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

Garden Villa
Gattonside
Melrose
TD6 9NW

Telephone: 01896 823 616

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:
CS2008186665

About the service

Brothers of Charity Services (Scotland) Care Home Service is 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, five people were receiving support.

Brothers of Charity (Scotland) are also registered to provide two combined housing support and care at home service at their 'Campus of Care' and 'Supported Living Community of Care' services.

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 three 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 across the Care Home 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 the Care Home service, individual support plans included details about any legal powers currently in place. Relevant sections of each plan outlined these powers, providing staff with clear guidance on any restrictions they need to be aware of.

The manager had developed a spreadsheet to ensure oversight of all legal documents were properly monitored.

New protocols relating to legal documents and restrictive practices had been developed for the organisation.

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 2

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 3

By **29 June 2025,** the provider must ensure people are confidant 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

Although the staff team at the care home was consistent, frequent redeployments disrupted both the stability and quality of support provided to those living in the home.

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 4

By **29 June 2025,** the provider must ensure any newly supported people can be confidant 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

Progress has been made at the Care Home to enhance the clarity and consistency of information within care plans for individuals who have recently transitioned to the service. Procedures for care and support plans for new respite guests had been introduced.
As part of these improvements, new protocols had been introduced, across the organisation, to strengthen assessment and care planning procedures.

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

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 2

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: 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 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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