

# Thera (Scotland) - (Inverness and the Highlands)

## Housing Support Service

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Edinburgh  
EH2 2JG

Telephone: 0300 303 1286

**Type of inspection:**

Announced (short notice)

**Completed on:**

4 December 2019

**Service provided by:**

Thera (Scotland)

**Service provider number:**

SP2007008824

**Service no:**

CS2016346839

## About the service we inspected

Thera (Scotland) - (Inverness and Highlands) is a not for profit company operated by Thera Trust, a charity that leads a number of similar companies supporting people with disabilities in England and Scotland.

The service provides combined housing support and care at home services to people with learning disabilities, physical disabilities and mental health conditions living in their own homes and in the community. The support services are provided in Inverness and Easter Ross areas. Support can be provided to people in their own homes and in the community up to 24 hours a day, seven days a week.

The aims of the organisation state: "Thera aims to support people with a learning disability to have a good life that makes sense to each person, including developing personal and informal relationships, financial security and enabling people to use their gifts and abilities."

## How we inspected the service

This report was written following a short notice announced inspection on 2 and 3 December 2019. Feedback was provided to the manager on 3 December. At this inspection we focused on the requirements and recommendations we made at the last inspection on 20 May 2019.

During the inspection, we gathered evidence from various sources.

We:

- looked at a sample of four people's support plans and associated recordings
- reviewed the meaningful activities being provided
- looked at safer recruitment, including staff induction
- reviewed staff rotas and on call arrangements
- looked at staff supervision, appraisals and observations
- looked at the service training needs analysis, training plan and training records
- reviewed appropriate work spaces
- looked at quality assurance tools and systems.

## Taking the views of people using the service into account

We did not meet with anybody using the service during this follow up inspection.

## Taking carers' views into account

We did not have the opportunity to meet with any carers during the follow up inspection.

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

### Previous requirements

#### Requirement 1

The provider must by 29 November 2019 ensure that effective arrangements are in place to improve the quality of the care service, making sure that people get the care and support that they need and that is right for them. The provider must:

- Ensure that people are recognised as experts in their own experiences, needs and wishes and their views and those of their relatives or representatives are sought when assessing, planning and evaluating their care.
- Ensure that each person using the service has a full, written, accurate personal plan in place; which fully reflects the person's health, welfare and safety needs and takes into account their choices and preferences.
- Ensure that care plans and risk assessments are reviewed with people and their families or representatives in accordance with Thera's policy and at least once in every six month period.
- Ensure that all care related documentation is regularly reviewed and audited.

This is to ensure that 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) and in order to comply with Regulation 4(1)(a) and 5(a)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 15 July 2019.**

#### Action taken on previous requirement

We saw that care plans had been updated for everyone in the service, though some were still to be fully completed. We saw some evidence that people and their families had been involved in developing care plans. We saw no evidence that reviews had taken place apart from a date, there were no actions or outcomes recorded. This requirement has been partially met but further work is needed to ensure that people's personal plans are right for them.

**Met - outwith timescales**

#### Requirement 2

The provider must by 26 July 2019 ensure that no supported people's homes are used to undertake any organisational business including the discussion or storage of other supported people's details. The organisation must provide a suitable venue for staff to undertake organisational duties such as team meetings and supervision. The provider must provide secure locked storage for all confidential data in line with GDPR (Data Protection Act 2018).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; "If I experience care and support where I live, people respect this as my home." (HSCS 3.2) and in order to comply

with Regulation 4(1)(b) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 15 July 2019.**

## Action taken on previous requirement

We saw evidence that the provider has ceased to use supported people's homes to undertake organisational business. The manager has identified a number of venues in Inverness that could be used for supervision, training, team meetings and any other business. All confidential data had been removed from people's homes and securely stored in line with GDPR. The manager had removed all office equipment from sleepover rooms and replaced office furniture to more suitable furniture for a bedroom. The importance of confidentiality and how to support people well in their own homes had been discussed with all staff.

**Met - within timescales**

## Requirement 3

By the 27 September 2019 the provider must ensure that people have confidence in the staff who support and care for them and that their care is provided in a safe way.

(a) In order to minimise the risk of errors in the provision of care and support, staff are afforded the opportunity to have appropriate breaks and time to recuperate between shifts; and

(b) Adequate risk assessments to protect people using the service are prepared and implemented in the event that staff must work excessive hours or shifts, in order to provide continuous or required care and support.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; "My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event." (HSCS 4.14) and in order to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 15 July 2019.**

## Action taken on previous requirement

The service still remains short staffed but we saw that risks to supported people and staff had been reduced through the introduction of a staffing contingency and recruitment plan. The provider was using a number of staffing agencies to ensure that all shifts were covered within the service and to ensure that no staff were working excessively long shifts and were able to take days off and attend training and supervision.

