

Thera (Scotland) Housing Support Service

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Type of inspection:

Announced (short notice)

Completed on:

11 March 2025

Service provided by:

Thera (Scotland)

Service provider number: SP2007008824

Service no:

CS2009193383



About the service

Thera Trust is the parent company of Thera (Scotland), which has been registered since 2009. Thera (Scotland) provide housing support, care at home and support services to adults with learning and physical disabilities and mental health in their own home and in the community. Support can range from a few hours per week up to 24 hours a day, seven days a week.

At the time of inspection, 38 people were being supported throughout Midlothian, Falkirk and Edinburgh.

About the inspection

This was a short notice announced inspection which took place between 5 and 10 March 2025. During this period, we met with the management team and attended their meeting on the 7 March, followed by visiting some people in their own homes.

We sampled records remotely and reviewed the comments from people and their relatives who completed our inspection questionnaires. We provided feedback to the manager on 11 March 2025. The inspection was undertaken by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Met with seven people receiving support in their own homes.
- Received comments from eight relatives via our inspection questionnaires.
- Spoke with six carers with comments from a further eight via our inspection questionnaires.
- Received feedback from one external health professional.
- Met with the manager and four others of the leadership team.
- Observed practice and daily life.
- Reviewed documents.

Key messages

- Positive working relationships have been established through the engagement we observed.
- People enjoyed participating in the variety of activities available within their local community. They took pride in what they achieved.
- A positive and inclusive service was experienced by all.
- Staff displayed a strong sense of duty of care towards people.
- People's care plans were of a very good quality and person centred to their individual needs.
- As part of this inspection, we assessed the service's self-evaluation of key areas. We found that the service had begun to use self-evaluation, however further work was required to develop this approach to support improvement.

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 well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement.

We visited people at their home address and observed positive, respectful, and natural interactions between staff and those being supported. People told us they were happy and those who were non-verbal, expressed through their body language just how comfortable with the carers supporting them. This contributed to the development of effective and supportive working relationships, helped people feel safe and secure and enhanced engagement.

Staff were motivated by supporting people to achieve their aspirations and wishes while actively promoting new opportunities through engaging with community activities. People enjoyed participating in a wide range of meaningful events and connections with others, including; tea dances, disco's, art group, learning and educational, voluntary work and paid employment.

Staff demonstrated a good knowledge of people's needs. This was achieved through the high levels of staff consistency and the comprehensive care plans, detailing how people would like to be supported. This meant people could be confident staff supporting them were well informed and worked consistently to help them achieve the outcomes they had identified.

Social stories had been developed by people and their families and staff. These social stories were used, to develop self-care skills and to help people understand how others might react or respond to situations.

Staff liaised well with health professionals, pro-actively enabling people the opportunity to engage with regular healthcare assessments and treatment from practitioners. This promoted people's health and wellbeing outcomes.

Overall, people praised the quality of the care they received, and this has been reflected in our evaluation for this key question.

How good is our leadership?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement.

Leadership was supportive, responsive and visible, which enabled staff to voice their concerns, share ideas and explore ways to promote resilience. Staff knew their contribution was valued and recognised by the management of the service. This helped keep people motivated, remain adaptable and to focus on how best to provide care and support.

Managers utilised a variety of quality assurance systems which provided oversight of the care delivered to people. This included the auditing of people's care plans, medication, and observations of staff practice.

There was also an element of self-evaluation discussions, involving staff and supported people on how the service could improve. The service should structure this more, perhaps adopting the Care Inspectorate framework or something similar and further develop this approach to support improvement.

People were routinely asked for their views on the care and support they received. This included discussion at their six-monthly reviews, or via an independent quality assurance questionnaire. We favoured the very person-centred approach which led to an individualised action plan for the person, focusing on various elements of the service.

Observations of staff practice were also undertaken on a regular basis. This included how staff interacted with people, how people's care needs were met, reflective practice discussions and training needs analysis. These records were maintained well.

Overall, there was very good and effective management governance which supported a culture of continuous improvement, through shared learning and management oversight, leading to positive outcomes for those in receipt of care. This has been reflected in our evaluation for this key question.

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 well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

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