Thera Trust

Thera East

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This announced inspection was carried out between 29 November 2016 and 23 January 2017. Thera East is a domiciliary care service which provides personal care across the eastern counties of Essex and Suffolk to people with learning disabilities who are living independently in their own accommodation. Some of these are shared tenancies with other people who also receive personal care and support from Thera East, and others are single tenancies. Prior to the inspection the provider informed us that they were providing services to 256 people receiving personal care. Staff work in small teams and provide personal care and support to people into a single or small number of properties in these geographical areas.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by consistent staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed. Where people were unable to do so the provider followed the Mental Capacity Act 2005 legal framework to make the least restrictive decisions in people's best interest.

People were supported by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with dignity and respect and their privacy was protected. Where possible people were involved in making decisions about their care and support.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People were supported by a service which was person centred and put their interests first. However the systems in place to monitor the quality of the service were not being followed so that improvements could be made when needed.

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.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported in a way that protected them from risks whilst encouraging their independence.

People were provided with the amount of support they had been assessed to require to meet their planned needs by a consistent team of staff.

People were provided with the support they required to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged. Where people lacked capacity to make a decision about their care and support, their rights and best interests were protected.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported by staff who were committed to providing them with the best service possible and treated them

with respect.

People were able to plan and influence how they were provided with their support.

People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made.

Is the service well-led?

Requires Improvement

The service was not entirely well led.

Systems to monitor the service were not being used effectively to recognise when improvements were needed and how these could be made.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with Thera East.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

Thera East

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 29 November 2016 and 23 January 2017 and included visits to the registered office on 21 December 2016 and 23 January 2017. We gave the provider advanced notice of our visits to the office because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. We gave 24 hours' notice before we visited people in their own accommodation to obtain their consent for us to visit them and ensure they would be at home when we visited. The inspection was carried out by two inspectors.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some health and social care professionals who have contact with the service and asked them for their views.

During the inspection we spoke with ten people who used the service and 13 relatives. We also visited five people who were being supported in their own accommodation and observed how they interacted with the staff who were supporting them. We discussed the service with 20 staff consisting of three community support leaders, five team coordinators, three senior support workers and nine support workers. We also had discussions with four operations managers, the registered manager and their personal assistant. We also spoke with the safeguarding and compliance manager for Thera Trust.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who supported them. They spoke of feeling safe because they knew the workers who assisted them, and having care workers present at the times they needed their support. One person told us, "I do feel safe because I get on with them and they are nice to me." Another person said they felt safe because, "I am supported by staff that I know." Relatives told us they felt confident their relations were safe using the service and they believed the staff who supported their relations knew how to keep them safe. One relative told us their relation was, "Very safe, this is the best place they have ever been."

Staff were able to describe the different types of abuse and harm people may face, and how these could occur. Staff told us they had been provided with training on protecting people from abuse and harm and how to use the safeguarding procedures if they had any concerns. Staff who worked in people's accommodation told us they would notify their community support leader if they had any concerns or suspicions a person was at risk of abuse or harm. These support workers were aware the local authority should be informed of any safeguarding concerns, but were not aware of an occasion when this had needed to be done. Community support leaders told us of occasions when they had needed to do so. The registered manager told us there were robust systems in place which they were confident staff followed if they were concerned a person may be at risk of abuse or harm.

Operational managers told us there was a central record kept of all safeguarding incidents that took place in Thera East which we saw during our visit to the office. This showed the provider had acted appropriately and reported concerns about people's safety to the local authority. These included where people who used the service were at risk within the community, and alleged incidents that had occurred involving staff from the agency or other people supported by them.

People were supported to undertake any daily activities in a way that had been assessed for them to do so as safely as possible. A person who used the service told us how they enjoyed going out into the local community, they said, "I always go out with support, they make sure I cross roads safely." Another person told us they were able to go swimming and that a member of staff would accompany them. Relatives described different ways their relations were kept safe during their daily routines. This included having the support they need to bathe safely, to be assisted with their mobility and having food presented in a way that it did not cause a risk to them of choking. One person told us about various activities they took part in which had been assessed for them to do safely.

