

The Camden Society

Thera South Midlands

Inspection report

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

Tel: 03003031808
Website: www.thera.co.uk

Date of inspection visit:
24 October 2019
25 October 2019
31 October 2019
01 November 2019

Date of publication:
09 January 2020

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 South Midlands is a supported living service providing care and support to people in their own homes in the counties of Leicestershire, Northamptonshire and Hertfordshire. At the time of the inspection there were 30 people receiving personal care and support in 15 supported living settings.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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. Staff felt a disability should not restrict people's ability to be a full and active member of society. People were supported with meaningful activities of their choosing both in and out of the service.

People received kind and compassionate care. Relatives trusted the services and felt their family members were cared for and safe. The service supported people's relationships with their families and peers. Relatives could openly voice their concerns, and they felt listened to and respected.

People were supported by sufficient numbers of staff. Staff knew people well and respected people's dignity and confidentiality. Staff understood and could recognise signs of abuse and knew how and who to report their concerns to.

An induction and training programme were provided to staff to ensure they were suitably skilled to support people safely.

People's medicines, equipment and environment were managed safely. Their nutritional needs were met

but mealtime experiences were not always a positive experience for people.

The services were managed well and where any issues were highlighted managers acted to make improvements.

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

Rating at last inspection

This service was registered with us on 18 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the new registration for this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thera South Midlands under the 'archived' reports on our website at www.cqc.org.uk.

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 South Midlands

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

One inspector visited two supported living services in Northamptonshire and Leicestershire and met with people who used the service and staff.

Service and service type

This service provides care and support to people living in a number of 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 two managers 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.

Notice of inspection

We gave the service notice of the inspection. This was because the service is large, wide spread across three counties and we wanted to be sure there would be people at home to meet with us.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We met with six people who used the service. We were unable to obtain detailed feedback from everyone who received care and support from Thera South Midlands due to their communication needs. Staff supported the inspection team to obtain as much detailed feedback as possible from people considering their communication needs. We spoke with both registered managers, two senior care staff, and six care workers.

We reviewed a range of records. This included five people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with four relatives.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One person told us, "I am happy living here and I feel safe."
- All the relatives we spoke with told us their family members were safe. One relative told us, "I feel [person] is definitely safe. They are in great hands and are happier now than ever before." Another relative told us, "The quality and safety of the care is right at the top of this service."
- Staff were trained in safeguarding and knew how to recognise the signs of abuse and when and who to report them to. One staff member told us, "I have been trained in safeguarding and whistleblowing procedures. I would report any concerns I had to the manager and if they weren't taken seriously I would go to the police with them."
- The provider worked with local safeguarding teams to ensure when concerns were raised people remained safe.

Assessing risk, safety monitoring and management

- People's care files had detailed risk assessments associated with their care and support needs. For example, where people required specialist equipment to maintain their health and well-being measures were in place, so staff could safely monitor the equipment and keep people safe.
- People's risks were regularly reviewed, and staff told us they were informed of any changes. This meant people could continue to be supported safely.
- Care files contained positive behaviour support plans for people. These plans detail the support people need to manage behaviours that challenge staff and other people, and to guide staff about signs to look out for and actions needed to de-escalate situations.
- People had evacuation plans in place in case of emergency which detailed how to support people safely.

Staffing and recruitment

- People were individually assessed for the level of support they needed, and there were enough staff to meet people's needs in a timely manner. Staff on duty during our inspection and rotas we reviewed confirmed this.
- During our visit we saw people being supported to go shopping and attend appointments with the level of staff support they were assessed to need.
- There was a robust recruitment policy so, as far as possible, only staff with the right character and experience were employed. Disclosure and barring service (DBS) security checks and references were obtained before new staff started work at the service. These checks help employers to make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely, and people received their medicines on time.
 - Staff were trained in the safe administration of medicines and their competency was checked.
 - Records were accurate and up to date and medicines were stored securely, and at the right temperatures.
- Medicines policies were in the process of being standardised for all services to reflect requirements from various local authorities.

Preventing and controlling infection

- The locations we visited during our inspection were clean and staff supported people to prevent infection safely.
- Staff were trained in infection control and knew the importance of protecting people from the risk of infection.
- Staff followed good practice guidelines, including washing their hands and wearing personal protective equipment.

Learning lessons when things go wrong

- The service knew the importance of learning lessons when things went wrong. For example, during our inspection a senior member of staff observed a staff member not supporting a person appropriately when walking. They immediately intervened to ensure the correct technique was used so the person was safe, and the staff member's competency was reviewed.

