

# Orchard Grove House Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
5 September 2024

**Service provided by:**  
Glasgow City Council

**Service provider number:**  
SP2003003390

**Service no:**  
CS2014333831

## About the service

Orchard Grove House is situated in the Toryglen area of Glasgow and is close to local amenities including shops, sports centres and music venues. Orchard Grove House is situated in a residential area and there are shops and other facilities nearby.

The provider Glasgow City Council registered the service with the Care Inspectorate to provide care and support for up to 120 older people in eight units of 15 beds. The Pear unit provided care for those with needs related to dementia. Grape, Orange, Cherry, Strawberry, Peach, Plum, and Bramley units provided care for frail older people.

There were 108 people using the service at the time of this inspection.

The service is within a modern, purpose built care home, with single en-suite accommodation over two floors. There was a range of sitting areas on the ground and upper floor, with residents opting to stay within their unit, if they wish to do so, or attend events in the communal areas of the care home. The care home had a car park to the front and enclosed garden and patio area to the rear which provided a pleasant and private space for people who experienced this service.

## About the inspection

This was an unannounced inspection which took place on 3, 4 and 5 September 2024, between the hours of 07:30 and 16:30. The inspection was carried out by three inspectors from the Care Inspectorate. A fourth inspector supported the inspection remotely, speaking with relatives and friends of those living in the care home.

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 nine people using the service and 11 of their relatives
- spoke with 19 staff and management
- received electronic feedback from 19 people using the service
- observed practice and daily life
- reviewed documents
- spoke with one visiting professional.

**Key messages**

- People benefited from positive relationships with a committed staff team who knew them well.
- The service provided a range of meaningful group activities that people enjoyed.
- Quality assurance processes involved the staff team and resulted in improvements.
- Nine previous areas for improvement have been met.
- People benefited from a pleasant, spacious and well maintained environment.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had an effective and well completed self-evaluation that was reflective of our findings.

**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?	5 - Very 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 made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

### Quality indicator 1.3: People's health and wellbeing benefits from their care and support

People's health and wellbeing should benefit from their care and support. We observed a team of dedicated and compassionate staff who clearly cared for the people they supported. It was evident during the interactions and engagements we witnessed and heard about, that staff treated people with compassion, dignity and respect. One person told us "I have great faith in the staff in Mum's unit. They always act in her best interests". This helped to make people feel valued.

Staff responded to changes in health care needs and liaised with external health professionals. The service had been involved in a pilot with external health professionals. This had helped to streamline the referral process, allowing individuals to access external professionals in a structured way. This helped to keep people well.

People should expect to enjoy their meals in a relaxed environment. The dining experience was an enjoyable experience for individuals, staff supported people to enjoy their meal in a kind and patient manner. The service routinely sought the views of individuals and these views were used to shape the menu. This ensured meal options were to people's liking. We heard how one person had requested to try a specific style of food, this request was accommodated. Through other individuals trying and enjoying this food, the service was planning themed days with accompanying meal options.

When fluid and nutritional intake required to be monitored, arrangements were in place to monitor what individuals were consuming and if any changes to planned care was required. However, we shared examples of some fluid monitoring charts that were not completed as expected. The management team agreed to take this forward as part of the quality assurance processes. This is important as it would allow staff to change planned care to meet these short term goals. The care home had a whole home approach to the handover process each morning. This included discussion around support needed to enhance individuals food and fluid intake. We suggested that this proactive approach would be beneficial in the afternoon. This would enhance oversight in this area and allow for further discussion and actions to be taken.

Overall, medication was managed well. Medication was securely stored within bedrooms. This supported a person led approach to support with medication. Staff followed as required medication protocols to respond to individual's needs. This included trying different approaches before utilising medication. This helped to keep people well. When omissions with medication had been identified, the service used a lessons learned approach. This allowed the service to consider what had happened and look at reasons behind this. This had resulted in refresher training and competency assessments for staff. One person told us "there was an issue with medication, the home are doing things differently now and no other issues".

Meaningful connection and activity are important for people's health and wellbeing. People were supported to maintain relationships with those important to them. One person told us "I visit multiple times during the week, I can visit anytime that suits". An activity worker supported a varied activity programme. This included group physical activity, sports events, men's group, engineering newsletter /group, arts and crafts and music based activities. People enjoyed these and attendance helped keep people connected. We asked the service to continue to monitor the availability of individualised and unit based activities. Although there was allocated supplies and spaces available for these, we did not always see these being utilised. An additional activity worker had been recruited. It is anticipated this will support improvement in this area.

## How good is our leadership?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

### Quality indicator 2.2: Quality assurance and improvement is led well

We received positive feedback regarding the communication from the management team. Individuals told us that they were comfortable taking forward ideas or suggestions. When things did not go to plan, individuals confirmed that they had confidence that their concerns would be listened to and responded to. One person told us "the home responded straight away when her (person supported) dentures went missing".

