Thera Trust

Thera East Midlands

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Thera East Midlands is a domiciliary care agency which is registered to provide people with personal care. The service operates in Lincolnshire, Derbyshire, Nottinghamshire and Staffordshire and supports around 350 people with learning disabilities living independently, or in communal 'supported living' services where staffing support is available to people 24 hours a day.

We inspected the service on 4 February 2016 and spent time at the head office in Grantham. We also visited two local supported living services, one in Derbyshire and one in Lincolnshire. The inspection was unannounced although, before entering the two supported living services, we established that the people living there were happy for us to come into their home.

The service had a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the

Summary of findings

provider'), 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and to report on what we find. Although the provider had delivered training in this area, some staff appeared to lack understanding of what might constitute an illegal deprivation of liberty under the MCA.

Staff demonstrated they were aware of the assessed risks and preventive strategies within each person's support plan and used them to provide effective support in the least restrictive way. Staff also knew how to recognise signs of potential abuse and how to report any concerns.

Staff worked together in a friendly and supportive way. Staffing levels were planned around people's needs and preferences and people were receiving the hours they were entitled to.

The provider ensured staff received a range of core training and encouraged them to study for advanced qualifications.

Staff worked closely with local healthcare services to ensure people had access to any specialist support required. The management of people's medicines was in line with good practice and national guidance.

Staff knew people as individuals and provided warm person-centred support. People were treated with dignity and respect and were supported to eat and drink in a way that reflected their individual needs and wishes.

People's personal support plans were written in a person-centred way and were understood and implemented by staff. The provider encouraged people to exercise as much control over their own lives as possible and ensured people's lifestyle preferences were met through a rich variety of individual and group activities.

The provider had a strong commitment to giving people opportunities to get involved in the running of the service. People were also encouraged to raise any issues and concerns. Formal complaints were managed effectively.

The provider used a range of audit and quality monitoring systems to ensure the service was being delivered effectively in a way that met people's needs and wishes. Systems were also in place to ensure significant incidents were reviewed, to reduce the likelihood of them happening again in the future.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe using the service and staff knew how to recognise signs of potential abuse and how to report any concerns.

Staff demonstrated they were aware of the assessed risks and preventive strategies within each person's support plan and used them to provide effective support in the least restrictive way.

Staffing levels were planned around people's needs and preferences and people were receiving the hours of support they were entitled to.

Medicines were well-managed.

The provider had sound systems for the recruitment of new staff.

Good

Is the service effective?
The service was not consistently effective.

Some staff appeared to lack understanding of what might constitute an illegal deprivation of liberty under the Mental Capacity Act, 2005.

Staff worked closely with local healthcare services to ensure people had access to any specialist support required.

People were supported to eat and drink in a way that reflected their individual needs and wishes.

The provider had systems in place to ensure staff received core training and supervision and encouraged them to study for advanced qualifications.

Requires improvement

Is the service caring?
The service was caring.

Staff knew people as individuals and provided person-centred support in friendly and helpful way.

People were treated with dignity and respect and encouraged to exercise as much control over their own lives as possible.

Good

Is the service responsive?
The service was responsive.

People's personal support plans were written in a person-centred way and were understood and implemented by staff.

Good

Summary of findings

Wherever possible, people were involved in reviews of their personal support plan.

The provider ensured people's lifestyle preferences were met through a rich variety of individual and group activities.

The provider encouraged people to raise concerns and formal complaints were managed effectively.

Is the service well-led?

Good

The service was well-led.

Staff, at all levels, worked together in a friendly and supportive way.

The provider had a strong commitment to giving people opportunities to get involved in the running of the service.

The provider used a range of audit and quality monitoring systems to ensure the service was being delivered effectively in a way that met people's needs and wishes.

The provider reviewed significant incidents to identify any action required to reduce the likelihood of them happening again in the future.

Thera East Midlands

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. The inspection was planned to check whether the provider was 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.

We visited Thera East Midlands on 4 February 2016. The inspection team consisted of three inspectors. One inspector visited the service's head office in Grantham and the other inspectors visited local supported living services in Derbyshire and Lincolnshire. The inspection was unannounced although, before entering the two supported living services, we established that the people living there were happy for us to come into their home.

During our inspection we spent time observing how staff supported people to help us better understand their experiences of the support they received. We spoke with three people who used the service, two family members, the registered manager and 10 other members of staff. We also spoke with three local healthcare professionals who had regular contact with the service.

We looked at a range of documents and written records including five people's personal support plans and staff training records. We also looked at information relating to the administration of medicines, the management of people's personal finances and the auditing and monitoring of service provision.

We reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Good

Is the service safe?

Our findings

People we spoke with told they us felt safe. One person said, “At night I can lock my door and there is an alarm. It makes me feel safe and staff are always available if I need anything.”

Staff were clear about to whom they would report any concerns relating to people’s welfare and were confident that any allegations would be investigated fully by the provider. One member of staff told us, “If I raised any concerns, I would be listened to.” Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). One member of staff said, “I would go as high as I needed.” Advice to people and their relatives about how to raise any concerns was provided in an ‘Ideas and Complaints’ information booklet. This was also available in an 'easy read' format to make it as accessible to as many people as possible.

We looked at people’s personal support plans and saw that a range of possible risks to each person’s safety and wellbeing had been considered and assessed, for example medication, personal care and road safety. We saw that these risk assessments had been prepared in discussion with the person, wherever this was possible, and provided detailed guidance to staff on what action to take in specific situations. For example, for people who had been supported to go on holiday, the risks associated with travel and staying in a different environment had been individually assessed for each person. Staff demonstrated they were aware of the assessed risks and preventive strategies within each person’s support plan and used them to provide effective support in the least restrictive way. One member of staff said, “It’s about finding ways to keep people safe but live a good life at the same time.” The registered manager told us, “Risk assessment is a tool to allow people to do things as safely as possible.”

People told us they had control over their personal finances. One person said, “I can buy whatever I want.” Another person said, “I can spend my money how I like. This year I am going to Paris with my sisters so I’m trying to save.” We reviewed the arrangements the provider had put in place to assist people who needed staff support in this area. We saw that individual records were maintained for each person and the files we reviewed were up to date and contained an accurate record of income and expenditure. Where a communal household account was used to pay for bills and other household items, the record of this expenditure was also up to date and accurate. Support staff conducted a financial check at each shift handover and senior staff audited people’s financial records on a regular basis. Following a recent case involving one of the people supported by Thera East Midlands, which had been considered by the local authority safeguarding team and which remained under police investigation, the registered manager told us that further safeguards had been identified to strengthen the provider’s approach in this area. Policies and procedures had been revised and were being rolled out across the service to introduce additional safeguards to ensure people were supported to manage their money safely and effectively.

The provider had prepared a plan for each person that identified the support they would need if there was a fire or some other emergency situation that required people to evacuate their homes. These were completed to a high level of detail and set out people’s support requirements at different times of the day.

Staffing levels were planned around the needs and preferences of the people who used the service and the hours of support they had purchased or that had been purchased on their behalf, for example by the local authority. A record was kept for each person of the weekly support hours they should receive, together with the hours actually provided. This was compiled in a way that made it very easy to see if each person was receiving the hours of support they were entitled to. The records we checked indicated that people were receiving the hours of support they were entitled to.

We reviewed the arrangements for the storage, administration and disposal of medicines and saw that these were in line with good practice and national guidance. Each person had their own individual medicine cupboard which allowed the administration of medicines to be personalised and discreet. Each person also had a personal medicines folder which detailed how their medicines should be administered to meet their needs and preferences, together with any assessed risks.One person had very specific routines and requirements in the way their medicines were administered. These were very

Good

Is the service safe?

important to the person and we saw that they were understood and followed by staff. Audits of medicines management had been conducted recently by the provider and also by the local pharmacies that supplied people's medicines. We saw that any issues identified in these audits had been followed up promptly by staff and changes made as a result.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that references had been obtained. Security checks had also been carried out to ensure that the service had employed people who were suitable to work with the people using the service. The provider operated a two stage recruitment process which gave people who used the service an opportunity to meet applicants and contribute their views on each applicant's suitability to work with them.

Requires improvement

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet people's needs effectively. One person told us, "I am happy with my care." A family member said, "[My relative] is having a lot better life since they moved here."

Staff had been trained in the Mental Capacity Act 2005 (MCA). This 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. Staff demonstrated they understood the importance of obtaining consent before providing people with support, including people who were unable to communicate verbally. One staff member told us, "People can use non-verbal communication to let us know whether they want to do something or not. Their body language would let me know if they didn't want me to do anything."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider made use of 'best interests' meetings to assist in the support of people who lacked capacity to make significant decisions for themselves. For example, staff had identified that one person lacked capacity to understand the implications of following an unhealthy diet. A multi-disciplinary meeting had been arranged and a plan put in place to maximise the person's choice, whilst keeping restrictions to a minimum.