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 is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were fully assessed, and person-centred care plans developed. Assessments had been completed with the person, or where appropriate, with their family or representative.
- Staff knew people well. We saw them communicating and working well as a team paying attention to supporting people's individual needs.
- People's life history had been fully explored so people received care and support how they wished.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge required to meet people's needs. New staff were supported with an induction programme to the service.
- Staff were provided with access to specific training relevant to their role. For example, all staff had completed positive behaviour support training from a nationally recognised provider. During our inspection we observed this training being used to support people to reduce their anxiety and distress.
- The registered manager informed us not all staff had received regular refreshing of their training recently. However, we were shown a comprehensive new training plan for all staff had been developed and all staff had been enrolled onto the programme.

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

- During the first day of our inspection at one service we observed concerns over the mealtime experience for people. Staff who were assisting people with their meal were rushing and one person was turning their head away indicating they were not ready. We informed the registered manager of our views and they told us they would discuss this with the members of staff.
- During the second day of our inspection this was much improved, staff were patient and people appeared to enjoy their meal.
- People's nutritional needs were met and where required this was safely monitored.
- People made choices about their food preferences and we saw these were met. Staff supported them with preparing their meals to ensure food was safe to consume and, ensured where required people had access to their specialist cutlery, so they could maintain their independence with their meals.

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

- Each person had a hospital 'passport', a booklet providing information to health staff who might need to support a person. For example, one person's booklet contained information on their risk of seizures and allergies to specific medications.

- Staff worked closely with other agencies such as the local authority and healthcare professionals. For example, records showed people had been supported to dieticians, physiotherapists and GP appointments when required.
- Staff were aware of people's changing health needs. One staff member told us, "I know [person] really well and am aware when they may become unwell. I know from the demeanour and body language when something is not right."
- Relatives told us they had confidence their family members health was being monitored to keep them safe.

Adapting service, design, decoration to meet people's needs (E6 this KLOE is for providers of the regulated activity 'Accommodation for the persons who require nursing or personal care.'

- The environment was safe, clean and hygienic and adapted according to people's needs. For example, at one service people had specialist equipment and doors and corridors were designed so they could mobilise independently.
- People had choice and control of how their rooms were decorated and presented. All the rooms we saw were personalised and decorated to people's preferences.
- The locations we visited were homely and people were observed to be happy in their surroundings. Staff were aware these were people's own homes and were respectful to them.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 found they were.

- We observed people's permission was sought prior to care and support being delivered. Staff were explaining to people what they were doing and why.
- Staff had undertaken training about the MCA and DoLS and understood the principles of this legislation and how it affected their role. One staff member told us, "I don't just do things for people I ask them if they are happy for me to do things and if they say no then that's fine, like with personal care."

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 is the first inspection for this newly registered service. This key question has been rated 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 were cared for by kind and compassionate staff. One person told us, "I get on great with [named staff member], we get on so well."
- Relatives told us their family members were treated respectfully. One relative told us, "There is a strong bond between [named relative] and the primary carer. All the staff are very attentive, and I have confidence in all of them." Another relative told us their family member was, "In great hands and, is happier now than ever before."
- Staff created a jovial and relaxed atmosphere for people in the locations we visited. We saw tender and respectful interactions between them during the whole inspection. Staff had time to support and talk to people and responded to people timely and appropriately when they needed support.

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

- People and their relatives were fully involved in the planning and reviewing of their care and support.
- Care plans were personalised and descriptive of how people preferred to receive their care. Discussions with, and observations of staff during our inspection, confirmed they knew people's likes and dislikes. One relative told us, "They [staff] send photos to my phone of the things [named relative] likes doing. It's so lovely to see them enjoying themselves."
- People who could not express their views verbally were supported by staff who understood their individual communication methods. For example, one person's care file stated 'when [person] sits in a particular seat this usually means they would like a drink.' We saw a staff member provide a drink to this person when they sat at this seat during the inspection.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to be as independent as possible and were actively involved in their local communities. One relative told us, "Staff concentrate on supporting rather than just caring and this provides [named relative] with greater independence."
- People were supported to develop their skills and staff were knowledgeable of people's capabilities. We saw one person preparing their own ingredients for lunch with staff providing appropriate guidance to them whilst being on hand to provide support if needed.
- Staff knew the importance of maintaining people's privacy and dignity. Personal care was provided in private and doors and curtains closed and conversations between staff were undertaken discreetly. One relative told us, "They are brilliant in respecting my [named relative's] privacy and dignity."
- People's confidential information was stored securely.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives had been involved in the development and reviews of their care and support needs.
- 'This is all about me' care plans were person centred and established people's life history and likes and dislikes. For example, people's choice of staff gender to meet their personal care needs was considered and met. One staff member told us, "We [staff] are aware of people's preferences for specific carers."
- Staff had read people's care plans and told us there was enough information and guidance, so they could support people in the way they had chosen. One staff member told us, "I know when [named person] likes to get up in the morning, how they like to maintain their own personal hygiene and when they need me to support them."
- We saw how people were cared for as individuals throughout the inspection, and their choice and preferences were met.

