Care Quality Commission

Thera Trust

Thera South Midlands

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This announced inspection was carried out between 22 November 2016 and 10 January 2017. Thera South Midlands is a domiciliary care service which provides personal care across the midland counties of Hertfordshire, Northamptonshire and parts of Leicestershire 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 Midlands, and others are single tenancies. Prior to the inspection the provider informed us that they were providing services to 56 people receiving personal care. Staff work in small teams and provide personal care and support to people into a single or a small number of properties in these geographical areas.

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

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

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

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

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

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

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

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

be made when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

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

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

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

Is the service effective?

Good

The service was effective.

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

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

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

Is the service caring?

Good

The service was caring.

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

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

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

Is the service responsive?

Good

The service was responsive.

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

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

Is the service well-led?

Requires Improvement

The service was not entirely well led.

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

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

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

Care Quality Commission

Thera South 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. 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 22 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 two inspectors.

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

During the inspection we spoke with three people who used the service and six relatives. We also visited three 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 16 staff consisting of four community support leaders, two team coordinators, two senior support workers and eight support workers. We had discussions with two operations managers, the registered manager and their personal assistant as well as the safeguarding and compliance manager for Thera Trust.

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

Good

Is the service safe?

Our findings

People told us the support they received from staff made them feel safe using the service. They told us they trusted staff who supported them to keep them safe. One person who was out shopping with a support worker told us, "I feel safe out in the shops with [support worker]." We asked another person whether they felt safe using the service and they said, "Yes, they (staff) support me well." Relatives were confident their relations were protected from any abuse or harm. Each relative told us how staff knew the individual risks their relations faced and told us staff knew how to keep them safe. During our visits to people who were supported by the service we observed people to be comfortable and relaxed with the staff who supported them.

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. Staff told us that if they suspected a person they supported was at any risk of harm or abuse they would inform either the team coordinator or community team leader. They told us they would document any concerns and if needed take any immediate action to keep a person safe. Community support leaders told us it was part of their role to raise any safeguarding concerns with the local authority safeguarding team, as well as to complete an incident form to notify head office staff and the registered manager. An operational manager told us that they were confident staff knew how to respond in the event of any safeguarding concern and would ensure a person's immediate safety. Each community support leader had either raised one or more safeguarding concern, or they knew about ones that had been raised in the recent past.

Operational managers told us there was a central record kept of all safeguarding incidents that took place in Thera South Midlands 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 supported to undertake any daily activities in a way that had been assessed for them to do so as safely as possible. One person told us that staff "help me bath safely." A relative told us how their relation was supported to independently fill their own bath safely by having a controlled maximum hot water temperature, along with a guide to follow to show when the bath had sufficient water in. Another relative told us how their relation, who had very frail skin, was supported safely with the use of a hoist and they were not aware of any "marks or injuries" occurring.

A community support leader told us how staff were prepared to provide people with safe support whilst living as full a life as possible. This involved undergoing training and providing risk assessments and support plans for them to follow that explained how a person could participate in any activity as safely as possible. Operational managers described how they supported staff to follow the risk assessment process, which they may find initially off putting as it was very detailed, but when followed it showed how they would be able to mitigate risks when supporting people.

Staff told us how these risk assessments enabled them to support people with their personal care, mobility and social activity plans, such as going swimming. A support worker told us they understood how to support one person with their mobility due to the training they received, and they had been given shadowing opportunities to observe how this was done. Another support worker described how a different person had been assessed as being at "high risk of harm" to themselves in the kitchen, so they were not able to take part in any cooking. During our visits to people who were supported by the service we viewed people's risk assessments and found these to be detailed and comprehensive. They clearly stated how risks people may face should be reduced both within their home and when out in the community.

We spoke with some staff who supported one person who was going through a sudden change of circumstances, which required elements of their support to be reviewed. A support worker told us that the required action to meet this change was being taken straight away, and the community support leader confirmed they were updating the person's support plan with these changes.

People were provided with the amount of care and support they had been allocated by their funding authority. Some people required staff to be available to support them at all times, and others had set times which could be daily or for set times during the week, depending upon their assessed needs. One person who told us they were provided with the support they required said there were, "Always (staff) on shift. I know who is coming, I can double check." During our visits to people who were supported by the service we found there were sufficient and suitable staff on duty supporting people, and a suitable staff team to provide each person with their planned support.

