

Thera Trust

Thera South West

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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 17 November 2016 and 10 January 2017. Thera South West is a domiciliary care service which provides personal care across the south western counties of Devon, Dorset and parts of Wiltshire 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 South West, and others are single tenancies. Prior to the inspection the provider informed us that they were providing services to 117 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.

Although the majority of people were supported by consistent staff who they knew, there were a small number of people in one geographical area who were not. This had led to some significant concerns for these people. Some people did not always receive the support they should have with taking their medicines and when having creams and ointments applied.

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.

The majority of people were supported by a service which was person centred and put their interests first, but some people had received a below standard service because the area their service was in had not been fully resourced. 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?

Requires Improvement ●

The service was not entirely safe.

There were a small number people who did not receive their service as intended due to staff recruitment problems. Some people received support with medicines that did not follow the best and safest practices.

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.

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.

The expansion of the service had gone ahead without ensuring the resources needed for this were in place. 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 South West.

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

Thera South West

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 17 November 2016 and 10 January 2017 and included visits to the registered office on 21 December 2016 and 10 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 four 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 eight people who used the service and 16 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 26 staff consisting of six community support leaders, seven team coordinators, four senior support workers and nine support workers. We also had discussions with four operational managers and the registered manager 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 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.

Is the service safe?

Our findings

The provider had experienced difficulties in certain geographical areas where the service was provided with recruiting the staff required to provide their planned service. In some of these areas staff told us how they had overcome this problem through using relief staff, some staff working additional hours or using other Thera South West staff, who in most cases knew the people they supported.

Staff and operational managers told us that they had now recruited the staff required in most of these areas to have a full staff complement, there were still problems doing so in one part of the region, which was the latest area to be covered by Thera South West. The recruitment of staff had been an ongoing problem since they developed the service into this area, despite their efforts to do so. This had led to people who were supported not receiving the standard of service that it was intended for them to.

The registered manager confirmed there had been some issues with staffing in this part of the region, which had come about through a number of unforeseen circumstances. The registered manager told us this had led to them not having the staff in place they had planned for to provide the safe support they wanted. They went on to describe the actions they had taken, and were continuing to take, to resolve these circumstances. The registered manager said this would ensure that they had the required number of staff who "sign up to and commit to the way we support people."

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 we found 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 informed us as a result of this they had introduced a 'three stage checking system' which would reinforce to appointing managers that they carried out the required recruitment checks. The registered manager also said they would be carrying out a retrospective review of all staff files.

During our visits to people who used the service we found they may not be receiving their medicines in the safest and most effective way. Staff were inconsistently applying topical medicines, which are applied directly onto a person's skin, when they were not aware of the directions. Staff had not always recorded when they applied a person with topical creams and ointments so an application may be missed or duplicated. The directions for when and how these should be applied were not clear and there was a lack of protocols for these. In addition one person who managed their own medicines had not been assessed to be able to do this safely. The operational manager said they had identified some medicine systems needed

improving and would address these issues.

We found staff from different teams described some different practices on how people's medicines were managed when they were away from their accommodation for times when they were due to take these. Some of these practices described to us did not follow the procedures described in the Thera South West policy for the safe storage and administration of medicines. The registered manager said they would ensure that each person had a protocol in place if they required medicines to be administered when they were away from their accommodation. They added that this would involve a consultation with a pharmacist when needed to ensure they were following the best and safest practice.

People told us they felt safe using the service and they were treated well by the staff who supported them. A person who used the service told us they felt safe because staff "do a sleep in." They explained "that is my security." A different person told us, "Staff are really helpful; they sleep in which helps me feel safe." Another person told us, "I feel safe when I have staff with me." One person told us about some recent events that had upset them and gave us their permission to pass these on to staff who supported them. When we did so a team coordinator was already aware of these events and informed us of the action they had already taken to address these.

Relatives told us they felt confident their relations were safe using the service. They said things that gave them that assurance were their relations appeared to be comfortable and they saw them interact well with staff when they visited them at their accommodation. They also spoke of the part of the service their relations used being well managed which helped to keep them safe. One relative said they were confident their relation was, "Totally safe, if I had any concerns [name] wouldn't be using them." Another relative told us they felt their relation was safe using the service because, "They have got a lot of safeguarding rules and regulations."

