

Thera East

Thera East

Inspection report

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01 July 2019

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Ratings

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

Overall summary

About the service

Thera East is a domiciliary care agency which is registered to provide people with personal care. The service operates in Essex and Suffolk and supports people living with learning disabilities. Support is provided in people's own homes which includes family homes, independent flats and supported living schemes where staff support is available up to 24 hours per day. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

There were 182 people receiving personal care from the service at the time of our inspection

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

The provider promoted a service which was centred on the people being supported. The management of the service had changed since our last inspection. There was now a larger management team, which was improving oversight of the service and developing a more open culture. The management team was implementing best practice and poor practice was being challenged. Although this had been an unsettled period, the improvements, such as the new style quality checks, were enhancing people's quality of life.

There were effective systems to keep people safe which adapted to their specific needs. Staff knew how to look after people safely and managed risk well. They provided excellent support to help people take their medicines safely, in line with best practice.

There were enough safely recruited staff to keep people safe. Families and staff told us they did not like agency staff being used as they did not know people as well as permanent staff. The provider tried to avoid using agency staff but was having to do so in some areas where recruitment was a challenge. They were actively recruiting more permanent staff.

The provider was continually adapting training and learning systems to ensure staff had the necessary skills to meet people's needs. Staff worked well with people, families and outside agencies to promote people's wellbeing and health. Care plans were being revised, and the new style of plan was highly person centred and an example of best practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible in their best interests. Policies and systems in the service supported this practice, though improvements in this area were ongoing.

Staff knew people well and developed positive respectful relationships with them. People's independence and right to determine the support they received was promoted throughout the service. Throughout the organisation people were communicated with effectively and in a personalised manner.

People were supported to be active and develop their interests. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 24 February 2017). Since this rating was awarded the provider had restructured and the registration had been updated. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a scheduled inspection based on the rating at the last inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Thera East

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 team included two inspectors and two Experts by Experience who made phone calls to people and family members. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service also provides care and support to people living in supported living settings, so that 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 personal care and support.

The service had a manager registered with the Care Quality Commission. 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. In the past there had been one registered manager. Due to the size of the service, there were now four registered managers, with plans for a fifth. Two registered managers had left in 2019 and the provider was in the process of recruiting replacements.

Notice of inspection

This inspection was announced. We gave 24 hours notice of the inspection as we needed to make sure the right people were available to answer our questions.

Inspection activity started on 21 June 2019 and ended on 1 July 2019. One inspector visited the office location in Grantham on 26 June 2019. Two inspectors visited four locations where the service provided care and support on 24, 28 June and 1 July 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authorities and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We met or spoke with eight people who used the service and fourteen relatives about their experience of the care provided. We spoke with the director, two registered managers and staff relating to learning and development, human resources and quality management. We met with front line staff, including three senior staff and seven care staff.

We reviewed a range of records. This included four people's care records. We looked at a variety of records relating to the management of the service.

After the inspection

Following our visit to the service we requested further information from the provider to inform our judgements. We spoke with five professionals who work with the provider and or local staff to ask for feedback on the quality of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- During our inspection we became aware of an incident where people in a shared house were put at risk of abuse. The systems in place to safeguard people worked well and the provider dealt with this risk promptly. Feedback in this area was positive. A family member said, "The staff are all brilliant. I think [Person] is absolutely safe in their care."
- A senior manager told us the provider was acting more effectively and openly when concerns were raised. The staff we spoke with shared this commitment to keeping people safe.
- People had access to practical advice about how to keep safe and what to do if they were concerned about their safety. The provider also promoted opportunities to prevent isolation, making sure each person had someone outside their local scheme who they could speak out to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were flexible and tailored around people's specific circumstances. For example, one person's risks were around cooking in the kitchen and another going out into the community and staff adapted their support to keep each person safe.
- People and family told us staff managed risk well. A relative said, "[Person] has no road sense at all and needs constant supervision. The carers keep them safe when they are out."
- Risk assessments were being revised to provide improved guidance. For instance, one person's original cooking risk assessment did not state whether they could safely use a knife. The new assessments had a check list to prompt staff to consider the use of sharp objects.
- There were emergency grab sheets, with key personal information, which could be used in an emergency, for example if a person became lost.
- We found senior managers had responded promptly and lessons learnt when things went wrong. In one scheme, managers changed how staff provided night time support in response to an incident.

