

Thera (Scotland) - (Inverness and the Highlands) Housing Support Service

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Type of inspection:

Announced (short notice)

Completed on:

20 May 2019

Service provided by:

Thera (Scotland)

Service provider number:

SP2007008824

Service no:

CS2016346839

About the service

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."

What people told us

We received two completed care standards questionnaires and spoke with a number of supported people and their families as part of the inspection. Feedback was very mixed, some people were happy with the quality of support provided and others felt that Thera was not able to provide adequate support.

People said:

"I like the staff who support me."

"I am happy with the service. They do have staffing issues, but have covered the shifts."

"The staff are ok."

"On the whole it is ok, they have a high turnover of staff and this causes problems. I often have to prompt staff to do things or organise activities otherwise I don't think they would happen."

"The rota is in chaos, staff are expected to work dangerously long shifts. The people they support are not at the centre of what they do. Things have been rapidly deteriorating and there have been management issues all the way to the top."

Self assessment

The service had not been asked to complete a self assessment ahead of the inspection.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

There were some strengths identified but these were outweighed or compromised by serious weaknesses. We discussed our concerns with the manager and provider during the inspection process. The service was going through a period of significant difficulty which had adversely affected the quality of care, staffing and management.

People should experience high quality support that is right for them. We saw that most staff had positive interactions with people who were supported and knew them well. We saw some evidence that people were leading active lives, attending activities and being part of their community but this was variable across the service and was not the case for everyone.

We saw that medication was being administered following best practice. We saw good recording and reporting systems for medication. We saw evidence that managers regularly observed staff's practice of medication administration, and where appropriate identified further training and/or support.

We saw that small cash transactions were well supported and recorded for people. However, people were not always supported effectively to pay bills or to monitor larger financial transactions. People did not always have a financial support plan or risk assessment to enable them to be able to monitor and spend their money appropriately.

People should have a care plan that is right for them and sets out how their needs are to be met as well as their wishes and choices. The care plans that we saw did not reflect people's needs. The care plans and risk assessments were not up to date and in some cases were incomplete. We saw minimal evidence that people and their families had been involved in developing and reviewing the care plans. We saw that people were being left at risk due to inadequate and out of date care plans. **(See requirement 1)**

People who experience care and support where they live should have their home respected. We saw that Thera staff often used people's homes as general offices where organisational meetings and meetings about other supported people took place. We saw that confidential information about people was unsafely kept in the homes of others. The provider and manager must ensure that people's homes are treated respectfully and at no time are used to undertake organisational duties or to provide support to other people. **(See requirement 2)**

The provider must ensure that where people they support are assessed not to have capacity to make decisions, this is fully documented and supported with signed and dated incapacity certificates and details of who is authorised to make decisions on their behalf. Where supported people were subject to guardianship orders, the service should hold copies of the order granting guardianship or at least the details of the content of the order and a letter from the named guardian detailing any decisions they have agreed to be delegated to the service.

Requirements

Number of requirements: 2

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.

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.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

Findings from the inspection

There were some strengths identified but these were outweighed or compromised by serious weaknesses.

During the inspection we did meet some dedicated staff who were trying to provide a good quality service to the people they supported despite the staffing and organisational difficulties facing Thera.

We saw that the service had significant staffing shortages both within their management team and support staff. Over the past 12 months there has been a very high turnover of managers and staff. Managers and workers told us that they have felt the impact of being short-staffed, often having to work unacceptably long shifts, not having appropriate breaks between shifts and not having the opportunity to have days off or annual leave. The service did not have an effective contingency plan to ensure that all support shifts were safely and appropriately staffed to ensure the wellbeing of people using the service. **(See requirement 1)**

People should be confident that the staff who support and care for them have been appropriately and safely recruited. We saw that the majority of staff were not meeting their registration requirements. The provider must ensure that all staff who are required to register with the SSSC meet their registration requirements including the given timescales. The service would benefit from developing a system for recording and monitoring the status of all staff registrations. **(See recommendation 1)**

People should have confidence in people who support them because they are trained, competent and skilled. We saw that training available to staff was very limited, there was no training needs analysis or training plan in place. New staff had received minimal or no induction training and mandatory training had not been completed or was out of date for the majority of staff.

We did not see evidence that staff were receiving regular support and supervision in line with Thera's own policies. The provider must ensure that there are systems in place to enable them to provide staff with good quality support. In order to achieve this staff should have access to protected time on a 1:1 basis for support and supervision at planned regular intervals and staff appraisals should be carried out regularly. **(See recommendation 2)**

Staff fed back to us that they have little opportunity to meet as a group and the service should consider ways of introducing and supporting regular team meetings.