The provider informed us on their PIR how they developed risk management strategies. Staff told us any risks to people were identified and assessed. Staff spoke of risks people faced in their daily living being assessed to show the safest way for them to be supported with these. This included the use of mobility equipment and sensor alarms if someone was at risk of falling when in their room. A community support leader told us how one staff member had acted proactively whilst ensuring a person's safety when they had an opportunity to go sailing. The community support leader said the staff member completed a risk assessment 'on site' to enable the person to take part in this activity which they had been given an

unexpected opportunity to take part in. During our visits to people who were supported by the service we saw detailed risk assessments for activities they undertook were in place.

Staff told us they were able to increase people's opportunities for independence through using various pieces of equipment and other safety devices. For example a support worker told us how one person was able to go out in a vehicle because they used a harness to keep them safe when the vehicle was travelling. Staff spoke of carrying out visual checks on any equipment they used to support people with and following risk assessments to ensure they operated this safely.

We were told about an occasion when a person had an accident whilst they were being assisted with their mobility. A support worker told us the person appeared to be "fine" but to make sure they were taken to hospital for a check-up and an injury was detected. The support worker said that then, "Everything was looked into, a new procedure was made and they (managers) had OTs (occupational therapists) out to look into it to make sure it never happens again." An operational manager told us that staff had followed the correct procedures, but once the risk was identified, a referral was made for an OT to carry out a new assessment. They also told us risk assessments were reviewed and adapted to prevent the likelihood of this incident happening again. The registered manager visited the person following the incident to ensure everything that needed to be done had been.

People were provided with the amount of care and support that had been allocated for them by their funding authority. For some people this meant having a member of staff present at all times and for others it was for a certain number of hours each week, depending upon their assessed needs. People told us they received the amount of support from staff that had been planned for them. One person told us how they were able to use their set hours flexibly when it most suited them to enable them to fulfil their social plans.

Relatives confirmed their relations were provided with the level of support time they required. One relative said their relation had, "One to one care which is always provided." Relatives spoke of visiting their relations in properties they shared with some other people supported by the service, and told us there were always sufficient staff present. One relative said there were "always enough staff around" when they visited. Several relatives commented on having stable and consistent staff was a benefit to their relation and a credit to the company. Staff rotas showed people were provided with appropriate support from staff they knew. The provider informed us on their PIR how they identified the right staff to support each person.

On most occasions people were provided with their planned support from a regular individual or small team of staff. We were told that rotas were prepared that allocated staff to fulfil each person's funded hours. Staff told us that in the event of a staff member being absent from work at short notice they had various measures to follow to replace the missing member of staff. This involved contacting a relief worker, enquiring if any members of the staff team wanted to work some additional hours or contacting a manager who would step in. We were assured that any person who received one to one support was provided with this. Some staff did say there had been the odd occasion when they had been unable to find cover for people who lived in shared accommodation, so they had worked for a period of time with a member of staff short. They said this had been done safely and the duty managers had been informed this was happening.

Operational managers said staff recruitment and retention was a major part of their work. They spoke of certain areas being "hot spots" and difficult to recruit to. An operations manager said they had "an excellent core of dedicated staff." They said their emphasis was on maintaining the support to people they already had, and they would not take on any new people to support if they did not have the staff in place to do so.

People were supported by staff who had been through the required recruitment checks to preclude anyone

who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out. However there was no record made to show any gaps in candidates' employment history had been explored during the recruitment process. This would have established if there was any undeclared information about the candidate that could have an effect on their suitability to work in a social care setting. The registered manager told us on our second visit to the office they were putting processes into place to ensure this was now happening. They also told us that they were going through all previous application forms to check these and would follow up any gaps found with the staff member concerned.

