

# Brothers of Charity Services (Scotland) - Care Home Service Care Home Service

Garden Villa  
Gattonside  
Melrose  
TD6 9NW

Telephone: 01896 823 616

**Type of inspection:**  
Unannounced

**Completed on:**  
25 June 2024

**Service provided by:**  
Brothers of Charity Services (Scotland)

**Service provider number:**  
SP2008010095

**Service no:**  
CS2008186665

## About the service

Brothers of Charity Services (Scotland) are registered to provide a care home for adults with a learning disability at Garden Villa.

Located at Gattonside in the Scottish Borders, the service provides care for a maximum of seven adults with learning disabilities and significant health needs. Up to three people may be receiving respite care.

At the time of the inspection, there were five residents living in the home and two respite guests.

Brothers of Charity (Scotland) are also 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.

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 good is our setting?	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.

For people living at Garden Villa, access to local shops or any amenities is reliant on transport. People rely on staff booking accessible taxis or voluntary drivers through a local not for profit initiative. This dependence meant it was not possible to have a spontaneous outing and at times people's interests could be restricted.

A wellbeing coordinator supported people to engage in daily activities within the home, however, their time was limited and the reliance was then on staff to seek opportunities to ensure people had a good day.

On the day of our visit, one person had support to go for a walk and others were enjoying interacting with staff on a mobile sensory tabletop game.

People living at Garden Villa required one to one support to take part in any activity. Staff were available throughout the day to support people with personal care, for meals and for social interaction, however, there were times where people lacked stimulation or engagement.

We discussed with the provider how there were still areas where people should be able to, or be 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 repeated this 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 reassured there was a re-induction process in place for all staff across the organisation. This effectively supported staff back into their role to build up their confidence.

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 to. 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 good is our setting?****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.

All the people living at Garden Villa used wheelchairs which meant space was limited when everyone was together. However, the home was clean and tidy and staff used the space available as best they could.

The sensory room had been used in the past for storage. This had been cleared which made the room accessible for its use. We felt the room was not the most inviting for a sensory experience and advised this be developed to make more enjoyable opportunities for people.

Management were reviewing the limited storage space within the home.

Medication cabinets had been moved to people's rooms which had freed up potential storage space of a small room.

The garden area had limited access for wheelchairs, however, staff had supported people to brighten the area with painted stones and planting of flowers and a memory tree.

Maintenance records for equipment were in place and in date. A recent fire report had identified some recommendations which were being actioned during out visit.

We discussed the area around the home and its neighbours with the provider as it is not wheelchair friendly. Unfortunately, this does not belong to the provider so they are restricted with how much they can improve this.

**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 for the Brothers of Charity 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's) had started to be reviewed and updated for people with support staff who knew people's wellbeing involved. ISP's for respite guests were included within this process.

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' workshop 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 areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

To ensure people have confidence that the service they use is led well and managed effectively, 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.'
- all relevant staff responsible for providing such notifications have knowledge of what is reportable.

**This area for improvement was made on 20 February 2023.**

#### Action taken since then

Although notifications reporting had improved, not all were being reported timeously.

We have continued this area for improvement.

### 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?	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 good is our setting?	3 - Adequate
4.1 People experience high quality facilities	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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