However, some staff appeared to lack understanding of what might constitute an illegal deprivation of liberty under the MCA. During our inspection visit we saw that staff had assessed one person as being at risk of exploitation in the local community with very limited awareness of possible risks to themselves, including road safety. For these reasons the person had agreed that they should not go outside their home without being accompanied by staff. Staff told us that the person had capacity to make this decision and was happy to be supported in this way. However, staff also told us that if the person did try to leave their home on their own they would follow them and intervene if necessary. In making this statement, staff did not appear to have recognised that following the person in this way might be illegal under the MCA. Following discussion with our inspector, the manager of the local service agreed to contact the relevant agency to ascertain if any further action was required to enable staff to continue to give the person the support they needed, whilst ensuring their legal rights were protected. The registered manager also advised us that a training update was planned for April 2016 to increase staff knowledge of the MCA and its associated procedures.

New members of staff participated in a structured induction programme called 'My first year with Thera' which included an introduction to 'Thera's Vision', the Health and Social Care Act 2008 and the provider's core policies and procedures. This was followed by a period of shadowing experienced colleagues before they started to work as a full member of the team. The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and had built this into the induction programme for new recruits.

The provider maintained a detailed record of staff training requirements and arranged a range of internal and external training courses including safeguarding, person-centred planning, first aid, and food hygiene. One member of staff said, "I feel we are given the training we need to help us work with the people who live here." Staff told us that they were encouraged to apply for additional training if they wanted it. One staff member said, "I haven't been turned down for anything yet!" Staff were also supported to study for nationally recognised qualifications in subjects including management and leadership.

Staff told us, and records showed, that they received regular supervision and appraisal in line with the requirements of the provider's policy. Staff told us that they found the supervision process beneficial. One staff member told us, "I feel well-supported by the management. We can raise any concerns."

The provider ensured people had the support of local healthcare services whenever this was necessary. Each person had a 'health action plan' which provided details of their medical history and provided an ongoing record of any care and treatment received. From talking to people and looking at their health action plans, we could see that their healthcare needs were supported through the involvement of a broad range of professionals including dentists, mental health practitioners, chiropodists and opticians. For example, one person told us that they had felt unwell recently and staff had arranged for them to visit

Is the service effective?

their GP. We saw that another person, who had tripped recently on some stairs, had been assessed by a physiotherapist and received advice on clothing and footwear to try and minimise the risk of something similar happening again. All the local healthcare professionals we spoke with as part of our inspection told us that staff were quick to flag up any issues on behalf of the people they supported. One healthcare professional told us, "I am very impressed. The staff are proactive in getting in touch with me and receptive to my advice. The team leader organised a special staff meeting so I could meet the staff collectively and explain what I needed them to do."

The provider had also developed a 'hospital passport' for each person which contained key information should they be admitted to hospital in an emergency situation. We spoke to one local healthcare professional who told us that the hospital passports for people supported by Thera East Midlands were always fully and correctly completed, which was in contrast to those supplied by other providers.

People told us that they went shopping for their food with support from staff and that they were able to choose what they wanted to buy. They also said they always had plenty to eat and drink.

We observed one person cooking their lunchtime meal which appeared nutritious and appetising. The person told us that they had prepared it themselves from scratch, with a little support and guidance from staff. It was clear that the person derived a great deal of personal satisfaction from cooking independently. Staff understood this and took care to provide only the minimum support necessary.

People's individual support plans detailed their individual nutritional needs and preferences and staff used this information when supporting people to eat and drink. For example, one person had been advised by their dentist to reduce the number of sugary drinks they consumed. A plan had been agreed with the person which had been successful in helping them cut down. Another person had a low fat diet. This was understood and followed by staff when they supported the person to prepare their meals. Staff were also aware of any risks that had been identified in relation to people's nutrition and hydration. For example, one person had been assessed as being at risk of malnutrition. Professional advice had been obtained and a range of preventative measures put in place to ensure the person received the correct support to meet their particular needs.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, “The staff are always kind.” Another person said, “The staff are cool!” One relative told us, “Staff are supportive. We are very pleased.”

Staff knew and respected people as individuals and told us it was important to listen to people and gain an understanding of what was important to each person. One staff member told us, “I always try to find the best way to interact with people and to listen to them. This can be through what they say or by what they are telling me with their body language or non-verbal signs.”

During our inspection visit we saw that staff supported people in a friendly and helpful way. One person told us, “Staff have a laugh and a joke with me. I like that.” When some people returned home for lunch we saw that they were pleased to see the staff members present. Everyone appeared relaxed and happy and the staff responded with interest when people told them what they had been up to that morning. On another occasion, we saw one member of staff help someone to make their lunch. At times, the person was unsure of what to do and the staff member provided support and guidance, without taking over. It was clear that the staff member had a good knowledge of the person who took reassurance and confidence from the patient, person-centred way they were supported. We saw another person become slightly agitated and watched as a member of staff supported them gently to focus their attention on another activity which helped the person calm down. Again, the staff member clearly had a very good understanding of the individual needs and preferences of the person.

