

Thera North

Thera North

Inspection report

The West House
Alpha Court, Swingbridge Road
Grantham
Lincolnshire
NG31 7XT

Tel: 03003031283
Website: www.thera.co.uk

Date of inspection visit:
08 October 2019
09 October 2019
10 October 2019
14 October 2019

Date of publication:
30 December 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Thera North is a supported living service, providing personal care and support to people in their own homes in the northern counties of Lancashire, Cumbria and Durham. Not everyone using the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people receive personal care, we also consider any wider social care provided. At the time of the inspection, the service was supporting 59 people, living in 23 supported living settings. However, only 42 people were receiving personal care.

People's experience of using this service and what we found

People felt safe with staff, and relatives told us people received safe care. The provider recruited staff safely and staff knew how to protect people from abuse and avoidable harm. Staff managed risks to people's health and wellbeing appropriately. Staff administered people's medicines safely and checked people's equipment and home environment regularly to ensure it was safe.

Staff completed the induction and training needed to support people effectively. Staff supported people to eat and drink enough and ensured they received appropriate support with their healthcare needs. Staff referred people to community professionals when they needed additional support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff who supported them, and relatives told us staff were caring and kind. Staff respected people's right to privacy and dignity and encouraged them to become more independent when it was safe to do so. They respected people's diversity and involved people in decisions about their care.

People were supported by staff who knew them well and provided them with individualised support that reflected their needs and preferences. Staff supported people to maintain relationships that were important to them and people had developed positive relationships with staff. Staff supported people to follow their interests and develop new skills. They offered people choices and encouraged them to make decisions about their care when they were able to. Complaints were managed appropriately, and any lessons learned were shared with staff.

Staff were clear about their roles and responsibilities and provided support which helped people achieve good outcomes. They worked in partnership with a variety of agencies to ensure people received the support they needed. People and relatives were happy with how the service was being managed. Staff told us management had improved significantly at the service, and they felt valued and well supported by the registered managers and provider. The provider had effective oversight of the service and the support that staff provided to people. A number of improvements to the service were planned.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 February 2017). Since this rating was awarded, the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection

Why we inspected

This was a planned inspection based on the service's date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Thera North

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Thera North is a supported living service. It provides care and support to people living in 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

The service had two managers registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection.

This inspection was announced. We gave the provider three working days' notice, to ensure they would be available and to give them time to gain relatives' consent for us to contact them for feedback.

Inspection activity started on 16 September 2019 and ended on 14 October 2019. We visited the office location on 16 September 2019.

What we did before the inspection

We reviewed the previous inspection report and information we had received about the service since the last

inspection. This included information from the provider about important events that had taken place at the service, which they are legally required to send us. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

The majority of Thera locations, including Thera North, are registered in Grantham, Lincolnshire, despite the organisation being responsible for locations in different parts of the country. Due to this, a decision was made by CQC to co-ordinate inspection activity at a number of Thera locations. A head office visit was carried out on 16 September 2019 by a team of inspectors prior to locations being inspected. The information from this visit fed into each of the location inspections.

During the Thera North inspection, we visited seven supported living settings and spoke with 10 people being supported by the service, to gain their feedback about the support they received. We also met with one person at a community setting of their choice. We spoke on the telephone with nine people's relatives/representatives to gain their views about the support provided. We also spoke with fifteen support staff, the two registered managers and the nominated individual for the service. The nominated individual is responsible for supervising the management of the service.

We reviewed a range of records. This included six people's care records and a selection of medicines records. We looked at two staff recruitment files and staff supervision and appraisal records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and audits.

After the inspection

We reviewed further information received from the provider, including policies, training records, meeting minutes and records of audits completed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection of this service under the new provider. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse and avoidable harm. Staff had completed safeguarding training and understood how to protect people from abuse.
- People felt safe when staff supported them. One person commented, "I like all the staff. They keep me safe. I've never been frightened here". One relative told us, "Our [family member] is happy where he is living. Overall he is safe because there is someone with him all the time."
- A number of safeguarding concerns had been raised about the service. These included issues related to the management of medicines, staff being verbally abusive to people and poor moving and handling practices by staff. We found the provider had managed safeguarding concerns appropriately. They had completed investigations and taken action when needed, including arranging additional staff training and addressing poor staff performance.