People received the support they needed to have their medicines as prescribed. Some people told us this involved them being supported to manage these themselves or being prompted to take them. One person told us that staff would, "Collect it (medicines) from the chemist, then I look after it and then I take it." Other people spoke of staff giving them their medicines when they were due to have these. One person told us that staff, "Give me medicine if I am not well."

Relatives described how their relations were given the support they needed to have their medicines. This ranged from being supported to self-medicate to having these administered via a PEG (percutaneous endoscopic gastrostomy, which is a procedure used when a person cannot receive anything orally.) One relative told us how their relation had been able to stop taking their medicines due to improvements they had made in certain areas of their life, and they were now able to manage without these.

Staff told us they had received training on supporting people with their medicines and that following this they had observed other staff administer these. Staff were then observed and assessed to be competent at supporting people with their medicines by a community support leader or team coordinator to ensure they did this safely. They described providing the individual support people needed to be able to have their medicines as prescribed, as well as prompting people who had been assessed as safe to undertake some responsibility for themselves with this. During our visits to people who were supported by the service we found their medicines were being managed appropriately and people who were able to manage their own medicines were assessed on how they could do so safely.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills needed to meet their needs. A person who was supported told us, "Staff are very good at their jobs." Another person said staff, "Know the best way to help provide me with support." A third person told us, "I think they know what they are doing, I can trust what they do." Relatives believed that staff had the training they needed to support their relations. One relative told us, "Staff have the skills to engage with [name] and occupy them." Relatives told us staff knew how to support relations with any specific individual need they had because they had received the training they required for this.

Staff were provided with induction training when taking up employment to prepare them for their role. Recently appointed staff told us they felt the induction had prepared them for the work they undertook. One support worker told us it had been a, "Brilliant induction, I felt welcomed into the company. It gave me reassurance." More experienced staff said they saw how the induction helped and developed new staff. The provider informed us in their PIR that, "All new staff complete the Care Certificate. All staff complete learning modules identified according to the needs of each person supported and the skills and knowledge that their staff team need." The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. This was confirmed to be the case by different teams of staff.

The provider informed us on their PIR that each member of staff had a personal development plan. Staff described receiving a mixture of face to face taught training and completing modular workbooks. Most staff told us they thought this was a good balance of different ways of learning and comments from staff included "we get the training we need" and "training is good." Operational managers said there were checks undertaken to ensure staff had gained the knowledge they needed from the modular learning. Staff spoke of having completed face to face training in positive behaviour management, moving and handling and medicines management. Some staff told us they held advisory roles in areas such as health and safety and moving and handling where they would provide advice and support to other staff in these areas. An operational manager told us that if a person they supported had a specific need, or they identified any another training that was necessary, then they would arrange for that training to be provided to the teams that required this.

Staff had opportunities to discuss their work with an experienced staff member allocated to be their supervisor. In addition they told us they had access to less formal support at other times by phone, email as well as in person. A support worker told us they got, "Regular supervision and there is always someone on the end of the phone if there are any problems."

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. People told us how they were supported to make decisions about the things they did and when they did them, such as their daily routines. People told us staff would ask them what they wanted to do and encouraged them to express their views. They told us staff may offer them advice, but they made the decisions. One person told us, "I do speak with staff, I get their advice, but I decide." During our visits to

people who were supported by the service we observed people being asked for their consent over everyday matters.

Staff understood people's right to make decisions they had the capacity to make and described supporting them to make these. Staff spoke of the different ways they enabled people to make decisions and choices. They told us some people were able to state their wishes, whereas some other people were able to choose from options given to them. One senior support worker told us about how simplifying things as much as possible enabled one person to make certain decisions. Several staff spoke of supporting people to decide what they wanted to eat by showing them different food ingredients. Some staff also described how people made decisions in house meetings when the decision that needed to be made affected more than one person. Staff also told us they would only provide someone with support if they consented to this.