**Met - within timescales**

## Requirement 4

The provider must by the 29 November 2019:

Make sufficient and appropriate management arrangements to ensure the wellbeing of people using the service.

- Ensure adequate management arrangements are in place for the day-to-day running of the service.

- Ensure that the manager is adequately skilled and trained to undertake the duties and responsibilities of their role.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; "I use a service and organisation that are well led and managed." (HSCS 4.23) and in order to comply with Regulation 4(1)(a) and 7(c) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

**This requirement was made on 15 July 2019.**

#### Action taken on previous requirement

We felt that there had been sufficient progress in this area to meet the requirement. Thera appointed a new experienced registered manager in June 2019. There are still vacancies remaining in the local senior staff team but there is sufficient management cover with support from the wider organisation to cover the day to day running of the service and to implement the required improvements needed.

**Met - within timescales**

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

### Previous recommendations

#### Recommendation 1

The provider must ensure that all staff who are required to register with the SSSC are correctly registered. It may be an offence to continue to employ an unregistered worker for more than six months after their start date in a role recognised for registration.

This ensures that care and support is consistent with the Health and Social Care Standards which state; "I am confident that people who support and care for me have been appropriately and safely recruited." (HSCS 4.24)

**This recommendation was made on 15 July 2019.**

#### Action taken on previous recommendation

We saw evidence that the service had spoken to all staff about their requirement to become a member of the SSSC and all staff had either joined or were in the process of doing so. The manager had developed a spreadsheet to monitor registration and we saw that the registration process was discussed with new staff as part of their initial induction in order to meet the timescales given by the SSSC. This recommendation has been met.

#### Recommendation 2

The provider and manager should ensure that they continue to work on a system of training, supervision, appraisal and development for staff. This is to ensure that staff are supported to develop their skills and knowledge and can confidently and competently carry out their roles.

a) Staff should receive regular support and supervision in line with Thera's own policies and procedures.

- b) A training needs analysis should be carried out to identify the key priorities for staff training and development.
- c) A training plan should be put in place to prioritise staff training and development.
- d) A system should be put in place to monitor and evaluate staff training. This is to ensure that staff training is effective and learning outcomes are being achieved.

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 recommendation was made on 15 July 2019.**

### Action taken on previous recommendation

We saw that one page profiles were being developed for all staff members. Supervision, appraisals and observations were taking place but were yet to be fully established within the service. Records of supervisions and observations were very basic and need to be further developed to support staff and improve their practice.

A training needs analysis had been completed and a training plan was in place. We saw that all staff had completed their induction and basic training. The service had yet to put in place a system to monitor and evaluate the effectiveness of training.

This recommendation has been partially met and will continue.

### Recommendation 3

The provider should implement an on call system with a clear policy and procedure for staff and management to use. This should include a record for all calls made and actions taken. This is to ensure that there is effective support for all areas of the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; "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 recommendation was made on 15 July 2019.**

### Action taken on previous recommendation

The provider had implemented an on call system with a clear policy and procedure for staff and management to use and staff told us that this was working well. This recommendation has been met.

### Recommendation 4

The service reviews its monitoring and recording of significant occurrences, accidents and incidents and ensures that all notifications to the Care Inspectorate are met within set timescales.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; "I use a service and organisation that are well led and managed." (HSCS 4.23)

**This recommendation was made on 15 July 2019.**

## Action taken on previous recommendation

The service is currently reviewing and updating its internal systems for the recording and monitoring of significant occurrences, accidents and incidents. The new system will be streamlined and reduce the likelihood for errors. We have received notifications from the service but not always within the set timescales. This recommendation has therefore only been partially met and will continue.

## Recommendation 5

The service puts into place a quality assurance system which they can use to effectively access that the quality of care they provide meets the Health and Social Care Standards. The service needs to follow-up on findings and action plans to bring about improvements and these should be included in a service development plan.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states; "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

**This recommendation was made on 15 July 2019.**

## Action taken on previous recommendation

The service was working to an action plan that had been put in place following the last inspection. A full quality assurance system had yet to be fully established, though the service recognised the need to put one in place. This recommendation has not been met and will continue.

## 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								
24 Jan 2020	Re-grade	<table border="0"> <tr> <td>Care and support</td> <td>3 - Adequate</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>3 - Adequate</td> </tr> <tr> <td>Management and leadership</td> <td>3 - Adequate</td> </tr> </table>	Care and support	3 - Adequate	Environment	Not assessed	Staffing	3 - Adequate	Management and leadership	3 - Adequate
Care and support	3 - Adequate									
Environment	Not assessed									
Staffing	3 - Adequate									
Management and leadership	3 - Adequate									

Date	Type	Gradings	
20 May 2019	Announced (short notice)	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed 2 - Weak 2 - Weak
13 Jul 2018	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
2 May 2017	Announced (short notice)	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 4 - Good 5 - Very good



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