

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

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Type of inspection:
Announced (short notice)

Completed on:
9 July 2025

Service provided by:
Brothers of Charity Services (Scotland)

Service provider number:
SP2008010095

Service no:
CS2008192028

About the service

Brothers of Charity Services (Scotland) Supported Living Community of Care is registered to provide a combined housing support and care at home service for individuals to experience maximum independence, health, wellbeing, and inclusion in their own homes. The service covers Galashiels, Selkirk, Kelso, Tweedbank and Earlston.

At the time of the inspection, 43 people were receiving support.

Brothers of Charity Services (Scotland) are also registered to provide housing support and care at home services at their 'Campus of Care' service and a 'Care Home' service at Garden Villa.

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

About the inspection

This was a short announced follow up inspection which took place on 07 July 2025.

The inspection was carried out by three inspectors from the Care Inspectorate.

The inspection focused on five requirements which were to be met by 29 June 2025. These had been made during the previous inspection which concluded on 22 May 2025.

We assessed how the service had addressed these requirements to improve outcomes for people.

While some steps have been taken, further development is needed to fully achieve the intended improvements. To support continued progress and ensure sustainable change, the timescales for meeting these requirements have been extended. This extension reflects our commitment to working collaboratively with the service to help it meet expectations and deliver the best possible outcomes.

Key messages

- Progress had commenced in some areas, but not all, across the Supported Living Community of Care service to meet the specified requirements.
- A set of actions had been identified to strengthen the consistency of management and leadership to drive these developments forward.
- To allow sufficient time for implementation and integration into everyday practices, we extended the requirements to 24 August 2025.
- We will visit for another follow up inspection after this date.

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

Requirements

Requirement 1

By **29 June 2025**, the provider must ensure supported people experience care and support which ensures they have a high quality of life.

Where people have restrictions imposed upon them, through any legal powers, for example Guardianship, this must be the least restrictive for the person.

This must include but is not limited to:

- The support plan must contain clear information as to what legal powers are being used; why any restrictions are in place and what this means for the person.
- The supported person must be central to the development of any guidelines, procedures and achievable outcomes with the least restrictive measures.
- There must be clear guidance for the person to understand and for staff to follow.
- Measure the effectiveness of the support provided through observations, feedback from the person and those important to them, and other relevant evaluation processes, such as quality audits, external feedback and clinical governance reviews.
- The person, where able, is involved in regular reviewing of the guidelines with relevant people to ensure they remain in their best interest.
- Monitor timescales as to when legal powers need to be renewed.

This is to comply with regulation 3; regulation 4(1)(a) and (c); and regulation 5 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 which state:

1.3: If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.

1.24: Any treatment or intervention that I experience is safe and effective.

4.27: I experience high quality care and support because people have the necessary information and resources.

This requirement was made on 22 May 2025.

Action taken on previous requirement

Within Supported Living Community of Care service, care and support plans had not yet been updated to reflect the least restrictive measures were being practiced.
New protocols relating to legal documents and restrictive practices had been developed for the organisation.

To ensure sufficient time for improvements to be implemented and to ensure these are integrated into practices, the requirement has been extended to 24 August 2025.

Not met

Requirement 2

By **29 June 2025**, the provider must ensure they are supporting people within the legal powers entrusted to them and people can be confident their finances are being managed well.

This should include but not be limited to:

- Review the oversight of all financial appointees they hold for people.
- Ensure there is a clear procedure in place to support people with maintaining and applying for any financial benefits they are entitled to.

This is to comply with regulation 3 and 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 which state:
4.19: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.
4.23: I use a service and organisation that are well led and managed.

This requirement was made on 22 May 2025.

Action taken on previous requirement

The organisation's financial policy had been revised, and new protocols had been developed to ensure robust oversight of corporate appointee activities.

However, within the Supported Living Community of Care service, ongoing delays in supporting individuals with their financial correspondence created the risk of significant consequences for them.

To ensure sufficient time for further improvements and to ensure these are integrated into practices, the requirement has been extended to 24 August 2025.

Not met

Requirement 3

By **29 June 2025**, the provider must ensure people can be confident the care and support they receive is well led and managed effectively.

This should include but not limited to:

- Management teams must be stable to enable continuity, focus and development within their allocated area.

This is to comply with regulation 3 and 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 which state: 4.23: I use a service and organisation that are well led and managed.

This requirement was made on 22 May 2025.

Action taken on previous requirement

Recruitment to management posts had been successful across the organisation.

Discussions with management teams were underway to evaluate and refine the structure of management oversight within Supported Living Community of Care.

To ensure sufficient time for further improvements and to ensure these are integrated into practices, the requirement has been extended to 24 August 2025.

Not met

Requirement 4

By **24 August 2025**, the provider must ensure people can be confident their support hours will be provided to enable them to lead a full life.

This should include but not limited to:

- People receive their contracted hours consistently.
- Where this does not happen, it is recorded why.
- If there is a sustained period of inability to provide contracted hours, this is reviewed with the person, people important to them and the contracting authority.

This is to comply with regulation 3; regulation 4(1)(a) and regulation 15 (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 which state: 1.19: My care and support meet my needs and is right for me.