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. The provider informed us on their PIR how staff were helped to understand the MCA.

We checked whether the service was working within the principles of the MCA and found that staff had a good knowledge and understanding of this. They had a good level of knowledge about their duties under the MCA and how to support people with decision making. Where people were not able to be supported to make a decision for themselves decisions were made for them following the legal MCA framework. Relatives spoke of being involved in making decisions in best interest meetings when their relation was unable to make a decision for themselves. One relative told us about attending monthly meetings to look at any decisions that needed to be made. Another relative spoke about being involved in a best interest meeting about a relation who was in receipt of hospital treatment.

Staff were clear on how people who had been assessed to be unable to make a decision for themselves should be supported to have the decision made in their best interest. They told us relevant individuals from a person's circle of support (which include people's family, friends and other involved professionals) were included in making decisions in the person's best interest. A support worker told us one person had an advocate present in these meetings because they did not have a relative available to do attend to represent them. The registered manager told us they had spent a leadership (training) day to refresh staff knowledge on the MCA and deprivation of liberty.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people who live in supported living accommodation this requires the local authority to make an application to the Court of Protection. Operational managers told us there were some people they supported who had their liberty restricted in order to provide them with safe care. This involved the relevant local authority for each person who had their liberty restricted making an application to the Court of Protection to legally authorise these restrictions, and to ensure they were the least restrictive option available to do so. The registered manager said they had not been informed of any outcomes yet from applications made to the Court of Protection. They said in the meantime they had put into place "reasonable and proportionate measures" for people's safety.

People were not subjected to any form of avoidable restraint. The provider informed us on their PIR how staff were trained to support people with complex behaviours. Staff told us when a person they supported was expressing themselves through their behaviour they used their knowledge of the person and their

relationship with them to support them without the use of restraint. Operational managers told us it was their policy not to use any form of physical restraint when supporting people who expressed themselves in this way and this was the case in practice. We saw during our visits to people who were supported by the service that there was step by step information provided for staff on how they should manage any complex behaviours without the use of any restraint.

People were provided with the support they needed to have sufficient to eat and drink to promote their wellbeing. People told us they enjoyed their meals and they were involved in planning or choosing these, and that they had enough to eat. One person told us, "We choose the meals and take turns to cook. I like pasta dishes." Other comments from people included, "We have nice food" and "I have enough to eat." Relatives told us their relations received the support they needed to eat their meals. One relative told us their relation ate well and that staff, "make sure they have plenty to eat and drink." Other relatives spoke of their relations being supported to prepare their meals and one told us their relation was provided with a specific diet they required.

Staff told us how people were provided with the support they needed to have sufficient to eat and drink. This involved people who were able to be in preparing menus, shopping for food ingredients and being involved in food preparation. Staff described different ways they encouraged people to have a healthy diet whilst still respecting people's right to make their own choices. One support worker told us how people who shared a property made a weekly menu plan which they used to plan the ingredients they needed to buy. The support worker said this included ensuring people had snacks available. They said, "We do a menu plan every week and the shopping is done according to the plan. We have healthy snacks with a few rubbish ones thrown in as well, everyone needs the occasional treat." Another support worker told us how they had supported one person to lose a considerable amount of weight by switching to a healthy diet. A third support worker said they ensured a person had a balanced diet through using a food diary.

People who had particular requirements regarding how they received their nutritional support were provided with this in the way this was needed. This involved people having their meals prepared to a certain consistency to help them swallow and digest these safely without causing them to choke or aspirate. A senior support worker told us how they had been trained to provide one person with their nutrition, who could not have this orally, by following a procedure using a percutaneous endoscopic gastrostomy, which is commonly referred to as PEG. A support worker told us the SALT team (speech and language therapy, who provide advice on swallowing and choking issues) had provided them with some guidelines to follow in order to build up one person's weight. Staff also spoke of ensuring people had a diet that complied with any health related dietary requirements they had. There was specific detail in people's support plans on how to support them to eat safely and other records showed there were no concerns with people's nutritional intake.

