

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

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Type of inspection:
Unannounced

Completed on:
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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) 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.

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

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

About the inspection

This was an unannounced follow up inspection which took place on 07 January 2026. The inspection was carried out by two inspectors from the Care Inspectorate.

The inspection focused on two requirements which were to be met by 31 December 2025 and five areas for improvement. These had been made during the inspection which concluded on 22 May 2025. These were extended at a follow up inspection which concluded on 09 July 2025 and further extended at a follow up inspection which concluded on 15 September 2025.

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

Key messages

- Sufficient progress had been achieved, with all requirements and areas for improvement now fully met.
- The improvements demonstrates a clear commitment to quality and a proactive response to the priorities identified at the previous inspections.
- While further development is still required, the service is now better positioned to build on these foundations and continue improving outcomes for people experiencing care.
- We re-evaluated Key Question two, How good is our leadership and Key Question three, How good is our staff team from 'weak' to 'adequate' to reflect the improvements made.

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 good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How good is our leadership?

3 - Adequate

This requirement had been met and we re-evaluated this key question from weak to adequate.

The provider had implemented a revised strategic management structure, with the majority of key posts now successfully appointed. Within Supported Living, the newly appointed management team was becoming established with a focus on building stability across the service.

These changes were beginning to take effect, and the early impact was encouraging.

Internal processes had improved, with clearer procedures and more consistent documentation now in place. Although new to the organisation, the management team had established appropriate oversight and took prompt action to ensure monitoring and audit activities were carried out. Their focus on governance contributed to clearer processes and more consistent practice across the service.

The progress achieved so far, combined with the evident enthusiasm and commitment of the management team, reflects a positive direction of travel. While further development is still required to reach higher levels of performance, the service is now better positioned to build on these foundations and continue improving outcomes for people experiencing care.

How good is our staff team?

3 - Adequate

This requirement had been met and we re-evaluated this key question from weak to adequate.

Recruitment activity had continued, although management's proactive review of staffing arrangements had effectively reduced the service's reliance on agency workers. When agency staff were required, the same familiar individuals were consistently deployed to Supported Living service which ensured continuity and stability for people using the service.

The service had introduced structured observations of staff practice. This created meaningful opportunities for staff to reflect on their approaches to care and support, and it contributed to ongoing development of their professional skills.

Staff teams had experienced considerable change in recent years. Despite this, their commitment to the people they support had remained strong. The improvements implemented since the previous inspection had strengthened the overall quality of support and provided a positive platform from which to rebuild trust with the organisation. This foundation should help ensure that positive outcomes for people continue to progress.

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

Requirements

Requirement 1

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 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 (HSCS) which state:

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

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

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

This requirement was made on 22 May 2025.

Action taken on previous requirement

This requirement had been extended on the 15 September 2025 with a new deadline set for 31 December 2025.

Strategic direction and governance were now being overseen by a newly registered manager and supported by a new management team within Supported Living.

We re-evaluated Key Question two to reflect the improvements implemented under this new leadership structure.

Met - outwith timescales

Requirement 2

By 31 December 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:

- Minimise the reliance on agency staff by improving recruitment, retention, and scheduling practices to maintain a consistent team presence.

This is to comply with section 7 of the Health and Care (Staffing) (Scotland) Act 2019.

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

'I can build a trusting relationship with the person supporting and caring for me in a way that we both feel comfortable with' (HSCS 3.8).

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

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

This requirement was made on 15 September 2025.

Action taken on previous requirement

Recruitment activity continued, and management's proactive review of staffing schedules successfully reduced the need for agency support. When agency staff were required, familiar staff consistently attended Supported Living services, helping to maintain stability and continuity.

We re-evaluated Key Question three to reflect the improvements implemented.

Met - within 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 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

Management had reviewed home insurances for people being supported within Supported Living services and now had oversight of these.

This area for improvement had been met.

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

Management were completing various observations of staff practice and these were reviewed with staff to promote reflective practice and strengthen their learning and development.

This area for improvement had been met.

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

Internal processes for reporting and recording accidents and incidents had strengthened, with clearer procedures and more consistent documentation. Regulatory notifications were being submitted appropriately and within required timeframes.

This area for improvement had been met.

Previous area for improvement 4

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

Most staff had completed the trauma and grief management training with additional dates being organised for those still to attend.

Benefits awareness training was scheduled to take place for senior staff within the next month.

There was sufficient progress for this area for improvement to be met.

Previous area for improvement 5

To ensure any changes to a person's support visit are accurately reflected and monitored, the provider should include, but is not limited to:

- Streamline systems for recording and communicating any changes to a scheduled or unfilled support visit.
- Inform the person receiving support.
- Audit these systems to identify any pattern or inconsistencies.

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 15 September 2025.

Action taken since then

Improved governance systems had been implemented with ongoing monitoring and auditing of support visits and any changes made. Staff schedules were reviewed, and reduced movement of staff led to fewer last-minute alterations to the support people received.

This area for improvement had been met.

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 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

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