3.19 My care and support is consistent and stable because people work together well.

4.23: I use a service and organisation that are well led and managed.

This requirement was made on 22 May 2025.

Action taken on previous requirement

This requirement was not reviewed during the inspection, as it is scheduled to be assessed at a later date.

Not assessed at this inspection

Requirement 5

By **24 August 2025**, the provider must ensure people are confident that the care and support they receive is well led and managed effectively with sufficient senior management in post to provide oversight of the organisation.

This should include but not limited to:

- Oversight of all supported people's health and wellbeing.
- Oversight of all staff and their development
- Oversight of all quality assurances and improvements for the organisation

This is to comply with regulation 3; regulation 4(1)(a) and regulation 15(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 which state:
3.15: My needs are met by the right number of people.

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

4.23: I use a service and organisation that are well led and managed.

This requirement was made on 22 May 2025.

Action taken on previous requirement

This requirement was not reviewed during the inspection, as it is scheduled to be assessed at a later date.

Not assessed at this inspection

Requirement 6

By **29 June 2025**, the provider must ensure people are confident their health and wellbeing outcomes are being met by consistent staff who know them well.

This should include but not limited to:

- A stable staff team around each individual supported person.
- If staff have to be deployed elsewhere, they have met the person prior to any support being provided.
- If staff have to be deployed elsewhere, they must have access to digital information and guidance systems.
- If staff have to be deployed elsewhere, this is recorded and reviewed monthly.

This is to comply with regulation 4(1)(a) and 15 (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 which state:
3.8: I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with.

3.11: I know who provides my care and support on a day to day basis and what they are expected to do.

4.23: I use a service and organisation that are well led and managed.

This requirement was made on 22 May 2025.

Action taken on previous requirement

The consistency of staff visits across Supported Living Community of Care had improved for some individuals.

As part of the induction period newly recruited staff were supported through shadowing opportunities with experienced colleagues to help them gain insight into role-specific responsibilities and workplace practices.

New protocols, for the organisation, had been developed in relation to accessing digital care records. These were still to be implemented.

To ensure sufficient time for further improvements and to ensure these are integrated into practices, the requirement has been extended to 24 August 2025.

Not met

Requirement 7

By **29 June 2025**, the provider must ensure any newly supported people can be confident their care and support is managed well.

This should include but not limited to:

- A detailed support plan and risk assessment is put in place prior to starting support with the service.
- This should include information gathered from the person, their relative or guardian and any other relevant people including any previous support provider.
- The support plan, guidelines and risk assessment must be reviewed at regular intervals within the first four weeks and subsequent months thereafter to ensure information and/or outcomes are up to date and relevant.

This is to comply with regulation 3; regulation 4(1)(a) and regulation 5 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 which state:

1.13: I am assessed by a qualified person, who involves other people and professionals as required.

2.17: I am fully involved in developing and reviewing my personal plan, which is always available to me.

3.20: I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.

4.23: I use a service and organisation that are well led and managed.

This requirement was made on 22 May 2025.

Action taken on previous requirement

New protocols had been introduced, across the organisation, to strengthen assessment and care planning procedures.

However, there had been missed opportunities to ensure care and support plans were in place prior to the commencement of support for an individual. Despite this, they had settled very well into their new home.

To ensure sufficient time for further improvements and to ensure these are integrated into practices, the requirement has been extended to 24 August 2025.

Not met

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 can be confident their health and safety needs are being well led and managed effectively. The provider should:

- Review supported people's home insurance to ensure their property and contents are protected from any unforeseen events.

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

'I use a service and organisation that are well led and managed' (HSCS 4.23).

'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 22 May 2025.

Action taken since then

This area for improvement was not included in the scope of the inspection, which was limited to evaluating compliance with specified requirements.

Previous area for improvement 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).

This area for improvement was made on 25 June 2024.

Action taken since then

This area for improvement was not included in the scope of the inspection, which was limited to evaluating compliance with specified requirements.

Previous area for improvement 3

To ensure regulatory responsibilities are met, the provider should:

- Ensure all relevant accidents and incidents are notified to the Care Inspectorate in line with 'Adult Care Services: Guidance on records you must keep and notifications you must make.'

This is to ensure that 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 area for improvement was made on 25 June 2024.

Action taken since then

This area for improvement was not included in the scope of the inspection, which was limited to evaluating compliance with specified requirements.

Previous area for improvement 4

To support positive outcomes for people the provider should ensure that accurate communication records are kept.

This should include, but is not limited to:

- Ensuring records contain details of when people's support visits are cancelled and the communication methods used to inform people of this.

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

If the care and support that I need is not available or delayed, people explain the reasons for this and help me to find a suitable alternative (HSCS 4.22).

This area for improvement was made on 20 January 2025.

Action taken since then

This area for improvement was not included in the scope of the inspection, which was limited to evaluating compliance with specified requirements.

Previous area for improvement 5

For people to have confidence they are being supported by skilled and knowledgeable staff, the provider should ensure staff receive training in the following subjects:

- Trauma and grief management
- Supporting people with finances and benefits

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 3.14: 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.

This area for improvement was made on 22 May 2025.

Action taken since then

This area for improvement was not included in the scope of the inspection, which was limited to evaluating compliance with specified requirements.

Complaints

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

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