Assessing risk, safety monitoring and management

- The provider had processes to manage risks to people's safety and wellbeing appropriately. Senior staff completed and regularly reviewed assessments of people's risks, which provided information for support staff about how best to support people to manage their risks safely.
- The provider had processes to manage accidents and incidents. Staff were able to manage incidents effectively and submitted incident documentation to senior staff for review, to ensure they had taken appropriate action.
- Staff completed regular safety checks of equipment and the home environment, to ensure they were safe. They liaised with the housing provider when improvements were needed to keep people safe.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet people's needs. People told us staff were available when they needed them and most relatives were happy with staffing arrangements at the service. One relative raised a concern about staffing arrangements and we addressed this with the provider.
- The provider recruited staff safely. We reviewed two staff members' files and found all relevant checks had been completed before they started working at the service, to ensure they were suitable to support adults at risk.

Using medicines safely

- Staff managed people's medicines safely and administered them as prescribed. Staff who administered medicines had completed the necessary training. Senior staff assessed them regularly to ensure they were competent to administer people's medicines safely.

- People told us staff supported them with their medicines. One person commented, "Yes, I take them. They are locked up." Relatives did not have any concerns about how people's medicines were being managed.
- The provider had taken appropriate action to address a pattern of medicines errors made by staff. This included increased checks of medicines stock and documentation, additional staff training when needed and removing staff from administering medicines until they were reassessed and found to be competent. The provider told us new improved medicines training was due to be introduced in the near future, which would help to address some of the previous problems.

Preventing and controlling infection

- The provider ensured staff followed appropriate infection control practices, which protected people from the risks of poor infection control.
- Staff had completed relevant training and used personal protective equipment, such as disposable aprons, when they supported people.

Learning lessons when things go wrong

- The provider ensured lessons learned were shared with staff around safeguarding concerns, complaints or accidents and incidents, where the service needed to make improvements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection of this service under the new provider. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service used information from people, relatives and other agencies involved in supporting people, to create detailed care plans. These contained information about people's support needs, what they were able to do for themselves and how staff should support them.
- People and their relatives were happy with the support provided by staff. Their comments included, "I am happy with the care my [family member] receives" and "They [staff] meet [family member's] needs and are open to our ideas and to our suggestions."
- The provider had policies and procedures for staff to follow which reflected CQC regulations and relevant guidance.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training they needed to support people well. Staff were happy with the induction and training they received at the service. One staff member told us, "I had a good induction and plenty of opportunities for shadowing [observing experienced staff] when I started here."
- Relatives felt staff had the knowledge and skills to meet their family members' needs. One relative commented, "They are skilled and trained, even the new staff. They are trained in how to move [family member]. I have never seen anything to concern me."
- The provider was developing a new induction package, which provided improved guidance and support for new staff members and their managers and included more achievable timescales for completion.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to manage their nutritional needs. People were happy with the support staff provided. Staff supported people to make drinks and to plan and prepare their meals, which helped them develop life skills and promoted their independence. One person commented, "We baked a cake and had it with coffee. I like to get things ready for tea." Staff gave people choices and encouraged them to have healthier options where possible.
- Staff were aware of people's dietary requirements and how to meet them. They recorded information in people's care files about their dietary needs and preferences and took appropriate action when they identified concerns, such as significant weight loss.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff ensured people had access to healthcare services when they needed them. Each person had a health

care plan, which included information about their healthcare needs, medical history, medicines and any allergies.

