

Thera East Midlands

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service

Thera East Midlands provides care and support to people with a learning disability living in supported living accommodation. At the time of our inspection the service was supporting 297 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported to be safe and protected from discrimination. Safety was a high priority for managers and staff, systems and processes to identify risk or potential abuse were robust. People's freedom was respected, and they were supported to be as independent as they could be.

There were enough staff with the right skill mix to meet people's needs and support them to stay safe. People were supported to have their medicines at the right time in the right way. Staff ensured people's medicines were regularly reviewed to make sure they were still working effectively and that any benefits outweighed any side effects.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People were supported in a person-centred way. The culture of the service was empowering and inclusive. Staff promoted people's human rights and protected people's privacy and dignity. People were consulted and included in decisions about their care and support and about the development of the service.

Staff knew how to communicate with people effectively and understood people's needs well. People led active lives and were able to follow the hobbies and interests they enjoyed. Where possible people accessed learning and education. People liked the staff and had confidence in them.

There was a strong framework of accountability and systems to monitor the quality of the service were well embedded into the running of the service. There was a clear organisational structure and staff understood their responsibilities. People, staff and relatives told us managers were supportive, approachable and accessible. A relative said, "I am delighted with the care and if there any issues or if there's something I am not happy with I will contact the registered manager."

Performance management processes were effective, reviewed regularly, and reflected best practice. Managers provided feedback to staff and there was clear evidence this led to improvement and good outcomes for people.

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

Rating at last inspection

The last rating for this service was Good (published 30 May 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the management of people's medicines. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the 'safe' and 'well led' sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Thera East Midlands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 64 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had five managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because it is a large service and there are five registered managers. We needed to be sure all of the registered managers and the nominated individual would be available to speak with and to assist us to set up video and telephone calls with people who use the service, their relatives and staff.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service, three family members, 12 staff including the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider), five registered managers, the service quality manager, community support leaders, support workers and recruitment staff. We visited the head office on 7 May 2021 and used video calls and telephone calls to speak with people, relatives and staff.

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

After the inspection

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

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Everyone we spoke with told us they would speak to staff if they had any worries or concerns. People were confident staff would listen and take action.
- Staff understood their responsibilities to protect people from abuse and knew how to identify abuse and what action to take. We were given examples of when staff had been concerned about a person and swift action had been taken to make sure they were safe.
- Staff knew the best way to communicate with each person and how to find out if they were worried or had any concerns.

Assessing risk, safety monitoring and management

- Each person had individual support plans and risk assessments. Complex behaviour which may cause risk to the person or to others was carefully assessed and analysed. Positive behaviour support was used to reduce risk, relieve anxieties and create a valued lifestyle.
- People had been able to achieve increasing levels of independence through positive behaviour support. A family member told us about the new independence their relative had achieved with staff support, they said, "It's like a dream come true".
- Staff told us how the health and safety team supported them to keep people safe.

Staffing and recruitment

- Staffing numbers and skill mix were planned to meet the needs of each individual.
- Where possible, staff were matched with people who had shared interests and things in common.
- Staff teams were developed around people. This meant people were supported by a consistent staff group they knew well. People were never supported by staff they didn't know. There was a team of relief staff that people knew to cover staff absences.
- Staff were recruited in a safe way. The human resources team were responsible for staff recruitment. We looked at staff files and found all required checks had been carried out and references obtained before staff were offered employment.

Using medicines safely

- People told us staff supported them to take their medicines. Where possible people were able to manage their own medicines independently.
- Staff received training and had their competency checked to make sure they managed people's medicines

in a safe way.

- Staff knew what to do in the event of a medicine error, this included seeking immediate medical advice.
- Monthly audits were carried out to check staff were following expected policies and procedures for the storage, recording and administration of medicines. This meant any issues could be identified quickly and action taken.
- Checks and audits also included the national initiative for 'stopping over medication of people with a learning disability, autism or both (STOMP)'. This meant staff checked the medicine was still required, reviewed by the prescriber and where possible the dose prescribed was reduced. Managers and staff were committed to this initiative.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) such as face masks and supported them to do this when they went out, along with additional hand washing and sanitising.
- Staff followed national guidance for the prevention of infection and COVID 19. Additional cleaning was taking place. Senior staff carried out checks to ensure staff complied with all of the guidelines.
- COVID 19 risk assessments were included in people's support plans.
- Staff we spoke with were confident the service was as COVID safe as it could be and they had access to all the PPE they required.