People should benefit from a culture of continuous improvement. A test of change in relation to quality assurance processes was underway. This involved the entire staff team. A range of quality audits had been completed at unit level. This took account of key areas such as nutrition, health monitoring charts, falls, tissue viability, oral hygiene, medication, continence and personal planning. Action plans were developed where areas for improvement had been identified. As we asked the service to enhance the oversight of healthcare charts this would ensure that these charts were consistently well completed.

Quality audits and self-evaluation were used to inform the service improvement plan. This identified strengths in the service and where improvement were required.

There was effective oversight of accidents and incidents. Staff debriefing following adverse events demonstrated that staff had the opportunity to reflect on unplanned events. The service analysed areas such as falls and medication concerns. This helped to explore the reasons behind such events and any changes required to practice.

The service had an appropriate complaint policy and procedure in place. This system allowed the management team to evidence what actions had been taken in response to complaints or concerns. This included follow up action required. A previous area of improvement in this area has been met.

## How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

## Quality indicator 3.3: Staffing arrangements are right and staff work well together

We received positive comments in relation to the staff in the care home and how they supported individuals. One person commented "The staff know her so well".

Staffing arrangements were determined by regular assessment of people's care needs and expressed wishes. We observed staff working together and being redeployed where needed to support other units during the inspection. Overall, there were enough staff to meet the needs of individuals. Despite the service reviewing and increasing staffing levels, we received mixed feedback on the staffing levels in the care home. The management team planned to explore and monitor this with the staff team.

Agency staff were deployed when the service did not have their own staff available. We received some mixed feedback from relatives about not always recognising individuals. Comments included "times there are staff that I don't know". We suggested that agency staff information could be shared on the daily staff boards. This would help individuals to get to know regular agency staff.

People should have confidence that the people who support them are trained, competent and skilled. A blended approach had been used with staff training. E-learning covered a wide range of mandatory training. The staff team engaged with the training provided. Staff practice was assessed using observations of practice. Observations of medication administration and manual handling helped to ensure that staff worked consistently to the expected standard.

Staff told us they were well supported by the management team. Staff spoke positively about protected time with their line manager. This gave them the opportunity to discuss the service and express their views. The management team had engaged with the staff team, to explore what they would like to achieve from the supervision process. This helped to keep the staff involved and meant they felt listened to.

## How good is our setting?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

## Quality indicator 4.1: People experience high quality facilities

The layout of the environment meant people could move around easily. This promoted individuals independence. The environment was clean, tidy and clutter free. Planned work was scheduled to further enhance the environment. This included repainting of communal spaces, replacing flooring in some bedrooms and consideration of communal floor coverings.

The service benefited from a range communal spaces where individuals could spend their time. This included spaces such as cinema room, a small library area, hairdressers/pamper room and other communal rooms. Individuals who were able, could access these spaces independently whilst staff supported others to access the areas. The cinema room was used for a range of group activities. This allowed individuals to meet from across the different units.

Bedrooms were well equipped and personalised. This promoted a sense of belonging. A small refrigerator allowed individuals to have their own cold drinks and snacks in their bedroom.

Individuals had a choice of well maintained, inviting outside areas, including a pleasant "pavilion" area. During the inspection, we observed individuals accessing the garden. Following risk assessment, individuals could access the garden area with little assistance from the staff team.

Each unit had a system in place to report and request repairs. Repairs were followed up in a timely manner. Maintenance records confirmed that equipment checks were being completed routinely. This promotes a safe and pleasant living environment. A previous area of improvement has been met.

## How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement. The strengths identified had a positive impact on people's experience of living in the care home.

### Quality indicator 5.1: Assessment and personal planning reflects people's outcomes and wishes

Personal plans helped to direct staff about people's support needs and their choices and wishes. The service had "one-page profiles" in place for each individual. These were completed in good detail and provided essential information at a glance for each individual. Overall, personal plans were written in a person-centred way and involved those living in the care home or those closest to them. This had resulted in clear personal plans which included individuals' wishes and preferences. We shared some examples where the opportunity to update or introduce supplementary support plans had been missed. The management team were keen to enhance this area. This would ensure that information was consistently up to date for each individual.

The service kept clear and accurate records on care delivery and what this meant for individuals. These were written in a respectful manner and evidenced the outcomes for people. We shared examples where minor changes to the wording used could better reflect outcomes for people. This would contribute to the evaluation of care arrangements. We asked the service to review the completion of monthly evaluations to help ensure that planned care remained reflective of individual needs.