- Staff referred people to health and social care professionals to ensure they received the support they needed. These included GPs, community nurses and speech and language therapists. Staff also contacted emergency services when necessary.
- Each person had a health passport, which ensured important information about their needs and risks was shared with medical staff when they attended hospital or GP appointments. One relative told us, "They [staff] support [family member] with medical appointments."
- People's care plans included information about their oral healthcare needs. People had access to a dentist and attended regular dental check-ups. One relative told us, "They [staff] manage [family member's] oral hygiene well."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection, who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People's care files included information about their capacity to make decisions about their support. Where appropriate, best interests decisions had been made in consultation with people's relatives or representatives. Where people needed to be deprived of their liberty to keep them safe, the service had applied to the Court of Protection for authorisation to do this. One relative told us, "[Family member] does not have capacity. Decisions are made in her best interests and we are involved."
- Staff understood the importance of gaining people's consent, people's right to refuse care and the importance of providing people with additional information when they needed it, to help them make decisions about their care.
- We observed staff seeking people's consent routinely when supporting them and accepting their decisions when they refused support or did not wish to engage with staff. During the inspection, staff asked people for their permission for us to visit them in their home and for staff to discuss their needs and support with us.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This was the first inspection of this service under the new provider. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives liked the staff who supported them. One person told us, "I like them all, especially [name of staff member], we laugh. No-one is mean to me here" Relatives commented, "The staff are generally kind and my [family member] speaks positively about them all the time", "I know they [staff] care about [family member] because of the way she reacts with them" and "If [family member] was being mistreated, he wouldn't let staff near him. I am confident they care."
- We observed staff interacting with people in a warm, friendly way and giving them time to make decisions and respond to questions. Staff spoke respectfully to people and people looked relaxed, comfortable and confident around staff. Staff offered people reassurance and support when they were upset or confused. Some safeguarding concerns had been raised earlier in the year about staff being verbally abusive and disrespectful to people. We found the provider had addressed these issues, including taking disciplinary action when appropriate.
- Staff considered and respected people's diversity. Care documentation included information such as people's religion and ethnic origin, which meant staff were aware of their diverse backgrounds and knew what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged and supported people to make everyday decisions about their support, including what they wore, what they ate, what interests and activities they took part in and where they went on trips out. One person told us, "I say what I want to do." Staff also supported people and relatives to make decisions about their support, through regular reviews meetings.
- Advocacy services can be used when people need support with expressing their views. Information about local advocacy services was available in people's homes and we found examples of staff advocating for people to ensure their choices were respected.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's right to privacy and dignity. They spoke to people respectfully, sought their consent and accepted their decisions and choices. People's care plans included information for staff about offering people privacy and space. Staff ensured people's doors were closed when they were supporting them and spoke to them discreetly when asking them if they needed support with personal care. When people's behaviours posed a risk of harm to themselves or others, staff supported them sensitively to reduce the risk.
- Staff encouraged people to develop life skills and to be as independent as possible. One person told us, "I

keep my room clean and staff help me clean the bathroom." Some people answered the door when we visited their home and where people were able to, staff encouraged them to show us around during our visits. Staff described how they encouraged people to be independent when it was safe to do so and gave examples of how people's independence had increased over time as a result of the support they received.

- Staff respected people's right to confidentiality. The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff. The provider had a confidentiality policy for staff to refer to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This was the first inspection of this service under the new provider. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided individualised care which reflected people's needs and preferences. People were supported by a small number of staff who knew them and were familiar with how they liked to be supported. One person told us, "I know everyone [staff]. I like everyone." Relatives commented, "There are four or five staff in [family member's] care team. They have regular staff meetings and good communication", "They [staff] know [family member] well. The new staff look in his comprehensive file, they have to read it. It covers all the different signs you need to know, to understand and know him" and "They [staff] know my [family member] and her personality well and also know her as an individual."
- People's support plans were detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed. People and relatives were involved in regular review meetings. This enabled staff to stay up-to-date with people's needs and how they wished to be supported. One relative told us, "We are involved in regular reviews of [family member's] care plan and do have regular meetings if things change." Another commented, "My [family member's] care is under continuous review."
- Staff offered people choices about their support and encouraged them to make decisions when they could. Staff encouraged people to identify what was important to them and to set goals, as part of their support. Progress was monitored, and people were encouraged to set new goals when these had been achieved. Staff supported people to achieve a wide variety of goals, which improved people's confidence and often increased their independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was following the AIS. Senior staff assessed people's communication needs as part of the initial assessment and reviewed them regularly. Staff had access to information about the support people needed with their communication needs and how this should be provided. Staff communicated with people in a variety of ways, including the use of information in pictorial formats and Makaton (a form of sign language used to support speech).
- Each person had a communication passport with detailed information about their communication needs, which was shared with community professionals when people accessed other services, for example when they attended hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had developed positive relationships with the staff who supported them. One person told us, "I like living here and I like all the staff." One relative told us, "We know when our son is unwell the staff become extremely upset. They genuinely like working with him." Staff supported people to maintain relationships that were important to them. One relative told us, "We can visit when we want to." Some people went out regularly with friends or family and staff supported this.
- Information about people's hobbies and interests was included in their care plan. They were encouraged to follow their interests, set goals and develop new skills. Records showed that people went out regularly to day centres, social clubs, pub and cafes, to the cinema and shopping. One person told us, "The pictures is best. I like to go shopping and see my friends at the club."