Staffing and recruitment

- Staffing was well organised. Senior staff completed complex calculations to ensure there were enough care staff on duty. Care staff knew what this meant in practice, for example a person was supported by one member of staff in their home but by two staff when out shopping.
- People continued to be recruited safely in line with the provider's procedures. Staff told us they did not start working until they had the necessary checks.
- The management team told us they tried to avoid using agency staff, as it was important people were supported by staff who knew them, but unfortunately this could not always be avoided. Feedback from people and families confirmed that the use of agency staff was unpopular, with a number of examples where this led to a drop in quality and communication. For instance, a relative told us, "They have had to

use agency staff lately, which is not ideal for [person's relative] as they like the same faces"

- Where local teams worked well the use of agency staff was reduced. A member of staff told us, "We work as a team and cover each other if we are off on annual leave or sick." A relative said, "They have the same team all the time. They alternate with each other."
- The management told us about the actions they were taking to address recruitment concerns.

Using medicines safely

- People and their families told us staff supported people well with their medicines. One person said, "They make sure I have had my tablets."
- Staff had the necessary skills to support people safely with their medicines and only supported people if they were trained.
- Medicine management care plans were detailed, in line with best practice. Where people could not explain they were in pain, staff knew what signs to look out for.
- The service has signed up to the STOMP, a health campaign to stop the over-use of medication to manage the behaviour of people with learning disabilities. We observed this being put into practice when we visited people in their home. When a person became distressed staff suggested going out for a walk. Staff spoke with pride when they had supported people to reduce the amount of medicines through positive and skilled support.
- There were effective checks on medicines and staff skills.

Preventing and controlling infection

- All the schemes we visited during our inspection were clean and staff supported people to prevent infection in a safe, yet homely manner.
- Families confirmed staff provided effective support in this area. A relative told us, "Staff are all very clean and hygienic. The home is spotless."
- Where people had specialist needs, for example due to health conditions, staff had the necessary skills to support people to minimise the risk of infection.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We observed staff communicated and worked well as a team, with a focus on people's holistic needs. A member of staff told us, "We are a fantastic team, these guys get such good care."
- Senior staff carried out detailed assessments of people's needs and developed person centred care plans which gave staff practical guidance.
- The provider used best practice guidance to raise standards. For example, staff described how they used best practice guidance on nutrition to support people to have a more balanced diet.

Staff support: induction, training, skills and experience

- Feedback from staff about the quality of the training was mixed. We received particularly positive feedback in areas where senior staff took time to support staff with their individual development. A senior member of staff told us, "I work with staff on their rotas and we do training together; we chat about it and that's how they learn."
- The management team were aware skills were not being developed to the same high standard across the service. They told us the current workbook training was not appropriate for all staff, so training was being changed so it could be adapted flexibly to different learning styles.
- Staff told us they received training to meet the specific needs of the people they supported. A member of staff said, "I was not allowed on shift on my own at this address until I had done the right [epilepsy] training." A relative told us, "The new carers shadow for a while. We are always happy with the staff."
- We observed staff had the skills to support people when they became distressed. Staff communicated well with each other and distracted the person in line with their care plan.

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

- People made choices about the food they ate, and staff supported them to maintain a balanced diet.
- Where people could not verbally tell staff what food they liked to eat, staff used observation. A member of staff told us, "It's trial and error, [Person] spits out pasta so we know they don't like it." A relative said, "The staff know [Person] very well now. They have got to know what they like and dislike."

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

- People were supported to access health appointments, usually accompanied by staff who knew them well and could assist with any communication needs. We found examples where excellent outcomes were achieved. A relative told us, "They [staff] are excellent at spotting any ill health, they get a GP on it straight away and they contact me immediately."

- Each person had a hospital passport, a booklet providing information to health staff who might need to support a person. For example, one booklet explained how to support a person if they became distressed.
- At one of the schemes we visited, staff could describe in detail the different appointments people had attended. This was not always recorded so it was difficult for a senior member of staff to monitor and check for gaps. We discussed this with the management team, as outlined in the well led section of this report.
- Newer care plans had detailed advice around oral health needs, based on best practice guidance. A care plan for a person who was too distressed to go to the dentist did not provide staff with adequate guidance, though emergency care had been arranged promptly when required. We discussed this with senior staff and they assured us all care plans were being revised in line to the required quality.

