Care Quality Commission

Thera Trust

Thera North

Inspection report

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

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

Date of inspection visit:
06 December 2016

Date of publication:
17 February 2017

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 6 December 2016 and 23 January 2017. Thera North is a domiciliary care service which provides personal care across the northern counties of Cumbria, Lancashire and County Durham to people with learning disabilities who are living independently. Some of these are shared tenancies with other people who also receive personal care and support from Thera North, and others are single tenancies. Prior to the inspection the provider informed us that they were providing services to 50 people receiving personal care. Staff work in small teams and provide personal care and support to people in 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 North.

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

Care Quality Commission

Thera North

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 6 December 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 three 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 commissioners who fund the care for some people and asked them for their views.

During the inspection we spoke with two people who used the service and seven 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 ten staff consisting of two community support leaders, one team coordinator, one senior support worker and six support workers. We also had discussions with two operations managers, the registered manager and their personal assistant as well as 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 four 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 the support they received from staff made them feel safe using the service. One person told us they felt safe because they had "good support." Another person said, "Knowing that the staff are there makes me feel safe." During our visits to people who were supported by the service people told us they would tell staff if they felt anyone had been unkind to them. One person told us they had told staff when they were bullied away from their accommodation and they had helped them to resolve this. The provider informed us on their PIR they had, "an accessible booklet to help them understand what abuse was and how they could get help and support."

Relatives told us they felt confident their relations were safe using the service. One relative said that they thought the care their relation received 'keeps them safe.' Another relative told us how their relation could put themselves into difficult situations, but they were kept safe because "staff cope with them really well." Relatives also said they were kept regularly informed of any expenditure made on their relation's behalf. They were shown the records for this to assure them their relation's finances were being properly managed.

Staff were able to describe the different types of abuse and harm people may face, and how these could occur. They told us they had completed training on protecting people from abuse and harm and how to use safeguarding procedures if they had any concerns. Staff told us that if they suspected a person they supported was at any risk of harm or abuse they would inform either the team coordinator or community team leader. A support worker said, "We have all the relevant procedures and policies for any safeguarding incident. We need to first call managers then go to the safeguarding team."

Some staff told us of occasions they had raised a safeguarding concern. These covered a number of situations, and the staff concerned said these had been dealt with satisfactorily to ensure people were kept safe from any harm or abuse. Operational managers described how they assured themselves people were safe using the service through supervision of managers, undertaking audits and carrying out unannounced visits. In addition they told us any incidents that did take place were reviewed and analysed for any improvements that could be made to prevent these or any similar incident from happening again.

Operational managers told us there was a central record kept of all safeguarding incidents that took place in Thera North 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. The registered manager told us they used information they collected about incidents and events to talk about issues and identify any problems they could rectify.

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 relative told us how their relation had not been safe in daily living situations prior to moving to this service. They described how since they had moved, there had been a considerable improvement. The relative said their relation had been, "Kept safe, they have come on in leaps and bounds." Another relative told us how their relation was at risk of falling as they were "unsteady on their legs." The

relative said that their relation was provided with constant supervision when they were mobile to keep them safe. Relatives also told us how their relations were kept safe from the effects of any medical condition they had where they could suffer injury or harm.

Staff were proactive in keeping people safe from avoidable risks and harm. A community support leader told us how important it was to have clear and up to date risk assessments so they could provide people with their support in the safest way possible. They told us, "I run a tight ship and make sure risk assessments are completed and reviewed regularly." During our visits to people who were supported by the service we saw risk assessments were clear and kept up to date.

Staff described occasions when they had needed to act to keep someone they supported safe. They spoke of following risk assessments when supporting people out into the community, with eating food safely and when receiving any support with their personal care. Staff described how they promoted people's safety when out in the community through following safe practices, such as not crossing roads on their own. Another community support leader spoke of how staff followed risk assessments to provide people with support in their properties, including using any equipment that was associated with their support.