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 been provided with training on protecting people from abuse and harm and how to use safeguarding procedures if they had any concerns. Some staff spoke of having reported concerns about people's safety and these being appropriately dealt with by following the provider's safeguarding policy. A team coordinator told us how they had been involved in a safeguarding strategy meeting when they had raised one concern, where the issue was resolved. Another team coordinator told us about a recent occasion they had consulted with the local authority safeguarding team when they had been concerned about a person's welfare. The team coordinator told us they had been given some advice which they followed and felt the issue was properly dealt with. Other staff spoke of having raised concerns about people's safety and demonstrated they understood their role and responsibility to raise and report concerns.

Operational managers told us there was a central record kept of all safeguarding incidents that took place in Thera South West 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.

People were usually 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 there was a hoist system in their relation's accommodation and this was used properly by staff who supported them. However they said on one occasion there had been an incident when a new member of staff had not followed the correct procedures. The relative was satisfied with how the incident was responded to, with the staff member concerned undergoing further training and

amendments were made to the procedures followed to assist their relation when using the hoist.

On other occasions we found appropriate action was taken to ensure people were supported with their care safely. One person told us when they had fallen using the bath staff had arranged for them to have an electric bath chair. They said, "Staff help me (to use it) and I haven't fallen since." A relative told us staff had acted to protect their relation from harm when they were noted to be falling more frequently. This had involved introducing a plan for their relation to wear protective headwear at times they were thought to be at higher risk.

People had risk assessments to show how they should receive their care and support in the safest manner. Staff told us any risks to people were identified and assessed. Some staff told us part of their role was to complete risk assessments to identify how people should be supported as safely as possible. These covered many aspects of people's lives both within their accommodation when undertaking everyday activities of daily living as well as accessing resources and services within the local community.

A community support leader explained they followed a system which enabled them to assess any risk to the person being supported, any risks to staff and how to make the environment as safe as possible. A team coordinator told us there was a checklist to use as a prompt if needed. Another community support leader described how people may be exposed to increased risks from things they wished to try and they looked at how to support the person to do that as safely as possible. Staff told us of some measures they used to maximise people's independence safely. These included making people aware of safe places they could go to when out in the community and introducing them to people they could approach for support if needed, such as bus drivers and shop keepers.

Overall we found that people were provided with the amount of care and support they had been allocated by their funding authority. Some people required staff to support them at all times. Others had set times which could be daily or for set times during the week, depending upon their assessed needs. One person told us, "Staff are here when they are meant to be." Another person told us staff, "Come every day, I know when they are coming." Relatives said their relations received the amount of care and support planned for them from an individual or set group of staff. A number of relatives told us their relations had been supported by the same group of staff for a long time. One relative said their relation's accommodation was, "Very consistently staffed. They have had the same staff for a good number of years now." Another relative said their relation, "Has regular staff, that is important."

Staff spoke of ensuring there were enough staff allocated to work in people's accommodation that were required to meet their needs. For example having the correct number of staff needed to operate any moving and handling equipment safely. They also spoke of some people who used the service being able to vary when they received their support to meet their needs and wishes, which may alter from week to week.

The provider stated on their PIR that, "We plan to ensure we have the right people (staff) in the right place at the right time." Team coordinators told us they were responsible for preparing the rotas for which staff would provide people with their support. They told us there were sufficient staff employed to provide the amount of support people had been allocated. Staff spoke of people receiving their support how they needed this or in a way that they chose. Staff from different teams told us they were usually able to provide any extra cover needed when a staff member was unavailable for work at short notice.

People who had been assessed to be able to manage their own medicines were encouraged to do so. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. One person told us, "I look after them (medicines)." Another person said they were able to

manage most of their medicines independently, but said there was one that staff supported them to take. Other people told us staff supported them to ensure they took their medicines safely. One person said, "I take tablets the staff give me to take."