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, the DoLS cannot be used. Instead, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed staff supported people to make decisions about their care, such as what they ate and drank. Families confirmed staff asked for consent before providing care. A family member said, "Staff chat to [Person] all the time and say is it ok if we... (carry out task)."
- Care staff were skilled in offering choice and working in people's best interest. However, they did not consistently understand the legal implications of the MCA. The provider discussed the actions they had recently taken to improve staff knowledge and skills. This included updated practical guidance and an excellent new screening tool used to review the application of the MCA across the service.
- We observed staff restrict a person's freedom when they went into the community. The provider had communicated with the necessary authorities but recording and systems around this were not clear. The management team showed us how this was being sorted out, as part of recent improvements.
- Applications to the Court of Protection to deprive a person of their freedom were made by the local authority, in consultation with the service. Services need to have a clear of this process to ensure people are not being restricted unlawfully. Senior staff were not able to tell us what stage applications were at, however an improved process for recording the applications was being put in place.

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.

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

- Staff were compassionate and loyal to the people they supported. A member of staff told us, "If one of us is sick we step in to provide the care, so they don't have to be supported by staff who don't know them."
- We observed staff were empathetic and respectful when speaking with people. A relative told us, "They treat [Person's relative] very well... like one of their own family."
- The provider ensured staff had enough time to support people. A relative said, "They take the time to explain things to [Person] and never rush them."

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

- Guidance on communication was threaded through care plans to support people to be involved in decisions about their care. For example, in a person's Health Action Plan, staff advised health professionals supporting them that if they turned their head away this was a sign they did not agree or like something.
- Staff involved people with planning their care. A member of staff told us, "[Person] was involved all the way when writing the care plan. I sat and spoke to them. They have their own computer and worked along with me." There was an excellent summary in the person's care plan which stated which areas of their care they were able to control and be involved in, such as attending reviews. A person told us, "Yes I make all my own choices."
- Where necessary, senior staff had arranged for advocates to be involved. Advocates can help represent people's views and speak on their behalf when key decisions have to be made such as where a person lives.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke of the importance of confidentiality. Where appropriate, people had completed "Mind my business" contracts with the provider to agree their personal information would be kept private.
- At one of the schemes we visited staff spoke with discretion and respect about a person's need for privacy, reflecting the specific circumstances outlined in their care plan. Feedback about how respectful staff were was extremely positive from people and families. A relative told us, "The staff are always respectful towards (person) and to me when they come here" and a person said, "I have time on my own when I want."
- Staff were skilled at promoting independence, for instance supporting a person to take their medicines independently, whilst remaining safe. A person described how they were supported to learn new skills, and told us, "The staff get me to do things for myself but help me with my shower and give me my tablets."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Family members were overwhelmingly positive about how person centred the support was. Any negative comments reflected the areas where the director had already stated there were concerns. A family member told us about their relative's specific concerns and said, "There are lots of different carers, the regular ones have all left to different jobs now." The measures outlined in the well-led section of this report were proving at ensuring care was consistently good across the service.
- Care was led by the person being supported. Staff knew people well and used observation if a person was non-verbal to ensure they could make choices. We observed a member of staff telling their colleagues a person was having a lie in as they had stayed up late until they appeared sleepy.
- Care plans were being revised to make them more person centred and detailed. Care was reviewed regularly with family involvement, as appropriate. A relative told us, "Staff send me an update and ask if all is ok. They do try to implement it as much as possible."

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 provider promoted an empowering culture where information at all levels of the organisation was accessible. For instance, there was excellent guidance about how to run formal meetings so people with a variety of communication needs could take part.
- Information was provided in formats which people understood. When we visited a person's house they showed us a scrap book which was part of their care plan. It had pictures and textured objects showing what was important to them, such as key staff or activities.
- Staff had the skills to use specialist communication where needed. A relative told us, "The staff are brilliant, they always give choices, and use Makaton too."

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 were supported by staff to have active and lives centred on their interests and needs. Feedback in this area was exceptional. A member of staff told us, "They have a really good quality of life, they are never in," and a relative told us, "They take [Person] on holiday, shopping and to the pub."
- Staff communicated well with family members and supported people to keep in touch with the important people in their lives. A relative told us, "Staff always keep in touch, in fact they rang this morning about

[Person's) birthday arrangements."