People received the support they needed with their health and wellbeing. People told us how staff would accompany them to medical appointments and provide them with any support they needed to do so. One person praised staff for being able to, "Support me to go to hospital even though I don't want to go." They added, "I don't have a problem with them going." Other people also spoke of staff accompanying them to doctors and dentists appointments.

Relatives confirmed their relations attended routine healthcare appointments, including dentists and well person's clinics. One relative described how staff had built up their relation's confidence to have a dental check-up. They told us that their relation had been refusing any treatment but staff had, "Built up their confidence and [name] just walks in and sits on the couch now." A second relative told us how their relation's increasing healthcare needs had been met, they said, "As [name]'s needs have got more and more

they have met these needs at every level." Another relative told us how staff followed through with some exercises their relation had been recommended to complete.

Staff understood people's healthcare needs and provided them with the support they needed with these. This involved accompanying people to appointments and calling health professionals to visit when needed. Staff referred to different healthcare conditions people had and how they needed to support them to manage these. They told us each person had their own health action plan (HAP) which enabled them to ensure they managed and supported people's health needs as and when they needed them to. During our visits to people who were supported by the service we saw the HAPs were regularly reviewed and kept up to date. We also saw there was guidance for staff on how to manage and respond to any healthcare conditions. People would receive any emergency first aid support they required. All staff were required to complete, and maintain, a first aid qualification and staff told us if needed they would call the emergency services.

Good

Is the service caring?

Our findings

People felt valued and cared for by the staff who supported them. People told us they got on well with the staff who supported them and described them as kind and having a sense of humour which they enjoyed. One person told us, "We have fun, and I'm sure they enjoy it too. They have never said the contrary." Another person told us, "I get on well with everybody. We have a bit of fun. They (staff) are nice and kind." We found an example of one person's needs being absolute. Staff had identified one person we visited was happier living alone than sharing their accommodation with another person supported by the service. As a result the provider was not looking to move another person into the accommodation, which had previously been used to support more than one person.

Relatives believed that their relations benefited by using the service and they were provided with a positive experience through the support they received. One relative stated very strongly how they believed that using the service "had improved [name]'s quality of life." Another relative said the staff who supported their relation had, "Excellent values and are all very caring." The registered manager described initiatives they were involved in that would further develop people's inclusion within their local community. For example integrating people with a learning disability into local community groups rather than having groups whose main purpose was to be for people with a learning disability.

One relative commented that they felt their relation benefited by the involvement they had with the staff that supported them, but they did not feel their relation had been appropriately matched with the other people they shared their accommodation with. An operational manager told us they were aware of this and it was an issue that was being addressed. Another relative said the other people who shared with their relation all got on well together. They said, "The mix works really well, it gives [name] lots of different ideas and gets them to live their life to the full."

Staff spoke with passion about their work and providing people with the best care and support that they could. One support worker told us how they had been so impressed at how they had seen staff supporting people out in the community in their previous employment that they had decided to apply for a position themselves. They told us they now had "the best job in the world." Another support worker said they believed, "We create a warm caring environment." A senior support worker told us how their team who supported one person were "person centred and were always thinking what is best for [name]." A second senior support worker told us, "I could not do this job if I was not passionate about it."

Staff described the personal satisfaction they received through their work. The most popular comment they made was seeing people they supported smile. One support worker said, "[Name] has complex needs and behaviours. On a bad day I ask myself why do I do it, but on a good day they smile and it warms my heart." They added, "And that's why (I do it.)" Some people had been supported by certain staff for a considerable amount of time. A community support leader told us there were a lot of long standing relationships between staff and people they supported, and they believed this "continuity of relationships is essential" for them. A senior support worker said, "I have worked with [name] for nine years, I can't see myself ever not working with them."