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.

- People's communication needs had been fully explored. People had communication passports, which are used for people who need support to communicate information about themselves. They provide a way of supporting a person, so they can be understood, and have their views heard.
- People were provided information in different formats. Some people were supported to communicate using the Picture Exchange Communication System (PECS). PECS is a picture-based communication method to enable everyday conversations to take place between people. We observed staff using this tool to determine people's choices of meals and activities.
- One person's care plan stated '[person] must always have their electronic tablet with them to meet their communication needs.' We observed the person had access to the tablet throughout our inspection.

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

- The service knew the importance of people being supported to take part in their local communities.
- People were supported with activities of their choice and consulted if they would like to participate in them together. This meant people had opportunities to form friendships with their peers with interests they

shared.

- Staff supported people to remain in contact with their family members. Relatives were welcomed to the service at a time of their choosing staff, and people were supported to communicate with relatives beyond their visits by sending messages and videos. One relative told us, "I always get a good night message from them."
- Staff had time to support people. We saw people were being supported into the local community during our visit. One relative told us, "[named person] goes out most days to the cinema, bowling and shopping. They [staff] ask what they want to do and use their communication aid to confirm this."

Improving care quality in response to complaints or concerns

- People and their relatives had access to the complaint's procedure. Managers informed us there had been no formal complaints received in the last 12 months.
- People who were unable to verbally communicate their concerns had opportunity to do so by using their preferred communication method to alert staff and managers for them investigate.
- The service sought regular feedback from relatives as a method to inform them if people had any concerns with the care and treatment. Relatives told us this important because it provided them with opportunity to advocate on their family members behalf.
- Relatives told us they felt confident in raising concerns and they would be taken seriously. Where they raised minor concerns with the service they told us these had been resolved.

End of life care and support

- Staff were trained in supporting people with end of life care as part of their induction to the service.
- Care plans provided opportunity for discussion and arrangements for end of life care to be made according to people's wishes. Although no one was receiving end of life care at the time of our inspection care plans contained the opportunity for people's wishes to be recorded.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Operations managers routinely undertook and audited quality checks, but shortfalls were not always identified at one service. We found food and hot water temperatures, cleaning rotas, and daily fire checks had not always been recorded. However, we did observe food temperatures taken and cleaning duties performed during our inspection.

We recommended the registered manager reviews the systems and processes for daily checks within the service. During the second day of our inspection the registered manager met with team leaders and a review of the delegated tasks for staff was carried out. The registered manager told us they would monitor the system closely and increase the frequency of their audits until the system was fully embedded and effective.

- A new quality assurance and health and safety team had been implemented at the providers head office. They provided support to services to improve quality performance and safety. Where emerging themes and trends were identified these received particular focus through 'blitz meetings' to address any identified issues promptly.
- The management team were fully aware of their legal responsibilities, including appropriately notifying CQC and other agencies of any important events that occurred in the services.

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

- There was an open, transparent and honest culture throughout the service. People were empowered to be involved with their care and support.
- People's care and support needs were consistently met, and their health and well-being flourished through the quality of care they received.
- All of the people we spoke with were complimentary about how the service was managed at the locations we visited. Relatives told us managers and staff knew their family members well and improved their quality of life. One relative told us, "The service has good management and we have faith and trust in them. Another relative told us, "The care [named person] receives is 'head and shoulders' above all of the other care they had at previous services they lived at."
- Staff worked collaboratively and held positive views of each other. One staff member told us, "Staff are supportive, friendly and helpful to me. They are knowledgeable, and we work well together."