People were provided with the amount of care and support they had been allocated by their funding authority. Some people required staff to be available to support them at all times and others had set times which could be daily or for set times during the week, depending upon their assessed needs. People supported by the service told us they received support when this was planned and they were supported by staff they knew. A relative said their relation was supported by some "longstanding staff" which provided them with continuity and they felt this was good for them. They also spoke of the bond their relation had with these staff.

Staff told us they had the number of staff needed to provide people with their planned support. Staff who worked in different teams told us how they covered any shortages due to a colleague not being available for work. This included staff being flexible to cover by working additional hours and using a relief worker who was already known to the people they would support. Operational managers told us they had sufficient staff to provide the service and had suitable contingency arrangements to follow if needed. When we visited one person who was supported by the service a community support leader was on duty covering a staff absence. A support worker told us how the person they supported had, "The same group off staff, which is good for them as it provides consistency." We were also told that when needed new staff were recruited.

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 they were working with human resources team to "tighten up" the recruitment process.

We did not speak with anyone who was supported with their medicines, but some relatives descried the support their relations received. This included supporting people to take this as prescribed, and additionally following safe practices when their relation needed to take any medicine when they were away from their

accommodation. One relative said they were currently involved in discussions about a possible change to the way their relation was supported with their medicines and another relative said their relation's medicines had been adjusted on several occasions following discussion with their GP. During our visits to people who were supported by the service we found their medicines were being managed appropriately.

Staff told us they had received training on supporting people with their medicines and that following this they had observed other staff administer these. They were then observed and assessed to be competent to do so by a community support leader or care coordinator to ensure they did this safely. A community support leader described how they had arranged for a staff member to redo the training when they had made an error with one person's medicines to ensure they knew the correct process in future. Operational managers told us how they audited the medicines support people received. One operational manager said when they had identified some issues about how these were managed in one property they had arranged for all staff who supported that person to redo their training which had resolved the issues.

Good

Is the service effective?

Our findings

People received support from staff who had the skills and knowledge to meet their needs. One person told us staff were "good at what they do." Another person said staff "give advice and help us." Relatives told us they felt their relations were supported by staff who had received the training they needed to do so. One relative described staff who supported their relation as having "the training and skills needed."

Staff were provided with induction training when taking up employment to prepare them for their role. A support worker we spoke with told us about their induction training. They told us it had prepared them for this work and said it included completing the Care Certificate. 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. The support worker also said that their induction, "Gave me an insight into what Thera (North) is about, and it has lived up to my expectations." The registered manager told us they tried to reinforce the values of the organisation to new staff. They gave an example that new staff induction sessions were sometimes led by people who were supported and staff members who had a learning disability.

Staff told us a lot of the training involved completing modular workbooks and some other involved face to face teaching. We received a number of positive comments about the modular training where staff valued being able to research issues and write these into workbooks. One support worker who told us they had been apprehensive about this way of learning said, "At the beginning I thought I don't like this, but now I do." They added, "We have to find out the answers so have to read the policies, it seems to sink in really well." Another support worker told us, "I have learnt a heck of a lot from it (modular training.)"

An operational manager said when they introduced the modular training staff had been concerned so they had put on some additional face to face leaning events. The operational manager said these were now not particularly well attended as staff seemed to have taken to the modular learning. Operational managers said there were checks undertaken to ensure staff had gained the knowledge they needed from this learning method. The registered manager told us they had included plans in their future training plans for different staff teams to meet to share experiences and learning, following a request for this by some staff.

Staff had opportunities to discuss their work individually with a manager who was assigned to be their supervisor. They spoke of being well supported through formal supervision meetings as well as being able to access support at other times in person and through phone calls and emails with various managers and colleagues. Operational managers told us they checked as part of their auditing that staff were receiving supervision as intended.