Relatives told us that their relations were provided with support from a consistent team of staff. They said that although there were at times changes in staff, when a staff member left, their relations were in the main supported by the same staff. A relative told us the staff team who had supported their relation for a considerable length of time were, "Pretty much the same ones. If there is a new staff member they are always introduced to them first."

Staff spoke of having a sufficient number of staff employed to provide people with the support they had been assessed to have. When required staff were flexible to provide people with support at the time this was wanted. This not only ensured people were provided with the support they required when needed, but also allowed the person to make the maximum use of their support. We were told about support teams being designed around people's needs and did find occasions where this had been done, for example creating a support group of the same gender. There were risk assessments completed about gender care and these clearly stated that whilst male staff may support females they would not provide them with any personal care. Staff rotas showed that male staff were not left to support females on their own.

Staff told us there was "ongoing recruitment" to ensure they had the staff required. A community support leader said that where able to, people were involved in the recruitment of staff who would be supporting them. Operational managers said that they had the correct number of staff they needed at present, but knew that could change at any time. They said they were continually reviewing their staffing compliment so they could respond to any changes when needed.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been

carried out. However there was no record made to show any gaps in candidates' employment history had been explored during the recruitment process. This would have established if there was any undeclared information about the candidate that could have an effect on their suitability to work in a social care setting. The registered manager told us on our second visit to the office they had now put checks into place to ensure this was happening. They also told us that they were going through all previous application forms to check these and would follow up any gaps found with the staff member concerned.

People who had been assessed to be able to manage their own medicines were encouraged to do so. Some people did not need any assistance to manage their medicines, which they continued to do independently. People we spoke with told us staff supported them to ensure they took their medicines safely. One person said staff, "Give them (medicines) to me every day." Relatives spoke of people being supported safely, one relative saying, "Certain people (staff) aren't allowed to give them their meds, they have to have the training."

A community support leader described how some people in one property they provided support in were able to manage their medicines but others were not. A senior support worker told us that a lawful decision had been made to give a person their medicines covertly by concealing these in their food. They said this had been done with the knowledge and agreement of the person's GP. Staff also described having knowledge and being trained in alternative ways medicines could be administered, such as through a PEG (percutaneous endoscopic gastrostomy, which is a procedure to give nutrition or medicines where these cannot be given orally.)

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 care coordinator to ensure they did this safely. All other staff confirmed they had received similar training. An operational manager said staff would be provided with additional training if there was someone who required a specific type of medicines support. During our visits to people who were supported by the service we found their medicines were being safely stored and correctly managed.

Good

Is the service effective?

Our findings

People received support from staff who had the skills and knowledge to meet their needs. One relative told us, "[Community support leader] is a stickler for them having the right training, they are very on the ball, firm but fair." Another relative said, "They are all really good with [name]."

Staff were provided with induction training when taking up employment to prepare them for their role. Three staff we spoke with told us about their induction training. One was a team coordinator who told us they had "the knowledge they needed" through completing the Care Certificate and having opportunities to shadow experienced staff to see how people liked to be supported. 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. They all spoke of having received good support and one support worker told us they had not been expected to start providing people with support unaccompanied until they felt "confident to do so."

Staff told us a lot of the training involved completing modular workbooks and some other involved face to face teaching. Staff said face to face training included moving and handling, medicines management and positive behaviour management. Operational managers described how community support leaders checked staff had gained the required learning when they handed in a modular workbook to be marked. Staff told us they received the support and encouragement they needed to keep their training up to date. Whilst staff appreciated the modular work book style of training, some of them said they preferred face to face training where they had opportunities for discussion and that it allowed for practical learning. One senior support worker told us how they had found a practical session of spending a period of time using a wheelchair extremely beneficial in understanding things from a wheelchair user's perspective. The registered manager told us that they were looking to provide more training days in future and they recognised these gave staff opportunities to have "good conversations."

Staff had opportunities to discuss their work individually with a manager who was assigned to be their supervisor. The provider informed us in their PIR that, "Staff have regular supervisions, team meetings and have personal development plans and are encouraged to use reflective practice." Staff spoke of being well supported through supervision meetings, as well as being able to access support at other times in person and through phone calls and emails with various managers and colleagues. Operational managers said there was a central log kept of staff supervisions which was monitored to ensure this was kept up to date. However when we visited the office we found this was not the case and the log was not up to date. The registered manager told us they had spoken with staff who were responsible for providing this information and reminded them they needed to ensure this was done in future.

