

# Orchard House Nursing Home Care Home Service

Orchard House  
Crossford  
Carluke  
ML8 5PY

Telephone: 01555 860 486

**Type of inspection:**  
Unannounced

**Completed on:**  
22 July 2022

**Service provided by:**  
Enhance Healthcare Ltd

**Service provider number:**  
SP2012011938

**Service no:**  
CS2014323294

## About the service

Orchard House Nursing Home was registered with the Care Inspectorate on 20 November 2014. The service is provided by Enhance Healthcare Ltd.

The service is a nursing home that provides accommodation, care and support for a maximum of 44 older people, including a maximum of eight adults, 50 years and over with conditions associated with ageing. Care is provided by a team of nurses and carers led by a nurse manager.

The home is an extended period stone villa over three floors, situated outside the village of Crossford, South Lanarkshire. Orchard House is set in extensive, landscaped grounds with views over the surrounding countryside. Car parking is provided in the grounds and local facilities and public transport links can be accessed in the nearby village.

People experiencing care have access to a shared dining room and the use of two large communal lounges. All bedrooms are for single use, some of which have en-suite facilities. People without en-suites can make use of bathing and showering facilities provided on each floor of the home. Two further rooms for activities are available for people to use and the home also has a quiet library area on the first floor. People are encouraged to access outdoor spaces every day and can spend time in the enclosed, mature garden and courtyard areas where seating is provided.

At the time of the inspection there were 36 people living at the home.

## About the inspection

This was an unannounced inspection which took place on 20 and 21 July between 09:30 and 17:00. The inspection was carried out by one inspector 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 and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with people who live at Orchard House Nursing Home
- spoke with relatives of people using service
- spoke with staff and management
- observed practice and daily life
- reviewed documentation.

## Key messages

- Staff treated people experiencing care with dignity and respect.
- People and their family members were supported well to share meaningful contact and time together.
- People were given the opportunity to take part in celebrations, social events and outings.
- Personal plans (sometimes referred to as care plans) should be improved to ensure that care and support is consistent.
- The provider should improve their quality assurance processes in order to support continuous 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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	4 - Good
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

We made an evaluation of adequate for this key question, where we found that strengths just outweighed weaknesses.

The service should make improvements to people's personal plans to ensure that they are fully updated with clear guidance for staff. Whilst personal plans were evaluated monthly by key staff, we saw gaps in some information. Clear guidance was not always in place to manage risk and people were not regularly consulted about their health and care needs. People experiencing care could not always be assured that their needs would be met in line with their wishes and choices. We have repeated a previous requirement to ensure that this is addressed. (See previous requirement 1.)

We could see records of communication and visits by external health professionals to support people in maintaining their health. We sampled records including eating, drinking and repositioning charts, but found that monitoring was not always in place as detailed in personal plans. Inconsistent information about people's care meant that it was not clear if their health care needs were being addressed effectively. We have made this an area for improvement as a result. (See area for improvement 1).

Medication was on the whole stored, handled and administered safely in line with best practice. Medication audits were completed monthly and senior staff were clear about their responsibilities, however there were gaps in records for topical creams and ointments. The service should ensure that charts are accurately completed to evidence that creams and ointments are applied as prescribed. (See area for improvement 1).

We observed a good level of engagement between staff and people experiencing care. During our visit we saw group activities that were taking place including craft sessions and a birthday celebration. We saw that staff and management spoke to people in a respectful manner and provided them with access to food and drinks whenever required. This assured us that people were treated with kindness and compassion.

People experiencing care benefitted from meaningful contact and time with their family members. Family visiting procedures were being updated to reflect more natural arrangements for people to spend time with their loved ones. Family members told us that they were happy with communication from the service about changes to visiting during the pandemic. They were pleased that their relatives were once again enjoying events at the home as well as outings. People we spoke to confirmed that they were being supported to enjoy stimulating activities and spend important time with families and friends.

The home was clean, homely and uncluttered. The service had robust cleaning and maintenance regimes in place to keep people and staff and minimise the risk of infection. Monthly audits were undertaken by senior staff to check key issues. This meant that people were protected from risk of infection.

The provider had implemented training for staff to increase their knowledge of Infection Prevention and Control (IPC) and Covid-19. Whilst most staff were confident in demonstrating IPC practices, uptake in training for the use of Personal Protective Equipment (PPE) was low. This could put people experiencing care at potential risk of infection. The service should take action to protect people experiencing care by ensuring that all staff are trained in the use of PPE. To support progress we have made this an area for improvement. (See area for improvement 2).

## Areas for improvement

1. To support good health and wellbeing outcomes for people, the service should ensure that accurate and contemporaneous records are kept for all documents that support and inform the care plans. This must include, but not be limited to, food and fluid charts, repositioning charts and topical medication administration charts.

