

Garden View Care Home Service

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Tweedbank
Galashiels
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Telephone: 01896 753 300

Type of inspection:
Unannounced

Completed on:
14 November 2024

Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

Service no:
CS2019378025

About the service

Garden View intermediate care provides short term reablement and assessment which is intended to help as a bridge from hospital back to people's own homes.

Intermediate care at Garden View is aimed at facilitating reablement goals which are better achieved in a more homely setting, and whilst people continue to require some support from staff.

The care service is set in an established residential area in Tweedbank, in the Scottish Borders. The building is a single storey facility, with a central accessible garden area. The building offers 3 well-appointed group living settings with communal dining and lounge areas for up to 23 people.

People have access to a modern single room with en-suite toilet facilities. Each bedroom has a TV point, and all areas of the home have free Wi-Fi.

People can choose from a wide selection of meals and snacks with tea and coffee making facilities available at all times. If people's rehab plan includes meal preparation this is supported in fully accessible kitchen areas.

At the time of inspection 22 people were living in the home.

About the inspection

This was an unannounced inspection of the service which took place between 04 and 06 November 2024. 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 people using the service and their families/friends. We also gave the opportunity for family/friends, health professionals and staff to complete an electronic questionnaire
- we talked with members of staff and the management team
- observed staff practice and daily life
- reviewed a range of documents

Key messages

- Staff were knowledgeable about people's needs and preferences.
- People's health and wellbeing benefited from safe and effective medication management practices.
- People were fully involved in all decisions about their care and support.
- Staff completed a range of online and face to face training courses relevant to people's needs.
- Formal staff meetings and competency checks did not take place consistently.

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 staff team?	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 evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The home had a nice, relaxed and homely feel. Staff knew people well and all enjoyed friendly interactions. People told us, 'The staff have been very kind, they look after me well', and 'The staff have been wonderful and have been very supportive'. This meant that people were reassured that they were being looked after in a caring environment.

The manager and staff actively promoted meaningful contact between people and their families/friends. The staff team knew the importance of contact and supported this. One person told us 'My son visits every day; he can come at any time.' People were able to come and go from the home, as their abilities permitted, going outside to use local community facilities. People were enabled to use digital technology to maintain contact with friends and family who were unable to visit the home. The Provider offered access to and support to use electronic devices to facilitate these contacts.

There was a varied menu on offer and staff were knowledgeable about people's needs and preferences. We were told, 'The food's really nice' and 'The food's good, there is plenty of choice'. It was positive that staff sat and supported people to eat their meals together. This provided people with natural prompts to encourage them to eat and drink and made for an inclusive atmosphere. We discussed with the manager, staff being aware of not becoming task focused towards the end of the meal this would ensure a consistent pleasant, social dining experience.

People's health and wellbeing benefited from safe and effective medication management practices. Where supported people managed their own medication staff promoted this giving the person as much control as possible. For people who required support with taking their medication, medication administration was managed well. Individuals were supported to take the right medication at the right time. This gave assurance that people's medication needs were administered, as prescribed, and intended.

Care plans were informed by a range of recognised assessment tools which helped to maintain and improve people's health and wellbeing. The information held within plans had been monitored regularly and we saw that appropriate referrals had been made to other health professionals if required and that their advice and guidance was reflected in relevant care plans.

Care plans appeared to be personalised and regularly updated as people's needs and preferences changed. One health professional told us 'Support staff providing care in Garden View are able to provide detailed information regarding the support individuals require to assist ongoing plans and enable us to complete their assessment and request appropriate care required for discharge'.

Reviews of care happened through weekly multidisciplinary meetings. Prior to these meetings staff held individual review meetings with supported people ensuring their views and preferences were captured. This ensured that people were fully involved in all decisions about their care and support. We discussed with the manager ensuring minutes from meetings were recorded in people's care plans and information from discussions held was shared with people and their representatives to promote good communication and feedback. There was a previous area for improvement regarding reviews of care following the last inspection. This area for improvement has now been met.

How good is our staff team?

4 - Good

We evaluated this key question as good overall where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff had been recruited in a way that made sure they were safe to care for people. Recruitment practices were in line with best practice guidelines, were documented clearly with relevant checks being undertaken.

Staff were working hard and were enthusiastic about their work. They were clear about their roles and what was expected of them and demonstrated a good knowledge of people's care and support needs. Staff worked well together as a team and were visible within the home. People told us, 'Staff are very eager to help and are supporting me to regain my confidence ' and ' I feel confident speaking to staff and seniors if needed'. People had confidence in the team who supported them with their care.

People experiencing care had the opportunity to meet any new staff being introduced to the home. This meant that staff had time to get to know people and learn what was important to them. Staff confirmed that they felt they had a good induction with regular ongoing support from the management team.

Staff completed a range of online and face to face training courses relevant to people's needs. The leadership team had clear oversight of staff knowledge and skills; this insight was used to support the effective deployment of staff to best meet people's needs.

We saw that supervision records were completed for staff; staff told us they could speak with a manager at any time and attended regular handover meetings. However, we found formal staff meetings, competency checks and supervision of staff did not take place consistently. This meant there was a lack of opportunity for staff to share and discuss information about the service and for manager to evaluate staff's competency or learning and development needs. **(See area for improvement one).**

Areas for improvement

1. To ensure people experience high quality care, the provider should enable opportunities for staff to reflect on their practice by ensuring:

- staff have regular opportunities to meet as a team and through one-to-one supervision, with discussions held formally recorded
- that the competency of carers, in particular but not limited to medication support and moving and positioning, is checked, recorded and linked into training, one to one supervision and personal development;

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, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

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

To ensure assessment and personal planning reflects people's outcomes and wishes. Service reviews should be more evaluative, and outcomes focussed. People should be enabled to participate in quality-based evaluations of their support during their stay at Garden View. Findings from review should help inform participation in care and support planning.

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

'I am recognised as an expert in my own experiences, needs and wishes' (HSCS 1.9),

'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12),

'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions' (HSCS 2.11)

'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

This area for improvement was made on 17 May 2022.

Action taken since then

Reviews of care continued to happen through weekly multidisciplinary meetings, these were detailed and gave clear outcome focused decisions in relation to supported people's care. Meetings now include a section which captured people's views, wishes, preferences and/or any concerns they may have. This meant people's views could be discussed in a meaningful way.

We asked the manager to ensure a copy of multidisciplinary meeting minutes were placed in peoples care plans to support the review process. Also, that minutes are shared with people as a means of feedback.

This area for improvement has been met.

Complaints

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

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 staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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