Requirements

Number of requirements: 1

1. 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.

Recommendations

Number of recommendations: 2

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)

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)

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

There were some strengths identified but these were outweighed or compromised by serious weaknesses.

We saw that over the past year there had been a high turnover of managers, both in the local service and within Thera Scotland. We saw that newly recruited managers and senior staff often only stayed for a number of weeks or months in post. This had been a very challenging time where the service was left without sufficient management cover and this had adversely affected the quality of care, staffing and management of the service. The provider must ensure that adequate resources are made available to the service in terms of management (staffing), recruitment, HR support and management training. **(See requirement 1)**

We saw that an on call system was established at the start of this year following on from an upheld complaint. However, due to staffing and management shortages the on call system was not always working effectively. Staff told us that they had seen some improvement in being able to contact an on call manager, but at times calls would go unanswered for long periods. We also saw that calls were not always logged or monitored, nor did the provider have an overview of where there may be concerns not responded to or calls potentially not answered. We would expect that when staff are working and they have concerns about the delivery of service, there would be an effective on call system in place. **(See recommendation 1)**

We saw that accidents, incidents and complaints were not always well documented and where there were records in place, notifications relating to these were not always being made to the Care Inspectorate. **(See recommendation 2)**

People should benefit from a culture of continuous improvement. The provider needs to implement and establish effective ways to monitor, support and improve the service. We did not see any evidence that audits were being completed in the service or that there was a quality assurance system in place. The provider should develop and implement an accredited and effective quality assurance system. In order to do this, the provider must set

baseline standards from which the performance of the service can be measured and develop auditing systems to check actual performance so that gaps can be identified and resolved. The provider must develop and share any action plans that arise from the quality assurance audit with all stakeholders and advise when progress would again be reviewed. **(See recommendation 3)**

Requirements

Number of requirements: 1

1. 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.

Recommendations

Number of recommendations: 3

1. 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)

2. 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)

3. 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)

Grade: 2 - weak

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 3 December 2018 ensure that support plans and risk assessments are reviewed with people and their relatives or representatives in accordance with Thera policy and at least once in each six month period.

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 5(2)(b)(iii) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 2 May 2017.

Action taken on previous requirement

This requirement has not been met.

Not met

Requirement 2

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.

By 31 January 2019 the provider must ensure that:

(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 19 January 2019.

Action taken on previous requirement

This requirement has not been met.

Not met

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 where people they support are assessed not to have capacity to make decisions, this is fully documented and supported with signed and dated incapacity certificates and details of who is authorised to make decisions on their behalf. Where supported people were subject to guardianship orders, the service should hold copies of the order granting guardianship or at least the details of the content of the order and a letter from the named guardian detailing any decisions they have agreed to be delegated to the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; "I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

This recommendation was made on 2 May 2017.

Action taken on previous recommendation

This recommendation has not 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 use a service and organisation that are well led and managed." (HSCS 4.23)

This recommendation was made on 13 July 2018.

Action taken on previous recommendation

This recommendation has not been met.

Recommendation 3

The provider should ensure that a contingency plan is in place during periods where they are short-staffed to safeguard the wellbeing of people using the service.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state; "I experience stability in my care and support from people who know my needs, choices and wishes, even if there are changes in the service or organisation." (HSCS 4.15)

This recommendation was made on 13 July 2018.

Action taken on previous recommendation

This recommendation has not been met. A requirement will now replace this recommendation.

Recommendation 4

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 19 January 2019.

Action taken on previous recommendation

An on call system has been established, but due to staffing and management shortages is not always working effectively to ensure that people's support is provided in a planned and safe way. This recommendation has not been met and will continue.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Enforcement

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

Inspection and grading history

Date	Type	Gradings								
13 Jul 2018	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>Not assessed</td> </tr> <tr> <td>Management and leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	Not assessed	Staffing	Not assessed	Management and leadership	4 - Good
Care and support	4 - Good									
Environment	Not assessed									
Staffing	Not assessed									
Management and leadership	4 - Good									
2 May 2017	Announced (short notice)	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and leadership</td> <td>5 - Very good</td> </tr> </table>	Care and support	4 - Good	Environment	Not assessed	Staffing	4 - Good	Management and leadership	5 - Very good
Care and support	4 - Good									
Environment	Not assessed									
Staffing	4 - Good									
Management and leadership	5 - Very good									

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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