People's rights to be asked for their consent and make decisions for themselves promoted and respected. Relatives told us how staff spent the time needed to enable their relations to make decisions for themselves. A relative said that their relation, "Needs to be asked in the right way for them to understand, and I think the staff do that." Another relative told us they were "amazed" at how their relation was able to make some

decisions. A further relative said that staff found out from their relation what they wanted, adding they were impressed at how they did so because "It's very difficult."

Staff spoke of the ways they supported people to make decisions and consent to their care and support. One support worker told us how a person they supported was "making decisions all the time." They gave examples of the person choosing what they wanted to eat, what they were going to wear and whether they wanted their heating on or off. Another support worker spoke of enabling a person they supported, who could not express decisions verbally, to make these with the use of a picture board and by indicating a preference of items shown to them.

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. During our visits to people who were supported by the service we saw records that showed people were protected by staff following the Mental Capacity Act 2005, and when needed decisions were made in their best interest involving their circle of support. We found that staff had a good knowledge and 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. Operational managers said there had been a lot of training and discussion to ensure the MCA principles were embedded in staff practice. Where people were not able to be supported to make a decision for themselves decisions were made for them following the legal MCA framework. Relatives spoke of being included in this process by taking part in meetings where they contributed to making decisions in their relation's best interests.

Staff were clear on how people who may be unable to make a decision for themselves should be supported to have a decision made that was in their best interest. They spoke of firstly assessing whether a person was able to make a decision. If this assessment determined a person was not able to make this decision then they involved the person's circle of support, which included relatives and professionals involved with them. A support worker told us about a decision that had been made in this way recently for a person they supported to have a flu jab. The registered manager told us how they had provided a staff member with additional guidance when they had not followed the correct process to ensure this was done in future.

The provider included information in their PIR about having a Deprivation of Liberty 'checklist' to help identify where a deprivation of liberty may be occurring. The registered manager said there were some people they supported who had their liberty restricted in order to provide them with safe care. They told us they had informed the local authority about these who had made applications 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.

People were not subjected to any form of avoidable restraint. A relative told us how impressed they were at the way staff remained calm with their relation. They said staff avoided any conflict and knew how to calm everything down, as well as making sure that anything dangerous was out of the way. Operational managers described how the practices followed avoided the need to use any form of restraint. One operational manager said, "Living a fulfilled life helps prevent the need for any (physical) intervention." Staff confirmed

they did not need to use any form of restraint when supporting people and described using tactics, such as distraction, to avoid such situations developing.

People were provided with the support they needed to have sufficient to eat and drink to promote their wellbeing. One person told us, "Some of them (staff) help me, and sometimes I do cooking I like." A relative said their relation was "on a diet regime" and told us that their relation was supported with this. They said their relation's weight was monitored to ensure the diet regime was being effective. Another relative described how their relation was responsible for preparing some of their meals, but that staff prepared their main meal of the day as the person was not able to do this. During our visits to people who were supported by the service we saw they were provided with appropriate support to meet their nutritional needs. One person who had not been eating sufficient was being supported by a dietician and the speech and language team, known as SALT who provide advice on swallowing and choking issues. Another person needed specific assistance with their hydration and we saw this was provided.

Staff spoke of involving people in buying and preparing their meals and supporting them with eating these in the safest and most effective way. This involved knowing about any allergies people had and if they required any specific diet for health or any other reason. Staff also said they needed to know how people's food should be prepared and consumed in a way that did not put them at any risk, for example from choking on food they were unable to swallow easily. Staff said they sought and followed advice from relevant professionals about how people should maintain their nutrition and hydration, such as dieticians and SALT. An operational manager also spoke of ensuring people's diets met their cultural needs and described how staff were provided with training when this was needed to ensure they provided these.

People were supported to maintain their wellbeing and health. One person told us how a support worker had accompanied them to a hospital appointment where they needed to undergo some tests. The person told us this had been "supportive and helpful" for them. The support worker described how they had prepared the person for the appointment and ensured medical staff carrying out the tests were aware of how they could make this as supportive for the person as possible. During our visits to people who were supported by the service we saw each person had a health action plan which described them receiving appropriate healthcare support for any health conditions they had and undergoing routine health and wellbeing checks.

Relatives told us how their relations were supported to have the healthcare they required. They told us this included staff accompanying their relations to attended healthcare check-ups and appointments. One relative said how staff would follow up any healthcare concerns they had about their relation, and another relative told us how staff had spotted a concern their relation had and they had needed treatment for this.

