

# Brothers of Charity Services (Scotland) - Together Borders - Area Two Housing Support Service

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**Type of inspection:**

Announced (short notice)

**Completed on:**

13 March 2020

**Service provided by:**

Brothers of Charity Services (Scotland)

**Service provider number:**

SP2008010095

**Service no:**

CS2008192028

## About the service

Brothers of Charity Services (Scotland) - Together Borders - Area Two is a combined housing support and care at home service for people with a learning disability, often with complex care needs, living in the Scottish Borders.

The service is part of a range of support services, care home services, social enterprises and care at home / housing support services provided by Brothers of Charity Services (Scotland), for adults with a learning disability.

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

The services vision is "A society where everyone belongs and is valued for who they are"

The services mission is "To support people to lead their own life and achieve their dreams and goals"

Their aims include.

"Living life to the full - we support people in their everyday life, as all stages of life. We respect people's skills, interest, choices and personal beliefs. We will check with the person that support is making a positive difference"

"Getting it right - we spend time getting to know each person and how they would like to be supported. We respect and work in partnership with family carers. We check with the person that they are getting a high-quality service. We support people when things are changing. We are open about our work"

"Valuing community - we help people be part of their community and to be actively involved. We support, where needed, communities to involve the person fully. We make a positive contribution in local communities"

## What people told us

People were happy with the care and support they received.

We sent out 20 questionnaires and had 15 returned from people who used the service and their carers and relatives. We also spoke with a further 15 supported people while out on visits and spoke to two relatives on the telephone.

The information submitted in the questionnaires and what people told us identified that there were at times lots of different staff supporting people.

"As a relative completing this form I would encourage continuity for service users"

"I like to know who is coming in to support me. I don't like too many staff changes"

We found that staff changes were due to staff sickness and annual leave which was unavoidable however we did discuss this with the management team and they were keen to ensure that this would be looked at and improved where they could to ensure continuity of support for the people in the service.

However, there was also complimentary comments as detailed below and this was also reflected in the questionnaires where 10 out of the 12 questionnaires returned identified they were very happy with the service and answered all questions as agreed or strongly agreed.

The positive comments included -

"It is of great comfort to me to know that my relative is so cared for in his "home" and is happy"

"My relative seems happy, and I am satisfied with the care provided for him at this time"

"Very happy with the care"

"The care that my relative receives is outstanding"

"The team of carers are so professional, kind and caring. They are very fortunate to be able to live a full life, despite the limitations my relative has"

"My relatives' family are very happy with their care. and their carers. We have a good rapport with management if we do have any concerns"

"On behalf of my family I wish to express my sincere and heartfelt appreciation of the degree of care both physical and mental given to my relative."

"It is of great comfort to me to know that my relative is so cared for in his home and is happy"

"In all the time I have worked at the hospital, we have several people who have been supported by their carers for one reason or another, yet I am always impressed by the carers from this organisation out of all of these. They seem so attentive and knowledgeable and appear to genuinely care for the people they look after"

## Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

The 'Health and Social Care Standards' have replaced the National Care Standards. These seek to promote and improve outcomes for people who experience care. Services should now be providing support in accordance with the guidelines outlined therein.

These are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high-quality environment if the organisation provides the premises.

<https://scotgov.publishingthefuture.info/publication/health-and-social-care-standards-my-support-my-life>

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

## Quality of care and support

### Findings from the inspection

It was identified through feedback we received that there was areas of care and support that was not consistent and that there was often changes of staff supporting people. We discussed this with the manager and due to staff changes and sickness this was something the service was working on to improve. Despite this we observed a staff team that knew about the Health and Social Care Standards and could demonstrate the principles of these in their practice.

We visited 15 people during our inspection. All the people we visited required varying levels of support. Some people could tell us about how they experienced their care and support and could tell us they felt listened to. This ensures that people's views were taken into consideration in shaping their care. For those that were unable to tell us about their care and support we were able to identify positive outcomes through observation and interactions with staff.

Brothers of Charity Services (Scotland) - Together Borders was respectful in ensuring that people's rights were upheld. People were treated fairly, and staff were able to actively challenge any forms of discrimination. Where people's independence, choice and control were restricted the appropriate legal arrangements were put in place in the least restrictive way. This was to ensure people maintained opportunities to achieve their wishes and goals. Advocacy services were available, and staff knew how to contact these services should the people they support need this.

Staff were active in ensuring that each person they supported were engaged in their local community. People participated in lots of different activities which included going out for lunches, coffee, and other local activities that were organised in the community. Some of the people we met had their own vehicles, which enabled them to go a little further afield.

The staff team that we spoke with were good in monitoring people's health and wellbeing and there was good links with the with the GPs, nurses and social work teams should a person health deteriorate or change. Anticipatory care and making certain that people are helped to live well right to the end of their life is important. We observed some good examples of this. We discussed this with the management team to see how this could be developed for other supported people. This ensures that people are supported in a planned and safe way, which is in line with the individuals wishes should their health deteriorate in an emergency or unexpected event.

For those that were supported with their medication staff were trained appropriately to dispense this to the people they support. This was documented via a weekly Medication Administration Record (MAR). Our audit of these identified issues around best practice. This included handwritten notes which had not been signed or

dated which identified when people had started medications that may only being used in the short term. For those that had medication that were only used occasionally the information which described how this should be taken was on occasion missing or hard to find. Medication assessments which identifies how much support people need with their medication was difficult to find, out of date or not in place.