Relatives describe their relations as receiving "good support" with their medicines and that the support people received was "well organised." One relative told us how their relation, who had only recently started to use the service, had been supported to reduce the amount of medicines they took, which the relative described as "a good sign."

Support workers 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 team coordinator to ensure they did this safely. All other staff confirmed they had received similar training.

Is the service effective?

Our findings

People received support from staff who had the skills and knowledge to meet their needs. One person who used the service told us that staff who supported them, "Know what to do." A relative told us staff who supported their relation were, "All very competent in what they do." Another relative said, "I know staff have attended training for dementia which has been helpful in supporting [name]. They certainly seemed skilled in the way support [name]."

Staff were provided with induction training when taking up employment to prepare them for their role. One support worker told us they felt lacking in knowledge when they joined the agency but found the induction training had helped them build up their knowledge and confidence. They told us it had been "really hard at first, but I love it now." They told us about a lot of different training modules they completed and then spent some time 'shadowing' experienced staff to learn how to put into practice what they had learnt. 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.

Staff had opportunities to discuss their work individually with a manager who was assigned to be their supervisor. The provider included information about staff receiving regular supervision in their PIR. Support workers told us they had regular supervision from one of the managers in their individual teams. Team coordinators told us they supported community support leaders in providing support and supervision to their staff teams. Staff also spoke of having an appraisal where they were provided with feedback about how they were performing in their role and looking to any further developmental needs. In addition staff said they were able to access less formal support as and when they needed it.

People's rights to be asked for their consent and make decisions for themselves promoted and respected. A person who used the service said, "I choose what I want to do." A relative told us staff "go with how they (relation) are feeling." People were given the support they needed to make decisions. A relative told us, "It depends on the decision that needs making. I feel they are supported to make decisions that they can do." Another relative said their relation, "Doesn't always see the bigger picture (when making a decision) Thera (staff) support them to do so." A further relative said, "As far as I know they make decisions they can. [Name] has a photograph communication book so they try to use that."

Staff understood people's right to make decision for themselves when they were able to do so. A support worker told us about one person who was able to make decisions for themselves. They said the person "has good capacity so can do things on their own." Another support worker told us how they supported a person to make the decisions they could and asked for the person's consent to be supported. A team coordinator told us that although some people may not be able to make some more complex decisions they were "able to make their own day to day decisions." We were told how one person who could not communicate verbally would put the bath plug in when they wished to have a bath.

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. We found that staff had a good understanding of the MCA. 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. A relative told us that staff, "Involve me when a best interest decision needs making." Another relative said staff, "Consult us with decisions, they come and ask us if we are happy with something."

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. A senior support worker told us that they, "Complete MCAs daily and make best interest decisions for people." A team coordinator and support worker both said they carried out capacity assessments where someone may not be able to make a decision about a specific issue. The team coordinator said they made any decisions by, "Involving the person's circle of support which includes their family and any involved professionals."

An operational manager 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. This legally authorised these restrictions and ensured they were the least restrictive option available to do so. The registered manager told us that although the applications had been made to the Court of Protection they were still awaiting the court decisions for these and they would be introducing a tracker to show when, and whether, each application had been approved.

During our visit to one person who used the service we found that the guidance on supporting them with some complex behaviours was confusing and difficult to understand, with one management plan being outdated. We identified staff were not always following the guidance or completing the documentation correctly, and at times the actions from staff appeared to be punitive. For example staff had recorded they had threatened to withhold a drink from them, but this action was not part of the person's positive behaviour support (PBS) plan. A team coordinator told us staff had attended PBS training that day as it was recognised they were not managing the person's behaviours.

Following our visit we shared our findings with the operational manager who undertook a detailed investigation. In their reply to us they concluded that, 'There is no intent by these staff to abuse [name]'s right of choice or control and they have been following direction from the care and support plan, albeit that this is overdue for review.' They agreed there were some improvements needed, and they detailed the actions they would be taking to address these, which we viewed to be an appropriate response to address our concerns.