People's rights to be asked for their consent and make decisions for themselves were promoted and respected. People told us they were supported to make decisions and staff respected what they decided. One person said, "I make decisions, they help me, they talk me thought it but at the end I say what I want." Another person told us, "I make my own decisions, If go against their (staff) advice that is alright with them." During our visits to people who were supported by the service we saw staff obtain people's consent for us to

see their care records. We also saw there were good records made showing the support people received to provide them with information to help them make decisions, and how decisions were made in people's best interests.

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.

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. The provider informed us on their PIR that they always sought the views of others if a person lacked capacity. Relatives spoke of being included in this process by taking part in meetings where they contributed to making decisions in their relation's best interests. One relative told us how they had regular meetings with staff and other members of their relation's circle of support, which included relatives, friends and professionals involved with them, to make decisions in their best interest.

Staff spoke of the ways they supported people to make decisions and consent to their care and support. Staff described how they had discussions with people and offered advice, but said if someone had the capacity to make a decision they supported them with what they decided. A support worker told us how one person they supported made decisions they thought to be unwise but they went along with these. They gave an example that the person had, "A big pile of word search books they had not used, but keeps buying more."

Staff were clear on how people who may be unable to make a decision for themselves should be supported to have a decision made that was in their best interest. They spoke of firstly assessing whether a person was able to make a decision. If this assessment determined the person was not able to make this decision then they involved their circle of support. An operational manager told us they had provided a lot of training and support to staff about implementing the MCA and described it as now being 'embedded' in staff practice.

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. The operational managers told us they had been involved in discussions with the local authorities who covered the area their service was provided within, and identified where anyone required an application to be made to the Court of Protection to agree this restriction was required. The provider is required to inform us when an order is approved by the court to restrict a person's liberty, which they had done.

People were not subjected to any form of avoidable restraint. During our visits to people who were supported by the service we found records that showed staff had eliminated the use of restraint with a person, which had been a common response in a previous placement. This had been done by introducing alternative strategies to support the person at times when restraint had been used previously. Additionally the records showed PRN (administered as required) medicine to subdue certain behaviours was rarely used or needed.

Staff told us how they supported people who at times communicated by expressing themselves through

their behaviour. A support worker described how they worked in a way that engaged with the person, whilst distracting them from behaving in a way that could lead to some form of physical intervention. Staff told us they had received training on how to intervene in a non-threatening way that would distract the person. They also told us the best way to do this for anyone who may require this type of intervention was described in their support plan. One support worker told us "it works." An operational manager told us that if anyone came to use the service who already had a support plan in place that involved a form of restraint, they would follow these interventions initially for the person's security, but they would then look to phase these out.

People were provided with the support they needed to have sufficient food and fluids to promote their wellbeing. Both people we spoke with told us they did the majority of their own cooking. One of them told us staff, "Talk to me about healthy eating, sometimes I'll have tuna, jacket potato and salad, that is healthy eating." Relatives felt their relations received the support they needed with their nutritional intake. One relative told us, "I have no concerns with nutrition, their fridge is well stocked." During our visits to people who were supported by the service we found that there were healthy menus in place. One person had been supported to follow a plan to reduce their weight which had been successful.

The provider informed us on their PIR that they supported people with their nutritional and hydration needs. Staff described a variety of ways they supported different people to maintain their nutritional wellbeing. These included preparing and presenting food in a particular way, avoiding certain foods that would aggravate a health condition and to have a healthy diet. They referred to involving and following the advice of health care professionals, such as dieticians and speech and language therapists (known as SALT who provide advice on swallowing and choking issues.)

People were provided with the support they required to maintain their wellbeing and seek medical advice and support when required. A person told us "if I feel poorly I call my doctor" adding that staff supported them to do this. Relatives told us their relations attended routine health check-ups and that they were kept informed if they were feeling unwell. One relative described a number of regular health care appointments their relation had to attend and told us that staff "keep on top of their appointments." The relative added, "We have got trust in them to sort these, it's quite a relief."

