

## Orchardhead House Care Home Service

Ferrytoll Road  
Rosyth  
KY11 2XE

Telephone: 01383 420 111

**Type of inspection:**  
Unannounced

**Completed on:**  
24 January 2025

**Service provided by:**  
Karen Reid trading as Orchardhead  
House

**Service provider number:**  
SP2003001614

**Service no:**  
CS2003007042

## About the service

Orchardhead House is registered to provide a care home service to a maximum of 34 older people. There were 33 people living in Orchardhead House at the time of our visit.

## About the inspection

This was an unannounced inspection which took place between 20 January and 24 January 2025. The inspection was carried out by one inspector 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 8 people using the service and received the views of 17 people via a questionnaire
- spoke with 6 relatives and received the views of 21 people via a questionnaire
- spoke with 10 staff and management
- observed practice and daily life
- reviewed documents
- spoke with 2 visiting professionals.

## Key messages

- People experienced care and support from staff who were compassionate, person-centred and who knew them well.
- Changes in people's health were identified quickly and escalated in the right way.
- People's health and wellbeing benefitted because there was a varied programme of activities every day.
- Communication within the home worked to support safe and healthy outcomes for people.
- Staffing arrangements were responsive and well considered, which supported people to have good experiences every day.
- Recruitment practices needed to improve to make sure people were fully protected.

## 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?	5 - Very Good
How good is our staff team?	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?

## 5 - Very Good

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

People experienced warm and compassionate care from staff who knew them well. Staff used their understanding of people living in the home to create meaningful contacts and conversations every day. Having a clear understanding of each person's preferences meant care and support was provided in the right way for each person with staff respecting individuality and choice. People told us they were able to get up and go to bed when they wanted and were supported to do things which were important to them.

Comments included;

"The staff are very friendly and take time to chat with me. They always help me when I ask them and do so cheerily. They always know my name and know what I like and don't like - which is important to me".

"She loves the staff, and I see how good they are with her. They understand her preferences and ask lots of questions to get to know her".

Staff used their understanding of people to recognise health changes quickly and report these to the right people. Records demonstrated to us that concerns were consistently escalated in the right way. Good practice was confirmed by professional colleagues we spoke with during our inspection, who highlighted the improved outcomes for people because of these early health interventions. We heard;

"They have good relationships with advanced nurse practitioner, district nurse and GP and are quick to escalate concerns".

"The staff know residents extremely well and recognise changes quickly. They communicate well with us, and this means we can treat people at an early stage".

Records and communication such as care plans, weight and fluid monitoring and shift handover meetings were used meaningfully to support good health decisions. Written records were personalised, detailed and updated following any changes which meant staff had the right guidance to work safely with people. One professional visitor told us "It doesn't matter which staff you speak to, they all know what's going on". A relative told us "My Dad's wellbeing is a credit to the home, the staff, the teamwork and the management". We therefore had confidence both written and verbal communication was working in the right way and people's health benefitted because of this.

People's health and wellbeing were improved because activities were well-planned and took account of people's individuality and preferences. Planned activities took place across seven days with three planned events each day. A focus on movement and stimulation demonstrated staff understood the link between meaningful engagement and healthy outcomes. One person told us "She enjoys all the activities - there is loads for her to do. As a result, her sleep has improved so much".

Leaders and staff understood the importance of people remaining connected to family, friends and to the community in which they lived. Relationships with local groups and businesses such as nurseries and church groups had been nurtured alongside innovative ways to support connection, for example digital groups and printed photograph memory books.

Families told us the difference this had made in supporting good conversations and staying connected with the wider family. One person said; "When I visit I can jog her memory, show her the pictures and have meaningful conversations".

The environment was homely and allowed people to move around freely. Space was used creatively to support people to come together in groups or to find a quiet comfortable seating area. The home was clean, and people were protected from the spread of infection by staff who were knowledgeable about safe practice.

The manager had clear oversight of the health and wellbeing needs of every resident. She led by positive and compassionate example and strove to improve people's experiences through ongoing improvements and developments. A recent focus on people's moving in experiences demonstrated the person-centred and compassionate approach we observed throughout our inspection. One relative described this experience as "superb", "reassuring" and that staff "were so clever at knowing just what people need".