Improving care quality in response to complaints or concerns

- The provider had processes to respond effectively to people's complaints or concerns. A complaints policy and information about how to make a complaint was available. Both were also available in an easy read format.
- People told us they would speak with staff if they were unhappy or worried about anything. One person commented, "I'd tell these guys [staff], or mum and dad." No-one we spoke with had made a formal complaint and relatives told us any concerns they raised were addressed quickly. One relative commented, "I have not made a complaint. If I do raise anything, it is noted and checked."
- The provider had oversight of complaints and they were discussed at monthly senior management meetings. Following investigation, complaint outcomes were documented and where the service was found to be at fault, lessons learned were shared with staff to improve care and prevent similar issues in the future.

End of life care and support

- The provider was in the process of developing an end of life care policy and arranging end of life care training for staff. People's end of life care wishes were not being documented. The provider told us this would be addressed in future when the policy and training were available. Where people were unable to make a decision about their end of life care, their relatives or representatives would be consulted.
- The provider told us the service was not providing anyone with end of life care at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This was the first inspection of this service under the new provider. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and staff demonstrated a commitment to providing people with individualised, high quality care which supported them to achieve positive outcomes. People told us they liked the staff and registered managers. Relatives told us they were happy with how the service was being managed. Their comments included, "The manager seems to be a good manager in my opinion and they have an open and honest culture" and "They [management] are approachable when I talk to them over the phone. I think it is well managed."
- The senior management team included a manager with lived experience of a learning disability, and of the service's six board members, three had lived experience of a learning disability. This demonstrated the provider's commitment to understanding people's needs and providing them with person-centred, effective care.
- Staff were clear about the service's aims and values and how to support people to keep them safe and achieve good outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy, which provided detailed information about their responsibilities. No incidents had occurred that we were aware of, which required duty of candour action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities, which were made clear during their induction, training, staff meetings and regular supervisions. The provider understood their regulatory responsibilities. They had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.
- The registered managers and provider regularly completed a variety of audits and checks of the service, including people's medicines, care documentation and finances. The audits were effective in ensuring appropriate levels of quality and safety were being maintained.
- The provider had effective oversight of the service. He met with the registered managers monthly and had regular contact with senior support staff. He also visited people at home regularly and was familiar with the risks and needs of people being supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives' views were sought, and they were involved in decisions about the service, through regular conversations with staff and review meetings. In addition, the provider sourced an external company which used people with lived experience of a learning disability, to gather feedback from people and relatives during home visits or via questionnaires. We reviewed the results of feedback received between April and September 2019 and found people and relatives had expressed a high level of satisfaction with the service.
- Staff told us management at the service had improved and they felt involved and listened to. One staff member commented, "The previous management team were not at all supportive. It's like a totally new place now. The new management are very supportive and approachable. It's been tough but we're getting there and now it's a nice place to work." Regular staff meetings took place between support staff, the registered managers and the provider.
- Staff were also involved in the service through the employee consultative committee, where staff representatives met regularly with senior management to discuss staff issues. 'You said, we did' feedback was provided to staff, which detailed the changes the provider had made following the meetings. The committee's action plans did not include clear timescales for completion, details of who was responsible for completing actions or specific monitoring of any progress made. The provider told us they planned to address this.

Continuous learning and improving care

- The provider had a number of plans to improve the service. They planned to identify the community resources available to the people they supported and try to improve these where availability was poor. They also planned to introduce electronic care plans and recording of accidents and incidents, to ensure people's information remained as up to date as possible. In addition, an improved induction process for staff and management, and improved quality monitoring systems were planned,
- The provider ensured staff had appropriate policies and procedures to refer to. We reviewed a selection of policies and found they were updated regularly and included appropriate guidance.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of health and social care professionals, to ensure people received the support they needed. These included social workers, GPs, community nurses, consultant psychiatrists, speech and language therapists, podiatrists, dentists and hospital staff.
- Advice and information from community professionals was included in people's care plans, to ensure staff were able to support them effectively.