Learning lessons when things go wrong

- Action was taken when things went wrong. For example, there was a delay in staff seeking medical attention. This was investigated and swift action was taken. Staff received additional training and additional management support to prevent this from happening again.
- Additional checks were introduced to ensure people attended all their healthcare appointments. This was in response to a person not receiving a medicine they were usually given by a community nurse. This made sure staff were alerted when this type of medicine or other healthcare appointments were due.
- Every activity was risk assessed. A separate health and safety team looked at all aspects of risk and safety, incidents and accidents. A monthly report and action plan were produced.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- Feedback provided by a hospital learning disability liaison nurse was extremely positive. They described Thera East Midlands as an excellent service. They told us how all staff advocate for people and go the extra mile to ensure they are supported when requiring hospital care. They told us staff knew people's needs in minute detail and made sure these were communicated to hospital staff. They gave us examples of where staff had gone above and beyond to meet people's needs and how this had transformed people's lives.
- They told us the work staff had done to support a person to receive hospital treatment had changed hospital practices and improved hospital care for all people with learning disabilities. This work had also been commended by the Court of Protection.
- Another learning disability nurse told us, "The communication and partnership working skills are beyond excellent." They gave us an example of how staff had supported another person receiving hospital care, they said the support provided was a significant factor in the person's recovery. They gave other examples of staff persistence and determination to improve outcomes for people through investigation of every aspect of support until outcomes and quality of life had improved. □
- The provider was part of a working group to improve end of life care, the care people received in hospital and to ensure do not resuscitate orders were only used when appropriate. Staff supported people during hospital admission during crucial times such as mealtimes and receiving medicines. This meant people were less distressed when supported by staff people knew well,
- The provider was involved in a community rapid intervention scheme to prevent unnecessary hospital admissions. This initiative had a significant positive impact on people because they could be treated early and in their own homes. A registered manager said, "The service can be accessed when staff observe that a person may not be presenting as they normally would, they will call the team who are always quick to respond and this prevents escalation of the situation and the unnecessary distress caused by a hospital admission."

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

- The culture was extremely person centred and achieved excellent outcomes for people. The provider's ethos and culture was shared by manager's, staff and people. People we spoke with were proud of the things they had achieved and clearly considered themselves to be part of the team. People and staff had built positive relationships based on mutual trust and respect. Staff were consistently highly motivated to

improve outcomes for people and spoke highly of their managers, the staff team and the support they received.

- People were included and consulted about every aspect of service delivery. They attended trust board meetings and Annual General Meetings. Meetings was presented to people in an accessible format. People were supported to contribute to the meeting if they wanted to and in a way they felt comfortable with. People who used the service supported other people who may be less confident to contribute their views and ideas. This helped people to increase their confidence and independence.
- People were involved in decision making for any proposed change. For example, people were involved in staff engagement projects and decided how these should be structured and implemented.
- People we spoke with were keen to tell us about the things they did and how their independence had increased since using the service. One person proudly told us, "I am active, I like to walk, I keep fit, I am so busy."
- Positive behaviour support (PBS) was at the heart of the care and support provided and significantly improved people's quality of life and independence. For example, through PBS, a person had experienced a significant reduction in distressed or challenging behaviour. This was achieved through careful analysis and debrief following every incident of aggressive or distressed behaviour. This included the use of assistive technology such as silent pagers so that staff could alert other staff to come and support without increasing the person's distress.
- Another person had been supported to leave residential care and live a more independent life, they were able to go out more into the community and required less staff to support so this was less restrictive. Their relative said about the things their family member had achieved, "It's like a dream come true." A staff member told us about the journey and how this had significantly improved quality of life and made the person happy.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers and staff understood their duty of candour responsibilities and took swift action when things went wrong. We were given examples of the support and feedback provided to people following incidents or when things went wrong.
- All accidents and incidents were logged and shared with appropriate professionals so that action could be taken to reduce any further risk. There was a separate health and safety team to assess risk and analyse any accidents or incidents. The team were also available to support people and staff.
- Serious case reviews were carried out when things went wrong, and changes were made to ensure lessons were learned and to prevent further risk.