People who had the capacity to be involved in planning and making decisions about their care were supported to do so. One person told us how they had been involved in planning their support. They said, "We discuss the support plan together. I have said what I want in it, they (staff) make suggestions but I decide." The person added that staff "make good suggestions." A second person told us, "We have discussed my support plan. It has what I want it to have definitely." Another person told us how they were able to do what they wanted because the staff they needed to support them to do certain things were "always there, so I can do it." A relative told us their relation was, "Given choices, they choose what they want to do." The provider informed us on their PIR that people were involved in reviewing the support they were provided with. Support workers told us people were always present when their reviews took place and relatives often attended as well.

Relatives were involved in making decisions about their relation's care either because the person wished them to be or because the person did not have the capacity to make decisions about this themselves. One relative told us their relation was unable to express their views, so they acted on their behalf. They said staff, "Speak with me about [name]'s care every step of the way. They involve me as well." A support worker told us that it had been assessed to be in the person's best interest for their relative to be involved in making decisions for them.

Staff described how people were involved in making various decisions about their care and support. This included some people being involved in interviewing the staff who were going to support them. Staff spoke of helping people to make decisions about their support they were able to make. In some cases this was done through giving a person choices, and in others listening to what people said. A support worker said a person they supported was not able to make every decision needed about their support so it was "shaped around their choices and best interest decisions." The support worker said how the person was not able to express their wishes verbally but they were able to obtain these through other methods of communication. The support worker said the person had indicated they enjoyed a certain type of musical entertainment so they ensured the person attended these events throughout the year. We saw another person's support plan contained detailed instructions for staff on how to support the person to carry out their role at their local place of worship.

Staff spoke of people being supported by family members and friends and in some cases by an independent advocate. They also said they considered what had been decided previously in the person's best interest. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service had their independence promoted and they were supported by staff with dignity, respect and compassion. People told us that they enjoyed being supported by staff and that they did this in a way they appreciated. One person said, "I feel good with staff helping me." Relatives also said their relations received their support in this way. One told us staff demonstrated the right attitude when supporting their relation and another said how their relation was able to, "Go to different ones (staff) for different things. They all have something different to offer [name] which is good for them."

People were shown respect by staff in the way they wished this to be shown when working in their accommodation. A person who was supported said that on occasions staff who were supporting them ate with them and on others they brought in their own food. Staff described different practices when they were at work with regard to eating and drinking. Some said they only used their own items but others spoke of making a financial contribution to the person and sharing their food and drink. Staff described how they showed respect to people and promoted their privacy and dignity when they supported them. Staff told us how they only entered a person's accommodation when they were invited in by the person.

Good

Is the service responsive?

Our findings

People were provided with the support and care they needed following a period of assessment of their needs. People told us they received the support they needed and were happy with this. One person told us, "I know all that's in there (support plan.)" Relatives also said they felt their relations received the support they required. Their comments included, "Everything is well organised, I can't fault the quality of care [name] gets", "I see [name]'s support, it is in excellent order", "I am very satisfied with the way [name] is cared for", "[Name] the care manager has been excellent" and their relation was, "Clean and well taken care of. The home is clean as well." People we visited agreed their support plans were written with them and they were involved in reviews of these.

Staff told us how the support people required was detailed in their support plan and that people had their needs met. They told us these plans were accurate and kept up to date through regular reviews. A support worker said these were checked to be up to date in regular audits that took place. A community support leader told us the support plans, "Break down what people need into each area of support. Risk assessments say what is used, for example which sling." The community support leader went on to say people's support plans were "very detailed and person centred." During our visits to people who were supported by the service we saw their support plans were written in a person centred manner and some documentation had been prepared in easy read format to help people understand these.