Throughout our inspection we saw evidence of the provider’s commitment to person-centred care and to giving people choice and control over their lives. For example, people could choose how to use the hours of staffing support they had purchased or which had been purchased on their behalf. One person had decided to temporarily reduce their weekly activities to ‘bank’ some support hours for their forthcoming holiday and thus reduce the cost of their contribution to the holiday. The registered manager also told us of several people who had been supported to achieve greater independence and control in their lives. One person had secured employment in a care home whilst another now went to watch their local football team without the need for staff support. One member of staff said, “I’ve seen people do things now that they have never done before. It’s really rewarding when you see that lightbulb moment when people realise they have achieved something for the first time and, as a result, their independence grows.” Another member of staff told us, “We help people to make their own choices even though, for some, it may be about simple things.”

We saw that the staff team supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. People told us that staff gave them privacy when they wanted it and always knocked before coming into their personal space. On the day of our inspection visit, staff rang one person who had gone out for the day to ask if they were happy for staff to enter their flat to access their personal support plan. The registered manager told us that some people had requested a key to enable them to lock their bedroom door to provide additional privacy and security. The registered manager also told us that, wherever possible, people looked after their own individual support plans and other personal information. If this was not possible, information was stored securely and all computers had a double password protection system.

The registered manager was aware of local advocacy services and said that some people made use of their services. For example, one person had used the support of an advocate to engage with their local authority to enable them to live more independently. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager also told us that the provider had set up a self-advocacy project for people using the services provided by Thera East Midlands. This had given some people the confidence to speak up in meetings and to play a greater part in the recruitment of new staff.

Good

Is the service responsive?

Our findings

The provider employed a specialist member of staff to conduct a pre-placement assessment with anyone who was thinking of using Thera East Midlands services. The registered manager told us that he would also get involved personally in the assessment process if the person being referred had very particular needs that required a bespoke package of support to be put in place. Following the initial assessment, if it was agreed that the service could meet a person's needs, staff prepared a personal support plan in discussion with the person and their family, detailing their individual preferences and requirements.

We looked at five people's support plans and saw that they addressed a wide range of needs including personal care, medicines, personal finances, accessing the local community, support with shopping and health. They were written in the first person and provided staff with a high level of detail on what was important to the person and how best to support them. Each plan also described the person's 'circle of support' which identified key people and relationships that were important to the person.

Individual plans had been developed to set out the support people needed with specific activities such as swimming or attending the gym. Individual plans had also been developed for people with particular communication needs or long-term health conditions. For example, one person with diabetes had a plan which included information to guide staff in supporting the person to monitor their blood sugar levels. This included details of the normal levels for the person and the action to be taken if they were too high or too low.

Staff had a very good knowledge of the individual likes and dislikes of each person as set out in their personal support plan. People told us, and records showed, that their lifestyle preferences were being met through a rich variety of individual and group activities. For example, one person had a treadmill and an exercise ball in their flat and their personal exercise programme displayed on their wall. On the morning of our inspection, at one of the supported living services we visited, everyone who lived there was out, pursuing their individual interests. One person told us, "During the day I do different things. On Monday I go swimming and then line dancing. On Tuesdays I go to the local garden centre. I can choose what to do and am busy most days." A staff member told us, "There's always something going on."

The provider worked with other agencies to ensure people were able to participate in activities that interested them and to maintain links that were important to them. For example, some people still attended a local social club and sports group that they had been members of before they moved to the service. One person told us how much they enjoyed attending the social club, "I see my friends there."

We saw that people's personal support plans were reviewed on a regular basis and that, wherever possible, people were encouraged to play an active part in this process. One person told us, "Staff talk to me about [my personal plan]."

Everyone who used the provider's services was given an 'Ideas and Complaints booklet' that informed people how to make suggestions for service improvement and how to make a formal complaint. One person told us, "If was unhappy I would talk to staff. They would talk it through with me." The registered manager told us that the provider encouraged people and their relatives to come directly to senior staff and talk things through if they had any worries or concerns. For example, two people had recently begun a relationship that had caused anxiety to their relatives. Whilst giving the people involved all the support they needed to maintain their relationship, staff had also liaised very closely with the relatives throughout, avoiding the need for a formal complaint. The provider maintained a record of any complaints received and we saw that action had been taken in response, when this was required.

