

## Garvald West Linton Care Home Service

Garvald House  
Dolphinton  
West Linton  
EH46 7HJ

Telephone: 01968 682211

**Type of inspection:**

Unannounced

**Completed on:**

29 October 2018

**Service provided by:**

Garvald West Linton Ltd

**Service provider number:**

SP2003001965

**Service no:**

CS2003009177

## About the service

The service has been registered since 2002.

Garvald West Linton provides a residential care home service to adults with learning disabilities and complex needs. The organisation is based on the principles of Rudolf Steiner. The service is registered to provide care to 35 residential service users and is divided into five distinct houses: Hill Cottage, Rowan, Linden, Sycamore and Willow. At the time of the inspection there were 31 people being supported by the service.

The day-to-day running of each house is given to the 'House Manager' and their staff team, with the overall responsibility for all areas of the care home being that of the Registered Manager.

The Statement of Function, Aims and Objectives of Garvald West Linton are:

- "We aim to provide a secure home setting for our residents that encourages healthy development."
- "We also aim to stimulate the development of social and practical skills. This is achieved via our day service provision and we strive to offer a variety of leisure activities and social opportunities within and outwith Garvald."
- "Addressing each individual's needs, wishes and abilities is viewed as very important and we hope this leads to the growth of self-confident, further learning and mastering of new skills."

## What people told us

We received questionnaires completed on behalf of service users, and also from families. We also spoke to them during the inspection and comments included;

"It is good here everything is going smoothly".

"I have my review coming up next week".

"The cook makes really good food here, today is vegetable lasagne".

"We had the Michaelmas festival over the weekend it was really good".

"I get to talk about my support plan at my reviews and I get to talk about things I want to change. I like how Willow is decorated. I feel nice in my bedroom and the living room. I feel safe in Willow. Staff are nice and they do their job well. I feel okay when staff change and I like meeting new staff. I go to staff when I am unhappy and they listen to me - they try to make me happy again."

"I like going on my bike with staff to go and have tea break with other staff. I miss staff when they leave. When staff notice I am unhappy they try and do something about it".

"My parents (also my guardians) were heavily involved in developing my support plan. All carers who support me are given specific training regarding my needs and how to support me. Given that I have no verbal communication and I am profoundly disabled, staff need to be able to read my subtle signs. This always involves a shadowing period until any new carer is confident enough to support me. The service helps me to partake in as many activities as possible. Staff keep me safe at all times".

"Staff support me by constantly making sure that I am happy. Methods such as hand over meetings, general meeting and reviews on a regular basis provide me with support and make sure that I am happy and content in the house that I live in. During weekdays I attend workshops here - independent working is one of the aims. On the weekend I have the choice to attend the activities provided or not. I have my own room where I can go to if I feel like it which provides some security for me. Staff also make sure that when I wish to spend time in my room that I am not disturbed. Staff treat me well and are kind to me. There is a big staff turnover in the care home I am living in (Sycamore), however I am used to staff changing and this doesn't cause any issues for me. Staff provide the best care for me and provide as much care and support as possible. They ask me on a regular basis if I am happy and I would raise concerns if I wasn't happy with the service".

"The house manager and deputy manager make every effort to ensure I am well cared for, safe and happy. They organize targeted and bespoke training for all staff involved in my care package. For all of this my parents are truly grateful and they consider that the service provided is the best available for me and my needs. I don't mind that there are a lot of staff changes".

"We are fortunate that the staff who care for our daughter actually care about her welfare. They treat her with respect and give her the opportunity and time to make as many choices as possible. Management in the house take great care to ensure the rota is always staffed by carers who know her and know how to look after her. Every effort is made by the management in her house".

## Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

From 1 April 2018 the new Health and Social Care Standards have replaced the existing Care Standards. These Standards seek to provide better outcomes for people who experience care and services should now be familiarising themselves with these. Services must now take account of the new standards, and work with staff and the people they support to implement these effectively.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	4 - Good
<b>Quality of environment</b>	not assessed
<b>Quality of staffing</b>	4 - Good
<b>Quality of management and leadership</b>	3 - Adequate

## Quality of care and support

### Findings from the inspection

We spent time across all five houses throughout the inspection, and it was evident that people were clearly very happy living within Garvald, and the ethos surrounding their support.

People were supported to meet their outcomes and live an active life by participating in educational, recreational, and social opportunities. Most people attended their chosen workshops such as the bakery, crafts, woodwork, Paradise Garden or working on the estate. It was evident this gave people a real sense of satisfaction, achievement and self-esteem through being an active part of the Garvald community.

People could also choose to take part in activities outwith Garvald in the evenings or weekends. Some people told us they liked to go shopping, go out for meals, or attend music and drama groups. One service user told us they had recently started going to aqua-aerobics which they were really enjoying and this promoted their physical health and well-being.

People's dietary and nutritional needs were catered for well through an organic and well balanced diet which promoted good health. The service continued to grow some vegetables and herbs and bake their own produce which gave a real sense of pride and achievement.

We observed staff supporting people in a kind, caring and sensitive manner. It was evident that staff knew people very well including their needs, likes, dislikes and daily routines.

The service continued to work regularly, and closely with other healthcare professionals, particularly for those with more complex support needs. This promoted a consistent approach to supporting people to keep healthy, safe and well.

On the whole, support plans and risk assessments contained enough information to guide staff on how each person needed and preferred to be supported. Regular care reviews were taking place, however it was not always evident that support plans were reviewed at least six monthly. The quality and content of information in support plans, risk assessments and corresponding information varied between houses. Important legal documents were often not in place, or out of date, such as Section 47 Certificates or Welfare Guardian information. This is important to ensure safe, consistent support that is fully reflective of people's needs. As advised at the last inspection, information should be improved in support plans and risk assessments in relation to the individual's capacity, and a formal support plan audit should be developed.

(Recommendation 1)

Where people may need specific support to keep themselves, or other people safe, there were individual behaviour profiles (IBPs) in place. For some people these contained agreed restrictive techniques, but these were not contained within the powers of the Welfare Guardianship Order as required. These techniques were not being applied therefore must be reviewed. More robust information is needed in relation to other restrictions in place to keep people safe.

(Recommendation 2)

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 2

1. The provider should ensure that support plans and risk management plans contain information on the individual's capacity to manage their welfare, healthcare and finances. Copies of Adults with Incapacity certificates must be clear and present with information of the powers delegated to the service by the Welfare Guardian, where appropriate.

This is to ensure care and support is consistent with the Health and Social Care Standards 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 wishes and choices". (HSCS 1.15)

2. The provider should ensure any restrictions in place are in line with The Adults with Incapacity (Scotland) Act 2000 and best practice. They should;

- review all Individual Behaviour Profiles to ensure these are reflective of support needs.
- accurately record information relating to all restrictive practice(s), including consultation with relevant others.
- ensure these are regularly reviewed to demonstrate that they continue to be the least restrictive option and of benefit to the person.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "If my independence, control and choice are restricted, this complies with relevant legislation and restrictions are justified, kept to a minimum and carried out sensitively". (HSCS 1.3)

"My rights are protected by ensuring that any surveillance or monitoring device that I or the organisation use is necessary and proportionate, and I am involved in deciding how it is used". (HSCS 2.7)

**Grade:** 4 - good

## Quality of environment

This quality theme was not assessed.

## Quality of staffing

### Findings from the inspection

From observations and discussions with staff, we considered them to be competent and knowledgeable within their role to supporting people to meet their needs, choices and outcomes.

Many people supported had limited verbal communication and we saw how staff positively communicated with them through other methods such as sign, or by recognising their body language and other non-verbal

indicators. Some staff had attended further communication training provided by the speech and language therapist in sign-a-long and talking mats, to further developing their skills to support people in the best possible way.