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

- Governance was well embedded into the running of the service and people who used the service were included and involved in all quality monitoring.
- Risk and areas requiring improvement were quickly identified. Systems were in place to record and analyse data so that managers and teams could take swift action where this was required, and this was reported at board meetings to inform governance decisions.
- There was a comprehensive range of audits carried out. These were focused, at local manger level and at operations manager level. There was also a separate quality team all of whom had a learning disability. People's experience of care and support provided were included in all audits. The surveys and methods used to carry out these audits were first approved by people with a learning disability. This meant people's

views and experiences were collected in meaningful ways people understood and felt comfortable with.

- The results of audits were reported back to the board to inform the board's governance decisions. This had resulted in positive outcomes for people who used the service such as improving access to public transport. People told staff they had felt uncomfortable using public transport. Staff worked with the bus company and changes were made to improve people's experience. This meant people were more comfortable accessing transport and the local community and this supported people's freedom and independence. People who used the service had created new ways of keeping in touch with family and friends during the COVID 19 lockdown restrictions..

Continuous learning and improving care

- The provider was involved in a number of improvement projects. They were taking a lead in a pilot to identify additional signs when people were unwell. These were known as 'soft signs' of deterioration, where it is not obvious when someone is unwell. The company employed people with a learning disability in key organisational roles so that people who used the service could be better represented.
- Staff were extremely motivated and eager to improve. Staff were very positive about the support, energy and drive of the management team. They were excited about the improvements they had made and the significant difference this had made to people's lives.
- Initiatives were in place to encourage innovative and excellent staff practice. People and relatives were involved in this process and could nominate staff members for reward and recognition. People and staff we spoke with liked this system and enjoyed the boost to moral and sense of inclusions as well as the recognition. A person we spoke with told us their staff member had been nominated and they were very proud of this.

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

- The service was developed, monitored and owned by people and staff. People and staff were able to become company members, and this gave them a vote about strategic decisions and a say in how the service was run.
- There were multiple and frequent opportunities to engage with people and staff. Staff worked hard to improve communication at an individual level and used positive behaviour support to look at the smallest of details. This assisted staff to understand the support people wanted and needed.
- As well as frequent staff meetings at local and operational level, there was an employee council which met once per quarter where staff could speak about any concerns either via a representative or anonymously. Feedback from these meetings was shared with the board of directors so that changes could be made. For example, staff asked for a long service award to reward staff loyalty and this was put in place.
- People were involved in recruiting new staff to their team and joined staff interview panels to ask questions. Each person and staff member had a 'one-page profile' outlining their interests and the things that were important to them. This information was used to match staff with people who had shared interests and were compatible. This meant people were supported by staff they had common interests with so activities could be shared and enjoyed together.
- Staff told us they were well supported and very engaged. Debriefs and analysis were completed after any incident so that support for people and staff could be improved. Many people required support with their communication and used behaviour as a method of communication. Staff worked hard to understand people's needs and preferences through observation and analysis of behaviour. There was a PBS lead and staff had trained to become PBS coaches to support the process. All the staff we spoke with told us the

service was person centred. A staff member said, "The staff that work here are really caring and the care is totally tailored to the people." Another staff member said, "People are at the heart of everything we do."

- Registered managers told us people had increased their use of smart phones and tablets during the COVID19 pandemic. This had increased people's independence and ability to keep in touch with friends and family. As a result of this, best interest decisions were held with people's care managers to enable people to buy their own devices. This meant people no longer had to wait to use shared devices or devices owned by staff and could access their own.