(Recommendation 1)

People benefited from good care planning that identified people's needs and wishes with information and guidance to identify how staff support each person. Support plans were reviewed however this was not consistent in all the plans we looked at. This ensures that people are involved in their support plan and help shape this to identify how people spend their day and get support to do the things that make them happy and confident.

Regular reviews were identified as taking place and identified on the matrix shown to us by the manager. We asked staff about when the last reviews had taken place and what the outcomes of these were.. However, we were unable to see any documentation that identified when these reviews had taken place and what had been discussed and any actions that were needed to be taken forward. Good documentation and record keeping ensures that people feel included in their reviews and encouraged to be involved in the decisions that are made about their lives.

(Recommendation 2)

Systems in place to audit the quality of care and support for each person were not routinely being used. The service has identified that they need to consider a more manageable process. Quality assurance could be further improved to not only monitor the frequency, but the quality of areas such as induction/review process, supervision, team meetings and care reviews. This will ensure that these are effectively and appropriately being carried out and outcomes and actions followed up.

(Recommendation 3)

Following our inspection, we could conclude that people were supported at a good level to meet their needs, wishes and choices in a supportive and safe way. This facilitates people to lead safe, healthy, happy, and active lives.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. To ensure people experience a medication system that is safe, up to date, complete and accurate the service should develop systems that:

- Staff have adequate information to support them to monitor supported people's medication and the specific condition the medication is prescribed for.
- Staff understand their role in, and accountability for monitoring medication.
- Staff administer medicines in a way that recognises and respects people's dignity and privacy taking into consideration the daily routine of the resident and the possible need for medication to be available for administration out with set times. (PRN medication)

- Staff are supported with procedures detailing the home's medicines management systems, covert medication and the principles of consent and confidentiality.
- Staff understand their responsibility to keep accurate and current records of medicines.
- There is a system in place for regular reviews of MAR charts to remove items no longer prescribed, used or needed
- When regular medication is not given or taken that staff record the reason why along with any further action that was taken including the outcomes of the action that is signed and dated.

This is to ensure care and support is consistent with the Health and Social Care Standards which state; 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

2. To ensure people experience care that is right for them, robust systems should be developed to ensure the most current and up to date needs of that individual is documented and is regularly assessed and monitored. To do this the service should:

- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided
- Demonstrate that staff follow policy and best practice about record-keeping and documentation.
- Ensure that staff know policy and best practice.
- Demonstrate that managers are involved in monitoring and the audit of records.

This is to ensure care and support is consistent with the Health and Social Care Standards which state; 'My personal plan (sometimes referred to as a care 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)

3. To ensure people experience safe care and support where the management team have good monitoring and quality assurance systems in place to identify concerns. The service provider should develop methods to make certain.

- The system effectively enables areas for improvement to be promptly and accurately identified.
- That the outcomes because of any audit are clearly recorded.
- Where areas for improvement are identified that 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 that these are systematic, effective, and integral to service provision.

This is to ensure care and support is consistent with the Health and Social Care Standards which state; 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.1)

**Grade:** 4 - good

## Quality of staffing

### Findings from the inspection

Staff were recruited in line with best practice and we could evidence that people had been recruited well with all the appropriate checks being completed. However, the organisation of these files was very unsystematic, and we found it difficult to locate all the information to ensure safe recruitment was being followed. This was discussed with senior managers and they reassured us that this would be looked at to see how this could be improved in the future.

Induction processes and training were well organised and gave staff appropriate time to ensure they were comfortable in the job and that they felt competent and confident enough to work alone when needed. This was also identified with the staff we spoke with who could also identify a positive induction process. Managers were happy to support staff if they needed more time to get to know a person and were very understanding and flexible should they need to change areas of work to enable staff to have new experiences.

Mandatory training and refreshers were identified in a training matrix which had regular monitoring of what staff had completed and when they were due to be updated. Training areas were specific to people's needs and included subjects such as dementia, autism, and epilepsy.

Learning opportunities were developed to meet the needs of the people they supported based on evidence-based practice guidance. This was regularly evaluated, with new training planned as supported peoples needs change. There was a range of approaches to suit different learning styles and we could see that staff had access to training and were encouraged to have their own plan which identified gaps and how these could be filled.

There was a learning culture embedded within the service, which included reflective practice. Staff appeared comfortable acknowledging their learning needs, as well as challenging poor practice and were confident these would be addressed.

Regular supervision and appraisal were used constructively and staff we spoke to valued these meetings which identified clear outcomes for them to ensure they maintained their professional development to meet any registration requirements.

Team meetings happened regularly and this was also identified on a spreadsheet and monitored by the manager. Communication between staff at times could be improved but overall, there was opportunities for staff to discuss work and how best to improve outcomes for the people they support. People benefited from a warm atmosphere as there were good working relationships.

### Requirements

**Number of requirements:** 0

### Recommendations

**Number of recommendations:** 0

**Grade:** 5 - very good

## Quality of management and leadership

This quality theme was not assessed.

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

There are no outstanding recommendations.

## 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).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
18 Dec 2018	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
23 Nov 2017	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
20 Mar 2017	Announced (short notice)	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
20 Jan 2016	Announced (short notice)	Care and support 6 - Excellent Environment Not assessed Staffing 6 - Excellent Management and leadership 6 - Excellent
6 Feb 2015	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing 6 - Excellent Management and leadership 6 - Excellent
27 Feb 2014	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
5 Feb 2013	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good
23 Mar 2012	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 5 - Very good

Date	Type	Gradings	
		Management and leadership	Not assessed
19 Oct 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed Not assessed 5 - Very good
25 Jan 2010	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 5 - Very good 4 - Good

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