Other staff we spoke with described how they supported people who sometimes communicated through their behaviour. They told us how they devised plans to work with people that identified what may cause this and how they should respond so that the person was safe using the least restrictive methods and techniques. A support worker said there were "very informative plans " The provider included information about how systems provided staff with guidance on supporting people with complex behaviours was included in their PIR. A community support leader said how they had received "fantastic guidance" from one

of the operational managers on how to provide positive behaviour support.

People were provided with the support they needed to have sufficient to eat and drink to promote their wellbeing. One person told us, "I can't cook myself so staff come and help me." Another person said they were able to cook their own meals with support. They told us they had cooked a lasagne the previous day and they enjoyed cooking a roast dinner. A third person said, "The food is lovely, I like curry with poppadum and naan bread. Staff cook me a curry or I go out for one." During our visits to people who used the service we saw appropriate support was provided to help them prepare their own meals.

One relative told us their relation was, "Too good an eater!" They said staff encouraged their relation in making choices to have a healthier diet and to exercise. Another relative said their relation now had "different help with eating and drinking." They said this had involved seeking professional advice from the speech and language therapy team (SALT who provide advice on swallowing and choking issues.) Other relatives spoke of seeing their relations having "nice meals" and "lovely smelling meals."

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 food preparation. A support worker told us how they had, "Supported one person to move from microwave meals to fresh cooking." They told us they had to teach the person to cook, and had prepared recipes that they could follow. Another support worker described how they had introduced healthy snacks as an alternative to sugary ones, such as sweets and chocolates. They told us this had been successful and healthy snacks were now regularly provided in the accommodation they provided support in. A team coordinator told us how they protected one person from a food allergy they had, both in their property and out in the community.

People who had particular requirements regarding how they received their nutritional support received this in the way this was needed. The provider included information about supporting people with their nutrition and hydration and access to specialist advice about this in their PIR. A team coordinator told us how one person needed to have their nutrition using a PEG (percutaneous endoscopic gastrostomy, which is a procedure to provide nutrition where this cannot be done orally.) A support worker told us the SALT team (speech and language therapy, who provide advice on swallowing and choking issues) provided staff with specific training when one person was assessed to need a liquid diet. Staff also spoke of ensuring people had a diet that complied with any health related dietary requirements they had.

People received the support they needed with their health and wellbeing. One person told us that staff, "Take me to hospital and doctor's appointments." Another person told us, "I see Dr [name] and I see the nurses, they all look after me. Dr [name] looked at my bloods to see if I am okay."

A relative told us that staff "manage [relation]'s health very well." One relative described how they believed their relation's life had been saved by a quick thinking member of staff who undertook an emergency first aid procedure on their relation. They said staff had then called the paramedics and the air ambulance came and took their relation to hospital. The relative added that the staff member was, "Able to do it, for which we will always be grateful that they knew what to do." Operational managers told us all staff had completed a first aid course, and had this updated annually, before they could provide people with support unaccompanied. Another relative told us how their relation, "Still has lots of appointments and staff help them attend these."

People received the support they required with their healthcare because staff were aware of, and understood, their healthcare needs. A relative told us how staff, "Very much understand [relation]'s health."

Another relative said staff kept them informed of any health issues with their relation as and when they occurred and took them to appointments when needed. A support worker who supported one person with a number of health conditions to live in the community told us, "I feel I have the skills and knowledge to support [name] with their healthcare needs."

People were provided with the support they required to maintain their wellbeing and seek medical advice and support when required. The provider stated on their PIR that, "People are encouraged and supported to have a Health Action Plan and hospital passport so that their health needs are clearly documented and available to aid other professionals."

Staff told us people had annual health check and were supported to attend GP appointments. They also told us they would contact relevant professionals if they needed to. Staff spoke of keeping records of people's healthcare needs, when any appointments were due and what discussion took place during appointments. People would receive any emergency first aid support they required. Staff told us they were required to complete, and maintain, a first aid qualification and if needed they would call the emergency services.

Is the service caring?

Our findings

People felt valued and cared for by the staff who supported them. One person said staff who supported them were, "Nice to me, we have fun." Another person told us, "I appreciate everybody who supports me." Yet another person said, "I like them all they are nice people." During our visits to people who used the service we saw they interacted well with the staff and told them about what they had been doing during the day.

