

# The Orchard (Care Home) Care Home Service

Inverness

**Type of inspection:**  
Unannounced

**Completed on:**  
26 May 2025

**Service provided by:**  
Highland Council

**Service provider number:**  
SP2003001693

**Service no:**  
CS2003008455

## About the service

The Orchard (Care Home) is a registered home for children and young people. The service is provided by Highland Council. At the time of the inspection the service was providing care for eight children and young people, seven of whom lived there on a full time basis. The provider was planning to recommence short breaks in the future.

The service is located in Inverness and comprises of five houses, three of which are in the main building and two in close proximity

## About the inspection

This was an unannounced which took place on 5, 6, 7, 8 May 2025. 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 four people using the service and four family members;
- spoke with 27 staff and management;
- observed practice and daily life; and
- reviewed documents.

## Key messages

- Children and young people were cared for by a committed and caring staff team.
- Children and young people had opportunities to take part in activities away from The Orchard.
- We saw an improvement in outcomes for most children and young people since our last inspection.
- Systems had been introduced to support staff and improve communication.
- The environment was improving.
- There was a renewed commitment to continuing professional development for staff.
- The core group of staff showed commitment and motivation.
- At times the safety of staff and young people was compromised due to distressed behaviour.
- Greater consideration should be given to young people being placed with each other
- The provider should continue to improve staffing levels across 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 children and young people's rights and wellbeing?	3 - Adequate
--	--------------

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support children and young people's rights and wellbeing?

### 3 - Adequate

We evaluated this key question as adequate. This means there were some strengths that were beginning to have a positive impact on some young people, however key areas of performance still needed improvement.

A new manager (and subsequent management team) took up post in October 2024. During the inspection we noted a significant change in how the service was operating with some examples of improved practice evident. As well as improving outcomes for most young people, we were impressed with the work ethos of the management team and the dedication and commitment from the staff group in supporting children and young people. Whilst we found an inspiring culture being introduced, this needs to be sustainable and requires time to be embedded in to the ethos of the service.

Children and young people were kept safe and protected from harm. All staff had a very good understanding of young people's needs and ensured they had the most up to date information in order to effectively meet their needs. Staff had a good understanding of child protection policies and procedures and provided evidence that they could implement these effectively.

Children and young people enjoyed warm, nurturing, and trusting relationships with staff, who had a good insight into their individual support needs. They received love and affection from staff who communicated effectively and we observed very good interactions between staff and young people.

Changes in management were having a positive impact on morale, however, we noted in some areas of the service, that staff were struggling with supporting distressed behaviour. Staff told us there was a need to ensure familiar faces were on shift to promote consistency, support young people and reduce distress. There were some positive approaches where staff were able to use the relationships they had with the young people to help them express their emotions and regulate. This was not always possible and the provider was actively recruiting to fill posts following improved analysis of staff requirements.

Effective use of staff created better outcomes for young people as there was a reduction on the reliance on agency and supply staff. Most staff welcomed this initiative, however they were concerned on the impact young people's distressed behaviour was having on the health and welfare of children, young people and themselves. Recruitment to vacant posts must continue, ensuring stable staffing levels to support children and young people to form trusting and secure relationships (see requirement 1).

We were concerned about the safety of some young people who displayed distressed behaviour. This behaviour impacted on themselves, other young people and staff. An analysis of the mix of young people and their needs, matched against their care and support plans was underway. There had been little consideration when young people moved to The Orchard, around whether the service could meet their needs on a long term basis. This had led to events where young people had been put at risk within the house. This meant that the staff team were, at times, not confidently managing the young people as a group. This could compromise people's safety and create potential for increased risk.

Careful consideration needs to be given to the matching process when placing young people together. The manager told us they were looking at a variety of options to better support young people, especially during times of distress (see area for improvement 1).

Children and young people were well supported with appropriate personal plans. We reviewed these and found they had improved since our previous visit. They were well written and up to date. Following improved internal communication, plans were available to all staff and information was updated in a timely manner and documented correctly. Where there were gaps or information was missing, we could see that this had been picked up in the audit process. Staff and social workers commented positively on these changes and told us that the new process ensured all staff were up to date with any changes or additions to a young person's care. This meant children and young people were cared for in a consistent manner with their wishes and ongoing health needs taken into account. Most parents told us they were very happy with the care their children and young people received, however this was not the case with all parents. The service should continue to improve communication with parents to ensure all information about their child or young person is available to them, including changes in their care or plans for their future.

The improvements in service delivery were supported by positive feedback from external professionals and most parents we spoke with. We interviewed a significant number of staff during the inspection and almost all were enthusiastic about the positive changes being made and the relationship they had with the management team.

Staff development was a high priority. We examined documents that supported an approach to regular 1:1 meetings between staff and managers and regular team meetings and development sessions. There was an emphasis on an ethos of reflection, support and learning and staff welcomed this.

We examined training records and spoke with staff about their continuing professional development (CPD). There was a significant amount of training available for staff and much had been accomplished in a short period of time. Staff were encouraged by the ethos of the management team to support this process. Individual CPD was discussed at regular 1-1 meetings with managers. Not all staff had completed essential training and this had been identified by the management team. The provider was continuing to provide training in relation to trauma informed practice and there were plans to introduce a trauma informed model of care within its ethos and culture. We made a requirement related to this during the previous inspection. Although it is well underway to being met, the requirement remains with an extended date of 31 March 2026.