People were supported to live as independently as possible and to decide on their own care and support. They referred to following their interests and being able to decide on the things they did. One person told us, "I get to do things I want to. I go to a club." Another person who was taking part in a sporting event told us, "They are really supportive of me with this. When I compete this year most of them (staff) are coming to watch me." A relative said their relation, "Has a very good social life. [Name] needs to be kept occupied, it's just what they need." Another relative said their relation went regularly to a local club. They said staff had told them how their relation enjoyed it and was, "Completely different when there. [Name] dances and smiles." Relatives also spoke of various other places and events their relations went regularly, occasionally or as a one off trip.

Staff spoke of taking people on regular trips to places they were interested in or activities they undertook regularly. These include going swimming, attending a social club, visiting friends and going shopping. Our observations of people who were supported by the service led us to conclude that they were treated with respect by staff who knew them well and encouraged their independence.

There was a complaints procedure where people involved with the service could raise any complaint or concerns. People told us they would raise any concerns or complaints with staff who supported them or they would inform a relative. One person told us, "I would say if I was not happy to anyone of them (staff), and they would sort it." Another person said if they had a complaint they would, "Either go straight to staff or the CSL (community support leader)." One person we visited said, "I don't need to but I could tell any of them (staff) if I wasn't happy." People all said they did not have any complaints about the support they received.

Relatives knew how to raise any concern or complaint and felt these would be dealt with if they did. A relative said, "I have never wanted to. If needed to I would know how to." Another relative told us they had raised a complaint a number of years ago and said this had been dealt with well. They told us they had confidence if they did raise anything the community support leader or team coordinator who supported their relation would look into it for them.

Some staff spoke of having supported people to make a complaint to their landlord when there had been an issue with their accommodation. They also said they thought people had been informed they could also make a complaint to Thera East if they had one. One support worker said, "I think it's been explained to them that they can tell us if they want to say something isn't right."

During our visit to the registered office we saw the record kept of all complaints made. This showed that there had not been any complaints made in the last year by people who were supported, but there had been one complaint made by a relative which had been investigated. Although this had not been substantiated some actions were taken to improve the service as a result of some issues identified.

Requires Improvement

Is the service well-led?

Our findings

Operational managers told us about the quality assurance audits they completed and how these helped them monitor the quality of the service people received. There was an annual overview (baseline) audit as well as specific audits to look at how people's finances and medicines were being managed. However we found the service was not being overseen as intended by the provider because the planned auditing systems were not being correctly followed. During our first visit to the registered office we looked at the timetable showing when audits had been undertaken. These showed that the audits were not being completed at the intended frequency. We also looked at a sample of audits that had been carried out and found when issues had been identified where improvements could be made there was no record made to show these had been completed. Additionally there was no check made that issues identified in the previous audit had been addressed.

The registered manager acknowledged that some systems had not been kept up to date as intended and this was mainly down to some practical problems, such as the spreadsheet being unavailable to update as another staff member was already using this. On our second visit to the office the registered manager told us these systems had been updated and improved to ensure the records were kept up to date in future. The registered manager also said in future audits would include any recommendations made and what action had been taken to check these had been addressed.

We also found other parts of the service were not being monitored to ensure the correct procedures were being followed. For example there were no checks carried out to ensure the correct procedures were followed when new staff were recruited. This would have identified that candidates were not being asked to explain any gaps in their employment history. On one occasion the staff member carrying out the recruitment had written on the interview checklist that they had not seen the candidate's application form. A quality audit report we looked at during our visits to people who used the service mainly contained answers that had been made by staff on behalf of a person who was supported, however this did not show how the person had been engaged or how the answers made by staff were supported.