Staff we spoke with during our visits to people who were supported by the service gave examples of improving people's health. On one occasion staff recognised a person had some eyesight problems. Through supporting them to have their sight tested it was found the person needed some minor surgery. Following this the person's sight was noticed to have significantly improved. On another occasion staff supported a person to have some dental treatment which considerably improved their speech and ability to eat. This was done by staff supporting the person to accept the treatment and advocating on the person's behalf in the way this should be done.

Staff described how they supported people with their day to day health needs. A support worker explained how each person they supported had a health action plan. This described everything the person needed to do to manage their health needs and included how they would be supported to do this. Staff also spoke of understanding how to respond in an emergency and told us if needed they would call the emergency services. All staff were required to complete, and maintain, a first aid qualification and an operational manager told us here were first aid kits available at each address. One support worker told us a person they supported occasionally had a medical episode they needed to be supported with, and this could happen at any time. The care worker said they had not supported the person with this need yet but felt they, "Have had the training and advice of what to do if the situation arises and I will be able to think on my feet, as I have done in other circumstances."

Good

Is the service caring?

Our findings

People felt valued and cared for by the staff who supported them. People told us the staff who supported them were caring and flexible. One person added, "We have some fun together, we have loads of fun. They have a good sense of humour." Relatives also described staff who supported their relations as caring and gave examples of why they believed this to be the case. These included, "going above and beyond to make sure [name] is happy" and "doing their best to get things right." One relative told us they sometimes visited their relation unplanned when they were in the vicinity. The relative said they had never been disappointed with what they saw when they arrived, and this reassured them their relation was well supported. Another relative told us, "I wouldn't want my [relation] anywhere else the staff are excellent."

Staff spoke with passion about their work and providing people with the best care and support that they could. Some staff told us why they worked at the service which included wanting to make a difference for people and the satisfaction they got from supporting them. A support worker said they felt there was a rigorous recruitment process that recruited staff who were able to demonstrate the "right type of caring values." They added that the initial induction and supervision would soon identify if an unsuitable candidate had "got through the net." Operational managers spoke of staff having the "right values" and that staff were "empowered to be person centred."

Staff were described as going "above and beyond the call of duty" when they supported people. A community support leader gave an example when they were discussing who would support one person to attend a local football match, a support worker had volunteered to support the person when they were not working as they were already going to the match. A team coordinator said another person they supported enjoyed visiting different places and the staff who supported them would accompany the person where they wished to go, even though this led to them working beyond their rota hours. The registered manager told us about one person being supported by staff who volunteered to support them to acheive their goals, including an overseas holiday and attending music festivals.

People were given the support they needed to be involved in planning and making decisions about their care. One of the people we spoke with told us, "I do the things I want to do." The other person said staff, "Ask me what I want to do." Relatives believed their relations were listened to and were supported to be involved in planning parts of their support. Relatives described how staff sought to understand what their relations wanted by listening to them and using visual aids to help them communicate this. Relatives also referred to staff understanding and interpreting their relation's body language and behaviour. One relative said that, "Staff recognise what [name] wants and strive to provide that." Another relative told us, "Staff know what they [relation] want and when they want it."

The provider informed us on their PIR how people set their goals and aspirations. During our visits to people who were supported by the service we found good examples of people working towards and achieving individually set targets and goals. Smaller goals that had been set included one person completing their Christmas shopping and another person having a haircut. Other goals included purchasing a new television and furniture for their accomodation. Staff described to us how they were working towards these and

demonstrated a good knowledge and understanding of the people they supported. A team coordinator told us how staff would set individual goals with a person to work towards. This would then be reviewed to monitor the progress towards the goal, and when it had been achieved.

Staff described various ways that people were involved in making decisions about their care and support. These included contributing at tenant meetings, using an activity planner or other visual prompts and expressing themselves in the way they communicated. A support worker said that where a person did not have capacity to contribute to this they would involve the person's circle of support. Staff also said that some people they supported were involved in interviewing the staff who would be supporting them in the future.

