

Brothers of Charity Services (Scotland) - Supported Living Community of Care Housing Support Service

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Type of inspection:
Unannounced

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Service provided by:
Brothers of Charity Services (Scotland)

Service provider number:
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Service no:
CS2008192028

About the service

Brothers of Charity Services (Scotland) are registered to provide a combined housing support and care at home service to adults with a learning disability living in their own home across the Scottish Borders.

Housing support and care at home are provided across two registrations within geographical areas:

Supported Living Community of Care:

For individuals to experience maximum independence, health, wellbeing, and inclusion in their own homes and local communities at Galashiels, Selkirk, Kelso, Tweedbank and Earlston.

Campus of Care:

For individuals with significant health needs to experience independence, health, wellbeing and inclusion in their own home and local community at Gattonside.

Brothers of Charity (Scotland) are also registered to provide a care home service for up to seven adults with a learning disability at their care home in Gattonside.

The organisation's headquarters is in the central Borders town of Galashiels.

About the inspection

This was a full unannounced inspection which took place from 12 June 2024 to 25 June 2024. The inspection was carried out by five inspectors from the Care Inspectorate who inspected all of the Brothers of Charity (Scotland) services across the Scottish Borders.

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 relatives
- spoke with staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The provider had recruited an external consultant to support them with strategic improvement and development for the organisation.
- Management oversight had improved following the introduction of new systems to improve quality assurances.
- Staff were knowledgeable about people's care and support needs and had caring and respectful attitudes when supporting people.
- Support plans were in the process of being reviewed and updated.
- Outcomes workshops had been developed and was about to be delivered to staff teams. This will ensure support plans are outcome focussed for people.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How well is our care and support planned?	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?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

Staff were knowledgeable about people's care and support needs. We observed positive, caring and respectful relationships between staff and people being supported.

One relative told us they 'couldn't praise staff enough' for the support given to their loved one.

Across most services we could see people were busy and had things to do throughout their day. Within supported living services, two people told us of a holiday abroad they were looking forward to and of an upcoming concert and show they were excited about.

One person told us they felt listened to and staff helped them with any issues they were experiencing.

Another two people told us, independently, they had spoken with their manager and they now shared some hours so they could attend social activities together which they enjoyed.

We discussed with the provider how meaningful activity had improved for most people, however, there were still areas where people should be able to, or supported to, choose how they spend their time and interests without restriction.

New health files sampled held appropriate and up to date medical information which ensured staff supported people safely with any medication administration or health needs.

As required medication guidance was in place, however, some older documents held more instruction prior to administration than new documents. We advised this be reviewed to eliminate any confusion and to ensure staff had access to the clearest guidance.

Some people's health needs had changed over the years and the health and social care partnership had commenced reviews of people's packages of care to ensure these changing needs were being met safely.

Staff communicated well with health professionals to ensure positive outcomes for people. continued to be met.

One example being a health professional who attended a staff meeting to update staff on a person's recent health changes and to update safe practices to support the persons' wellbeing. This meant people could be confident staff liaised with professionals and they knew how to support them to ensure their overall health and wellbeing was prioritised.

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

The provider had recently recruited an external independent consultant to support them with strategic

development for the organisation. This enabled them to consolidate an overarching improvement plan giving them a clear oversight of priority quality assurance governance the organisation was working towards.

There were some vacancies still within the management team to be filled, however, the team had commenced working together to become more stable and had started to bring consistency back to the organisation.

New quality assurance systems had been introduced and we saw evidence of these identifying discrepancies which would then be addressed. This meant people could be more confident their care and support was being monitored and management were responsive to improvement.

Where systems were still to be introduced, there were interim contingency measures in place to ensure there was management oversight of service delivery.

The provider had worked hard to improve their reporting of accidents and incidents timeously as required by regulation, however, there were still some instances where these were not reported to the care inspectorate. We have made a new area for improvement to ensure these continue to be monitored and notified. (AFI 1).

Internal communication between departments was positive. For example, weekly meetings enabled information from training audits to be shared which in turn enabled conversations to be held with staff about their personal development of skills and knowledge.

An annual staff competency had been developed. We agreed with the independent consultant this should be completed more frequently to ensure people could be confident their staff were well skilled and knowledgeable. We have repeated an area for improvement to enable this piece of work to be further developed and sustained. (AFI 2).

Where staff had been off for a period of time, we were assured there was a re-induction process in place to support them back into their post. This is in place for all staff across the organisation.

Most people told us there had been improved communication from management, however, there were still staff who felt management could be more visible.

We acknowledged the hard work of the provider to improve communications and continuity for staff and supported people. However, areas where there were recruitment challenges, meant staff changes could impact supported people. This at times, also caused frustration for staff. We asked the provider to reflect on this feedback and how this could be improved to enable all staff to feel valued and included in the organisation.

Areas for improvement

1. To ensure regulatory responsibilities are met the provider should:

ensure all relevant accidents and incidents are notified to the Care Inspectorate in line with 'records that all registered services (except childminding) must keep and guidance on notification reporting.'

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).

2. For people to have confidence they are being supported by skilled and knowledgeable staff, the provider should ensure staff apply their training in practice.

This should include, but is not limited to:

Observations of staff skills and practices should be regularly assessed, discussed and recorded to enable staff to reflect and build on good practice which in turn supports improved outcomes for people.