People and their families could have confidence that staff had been appropriately and safely recruited through the robust procedures in place which followed best practice. The registration of staff with the professional body, the Scottish Social Services Council (SSSC), was well maintained to ensure all staff were registered as required, therefore able to reflect on their practice and professional codes.

We observed staff supporting people with warmth, compassion and physical comfort where appropriate. It was evident that they genuinely cared and valued the people they supported and that they had built positive and trusting relationships.

Some staff expressed that they would like to contribute to people's support plans and be involved in care reviews, specifically for those people they regularly supported. We considered their involvement would make a valuable contribution given their skills and knowledge of the person, and this would also support their ongoing development.

We made a recommendation at the last inspection to ensure training records were up to date and that all staff attended Adult Support and Protection training. There remained a lack of robust oversight of all staff training, and we found gaps across the mandatory training provided. This was a combination of new staff due to attend training and existing staff who were needing to refresh training. The service should audit their training needs and promptly plan accordingly to ensure staff have the right training, knowledge and skills for their role. (Recommendation 1)

There was a lack of robust and structured approach to induction which was currently a four week checklist. The service need to improve on how they evidence shadowing, identify training needs, then plan and arrange these promptly. Induction must have formal provision for regularly supporting staff, providing them feedback and enabling them to reflect on their practice. (Recommendation 2)

The above information is also reflected in the Quality of management and leadership in this report.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The provider should ensure that staff training records are accurate and up to date. All staff should attend up to date Adult Support and Protection training.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

2. The provider should review the current induction procedure to ensure staff are effectively supported into their role and feel confident and competent. This should include;

- evaluation of shadowing periods.
- identifying and promptly planning training.
- regular support meetings to enable staff to reflect and get feedback on their practice.
- formally signing off by a manager on successful completion of probationary period.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

**Grade:** 4 - good

## Quality of management and leadership

### Findings from the inspection

Managers within each house knew people well and continued to undertake support shifts, which enabled them to have a good insight into people's support needs and daily routines.

House managers were seen to be committed and dedicated within their role and to ensuring the best outcomes for supported people. Feedback from staff was, on the whole positive about the support they received from their manager and they described them as supportive and approachable.

Improvements are needed in the responding and evaluation of accidents and incidents to ensure people are kept as safe as possible. There was no section on incident forms to record any follow up action by the manager, which made it difficult to establish what action had been taken. The way in which incidents were collated did not support effective monitoring or evaluation to identify patterns or trends that could positively influence support planning, risk management, or any further staff training needed. Incidents were often having an impact on other people, however this was not being effectively recorded or monitored.

There was often a delay in a manager signing off incidents, passing information to relevant others and not all incidents were notified to the Care Inspectorate as required. Not all incidents were being passed to the Board, who have overall responsibility for the service provided.  
(Requirement 1)

We made a recommendation at the last inspection that the provider should develop formal and structured quality assurance systems and audits to ensure effective oversight and monitoring of all aspects of the service. No formal quality assurance systems had been developed to enable the provider to identify what they did well, and where they needed to improve. Although a report was provided to the Board, this did not cover all areas of the service provided to enable them to have full oversight and governance.

There was a lack of monitoring and oversight in areas where we found needed improvement, including;

- support plans/risk management plans
- accidents and incidents
- supervision
- training

- induction
- medication
- Adults with Incapacity certificates
- Consultation and feedback from service users/staff/others

Had these areas been monitored and audited, the service may have identified the areas for improvement we found during this inspection, and enabled prompt and effective action to be taken. We have incorporated the recommendation made at the last inspection into this requirement.

(Requirement 2)

As an area for improvement at the last inspection, we asked the service to develop a boundaries policy and to review the whistleblowing policy which had not been actioned. To ensure staff follow best practice and can be confident to raise concerns, the service should complete this.

We have repeated parts of a recommendation made at the last inspection in relation to the procedures to manage service user's finances.