Improving care quality in response to complaints or concerns

- There were processes in place to ensure people and their representatives could raise concerns and complaints. A relative told us, "I can call them anytime and they will answer."
- We received feedback from two relatives that senior managers had not communicated well with them when they had concerns. We noted this feedback was in the areas where the management team had started to address staffing and management issues and improve communication.

End of life care and support

- A member of staff showed us the detailed end of life plan they had prepared with a person, who had stated their preferred option was to remain at home with the support of care staff who knew them well. The staff member spoke with compassion and affection about what flowers and music the person had chosen, with their support.
- There were examples where staff had appropriately involved external professionals to ensure people received the palliative care they needed.

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 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

- There was a shared culture and pride in Thera Trust vision. A member of staff told us, they had joined the service because of the focus on the people they supported.
- At the beginning of our inspection the director told us they had identified areas of concern across the service and outlined the measures being taken to address these issues. Our overall findings reflected the director's summary. The concerns had stemmed predominantly from inconsistent management of certain geographical areas, which was being resolved effectively.
- The provider had targeted key areas, for example improving recruitment, in response to feedback about the quality of agency staff. We were assured the service was acting effectively to improve the quality of support people received.
- A member of staff told us they felt positive about the recent improvements, "One of the care staff working here has been suspended. We are not messing about any more."
- Professionals involved in the improvements confirmed the provider was working well with them. One professional said, "I have always found Thera very person centred and a good quality provider. They responded [to concerns raised]) with a thorough internal investigation and communicated with me throughout."

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; Continuous learning and improving care;

- There was a greater focus on using mistakes to learn and make the service better. A registered manager told us, "In the past we focused on individual staffing issues when a mistake happened, now we are looking at avoiding it in the future."
- Feedback from some families and stakeholders told us the service had not always been good at communicating when things had gone wrong. This was predominantly in the areas where the service had experienced a dip in quality. One relative told us they had not had a response to a concern they had raised. The senior member of staff they had complained to had now left and communication was being addressed as part of the overall improvements.
- There were some excellent examples of the provider acting on the duty of candour when they had concerns about the quality of care. They had written to reassure people and their representatives that action had been taken when one staff member had put people at risk.

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

- As the service was large and dispersed so the registered managers could not be visible at all the different schemes. Responsibility for monitoring services had been delegated to senior care staff. Senior and care staff described to us a patchy system which worked better in some areas than others. In some areas, certain checks had not been carried out, such as checking why a person had not attended the dentist.
- Some care and senior staff told us they were unclear whose responsibility it was to check people received care which matched their care plan.
- We spoke with a senior manager in the service, responsible for quality checking and they told us about improvements being implemented. New audits had been introduced at the beginning of 2019. They were improving oversight, though managers were still getting used to the new systems.
- A registered manager told us the recent move from paper to electronic care records meant it would be easier to capture themes across the service and spot any gaps, such as dentist appointments.
- The director had recognised there was a lack of clarity about roles and responsibilities and was addressing this by developing clearer guidance on the different roles. Local managers now reported more formally each month, which gave the registered managers better overview of the service.
- There were logs recording areas such as safeguarding, complaints, incidents and accidents which were exceptionally well ordered. They gave good information to the management team about what was happening across the service.
- The system for checking whether applications and assessments around the Mental Capacity Act were up-to-date was not working as effectively. The director showed us how this system was being improved to provide better oversight. This was essential to enable the service to ensure people who lacked capacity were being safely supported and not restricted unnecessarily.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Within the wider Thera Trust there was an exceptional emphasis on involving people. Part of the management structure included representation from people with learning disabilities. One of the subsidiaries of the organisation was called the 'Quality Company' who have quality checkers who are employees with a learning disability who carry out peer review of services and support.
- Family members and professionals overwhelmingly told us the service was well run. A relative told us, "I think it is well managed. The managers give us peace of mind that our family member is being well looked after."
- People had excellent links with the local community, such as leisure centres. Local staff worked in partnership with stakeholders to address concerns and improve peoples' quality of life.
- The provider had active links with national bodies, helping to implement and develop best practice across the sector. For instance, an information sheet had been developed with a university and shared to staff which provided detailed advice on how to support people to prevent constipation.