

Thor House (Support Service) Support Service

Provost Cormack Drive
Thurso
KW14 7EJ

Telephone: 01847 896 489

Type of inspection:
Unannounced

Completed on:
12 August 2025

Service provided by:
NHS Highland

Service provider number:
SP2012011802

Service no:
CS2012307286

About the service

Thor House (Support Service) provides a support service to up to 15 adults with learning disabilities and the service is provided by NHS Highland. The building was purpose built back in the 1990s and the service uses one half of the building.

The support service accommodation is on one level, making it accessible to people attending and there are facilities to support people with reduced mobility. There are a range of rooms available to the service which were being utilised well. The service was offering 10 people daily the opportunity to use the service.

The service is located in a residential area on the edge of the town of Thurso. There was limited public transport available, but people were encouraged to enjoy the community through support with walking.

About the inspection

This was an unannounced inspection which took place on 6 August 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this 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:

- spoke with several people using the service and made contact with some family members face to face, via the telephone and via a survey;
- spoke with several staff and management including a survey;
- observed practice and daily life; and
- reviewed documents.

Key messages

There had been good progress since the last inspection and the two requirements had been met.

People remained highly satisfied with the care and support they received.

Staff responded promptly and appropriately to the changing health needs of the people they supported.

Some areas of medication needed improved.

People needed to be more involved in their reviews.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

How well do we support people's wellbeing?

4 - Good

We have evaluated this key question as good. An evaluation of good means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

Staff had built trusting relationships with people and provided care and support in line with people's likes and dislikes. Staff were supporting people with warmth, kindness and appropriate humour. People really enjoyed coming to Thor House and staff supported them to get the best out of their day.

People experienced care and support that was right for them. People had grown in confidence and learnt new skills with the support of staff. One family member told us staff had helped their son become more independent. This meant they could enjoy family time together without worrying their son was going to feel anxious and worried. Some of the comments from people included:

"Staff look after everyone really well, they have gone above and beyond to support my relative, and nothing is too much bother."

"If my relative has to miss a day, he is not happy as he enjoys going so much."

"The staff teach new things and my relative likes to get involved."

Staff worked well with other professionals and there were strong and professional partnership relationships. Staff kept professionals up to date with changes in health and followed advice given. We observed staff supporting someone in line with advice given to reduce the risk of choking. When there were concerns about someone's safety, staff knew who to report this to. Some of the comments from people included:

"The manager and staff team are very committed to improving health outcomes."

"There is really good communication if they are worried about my relative's health."

"The staff are knowledgeable and support people with high needs in a kind and caring manner."

People were encouraged to participate in daily tasks within Thor House; we felt staff could further promote people's independence when undertaking tasks. We will consider this at the next inspection.

There were some areas for improvement required to ensure staff were managing people's medication safely and in line with the provider's policies and procedures (see area for improvement 1).

Areas for improvement

1. To ensure medication is managed safely, the provider should undertake an audit of all medication stored in Thor House. This should include checking staff are following the provider's policies and procedure re the safe administration of medication.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11).

How good is our leadership?

4 – Good

We have evaluated this key question as good. An evaluation of good means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

We had made a requirement at the last inspection in regard to the service having effective quality assurance systems. The provider had made sufficient progress to meet the requirement. This included making service improvements following feedback from stakeholders. There were still some areas that needed to be formalised to ensure the service continued its improvement journey (see area for improvement 1) .

There were systems in place to check staff were providing a person centred service. These included; reviews, regular face to face and written communication with families, staff supervision and care plan audits. Families told us one of the strengths of the service was regular and effective communication. People felt confident raising complaints/concerns. They were confident any concerns would be dealt with promptly and appropriately. Some of the comments from people included:

"There is very good oversight from senior management which inspires confidence within the team."

"We are asked for our views about how the service can improve, any changes are to benefit the people attending Thor House"

"I really like the new room for us to relax in."

"We are encouraged to get involved in service improvements and our views are listened to".

Areas for improvement

1. To ensure person centred care and support remains of a good standard, the provider should undertake a process of self evaluation. This should result in the development and ongoing reviewing of service improvement plans.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and
'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

How good is our staff team?