(Recommendation 1)

We have repeated a recommendation about staff receiving supervision. Overall staff had received a recent supervision, however there were significant gaps prior to this. There remained real inconsistency to the both the frequency and quality of supervision.

(Recommendation 2)

## Requirements

### Number of requirements: 2

1. In meeting this requirement people can be confident that they use a service and organisation that is well led and managed.

By **7 December 2018**, the provider must ensure there is a robust procedure for the management of accidents and incidents. To do this, the provider must take action to;

- Ensure all accidents and incidents are promptly signed off by a manager.
- Ensure any follow up action is accurately recorded.
- Ensure information is promptly passed to relevant others where appropriate.
- Ensure that incidents that are notifiable to the Care Inspectorate are undertaken within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting.
- Ensure that there is a system of audit to ensure effective oversight and monitoring of all incidents to identify any patterns of trends to influence support planning, risk management plans and staff training.
- Ensure the impact of any incident on other service users is accurately recorded, monitored and evaluated.
- Develop a clear policy and procedure for accidents and incidents, taking into account all of the above.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users and Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

The Health and Social Care Standards, in particular standard 4.23 has been taken account of in making this requirement.



2. In meeting this requirement, people will benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

By **28 February 2019**, the provider must develop and implement quality assurance systems and audits to ensure effective oversight and monitoring of all aspects of the service provided. In order to achieve this, the provider must:

- Ensure that the system effectively enables areas for improvement to be promptly and accurately identified.
- Ensure that the outcomes as a result of any audit are clearly recorded.
- Ensure where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- Develop a robust quality assurance policy and procedure.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4 (1) (a) A provider must make proper provision for the health, welfare and safety of service users.

Scottish Regulators' Strategic Code of practice - made under section 5 of the Regulatory Reform (Scotland) Act 2014.

The Health and Social Care Standards, in particular standard 4.19 has been taken account of in making this requirement.

## Recommendations

### Number of recommendations: 2

1. The provider should review the current procedures for managing service user's finances to make these as safe and robust as possible. They should take action to;

- Undertake a risk assessment on each service user's ability to manage their finances and from this develop a robust support plan for each person, detailing any legal powers in place.
- Develop a robust and comprehensive financial policy and procedure for the management of service user's finances.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that "If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded". (HSCS 2.5)

2. The provider should ensure that all staff receive regular and consistent supervision meetings and maintain oversight of the frequency and quality of these. The supervision policy should be reviewed to consider this.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

**Grade:** 3 - adequate

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

#### Recommendation 1

The provider should ensure that there are sufficient staff on each shift to safely meet residents' needs. Dependency assessments should be completed every four weeks, or sooner if resident need changes. These assessments must influence the number of staff on each shift. The Provider should submit a variation to update the current staffing schedule.

National care standards, Care homes for people with learning disabilities - Standard 5 Management and staffing arrangements.

**This recommendation was made on 13 November 2017.**

#### Action taken on previous recommendation

The service had adopted the Indicator of Relevant Need (ioRN) tool to assess individual service user's support needs and assure themselves that they had sufficient staff on each shift to safely meet people's needs. We also evaluated staffing rotas which demonstrated the staff on shift each day, and the individual(s) they were supporting, which evidenced adequate staffing levels. Managers continued to undertake a balance of management shifts and support shifts. This recommendation has been met but we advised the service that it should be clear from rotas when managers are carrying out support shifts and when they are undertaking management duties to enable this to be monitored.

**This recommendation has been met.**

#### Recommendation 2

The provider should ensure that staff training records are accurate and up to date. All staff should attend up to date Adult Support and Protection training.

National care standards, Care homes for people with learning disabilities - Standard 5 Management and staffing arrangements.

**This recommendation was made on 13 November 2017.**

**Action taken on previous recommendation**

We have discussed this in greater detail under Quality of staffing, and management and leadership in this report.

