

Orchard Care Centre Care Home Service

Lychgate Road
Tullibody
Alloa
FK10 2RQ

Telephone: 01259 720 550

Type of inspection:
Unannounced

Completed on:
15 January 2026

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300783

About the service

Orchard Care Centre is in a quiet residential area of Tullibody. The care home is registered to provide a service to a maximum of 56, which consists of 34 older people and 22 adults with dementia in two separate units. The care home is built on one level with enclosed secure gardens at the centre and rear of the building and landscaped gardens to the exterior.

The care service defines its aims and objectives as, "to provide a high standard of individualised care to all service users. It is the objective of The Orchard that all service users will enjoy a clean, smoke free, safe environment in private spaces and non-communal areas within the home and be treated with care, dignity, respect and sensitivity to meet the individual needs and abilities of the service user."

About the inspection

This was an unannounced inspection which took place on 15 January 2026 to follow up on outstanding requirements made at the last inspection completed on 22 October 2025. 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 eight people using the service
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- The management of people's nutrition and fluid intake had showed signs of improvement. However, understanding and application by frontline staff remains inconsistent and the requirement timeframe has been extended.
- Leadership and effective quality assurance showed improved oversight and communication.
- Improvement had taken place to ensure a safe and well-maintained environment
- Improvement had taken place on people's mealtime experience.
- Consultations and some improvements in signage and wayfinding are ongoing.

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

Requirements

Requirement 1

By 8 December 2025, the provider must improve the management of people's nutrition and fluid intake to ensure their health and wellbeing are supported.

In order to achieve this, the provider must:

- a) Ensure kitchen records are fully aligned with current care plans and reflect each person's dietary needs, including any modified or fortified diets.
- b) Establish clear processes for monitoring and responding to weight loss, ensuring this is regularly reviewed, discussed at clinical meetings, and acted upon.
- c) Ensure all staff understand and apply nutritional guidance consistently, including the use of food fortification and appropriate snacks.
- d) Ensure a three weekly update is provided on the progress on the management of people's nutrition and hydration to the lead inspector.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

"I am assessed by a qualified person, who involves other people and professionals as required." (HSCS 1.13)
"My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37)

This requirement was made on 22 October 2025.

Action taken on previous requirement

We reviewed 20% of people's care plans whilst we saw improvements in people's MUST (Malnutrition Universal Screening Tool) and systems and processes were in place and progress was evident in monitoring weight and nutrition. However, understanding and application by frontline staff remains inconsistent, and several residents continue to have high MUST scores or are losing weight. This requirement has not been fully met and therefore extended for eight weeks to allow embedded practice and observed improvement.

Not met

Requirement 2

By 8 December 2025, the provider must ensure that leadership within the home is robust and that quality assurance and improvement are led effectively.

To do this, the provider must:

- a) Review and strengthen the management structure to ensure appropriate oversight, including formal support arrangements when the manager or deputy is covering operational roles.
- b) Ensure all department leads, including kitchen and maintenance, are included in routine communication and oversight processes.
- c) Ensure the acting or permanent manager has full access to all relevant management systems and files to carry out their role effectively.
- d) Develop and maintain a structured, home-specific improvement plan that incorporates findings from audits, meetings, and feedback and includes clear actions, timescales, and accountability.

This is to comply with Regulation 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS):
 "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)
 "I use a service and organisation that are well led and managed." (HSCS 4.23)

This requirement was made on 22 October 2025.

Action taken on previous requirement

People could be assured the provider had ensured a robust leadership and effective quality assurance was in place. A review of the quality assurance system, staff meetings and management structure showed improved oversight, with a new manager and deputy in place, active departmental communication, and QA systems supporting staff and residents. This requirement has been met.

Met - outwith timescales

Requirement 3

By 8 December 2025, the provider must ensure that people experience care in an environment that is safe, well maintained, and minimises risk to their health and safety. In order to achieve this, the provider must:

- a) Address gaps and inconsistencies in internal maintenance processes, including room checks and water temperature testing, ensuring these are completed regularly and recorded accurately.
- b) Take immediate action to resolve identified risks related to water temperature monitoring, ensuring all outlets meet required temperature standards to prevent the risk of legionella.
- c) Improve staff knowledge and understanding of maintenance standards and testing procedures to ensure ongoing compliance and resident safety.

This is to comply with regulations 4(1)(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: "My environment is secure and safe." (HSCS 5.17) "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

This requirement was made on 22 October 2025.

Action taken on previous requirement

People could be assured that the provider has ensured a safe and well maintained environment, including consistent maintenance checks and water temperature monitoring. All required checks have been completed, and reassurances are in place to cover staff shortages in the maintenance team until recruitment is complete. This requirement has been met.

Met – outwith timescales

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 make arrangements to enhance the overall dining experience for people living in the home. This should include but not be limited to improving the menu variety, creating a calm and enjoyable mealtime atmosphere, and ensuring staff interactions are meaningful and supportive.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "I can enjoy unhurried snack and mealtimes in as relaxed an atmosphere as possible." (HSCS 1.35) "My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (HSCS 1.37) "I am supported to make informed choices about my care and support." (HSCS 2.9)

This area for improvement was made on 22 October 2025.

Action taken since then

Dining room observations were carried out, we saw improvements in menu variety, mealtime atmosphere, and staff interactions. Whilst some minor missed opportunities within Anbri unit remained, there was a marked improvement for people's overall dining experience. Therefore this area for improvement has been Met.

Previous area for improvement 2

The provider should review the environment to ensure it supports people's orientation, independence, and wellbeing. This should include enhancing signage, wayfinding, and increasing meaningful points of interest throughout the home. While the low arousal approach adopted by the provider can benefit some individuals, a more balanced use of visual cues is needed to ensure all residents can navigate the environment confidently and feel engaged.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state: "The premises have been adapted, equipped and furnished to meet my needs and wishes" (5.16)

This area for improvement was made on 22 October 2025.

Action taken since then

Whilst we saw consultations and some improvements in signage and wayfinding works remained ongoing; however, this has not yet been fully achieved and this area for improvement shall be repeated.

Previous area for improvement 3

To ensure that people who experience stress or distress are fully and appropriately supported, the service should ensure that people who may experience stress and/or distress have a clear and detailed plan which clearly identifies triggers and strategies to support people. This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 15(b)(i) (staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that: "My care and support meets my needs and is right for me" (HSCS 1.19) and "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 3.1)

This area for improvement was made on 12 September 2024.

Action taken since then

This area was not reviewed during the inspection and will be addressed at a future inspection. Therefore this area for improvement shall be repeated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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