This is to ensure that care and support is consistent with 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) and 'My care and support meets my needs and is right for me.' (HSCS 1.19).

2. To fully protect people experiencing care, the provider should ensure that all staff are trained in the use of PPE.

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

## How good is our leadership?

### 3 - Adequate

We made an evaluation of adequate for this key question, where we found that strengths just outweighed weaknesses.

People should benefit from a culture of continuous improvement with robust processes in place to ensure good outcomes for people. A series of monthly audits was in place for senior staff to identify any issues that needed to be addressed. The service had an improvement plan in place which included a focus on recruitment, training, audit processes and care planning. It was good to see a range of staff involved in quality assurance and service development. The manager was knowledgeable about his role in driving forward improvements to ensure better outcomes for people experiencing care. The service needs to ensure however that tangible targets are set and findings are used to bring about improvements. (See area for improvement 1).

The provider demonstrated good core values which were reinforced in its aims and objectives and policies. The manager had only been in post a few months, however was committed to ensuring continual improvement and support to deliver good outcomes. A major element of this was development and progression to retain a skilled staff team. Staff told us that they felt well supported by the leadership team and there were opportunities available to develop their careers. This meant that people experiencing care could benefit from a more stable and consistent care and support team.

Feedback from people experiencing care and their relatives was positive and they found the manager approachable and happy to discuss their concerns. We saw that formal, written complaints were not always responded to timeously however and timescales for resolving concerns were unclear. This could mean that complainants do not always receive clear outcomes, with potential impacts on quality of care. We discussed this with the provider and they made immediate amendments to their complaints policy and procedure.

## Areas for improvement

1. To support good outcomes for people experiencing care, the provider should make further improvements to their quality assurance processes. This should include, but is not limited to, setting tangible targets for identified areas of development and implementing clear systems to ensure agreed actions are met.

This is to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (4.19).

## How good is our staff team?

### 3 - Adequate

We made an evaluation of adequate for this key question, where we found that strengths just outweighed weaknesses.

The service had recently recruited new staff and had minimal reliance on a small pool of agency staff. Staff were recruited safely and essential checks were in place in line with current guidance. New staff we spoke to told us that they were very happy in their roles and their recruitment experience was positive. We were assured that the provider was committed to providing safe, consistent support and continuity of care to people.

The provider had a programme of training in place for staff to ensure that they were competent and skilled in their roles. Staff who administered medication were trained, with competency checks and observations carried out by senior staff. Between 65-97% of other key training was completed however there was no clear management plan in place to address this. We spoke to management staff who informed us that they were committed to achieving 100% compliance with staff training. People experiencing care could not be confident that staff had the necessary skills and competence to support them. Improvements are required to ensure that staff are fully trained to carry out their roles. (See area for improvement 1).

Staff were provided with supervision and appraisal time to support their professional development. We spoke with staff who were clear about their roles and responsibilities. Whilst we saw evidence of agreements made to improve practice, actions were not clearly documented. In order to ensure that staff take responsibility for their own development, clear action plans should be written with evidence of outcomes achieved. We have repeated a previous area for improvement for this to be addressed. (See previous area for improvement 5).

## Areas for improvement

1. In order to support people using best practice and guidance, the provider should ensure all staff complete mandatory training in accordance with their own staff induction and training policy.

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

**How good is our setting?****4 - Good**

We evaluated the performance of the service as good in relation to this key question as there were important strengths which, taken together, outweigh areas for improvement.

People benefitted from a bright, clutter free and clean environment, some of which had been recently refurbished. People had privacy when they wanted and were supported to use the communal areas if they wished to do so. People had access to the rear garden and small courtyard, which were safe and inviting with pleasant places to sit.

The home had a separate area for activities which was in the process of being developed. During our visit people had gathered together to celebrate a special birthday. As part of the celebrations, people were offered the chance to meet two visiting ponies in the home's courtyard and driveway. We saw that people were encouraged to benefit as much as possible from the extensive space and setting of the home.

Cleaning schedules had been implemented in accordance with national guidance. Staff were familiar with current guidance on cleaning standards and followed these to ensure safe standards of cleanliness and hygiene were maintained. This helped to keep people safe from the risk of spread of infection.

People experiencing care should be confident that their health and safety is effectively managed. Arrangements for the ongoing maintenance of the environment and equipment were clearly evidenced. We were assured that people experiencing care benefited from a safe and well maintained living environment.

**How well is our care and support planned?****3 - Adequate**

We made an evaluation of adequate for this key question, where we found that strengths just outweighed weaknesses.

People experiencing care should benefit from dynamic and innovative care and support planning. We sampled a variety of personal plans and found that they were regularly evaluated by key staff. We spoke to staff who we found however that some sections of people's plans were incomplete and guidance around risk was not fully detailed. The plans did not always provide staff with sufficient direction on how to meet people's care and support needs in a way that was safe, meaningful and outcome focused. We were not assured that people's health and wellbeing needs were always being met. We have repeated a previous requirement to ensure that this is progressed. (See previous requirement 1).