Relatives told us how their relations had strong relationships with staff and were well cared for by them. The provider stated on their PIR that, "People are supported by staff who know them well and know their histories." Relatives spoke of staff going the 'extra mile' for their relations and spoke of it being more than a job for them. One relative stated, "It's not just a job to them, they are passionate about it, all the staff show that they are very caring." A relative told us they were, "Full of praise for them (staff)." They also said they felt their relation was, "A happy chappy" with the way staff cared for and supported them. Relatives told us that staff really cared about the people who used the service and knew them well. Some relatives with relations who had used the service for a number of years spoke of the dedication shown by a number of staff who had supported their relations for all of this time.

People were encouraged to maintain their relationships with relatives. We were told about many occasions where staff enabled people to visit their relatives, and made the relatives feel welcome when they visited their relations. One relative praised the way staff had risk assessed and put into a place a plan that had enabled their relative to carry out a responsible role in an important family occasion. The relative told us staff had "got it nailed" and how much this had meant to everyone in the family.

Staff spoke with passion about their work and providing people with the best care and support that they could. They spoke of "loving my job" and having a "fulfilling and rewarding job." Staff who worked in different teams spoke about the positive ethos within these and enjoying working for Thera South West. Some staff told us about taking people who used the service on holiday and described these as being beneficial and fun for them. Staff also spoke of personal achievements made by people, for example one person was now able to go out into the local community with less staff support than they had needed initially, and another person had been supported to obtain employment.

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, "I choose what I want to do." Some other people spoke of being involved in interviewing the staff who were going to support them. One person said, "I helped choose the people to support me. I interviewed [name] and wanted them to support me and [name] got the job." Another person spoke of being involved in interviewing for an operational manager. They said the successful candidate had "got a load of ideas" and would be good for the service. Another person had decided they did not want to be supported by one staff member because they already knew them as a family friend. During our visits to people who used the service they spoke of joining in household tasks and one person talked about being supported to follow their religious beliefs.

Relatives spoke of their relations making the decisions about their care and support they were able to. This ranged from making decisions about what clothes to wear each day, to making decisions about how their care and support was provided. One relative said their relation was given choices they were able to make, such as being supported to, "Choose clothes they like to wear." Another relative said their relation, "Definitely steers their care in the way they want it."

The provider included information in their PIR about how people were involved in reviews of their care, and how they obtained the views of other people when a person did not have capacity. Staff described how people were involved in making various decisions about their care and support. A team coordinator told us people were involved by, "Making choices, we make sure it's their choice and promoting their rights and independence." Another team coordinator said the people who used the service, "Say what they want, the service is led by the people." A support worker provided examples of how a person they supported made decisions that were important to them about their care and support. These included having someone of the same gender accompany them to healthcare appointments and someone being allocated to support them who enjoyed football when the team they supported was on television. The support worker said the person's wishes were accommodated by the team coordinator when they prepared their rota.

People were able to be supported by an advocate to make a decision or to address an issue they needed some support with. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. Operational managers told us of circumstances where people were supported by an advocate, including when they could not be supported by their own family, friends and other involved professionals (referred to as a circle of support,) to receive independent advice and when there was a difference of opinion.

People who used the service had their independence promoted and they were supported by staff with dignity, respect and compassion. One person told us, "My supporter is great, they help me to do my own washing and shopping." Another person proudly told us "I clean own room" and "I look after my money." During our visits to people who used the service they told us their privacy was respected and staff would knock on their doors before entering. We observed in one property how a staff member actively protected one person's privacy.

The provider stated on their PIR that, "We look for staff who demonstrate sound values and who can demonstrate that they understand how to support people with dignity and respect." 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. A senior support worker said, "It's one of those things you just do." They also told us, "We ask everything we don't just presume. We ask is it all right if we can use their kettle. We take our own tea coffee etc."