**This recommendation has not been met.**

**Recommendation 3**

The provider should ensure that all staff receive regular and consistent supervision meetings and maintain oversight of the frequency and quality of these. The supervision policy should be reviewed to consider this.

National care standards, Care homes for people with learning disabilities - Standard 5 Management and staffing arrangements.

**This recommendation was made on 13 November 2017.**

**Action taken on previous recommendation**

We have discussed this in greater detail under Quality of staffing, and management and leadership in this report.

**This recommendation has not been met.**

**Recommendation 4**

The provider should review the current procedures for managing service users' finances to make these as safe and robust as possible. They should take action to;

- Undertake a risk assessment on each service user's ability to manage their finances and from this develop a robust support plan for each person, detailing any legal powers in place.
- Ensure procedures for holding service user's bank cards is as robust as possible, including limited access, signing cards in and out and holding PIN numbers separately.
- Ensure that service user's finances are discussed at each care review in consultation with relevant others, including review of entitled benefits, budgets and expenditure to benefit the person.
- Develop a robust and comprehensive financial policy and procedure for the management of service user's finances.

National care standards, Care homes for people with learning disabilities - Standard 5 Management and staffing arrangements.

**This recommendation was made on 13 November 2017.**

**Action taken on previous recommendation**

The service had made some progress towards meeting this recommendation since the last inspection. Procedures for holding and accessing bank cards had improved, and was much more safe and robust. Financial plans were being developed for each person as part of their care review which evidenced income, expenditure and consultation with any relevant other such as families, or Guardians. Improvements are still needed to develop risk assessments on service user's ability to manage their finances, and to incorporate all systems, processes and practice into a financial policy and procedure. We also advised the service that there must be evidence that individual people's funds must be discussed at each review and evidence how these are being, or will be spent to the benefit of the person.

**We have repeated part of this recommendation.**

## Recommendation 5

The provider should develop formal and structured quality assurance systems and audits to ensure effective oversight and monitoring of all aspects of the service. In order to achieve this, the provider must:

- Ensure that the system effectively enables areas for improvement to be promptly and accurately identified.
- Ensure that the outcomes as a result of any audit are clearly recorded.
- Ensure where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.

National care standards, Care homes for people with learning disabilities - Standard 5 Management and staffing arrangements.

**This recommendation was made on 13 November 2017.**

### Action taken on previous recommendation

There had been limited progress in meeting this recommendation since the last inspection. We considered our findings, as detailed throughout this report would have been identified through quality assurance systems and processes had these been in place. We have discussed this in more detail under Quality of management and leadership in this report.

**This recommendation has not been met** and has been incorporated into a requirement in this 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
25 Oct 2017	Unannounced	Care and support Environment Staffing Management and leadership
		5 - Very good Not assessed Not assessed 4 - Good
7 Nov 2016	Unannounced	Care and support Environment Staffing Management and leadership
		6 - Excellent 5 - Very good Not assessed Not assessed
9 Mar 2016	Unannounced	Care and support Environment Staffing Management and leadership
		6 - Excellent 5 - Very good 5 - Very good 5 - Very good
17 Nov 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership
		5 - Very good 4 - Good 4 - Good 4 - Good
14 Feb 2014	Announced (short notice)	Care and support Environment Staffing Management and leadership
		4 - Good 5 - Very good 4 - Good 4 - Good
13 Jun 2013	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 4 - Good 2 - Weak
26 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 3 - Adequate 4 - Good 4 - Good

Date	Type	Gradings
24 May 2011	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 4 - Good
15 Dec 2010	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership Not assessed
29 Jun 2010	Announced	Care and support 5 - Very good Environment 4 - Good Staffing Not assessed Management and leadership Not assessed
17 Feb 2010	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
12 Aug 2009	Announced	Care and support 5 - Very good Environment 4 - Good Staffing 4 - Good Management and leadership 5 - Very good
24 Mar 2009	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing Not assessed Management and leadership Not assessed
25 Sep 2008	Announced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good

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