- Staff benefitted from the experience and guidance of their registered manager. One staff member told us, "My manager is helpful and supportive, and I am confident if I have any concerns they would act on them." Another staff member told us, "I have a great manager, they encourage me to fulfil my potential and they are understanding of my personal circumstances."
- The provider and registered managers understood their duty of candour responsibilities. Registered managers reported any incidents to the relevant authorities and worked collaboratively with them.

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

- People and relatives were consulted, and their views sought regarding the service they received. In the services we inspected people were continually able to share their views informally and relatives told us they were happy they could do this.
- The provider's senior management team held regular Employee Consultative Council Meetings (ECC). Each service had a staff member attend to represent their service. A bulletin covering the topics discussed was introduced following feedback from staff to ensure they were all informed of the outcomes of each meeting. However, from a recent staff survey 40% of staff did not know who their ECC representative was.
- Staff had formal opportunity to give their feedback of the service through an annual survey. Whilst most staff who responded provided positive feedback, the most recent survey had only a 33% response rate.

We recommend the provider looks at ways to improve the staff team's awareness of who their ECC representatives are and take steps to increase the percentage of staff responses to surveys.

- Staff were provided with regular supervision and appraisals, and afforded time to prepare for them.
- Meetings were held frequently, and staff told us they could air their views and opinions openly.

Working in partnership with others

- Services we inspected worked in partnership with other agencies, such as health professionals, local authorities and families and representatives to ensure people received joined-up care. This meant people had the right access to support when they needed it.

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 is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Operations managers routinely undertook and audited quality checks, but shortfalls were not always identified at one service. We found food and hot water temperatures, cleaning rotas, and daily fire checks had not always been recorded. However, we did observe food temperatures taken and cleaning duties performed during our inspection.

We recommended the registered manager reviews the systems and processes for daily checks within the service. During the second day of our inspection the registered manager met with team leaders and a review of the delegated tasks for staff was carried out. The registered manager told us they would monitor the system closely and increase the frequency of their audits until the system was fully embedded and effective.

- A new quality assurance and health and safety team had been implemented at the providers head office. They provided support to services to improve quality performance and safety. Where emerging themes and trends were identified these received particular focus through 'blitz meetings' to address any identified issues promptly.
- The management team were fully aware of their legal responsibilities, including appropriately notifying CQC and other agencies of any important events that occurred in the services.

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

- There was an open, transparent and honest culture throughout the service. People were empowered to be involved with their care and support.
- People's care and support needs were consistently met, and their health and well-being flourished through the quality of care they received.
- All of the people we spoke with were complimentary about how the service was managed at the locations we visited. Relatives told us managers and staff knew their family members well and improved their quality of life. One relative told us, "The service has good management and we have faith and trust in them. Another relative told us, "The care [named person] receives is 'head and shoulders' above all of the other care they had at previous services they lived at."
- Staff worked collaboratively and held positive views of each other. One staff member told us, "Staff are supportive, friendly and helpful to me. They are knowledgeable, and we work well together."
- Staff benefitted from the experience and guidance of their registered manager. One staff member told us, "My manager is helpful and supportive, and I am confident if I have any concerns they would act on them." Another staff member told us, "I have a great manager, they encourage me to fulfil my potential and they are understanding of my personal circumstances."
- The provider and registered managers understood their duty of candour responsibilities. Registered managers reported any incidents to the relevant authorities and worked collaboratively with them.

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

- People and relatives were consulted, and their views sought regarding the service they received. In the services we inspected people were continually able to share their views informally and relatives told us they were happy they could do this.
- The provider's senior management team held regular Employee Consultative Council Meetings (ECC). Each service had a staff member attend to represent their service. A bulletin covering the topics discussed was introduced following feedback from staff to ensure they were all informed of the outcomes of each meeting. However, from a recent staff survey 40% of staff did not know who their ECC representative was.
- Staff had formal opportunity to give their feedback of the service through an annual survey. Whilst most staff who responded provided positive feedback, the most recent survey had only a 33% response rate.

We recommend the provider looks at ways to improve the staff team's awareness of who their ECC representatives are and take steps to increase the percentage of staff responses to surveys.

- Staff were provided with regular supervision and appraisals, and afforded time to prepare for them.
- Meetings were held frequently, and staff told us they could air their views and opinions openly.

Working in partnership with others

- Services we inspected worked in partnership with other agencies, such as health professionals, local authorities and families and representatives to ensure people received joined-up care. This meant people had the right access to support when they needed it.