Anticipatory care plans were in place, but they were not fully completed. Care and support planning did not take account of emergencies or unexpected events. This meant that staff were not clear about people's preferences and wishes for future care and support or in case of emergency situations. This included the support that people would need should they have to travel to hospital for treatment. We have repeated previous areas for improvement in order that this can be addressed. (See previous areas for improvement 3 and 8).

People experiencing care should expect to be involved in regularly reviewing their care. We found that people were consulted on initial admission to the home, however they were not always involved in directing their own care. The service should ensure that people have more control over how their support is provided

by including them in the review process. We discussed various person-centred tools which could help people reflect their views and opinions. The manager was receptive to our feedback and we look forward to seeing reviewing progress at future inspections. (See area for improvement 1).

## Areas for improvement

1. To ensure good outcomes for people, the service should use a range of methods to support people are able to review their own care and personal plans in a meaningful way.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17) and 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8).

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

## Requirements

### Requirement 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.

**This requirement was made on 10 September 2019.**

### Action taken on previous requirement

There were inconsistencies in the quality of personal plans in place. Whilst the majority of personal plans were up to date and evaluated monthly, there were gaps and inaccuracies in some people's plans. Risks were not always clearly identified with clear written guidance for staff to follow in order to keep people safe.



Six monthly reviews were not completed and people experiencing care were not regularly consulted about the development of their personal plans.

This requirement has not been met and the timescale will be extended until 30 September 2022.

**Not met**

## 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 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).

**This area for improvement was made on 23 September 2020.**

#### Action taken since then

Since the last inspection the provider has recruited an activities coordinator. Activity planners are in place for group sessions within the home. Small group outings have taken place and special events are carried out to celebrate significant occasions. The coordinator has started to develop life stories with people and their families. Work is still needed however to ensure personalised programmes of activities and one to one opportunities are fully developed.

This area for improvement has not been met and we will follow this up at a future inspection.

#### Previous area for improvement 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).

**This area for improvement was made on 23 September 2020.**

#### Action taken since then

The manager maintained a written log to evidence key conversations held with people's relatives. In addition we saw that recent changes in arrangements for visiting during the covid-19 outbreaks had been effectively communicated with families. The service held a face-to-face meeting for families and plans to hold these on a quarterly basis throughout the year.

This area for improvement has been met.

## Previous area for improvement 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).

**This area for improvement was made on 23 September 2020.**

### Action taken since then

The provider has implemented a template for anticipatory care planning however these were not fully completed.

This area for improvement has not been met and we will follow this up at a future inspection.

## Previous area for improvement 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).

**This area for improvement was made on 23 September 2020.**

### Action taken since then

The environment was clean, well maintained and parts of the home had been recently refurbished. The provider had implemented robust cleaning and maintenance processes in addition to monthly auditing systems to ensure that the good condition of home and garden are sustained.

This area for improvement has been met.

## Previous area for improvement 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).

**This area for improvement was made on 23 September 2020.**

**Action taken since then**

We saw examples of staff supervision records which demonstrated that staff had the opportunity to discuss issues in line with company policy. Actions were not fully documented with clear targets, timescales and details of who was responsible for completing them.

This area for improvement has not been met and we will follow this up at a future inspection.

**Previous area for improvement 6**

To ensure good outcomes for people experiencing care, the service should develop a system for recording clear and accurate records when information is communicated with legal guardians and families.

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 2 November 2021.**

**Action taken since then**

The manager maintained a written log to evidence key conversations held with people's relatives. Communication logs were also in people's personal plan folders so that staff could record their communications with people's representatives.

This area for improvement has been met.

**Previous area for improvement 7**

To ensure good outcomes for people experiencing care, the service should monitor food and fluid records and ensure there are clear records of the follow up actions taken, when individuals fluid intake target levels are not achieved.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

**This area for improvement was made on 2 November 2021.**

**Action taken since then**

We sampled health monitoring records and found that these were inconsistently completed. One person's fluid monitoring chart did not have daily targets set, therefore it was not clear whether she had sufficient intake on any given day.

This area for improvement has not been met and we will follow this up at a future inspection.

**Previous area for improvement 8**

To ensure good outcomes for people experiencing care, the service should ensure support plans contain clear and detailed information about the support to be provided when individuals are transferred to hospital.

This is to ensure care and support is consistent with Health and Social Care Standard 1.23: My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected.

This area for improvement was made on 2 November 2021.

## Action taken since then

We sampled a number of personal plans and anticipatory care plans. No details were recorded about the support to be provided when individuals are travelling to hospital.

This area for improvement has not been met and we will follow this up at a future inspection.

## 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
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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