The provider informed us on their PIR how people were informed about advocacy. Operational managers told us that in addition to people's circle of support advocating on their behalf, there were occasions when some people had also been supported by an independent advocate. These included occasions when there were complex issues to address and when it was felt to be in the person's best interest to have independent support. 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 staff spoke nicely to them and that they were careful in their home. One person told us staff made sure any of their possessions and work items were kept out of the way. Relatives believed staff respected their relation's home and the importance of them exercising their right to independence.

Operational managers told us part of the training staff received included looking at how to maintain people's privacy and dignity. This had included receiving some face to face training by an expert by experience, who was someone with a learning disability. An operational manager described the process they had followed when an incident had occurred where a person's dignity had not been respected during their support. This had included rewriting the person's support plan as well as addressing this with the staff involved to prevent this from happening again.

One person told us how they enjoyed eating meals with staff, but that staff brought their own food to eat. Staff told us that they often ate their meal with the person they were supporting but they were very strict about bringing in their own supplies of food and drink, so they did not make use of those belonging to the person they were supporting. Staff told us when they were supporting a person overnight they would withdraw to the area allocated in the person's home for staff to use as soon as the person wished them to, or when the person went to bed. Staff told us that in some circumstances a person had a monitor in their room in case they needed any urgent assistance during the night.

Good

Is the service responsive?

Our findings

People were provided with the support and care they needed in their own home. Some people lived in single occupancy accommodation, and others were supported in properties where they shared a tenancy with others also supported by the service. Before anyone moved into a shared tenancy property there was a matching process to determine if the person was compatible with the other people who already lived there. A community support leader described the support that was being provided to one person who was currently being matched to a property where other people lived. They spoke of the people involved meeting together to see how they got along and told us, "You can't just put anyone in (to a shared property) they have to be compatible." A team coordinator told us about a time when a matching process had not proved to be successful, so they had not continued with this.

People told us they had discussed their support plans with staff which described how they wanted to be supported. Relatives also spoke of being involved in creating their relation's support plan. A relative told us they thought their relation's support plan was a "good description" of the support their relation needed. Another relative told us that staff, "Try their hardest to make the plan person centred." People's care plans were written in a person centred manner which was reflected in the way we saw people were supported during our visits.

Although the care plans were large staff described them positively and saw them providing them with detailed information about people. Some information was presented in pictorial form to help the person have some involvement in planning and reviewing their support. Staff told us people's support plans were accurate and kept up to date through regular reviews. A community support leader said they audited the plans to ensure these we kept up to date, and operational managers also told us they carried out checks on these.

Staff described how the information contained in people's support plans helped them to learn about each person. A support worker said they were "definitely person centred" and informed them about the people they supported. This included what people liked to do, about their behaviours, their favourite places to go and the programmes they liked to watch on television. Another support worker said how they learnt what people's preferred routines were and how a person's plan highlighted details staff may not otherwise think of. They gave an example of someone's bath routine which would include details that could be missed, or not thought to be important, but were to the person concerned. Another support worker told us the support plan for one person they supported included detail about a cinema the person did not like to visit, and which supermarket the preferred to use, which they said was important for staff to know.

We found examples of where staff had supported people to change or modify the way they behaved in everyday situations. One person who had been reluctant to allow staff to launder their clothing had been supported to be involved in this, and they now allowed staff to undertake their laundry without complaint. The person showed us their clothes and proudly told us, "Staff wash them, I've been good with that."

People were supported to live as independently as possible and to decide on their own care and support.

They also told us about being able to follow their interests. One person told us about a shopping trip they had been on earlier that day. Relatives told us how their relations were supported to be involved in their local community. One relative saying how their relation had experienced difficulties in building relationships, and had been supported to take part in community based activities which had helped them with this. Another relative spoke of their relation travelling independently on a bus and another said staff supported their relative in activities, but needed to be, "One step ahead of them, which they are" to do so safely.