Operational managers told us there was a central record kept at the registered office of all staff training and supervision, which was used to ensure staff were provided with the training and support they required. However when we saw this central record during our visit to the registered office we found this was not up to date. Community support leaders were meant to update the central record when staff completed any training or received supervision, but we found a number of occasions when this had not been done. This meant the central record could not be relied on to show what training staff had completed and they had the required skills. For example we were unable to assure ourselves that all staff had an in date first aid certificate or were up to date with the planned training and assessments for supporting people with their medicines. Additionally we found the central record did not clearly show when staff were due any further or training updates. The registered manager told us on our second visit to the office the central record had now been updated, and a system had been implemented that identified in advance the date when staff training was due to be updated.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including that they should notify us of certain events that may occur within the service. Our records showed we had been notified of some events that had taken place the provider was required to notify us about, but during this inspection we also found some other incidents the provider should have informed us about which they had not. This meant we were restricted in how we monitored the service due to a lack of information we should have had. The safeguarding and compliance manager informed us they were making changes to the process they used to send notifications to us, which involved the registered manager deciding when notifications should be sent. Additionally we found there was a misunderstanding about when some notifications should be sent to us, which explained why we had not been sent all the ones we should have been.

People used a service that they found to be well managed and run in a way that met their needs. One person said, "Thera (East) is excellent I can't fault them at all." Another person told us they gave them, "ten out of ten," A third person said, "They (Thera East) are a very good company."

Generally relatives told us they found the service was well run. Some relatives mention occasions when something had not been right for them, such as their relation had not been informed they were visiting on a particular day so they were not expected, and not being kept informed about any staff changes. However other relatives referred to the service being well managed. One relative spoke of their experience with other agencies who had supported their relation and told us, "I have been round long enough to know what is good (well run agency) and what is bad (poorly run agency) and this one is excellent. I couldn't do better myself." Another relative said the new community support leader "has made a real difference, they keep in contact and reassure me." A third relative said, "Nothing could be improved that I can think of."

Staff were involved in reviewing and developing the part of the service they worked in. Staff told us they had regular team meetings which included looking at how each person they supported had been. A support worker told us these meetings also focussed on the quality of care, ways to improve the service, anything that needs to be communicated to, from or within the team and any maintenance issues that need to be chased up. A team coordinator said they felt the management of the service had developed as the provider had "caught up with technology" which had improved communication across the service. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

Each staff team was managed by a community support leader who was supported by a team coordinator. Each team was responsible for organising the services for the people they supported. When relatives spoke of having contact with managers they were referring to the community support leader who organised their relation's support, although they were aware of other managers within the organisation. They spoke positively about their contacts with them and said any issues they had were addressed by them. One relative told us, "I see [community support leader] as the manager, I could have contact with the others (operational manager and registered manager) if I want to, I have their numbers." The registered manager told us, "Our organisation would not be what it is without our support teams." Staff told us there was a manager on call at all times if they needed any support or advice. In addition there was a senior manager within Thera East available should staff require additional support or advice.

Staff spoke positively about how they were managed and supported. They described working in supportive individual teams led by a community support leader. They knew the community support leaders were managed by an operational manager, who they said they could contact if they needed to. Some staff told us they had seen the operational manager when they had visited the property they provided support in. The

registered manager informed us the service had won the 'Making a Real Difference in the Organisation's Culture Award' in the driving up quality awards category at the Learning Disability England's Supported Living conference. They told us about a staff awards scheme in place for individual staff, staff team and staff run projects within Thera East. One recent project winner had been for a group of staff who had raised the funds and then established an accessible beach hut at a seaside resort within the region.

Staff knew who the registered manager was, but did not see them as someone involved in their day to day management or the day to day running of the service. They said they may see the registered manager at organised events or receive cascaded communication or directives from them. A support worker said it was more of a case of "knowing of them rather than knowing them." However several staff said they knew how to contact the registered manager if they needed to via phone or email. The provider informed us on their PIR that staff were able to express their views and comment on issues to a staff forum, known as the employee consultative committee.

Relatives spoke of being asked if they were happy with the service their relations received. A support worker told us that a person they supported was employed by the provider as a quality company assessor. The support worker said part of the support they provided to this person included helping them fulfil that role by speaking with other people who were supported by the service and obtaining their views about this.