effective systems and processes in order to support this.

Laundry washing temperatures were raised to meet the relevant Health Protection guidelines following our advice. This meant that people could feel assured that their clothes were being laundered safely and limit the spread of infection.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care

Staff had received additional training, in relation to COVID-19 including the use of protective equipment to keep themselves and others safe. This included staff who were not involved in providing direct care for people. In addition, the service had carried out some competency assessments to assess staff practice and identify areas for improvement. However, some PPE and infection prevention and control practices required signposting to be consistent with the guidance. Regular observations of staff practice should continue to identify and correct this to minimise the risk of cross-infection within the home.

Staff were knowledgeable about the signs, symptoms and impact of COVID-19. This meant they had the ability to identify and intervene for the early treatment and wellbeing of the people living in the home.

There had been recent changes in the management and leadership of the home which had resulted in improvements and progress. Staff stated that they felt supported and were able to approach the manager with any concerns or discussions they wished to have.

We noted that staff supervision sessions had not been regularly carried out, although, we saw planned dates for these to be achieved. This meant that staff competence and skills were not able to be assessed formally. Additionally, staff were unable to have the opportunity to reflect on their practice with their supervisor to offer the best care to people. (See Area for Improvement 5)

We looked at the staff rota. We were confident that mostly there was enough staff on to meet the needs of people. There were some instances where domestic and night shift staff appeared to reduce. However, the service was working hard to recruit the relevant staff to their vacancies and they were back filling with agency staff meantime.

Requirements

1. The provider must ensure that individual's personal plans are up-to-date and person-centred.

These must be 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 and regularly 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.

This requirement has been extended to 30 November 2020.

Areas for improvement

1. The provider should develop a personalised programme of activities for each resident living in the home. Account should be taken of the abilities, life histories and preferences of the individuals.

This is to ensure that people experience a high-quality care in line with the Health and Social Care Standards which state: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day'. (HSCS 1.25)

2. The service should find creative ways of communicating with people's relatives and friends.

This is to ensure that people can be confident of support that feels connected with those who are important to them and is consistent with the Health and Social Care Standards which state: 'I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing'. (HSCS 2.18)

3. The service should ensure that all people and or their representatives have the opportunity to be involved in recording their anticipatory care plan to meet their needs and wishes.

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)

4. The environment must be maintained in a good state of repair and able to be effectively decontaminated and cleaned. Effective quality assurance systems and processes must be put in place to support this.

This is to ensure the service is in line with best practice in relation to the Health and Social Care Standards which state: 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment'. (HSCS 5.22)

5. The manager should ensure that all staff are provided with regular opportunities to attend staff supervision meetings in line with company policy. These sessions should be recorded and contain action plans to improve staff knowledge and practice.

This is to ensure confidence in the people who support and care for me and is consistent with the Health and Social Care Standards 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'. (HSCS 3.14)

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

Requirements

Requirement 1

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.

This requirement was made on 10 September 2019.

Action taken on previous requirement

The treatment room originally used to store medication has been relocated to a new room on the ground floor. This room contained an air conditioning unit and the room and fridge temperatures were recorded daily and were within the recommended limits.

This part of the requirement is met.

We found that at the additional, monitoring charts used to record any staff intervention and support including nutrition, skin integrity, bowels, oral care and topical applications were completed satisfactorily.

This requirement is met.

Met - outwith timescales

Requirement 2

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.

This requirement was made on 10 September 2019.

Action taken on previous requirement

We continue to find some issues with the standard of information recorded within the personal plans. We acknowledge that the manager was new in post and staff have worked hard to change all the care plan documentation since the previous inspection which remains a work in progress.

We found some Stress and Distress plans which had been put in place. However, improvements need to be made to demonstrate how these are being monitored and evaluated. This would include any triggers and patterns of behaviour and what support worked.

We discussed these findings with the manager and provider, who were receptive to the feedback and assured us this would be actioned as a priority.

This requirement is not met. We will follow this up at next inspection.

Not met

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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