Staff spoke of keeping any of their possession or work related matter in a designated area, normally a room they used to sleep in. A support worker spoke of being "tactful and careful" and told us "I am very careful about privacy" and described measures they followed to achieve this. Some staff told us they made a contribution towards the cost of using some of people's supplies, such as ingredients required to make themselves a drink. Other staff said they brought their own supplies to work with them. One support worker said they did cook and eat with the person they supported as they had requested this. The support worker said this involved staff bringing a recipe and some ingredients and then cooking a meal with the person, which they then sat and ate together. The registered manager told us it was difficult to have one set policy for staff arrangements for drinks and meals, as people they supported and their circles of support had different ideas about how this should work. They added when staff did make financial contributions these were subject to scrutiny by an independent auditing process.

Is the service responsive?

Our findings

People were provided with the support and care they needed following a period of assessment of their needs. A relative described how their relation had moved into a flat and had been introduced to the staff who were going to support them. The relative told us about how part of the support was planned, "They devised a method to be there when they showered, I am surprised it has worked out as well as it has." The relative added, "I was impressed."

Relatives whose relations lived with other people in shared accommodation told us how their relation had been matched to live with people they were compatible with. In most cases we were told this had been a successful process and people were well suited with the people they lived with. However one relative described how staff responded proactively when the matching process was not working. They told us this was stopped and other arrangements were made.

Staff spoke of how they carefully matched anyone new to the service with people in shared accommodation. A team coordinator said, "It needs to be right for the people already living together." Another team coordinator said people who shared accommodation were "all matched very well." A senior support worker described a matching process underway at a property they provided support in. They said the person had met the other tenants and that it was "so far so good." The team coordinator also said that new staff also have to be matched to the people they supported.

People received the care and support they required in the way they preferred. Each person had a support plan which described how people would be supported, and this was kept under review. A person who used the service told us, "They show me my support plan sometimes and we talk about it." Another person told us, "I go to a meeting where I think we talk about me."

Relatives described being involved in preparing their relation's support plans and said these were kept under review. They spoke of their relations receiving "good personal care" and observing "positive interactions." Relatives told us they were invited to progress meetings and that changes were made to their relation's support when needed. One relative told us staff had, "Been responsive to adapt the service to [name]'s changing needs. They have adapted to what [name] needs now." Another relative spoke of writing down what they wanted the support sessions their relation had to achieve, and said they were planning to meet staff soon to update the outcomes.

The provider included information in their PIR about how people's wants, needs and ambitions were identified and planned for. A community support leader said that, "Support plans are set up with the person supported and their circle of support." They also said these included people's wishes and preferences on how any personal care would be delivered. A senior support worker told us, "We have very comprehensive plans which are reviewed every six months unless we need to do so before." They also said that, "I think we do meet people's needs, it's about each individual, we have a person centred approach." A team coordinator told us that people's support plans were so clear in describing how people's needs were to be met that, "You would be able to support somebody using them." During our visits to people who used the

service we reviewed some of their support plans and we found these described people's needs. For example one person's communication care plan listed the person's vocabulary, their abilities to communicate, the aids needed and the support they needed from staff.

People were able to follow their interests and where appropriate they were supported with education and employment. A person who used the service said the support they received with their leisure interests was, "Absolutely wonderful, they (staff) help me visit places." Other people spoke of attending college and one person told us about a qualification they had achieved. Some people also spoke of undertaking voluntary work. One person told us, "I work in a charity shop, one of the staff comes with me."

Relatives told us their relations took part in meaningful activity. One relative said staff, "Try to accommodate what they want to do." We were told about people going out for meals, visiting local pubs and attending a local resource for people with learning disabilities. One relative said their relation was involved in some voluntary work.

A number of relatives and staff told us that they had needed to make adjustments in the way they supported people due to a recent change made to the funding of their support. This had meant people had less hours of support available to them. Staff described how they had been through people's activities and prioritised certain ones, for example one person's weekly hydrotherapy visits always took place. A support worker said, "We make the best solution for the resources."