## Requirements

1.  
The provider must ensure that people's care and support needs are met effectively. In order to do this, the provider must ensure staffing arrangements are safe. To do this, the provider must, at a minimum:
  - a) ensure assessed staffing needs are met to meet young people's care and support needs and improve young people's care experiences; and
  - b) assess staffing arrangements to ensure they are effective in providing responsive, person-centred support.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I am confident that people respond promptly, including when I ask for help.' (HSCS 3.17).

## Areas for improvement

1. The provider should continue to review their admission's procedure and ensure they can meet the needs of the young people. To do this, the provider should, at a minimum:

- a) continually assess the appropriate placement of young people;
- b) consider whether they can meet the needs of the young people; and
- c) refer to the Care Inspectorate guidance.

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 states that:

'If I experience care and support in a group, the overall size and composition of that group is right for me.' (HSCS 1.8).

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

### Requirements

#### Requirement 1

By 1 March 2024 the provider must provide a suitable plan of repair and refurbishment to ensure the premises are decorated, furnished and maintained to a standard appropriate to meet the needs of young people who live there.

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 that:

'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax.' (HSCS 5.6);

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16);

'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices.' (HSCS 5.21); and

'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

This requirement has been extended to 31 October 2024.

**This requirement was made on 14 May 2024.**

#### Action taken on previous requirement

We saw a huge improvement in many parts of the service including new kitchen areas, redecorating and larger environmental changes that had been commented on in previous inspections. The work was still being carried out during this inspection but it was clear the provider was investing in the fabric of the building as well as other resources such as staffing.

#### Met - outwith timescales

#### Requirement 2

By 1 March 2024 the provider must ensure that they develop individual care plans for young people in their service. To do this, the provider must at a minimum:

a) ensure these documents are SMART (Specific, Measurable, Achievable, Realistic, Time-bound) and focus on the young people's views, goals, routines, and reviewed regularly.

This is to ensure that care and support is consistent with the 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 choices.' (HSCS 1.15).

This requirement has been extended to 31 October 2024.

**This requirement was made on 14 May 2024.**

## Action taken on previous requirement

We reviewed six personal plans. All plans were up to date, contained relevant information and were "SMART". A process of evaluation was in place and plans were regularly audited to ensure staff were keeping them up to date. Where we saw areas that could be developed in individual personal plans, we could see this had already been commented on by a member of the management team and was in the process of being updated.

## Met - outwith timescales

### Requirement 3

By 30 June 2024 the provider must ensure that all staff have had the relevant training. In particular they must:

- a) ensure staff have undertaken training in relation to trauma informed practice;
- b) ensure staff have undertaken up to date child and adult protection training; and
- c) develop a plan on how the service plans to embed a trauma informed model of care within its ethos and culture.

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 states 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)

This requirement has been extended to 31 October 2024.

This requirement had not been met and we have agreed an extension until 31 March 2026.

**This requirement was made on 14 May 2024.**

## Action taken on previous requirement

We examined training records and spoke with staff about their continuing professional development (CPD). We were impressed by the amount of training staff had accomplished in a short period of time and were encouraged by the ethos of the management team to support this process. Staff had wide spread access to digital training and regular training was planned for team days and meetings. Individual's CPD was discussed at regular 1-1 meetings with managers.



Not all staff had completed essential training and this had been identified by the management team. The provider was continuing to provide training in relation to trauma informed practice and there were plans to introduce a trauma informed model of care within its ethos and culture.

**Not met**

#### Requirement 4

By 1 March 2024 the provider must ensure structure and support to the staff team. This is to ensure young people's needs are met and they are kept safe. To do this, the provider must at a minimum ensure that:

- a) staff are debriefed following an incident to help them reflect on their practice and best support the young people;
- b) the manager carries out regular and effective audits of care files, training and development within the service; and
- c) staff receive regular and effective one to one supervision to reflect on their practice and identify areas of practice, which they would benefit from further development.

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 states that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This requirement has been extended to 31 October 2024.

**This requirement was made on 14 May 2024.**

#### Action taken on previous requirement

Staff were enthusiastic about the new model of support that was in place. They told us they felt included and their practice was supported and valued. We saw records of that supported this.

**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 ensure that there is a systematic process of evaluation in place. This process should include all staff, children and young people, parents, carers, external professionals and others involved in the

service and form the basis of a service development plan.

This is to ensure that care and support is consistent with the 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.' (HSCS 4.19); and  
'My care and support meets my needs and is right for me' (HSCS 1.19).

**This area for improvement was made on 14 May 2024.**

Action taken since then

The management team had improved the evaluation process and this was informing service development and staff training. We saw many improvements during the inspection and staff were enthusiastic about the consultation process that had been implemented.

The service development plan focused mainly on requirements from the previous inspection and we encouraged the service to widen that to include all aspects of service delivery. This information is contained in the inspection report.

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 children and young people's rights and wellbeing?	3 - Adequate
7.1 Children and young people are safe, feel loved and get the most out of life	3 - Adequate
7.2 Leaders and staff have the capacity and resources to meet and champion children and young people's needs and rights	3 - Adequate

## To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at [www.careinspectorate.com](http://www.careinspectorate.com)

## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

Find us on Facebook

Twitter: @careinspect

## Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.