During our visits to people who were supported by the service we found examples of people's independence being promoted. People were provided with their own key to their properties, even if they were not able to go out independently. By people holding their own money when using the local community they were able to make their own purchases from shops and order and buy their own refreshments in entertainment venues. Staff told us helping people to be more confident assisted them to be more independent, for example being able to speak to people when out in the community. Staff spoke of supporting people to take part in activities they wished to. These included activities such as horse riding, swimming and visiting museums. An operational manager told us about activities people were supported to be involved in, including voluntary work and attending a place of worship.

There was a complaints procedure where people involved with the service could raise any complaint or concerns. Both people we spoke with told us they would contact one of the staff if they had something they wanted to complain about. One person said, "I would phone the care manager, I've got a phone number." The other person said that that there was also a "complaints commission or something to complain to if we are not happy." The provider wrote on their PIR, "We have an accessible complaints procedure and our Service Quality Director makes regular visits to people supported by the company." An operational manager told us about a quality company assessor who was employed to speak with people who were supported by the service and obtain their views about this.

Relatives confirmed they had been informed how to raise any concerns or complaints when their relations started to use the service. A relative said they remembered being given some information about making a complaint when their relation started to use the service, but they would "need to find it as I have never had to use it." They were confident that if they did raise any concerns these would be taken seriously and looked into. Another relative said, "Don't worry, if I needed to make a complaint I would."

Staff told us people were made aware of their right to complain and it was explained to them how they could do so. A community support leader said people were reminded of their right to make a complaint in tenant meetings, and they were asked if there was anything they were not happy about at their three monthly reviews. A support worker told us a person they supported would not have the capacity to use the complaints procedure themselves, so if they identified anything that needed to be complained about in the person's best interest then they would do so on their behalf. During our visit to the registered office we saw the record kept of all complaints made. This showed that there had been five made in the last year which had been investigated and resolved.

Requires Improvement

Is the service well-led?

Our findings

Operational managers told us that 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.

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.

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. Operational managers were meant to notify the personal assistant when staff completed any training or received supervision so they could update the central record, however 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 whether 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 training or training updates.

People used a service that they found to be well managed and run in a way that met their needs. We asked a person who used the service to describe how it was managed and they told us they thought it was "well run." Relatives gave examples to support their view that the service was well run. One relative described how they felt they were communicated with well. They told us if they left a message for someone they returned their call promptly. They also said they had contact details for the Thera North senior managers. They described the service as "on top of things." Another relative told us their impression was, "It seems to be very well organised." A third relative was very complimentary on how the service had responded to challenges caused through cuts in funding. They said this had not been allowed to, "Impinge on [name]'s quality of life. Thera (North) are known to give person centred care and they have maintained these high standards."

A relative who lived a long way away from their relation told us that staff were proactive in involving them. They spoke of being kept informed through phone calls and were sent details of what would be included in any discussion before their relation had a review as well as the outcome of this. They also said how they had

appreciated how they had been supported to apply for a position of legal authority for their relation in their best interest.

Staff spoke positively about the way the service was managed. They described it as being well organised and professional. They said there was good communication and they had regular team meetings. A senior support worker told us, "This is one of the best companies I have worked for, they put the individual first." Staff described operational managers as supportive. One staff member said they were, "Dead straight and easy to get on with" and another said they would come if needed "at the drop of a hat." Operational managers spoke positively about the staff they managed and one said that staff "move with us" towards developing the service.

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. 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 North available should staff require additional support or advice. A support worker told us, "There is always support if you need it." 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.

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 events that had taken place which the provider was required to notify us about.

Although the registered manager of the service was not responsible for the day to day management of staff they told us they knew how to contact them and they did see them at various events. The registered manager told us how the board of governors had a strong interest in hearing about people's day to day issues and challenges. They also said board members had visited each person's accommodation and there were twice annual events held where they met with people supported by the service and staff to hear their views. Staff also knew about the organisational structure of the service and one support worker told us about being asked to speak with the board of directors. This was to tell them what they thought was working well and said "they listen."