This is to ensure 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).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

A new post of rota administrator had been recruited. This new role meant getting to know the complex and varied rotas required across the organisation which the post holder had quickly identified. We hope to see this role as an asset to the organisation and continue to develop to ensure supported people and staff have more continuity.

Where possible, the provider tried to ensure consistency for supported people and to re allocate staff internally to cover un allocated shifts or where there were recruitment challenges, however, agency staff were still being used in some areas.

Established staff, who knew people well, often worked additional shifts to ensure consistency for supported people.

Where there had been newly recruited staff, supported people told us they had 'settled into their team well'.

Recruitment was an ongoing process for the organisation.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. There were some strengths contributing to positive outcomes for people, however, these only just outweighed weaknesses.

Health files introduced at the last inspection were now in place and up to date for people. This meant staff had the most up to date information to support people well with their health needs.

Individual Support Plans (ISP) had started to be reviewed and updated for people with support staff who knew people wellbeing involved.

We shared with the provider, some areas we had identified within some plans, which should be reviewed to use language which is more empowering and upholds and respects people's rights.

Auditing of ISP's had identified a need for staff development of what a person centred ISP should be.

The learning and development team had introduced a 'personal outcomes' workshops which was in the process of being rolled out. A risk management workshop was at development stage and workshops would be identified on completion.

This meant the provider could be confident all staff would be skilled in developing ISP's for people which were meaningful, live and individual to the person.

We can see progress with this extensive piece of work and have met the previous requirement made.

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

Requirements

Requirement 1

By 31 March 2024, the provider must ensure effective management oversight of the service is in place with strong leadership and enhanced quality assurance measures to drive sustained improvement.

In order to achieve this, the service provider must, at a minimum, ensure:

- quality assurance systems effectively enable areas for improvement to be promptly and accurately identified
- the outcomes, as a result of any audit, are clearly recorded
- where areas for improvement are identified, an action plan is developed detailing timescales and the person responsible
- systems to monitor whether documentation provides accurate accounts of service provision, quality assurance and is fit-for-purpose are developed and implemented
- all current quality assurance arrangements are reviewed and developed to ensure these are systematic, effective and integral to service provision
- ensure staff who undertake quality assurance roles are trained and supported.

This is in order 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 care and support is consistent with the Health and Social Care Standards (HSCS) which state:

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

This requirement was made on 13 December 2023.

Action taken on previous requirement

There was improvement in all areas of management oversight and quality assurances.

Information relating to this requirement being met can be found in key question two of this report 'How good is our leadership?'

Met - outwith timescales

Requirement 2

By 31 March 2024 the provider must ensure people will have confidence their Individual Support Plans (ISP) are up to date and reflect their individual needs, intended outcomes and associated risks.

To achieve this the provider must ensure:

- ISP's are accurate, sufficiently detailed and reflect the care and support planned or provided
- ISP's are updated in a timely manner when a person's care and support needs change
- ISP's are regularly reviewed with people, and/or their family/friends/carers as appropriate, to evaluate how accurately the plans reflect the needs of the person and how well the service is meeting these needs
- following an assessment of risk, procedures developed to reduce risk and ensure safety are detailed
- where a person has third party legal representation this is clearly detailed
- all staff involved in planning and documenting care and support are provided with appropriate training, time, and support for this
- demonstration that managers are involved in monitoring and the audit of ISPs.

This is in order to comply with Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

'My personal 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)

'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This requirement was made on 13 December 2023.

Action taken on previous requirement

Work had commenced to review and update support planning.

Training had been developed for staff teams.

Information relating to this requirement being met can be found in key question five of this report 'How well is our care and support planned?'

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

To ensure people get the most out of life, the provider should ensure staffing levels are sufficient to meet people's assessed level of support. This should include, but is not limited to:

- there is a clear record of the number of staff required to meet people's need and this is updated as needs change.
- evidence of changing needs are recorded and risk assessed to support proactive communications with commissioners.

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

'My care and support meets my needs and is right for me' (HSCS 1.19)

'My needs are met by the right number of people' (HSCS 3.15).

This area for improvement was made on 13 December 2023.

Action taken since then

Reviews of people's support needs had commenced across the service.

This area for improvement has been met.

Previous area for improvement 2

For people to be confident their medication regime is being managed safely, the provider should ensure:

- any 'as required' medication (PRN) has sufficient information to guide staff prior to administration
- when 'as required' (PRN) medication is given, an outcome is recorded.

This is to ensure 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)

'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27).

This area for improvement was made on 13 December 2023.

Action taken since then

As required protocols evidenced contained guidance for staff to follow prior to administration of any as required medication. We advised were further instruction should be more detailed.

Medication sheets had specific sections to record outcomes from any administration of as required medication.

This area for improvement has been met.

Previous area for improvement 3

For people to have confidence they are being supported by skilled and knowledgeable staff, the provider should ensure staff apply their training in practice. This should include, but is not limited to:

Observations of staff skills and practices should be regularly assessed, discussed and recorded to enable staff to reflect and build on good practice which in turn supports improved outcomes for people.

This is to ensure 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)

This area for improvement was made on 13 December 2023.

Action taken since then

A new annual competency process had been introduced.

We have continued this area for improvement to enable this new process to become embedded and sustained.

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?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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