4 - Good

We have evaluated this key question as good. An evaluation of good means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

There was an open, transparent and positive staff culture. Staff felt well supported and that there was always someone there to help them. They enjoyed working at Thor House and felt valued and supported. There was a feeling of 'team' and staff were committed to providing a value based service, so people got the best out of their time at Thor House. Some of the comments we received included:

"The team are consistently open, warm and welcoming. I regularly note their commitment and attention to detail."

"We are a good team and communicate well and help each other out."

Staff were clear on their roles and responsibilities and worked effectively as a team. They were deployed effectively throughout the building. The staff team was consistent and stable which meant there were trusting and positive relationships between all stakeholders. There were contingency plans in place should there be staff sickness and holidays. This ensured people were supported by the right number of staff with the right skills. Some of the comments we received included:

"The staff are wonderful and they know my relative really well. This makes me feel so safe and relaxed and secure in the knowledge that he is well looked after when he attends Thor House."

"There is always consistent staff and they are very in-tune with my relative's needs."

How good is our setting?

4 - Good

We have evaluated this key question as good. An evaluation of good means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

The environment was clean, tidy and well organised. Domestic staff were clear on their roles and responsibilities in regard to infection, prevention and control. Following the last inspection unused equipment had been disposed of and there was better use of the limited space available.

People felt comfortable in their environment and their views had been central to improvements made. People were very happy with the new "quiet room" as they could go there to relax.

How well is our care and support planned?

4 - Good

We have evaluated this key question as good. An evaluation of good means there are a number of important strengths which, taken together, clearly outweigh areas for improvement.

We observed staff providing care in line with people's wishes and choices. This evidences staff knew how to support people in line with their care plan.

Care plans were proportionate and contained person centred information that guided staff on how best to support people with limited verbal communication. There were individual risk assessments that helped staff deliver person centred safe care. People's independence was promoted, thus people's skills and confidence was maintained and built upon.

There were regular reviews and meetings to discuss if changes were required to care and support. Staff needed to better incorporate the views of attendees in their review. This could be done more informally if the person did not feel comfortable at their reviews (see area for improvement 1). Some of the comments from people we spoke with included:

"Yes we have regular meetings to discuss how things are going".

"We recently attended a review prior to my relative came back to Thor House".

Areas for improvement

1. So as safe and consistent care is delivered, the provider should ensure people's views are incorporated into their review.

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

'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

'I am fully involved in developing and reviewing my personal plan, which is always available to me.' (HSCS 2.17).

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

Requirements

Requirement 1

By 23 June 2025, to promote the safety and wellbeing of people, the provider must ensure that staff have a clear understanding of the processes involved with adult protection. To do this, the provider must, at a minimum:

- a) review staff adult protection training records and identify any gaps within this;
- b) refresh training with staff on adult protection; and
- c) link this appropriately to the procedures in place for documenting and reporting concerns.

This is to comply with section 8(1)(a) 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 states that:

'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities.' (HSCS 3.20)

This requirement was made on 24 March 2025.

Action taken on previous requirement

All staff have now undergone adult protection training, and have a good understanding of what they should do should they have any concerns. There is a system in place to identify when refresher training is due.

Met - within timescales

Requirement 2

By 23 June 2025, the provider must ensure people are provided with the right care and support which is led and managed well.

To do this, the provider must, as a minimum but not limited to, ensure:

- a) there is sufficient and appropriate capacity and capability within management and leadership roles to introduce an effective quality assurance timetable for audits;
- b) this then leads to the development of the service improvement plan, which supports self-evaluation, and
- c) the process of quality assurance, self-evaluation is reviewed regularly, including the views of various others; for instance, people who access the service, their families/legally appointed guardians, staff and visiting professionals.

This is to comply with Regulations 3 and 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 Health and Social Care Standards (HSCS) which states that:

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

This requirement was made on 24 March 2025.

Action taken on previous requirement

There had been sufficient progress to meet the requirement, however we have made an area for improvement under key question 2, as some further improvements are still needed.

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 support the provision of safe staffing, the manager should develop a system to demonstrate the principles of safe staffing which provides good quality care and support to people.

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

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

This area for improvement was made on 24 March 2025.

Action taken since then

The area for improvement has been met. See key question 3 for further information.

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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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