Good

Is the service well-led?

Our findings

The atmosphere in both the local services we visited was calm and relaxed. One person told us, "Since I moved here, I have really come out of my shell." A staff member told us, "I have worked in a number of services but I do love it here. People have their own space but can also come together. It's a real community."

The registered manager told us that the provider's ethos and values could be summarised as, "It's about the people we support. Everything we do is about people living the life they want to lead and staff supporting them to do it." This commitment to putting people at the heart of the service was clearly understood by staff and reflected in their practice. One member of staff told us, "We try to support people to do things for themselves. It's important to give people the opportunity to have a good life and make as many choices as they can." Another staff member said, "It's so positive to see people achieve and do new things." When we asked staff to describe any achievements or things the service did well, they all talked about their contribution to positive changes in the lives of the people they supported. For example, one person now went swimming on a regular basis which was something they had never thought they would do. Another person no longer needed sedation before visiting the dentist.

We saw that staff worked together in a friendly and supportive way. One member of staff said, "There is a good bond between staff. Everyone works together well." There were regular team meetings and shift handover meetings and daily logs were also used by the provider to ensure effective communication between staff. Staff told us they were able to talk freely with senior staff and managers and felt involved in decisions that affected them. One member of staff said, "[My manager] makes me feel more included and part of everything."

Staff also told us that they felt well-supported by the registered manager and other senior staff. Speaking of the registered manager one staff member said, "He has been absolutely brilliant. I couldn't ask for a better manager. My role has become a lot clearer and focused since he came here." Another member of staff told us, "[My mentor] has been fantastic. If they are not on site I can just phone or email them." Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the service that could not be addressed internally.

The registered manager told us that he felt well supported by the provider. He said he had regular supervision with his line manager who was one of the provider's senior directors. He told us, "[My line manager] is incredibly supportive and knowledgeable. She is on hand day and night and will get back to me any time if there is an issue we need to discuss." He also had the support from the non-executive chair of the voluntary board that oversaw the running of the service.

The provider had a strong commitment to giving people opportunities to get involved in the running of the service. For example, the staff recruitment process had been designed in a way that gave people the opportunity to get directly involved. People who used the service also had an option, alongside relatives and staff, to become 'members' of Thera East Midlands. Members could then elect one of their number to sit on the board. The registered manager described two further initiatives that had been led by people who used the service. Some people had set up the 'Happy Snappers' photography club which now produced a calendar that showcased some of their work. The proceeds from the sale of the calendar were used to the benefit of everyone using the service. Another person had approached the registered manager with the idea of hosting a 'Staff Awards' event as a way of saying 'thank you' for the support staff provided to people. The provider had given the person some staff assistance to organise the first event which had now grown into an important annual occasion with over 200 people attending the 2015 awards ceremony.

The provider had implemented a range of audits to monitor the quality of the care provided to people, including medicines, personal finances and health and safety. We saw that these audits were operating effectively and any issues identified had been followed up. Senior staff also completed an annual 'baseline' audit of each local service to review a range of issues including personal support plans, risk assessments and staff training and supervision. These were reviewed by the registered manager personally to ensure the provider's core policies and procedures were implemented correctly across the service.

Good

Is the service well-led?

The registered manager told us that some local services organised group meetings with people or their relatives, to discuss any issues or suggestions. However, this was a local decision reflecting people's needs and preferences rather than a policy requirement of the provider. The registered manager told us that the primary method by which the provider sought feedback from people was through individual interviews to ascertain whether the service each person was receiving was in line with seven 'quality standards'. A detailed report was prepared following each interview and if there were any shortfalls identified, these were shared with staff and the registered manager to ensure they were addressed as quickly as possible. For example, one person's report identified that they felt frightened by a noisy neighbour who sometimes caused them to wake suddenly in the night. This had been fed back to staff who were supporting the person to make a complaint.

The provider maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies. In preparation for our inspection visit we reviewed the notifications we had received from the provider in the previous 12 months. These included 21 incidents that had been considered by local authority safeguarding teams, including allegations of physical and emotional abuse of people by staff employed by Thera East Midlands. The registered manager told us that he monitored notifications carefully and considered the number of recent safeguarding incidents as "unacceptable". He had commissioned a review which had identified that, in most of the reported cases at an early stage in their employment, 'low level' concerns had been raised about the staff members involved. In the light of this analysis, the provider had strengthened the assessment that took place at the end of each new employee's probationary period and revised the recruitment and induction procedure to give greater emphasis to Thera's ethos and values in the recruitment and initial training of new employees.