There was a complaints procedure where people involved with the service could raise any complaint or concern. People told us they would raise any worries with staff who supported them. One person told us they would, "Tell [name] if I was worried about anything, they would make it right for me. Another person said, "I would tell someone if I wasn't happy, I think they would probably sort it out for me." A relative said they felt staff would be open to any issues they wanted to raise. Another relative said they, "Would do (make a complaint) but I have not needed to with them (Thera South West)." During our visits to people who used the service one person told us about a complaint they had made and they told us the issue was now resolved and they were happy with the outcome. The operational manager had not been made aware of this complaint which meant this had not been included in the system for monitoring any complaints. During our visit to the registered office we saw the record kept of all complaints made. This did not include some complaints we were aware that had been made. The registered manager agreed that they were not capturing all complaints that were made in this log and more detail was needed about the actual complaint made and what actions were taken. During our second visit to the office they told us they had now tightened up the process for recognising and recording complaints which they expected would show how issues had been dealt with in individual properties.

A team coordinator said there was a complaints procedure and staff described how people were made aware of this. A support worker said they went through people's right to complain and how they could do so in the monthly tenants' meetings. A senior support worker said if someone was unable to access the complaints procedure they would write the complaint for them. They also said that people's relatives had made complaints on their relation's behalf. A team coordinator said in a property they provided people support in there was, "A procedure in the kitchen in symbols." They said they also reminded people about this in tenants' meetings.

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. There were some complaints that had been made which were not recorded in the provider's record of all complaints made.

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. The registered manager told us operational managers were meant to update the central record when staff completed any training or received supervision, 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 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.

During our second visit to the office the registered manager told us they were putting measures into place to address the issues we found which would ensure records held were accurate and up to date. They said this would include ensuring any objectives or actions set from one audit were included as part of the next one.

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.

The service had expanded into a new geographical area in Wiltshire. There had been a number of incidents and problems in the service in connection with this expansion. These included not having sufficient staff to provide the service they had agreed to, and some staff not performing to the standard required. These had resulted in some safeguarding investigations being carried out by the local authority, some of which were substantiated and identified issues with poor communication and record keeping. The registered manager agreed the expansion of the service had not gone well and they had learnt lesson from this.

In other geographical areas people felt the part of the service they had contact with was well run and addressed issues when needed. A person who used the service told us it was, "Really good living here, it is nice for me. I like living here." Another person said, "The staff are really helpful."

Relatives spoke positively about the service and said they were open and helpful. They described being kept well informed and having positive contact with the staff who supported their relations. A relative told us they had "a good rapport with them" and said they felt they were kept well informed. Another relative said that there was "great communication." A third relative also said "Communication is very good."

People who used the service and relatives spoke of relating to and dealing with the local managers. 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. Relatives were aware of the wider management structure and one relative said they had contact details for the registered manager. A different relative said, "I have got the head office telephone number." Another relative said the registered manager had phoned them to ask how things were.

Staff felt valued by the provider and said they shared their aims and values. A community support leader said, "I wouldn't still be with Thera (South West) if it wasn't what was written on the tin." A support worker told us they were, "A good company, they focus on the person." A senior support worker said Thera South West was a, "Wonderful company, their vision and goals are fantastic. I am here because I agree with their vision."

Staff members we spoke with spoke of working in supportive teams. One senior support worker told us, "I feel well managed well supported." Staff spoke of being involved in team meetings and being able to make suggestions and discuss other staff members' ideas. They also spoke of sharing expertise and providing and receiving support from other local teams. Staff told us they had regular team meetings which included looking at how each person they supported had been.

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 South West available should staff require additional support or advice. 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.

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 several staff said they had spoken with them and seen them when they visited different part of the region. A community support leader said the registered manager had emailed them recently to see how things were going. They said the registered manager had made it

clear they were available if needed by phone or email. One senior support worker told us about a time they had been digging alongside the registered manager in an allotment they were establishing for people at one property to use.

A team coordinator who told us they carried out audits on medicines and finances said these had not picked up on any issues so far. A community support leader said they carried out the first tier of audits and the operational manager completed a more comprehensive one. A support worker told us an operational manager from a different part of the region had come and carried out an audit on support plans at a location they were supporting. They said this helped to make sure they had everything in place. A team coordinator told us, "We want to know we get it right and are doing the right thing."