A review schedule gave those living in the service and those closest to them the opportunity to be involved in evaluating their care and support. The service encouraged staff to spend time with individuals prior to the formal review. This allowed individuals to share their experiences. These were used to inform the review process. This helped ensure people's care arrangements were right for them.

## 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 manager should review the care home's medication procedures to ensure all medications are kept safe and secure at all times. This is to ensure care and support is consistent with Health and Social Care Standard 3.20: "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities."

**This area for improvement was made on 2 May 2024.**

#### Action taken since then

We found that medication was kept in a safe and secure manner. The service had introduced clear protocols of expectations when staff were working with medication.

This area for improvement has been met.

#### Previous area for improvement 2

The manager should review maintenance procedures, to ensure requests made by staff are actioned in a timely manner by the care home's maintenance team. This is to ensure care and support is consistent with Health and Social Care Standard 5.22: "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment."

**This area for improvement was made on 2 May 2024.**

#### Action taken since then

The service had clear documentation for the reporting and following up of maintenance requests. We sampled records and found that repairs were completed in a timely manner.

This area for improvement has been met.

#### Previous area for improvement 3

The manager should ensure timely medical advice is sought for people who live at Orchard Grove House. This is to ensure care and support is consistent with Health and Social Care Standard 3.21: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm."



**This area for improvement was made on 2 May 2024.**

#### Action taken since then

Through the sampling of records we found that staff responded to concerns with individuals' health. This included contacting external health professionals to request support. The service was involved in a pilot with the advanced nurse practitioners and we heard how this had improved the referral process.

This area for improvement has been met.

#### Previous area for improvement 4

The manager should ensure that all staff receive refresher guidance on the importance of providing people with additional support to maintain their fluid intake and charts are completed appropriately. This is to ensure care and support is consistent with Health and Social Care Standard 3.21: "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm."

**This area for improvement was made on 2 May 2024.**

#### Action taken since then

The service had introduced refresher information and guidance for the staff team. This included easy to read flow chart guidance on what actions should be taken if an individual did not maintain their fluid intake. The service had a robust all staff morning "handover" process in place, this included the reviewing and discussion of healthcare charts and when support arrangements had to change for individuals. We shared that whilst this was a positive approach, a similar approach later in the day would support staff to respond to concerns around oral intake quickly.

Overall, this area of improvement has been met.

#### Previous area for improvement 5

The service should ensure that staff practice is directed by the information included in care plans and introduce a written protocol for staff to follow where people do not regularly meet their daily food and fluid target intakes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

**This area for improvement was made on 21 March 2022.**

#### Action taken since then

The service had introduced refresher information and guidance for the staff team. This included easy to read flow chart guidance on what actions should be taken if an individual did not maintain their fluid intake. We asked the service to increase the monitoring of fluid charts. We found that the service had introduced additional risk assessments when staff were concerned about individuals' food intake. This involved working with external professionals.

This area of improvement has been met.

## Previous area for improvement 6

The service should ensure that all bedding is in a good state, clean and fit for people to use.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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 21 March 2022.**

### Action taken since then

We found that individual bedrooms were clean and tidy. Bedding was in a good state, clean and fit for use. The service had recently purchased new bedding and plans were in place to individually label items and provide these for individuals.

This area for improvement has been met.

## Previous area for improvement 7

The service should ensure that all staff follow best practice regarding infection prevention and control, and in particular the use of personal protective equipment.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: "I have confidence in people because they are trained, competent and skilled, and able to reflect on their practice and follow their professional and organisational codes". (HSCS 3.14)

**This area for improvement was made on 21 March 2022.**

### Action taken since then

Staff used personal protective equipment as expected. The service had continued with observations of staff practice in this area.

This area for improvement has been met.

## Previous area for improvement 8

The provider must ensure that all complaints made should be investigated in line with company procedures. All responses should offer a clear record of what was investigated, how it was investigated, if upheld or not and the action that the service will take in response.

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

**This area for improvement was made on 21 March 2022.**

### Action taken since then

The service had a complaint policy and procedure in place, we found that the service was following the processes. This included the details of the complaint or concern, investigation details and any actions taken. There was evidence that the service had been liaising with the individuals who raised the complaint or concern.

This area for improvement has been met.

### Previous area for improvement 9

Where a risk has been identified, in this case a concern over falls, staff should develop a plan of support and supervision interventions to minimise this risk. A system should be in place to do this.

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

**This area for improvement was made on 21 March 2022.**

#### Action taken since then

When individuals had been assessed as being at risk of falls, the service completed a risk assessment to assess what actions should be taken. This included interventions that should be in place to minimise risk. The service also maintained an overview of falls within the service. This information was analysed to monitor for trends and patterns.

This area for improvement has been met.

## 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?	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?	5 - Very Good
4.1 People experience high quality facilities	5 - Very 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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