### How good is our staff team?

### 3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses. Whilst we found significant strengths in the staffing arrangements within the home, we identified recruitment practices which were not in line with safer recruitment guidance. As this had the potential to negatively impact upon the experiences of people living in the home, a requirement has been made.

The Health and Care (Staffing) (Scotland) Act 2019 was enacted on 01 April 2024 and applies to all health and care staff in Scotland. The aims of the Act are to enable safe and high-quality care for those experiencing support, through the provision of appropriate staffing. This means having the right people, in the right place, with the right skills, at the right time. All staff had received safer staffing training. This meant they were aware of their individual and collective responsibilities in making sure staffing arrangements supported safe and positive outcomes for people.

We had confidence the home had a responsive and informed approach to deciding staffing arrangements each day. An established and recognised tool was used by the manager to support staffing decisions. This was reviewed, as a minimum, every week or whenever the care needs of a person changed. This made sure decisions about staffing were responsive to the changing needs of people living in the home. The manager used additional information such as observations and feedback from people to support staffing decisions. Adjustments had been made to shift patterns because of this. A considerate and compassionate leadership approach meant staffing was adjusted to support significant events such as celebrations, moving in and end of life. People's health and wellbeing benefitted because of the considered approach to staffing.

Throughout our inspection we saw leaders working skilfully to deploy staff in the right way. Staff we spoke with confirmed they were able to provide person-centred and enabling care based on the preferences of each person because staffing arrangements were right. We saw staff were available to people at the right time with requests for assistance responded to quickly. This was confirmed by people we spoke with who told us; "The staff are very friendly and take time to chat with me. They always help me when I ask them and do so cheerily" and "I feel safe here. The staff come quick when I need help with anything".

Staff described the leadership of the home as available, supportive and of leading by positive example. We had confidence that the wellbeing of staff was prioritised through the leadership culture and support opportunities provided. This had nurtured a staff team who were motivated and who worked hard to provide people with positive experiences every day.

To make sure people are fully protected from harm, it is important that safe recruitment procedures are consistently followed. These procedures are fully detailed in the guidance document "Safer Recruitment Through Better Recruitment" developed jointly by the Care Inspectorate and other partners. This includes providers obtaining two satisfactory references and a Protection of Vulnerable Groups (PVG) check prior to employment. We found this practice was not being followed and this could place people at risk of poor experiences. Whilst supervised working was undertaken for new employees, the manager had not completed a written assessment which identified potential harms and how these would be mitigated. The provider should review recruitment guidance to make sure they are fully aware of their responsibilities in safely recruiting new staff. This guidance should be used to update recruitment policies and procedures to ensure people are protected by consistently safe recruitment practices (**see requirement 1**). We were confident practice would immediately be improved because of our inspection feedback with a clear commitment by the provider to address this as a priority.

New staff spoke positively about their induction experience. They felt supported and given the right training to work safely and positively with people. When we reviewed the planned induction programme, we identified gaps in the learning opportunities for new staff and highlighted these to the manager. Currently, there were no competency checks, or reflective accounts incorporated within induction. This is important for leaders to be assured that staff have understood key learning objectives to support good outcomes for people. We suggested the induction programme was reviewed and updated considering the feedback we provided (**see area for improvement 1**).

## Requirements

1.

By 21 April 2025, the provider must ensure that recruitment practices consistently protect people from harm and support good care experiences. In order to do this, you must as a minimum;

a) review and update organisational recruitment policies and procedures to ensure they are informed and fully reflective of the guidance document 'Safer Recruitment Through Better Recruitment' (Scottish Social Services Council and Care Inspectorate, September 2023)

b) ensure staff are consistently recruited in a manner which protects people from harm and which is reflective of up-to-date and relevant recruitment guidance.

This is to comply with regulations 3 4(1)(a) and 9(1) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and section 7 of the Health and Care (Staffing) (Scotland) Act 2019 (as substituted for regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210))

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

"I am confident that people who support and care for me have been appropriately and safely recruited" (HSCS 4.24).

## Areas for improvement

1. To ensure people experience care and support from staff who are skilled and competent, the provider should;

a) review induction training to ensure it covers all key learning objectives for new staff

b) ensure there are regular opportunities to reflect on induction learning to demonstrate competency and understanding.

This is in order 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).

## 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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

  

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	5 - Very Good



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