Staff understood how people were affected by any health conditions they had and what support they needed to manage these. Staff spoke of supporting people to carry out certain checks and tests to monitor their health. One support worker told us they did so due to the training and support they had received. People would receive any emergency first aid support they required. All staff were required to complete, and maintain, a first aid qualification and staff told us if needed they would call the emergency services.

Good

Is the service caring?

Our findings

People felt valued and cared for by the staff who supported them. They told us about having good relationships with staff and having an enjoyable time with them. One person told us, "We have a laugh, I tease them sometimes and they tease me back." During our visits to people who were supported by the service it was evident that staff who were supporting people knew them well and how to relate to them, which we saw was done in a caring manner. We saw one person communicating with a staff member using sign language.

Relatives felt their relations were supported by caring and kind staff. One relative said, "I see them all as caring, they have all got [name]'s best interest at heart." Another relative told us, "Some of the staff are so good its untrue, they are so caring it's unbelievable." Relatives also spoke of being kept informed about their relations on a regular basis, and how staff supported and encouraged them to maintain contact with each other.

Staff spoke with passion about their work and providing people with the best care and support that they could. One support worker said, "You have to put your passion in and what you get back is amazing." Staff spoke of providing people with sensitive support and described things that gave them pleasure and satisfaction with their work. One support worker spoke of seeing a person they supported being happy made them feel happy. They also said, "I can see the happiness in their eyes." Another support worker spoke of how they found helping people to achieve whatever they could as "rewarding."

People who had the capacity to be involved in planning and making decisions about their care were supported to do so. People described deciding what they did and when they wanted to do things. Relatives told us they were involved in supporting their relations to plan their care. One relative told us how they had been involved in a series of meetings with their relation to plan a holiday.

Staff described how people were involved in making various decisions about their care and support. They said they listened and acted on what people said and where someone could not do so verbally they acted on how they were communicating with their behaviour and body language. A support worker said they understood one person's actions and provided them with the support they were indicating, such as playing some music or letting the person have some time on their own.

Operational managers said people who used the service were supported by their own circle of support, which included relatives, friends and other professionals who were involved with the person in some way. An operational manager told us there was not anyone who used the service that was currently being supported by an independent advocate, but said there had been people who had done so in the past. The registered manager told us they had involved an advocate when there had been a conflict of interests. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service had their independence promoted and they were supported by staff with

dignity, respect and compassion. We spoke with one person who was out shopping with a support worker and had made some purchases they wanted. Another person told us that on occasions they would go out independently. During our visits to people who were supported by the service we found that staff were respectful to them and how they conducted themselves in their accommodation.

The provider informed us in their PIR that, "All of our staff complete learning modules which include equality and diversity, person centred awareness, privacy and dignity, communication, and handling information." Staff told us how they showed respect towards people who were living in their own home. This involved only entering the property with the person's agreement and ensuring there were arrangements within the property for any staff possession or work items to be stored securely. 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. Staff also spoke of preparing and cooking the occasional meal and eating together, with both parties providing some of the ingredients.

Operational managers said the arrangements for how staff managed their own needs when on duty varied between each property. They said these needed to be fair and were part of an agreement made with the person, and if needed representatives from their circle of support. The roistered manager told us that although this was complicated with having different rules in different accommodation it made it a more personal arrangement that suited the person who was being supported.

Good

Is the service responsive?

Our findings

People were provided with the support and care they needed in their own home. Some people lived in single occupancy accommodation, and others were supported in properties where they shared a tenancy with others also supported by the service. Before anyone moved into a shared tenancy property there was a matching process to determine if the person was compatible with the other people who already lived there.

Relatives spoke of being involved in creating their relation's support plans. One relative told us, "They did all that (discussed the support plan with them) [name] had new care plans when they moved into a new flat, it is working beautifully." Another relative said how their relation's support plan described the routines they followed and that they had attended an annual review recently to see what was going well and if any changes were needed.

Staff told us how the support people required was detailed in their support plan. The provider included information about how people's support plans were reviewed and who was involved in doing this in their PIR. Staff told us these plans were accurate and kept up to date through regular reviews. A senior support worker explained that people's support plans were based on what they wanted. They said some people preferred to have a regular routine whereas others liked things to change with the circumstances at the time. Support workers told us other staff who were responsible for preparing the support plans sought their views as part of the process. One support worker said a community support leader had involved them with reviewing a person's plan as they knew them so well. Staff also said they were made aware of any changes to these so they could provide people with the support they needed. Operational managers said they monitored that people's support plans were reviewed regularly and they checked their accuracy during audits they undertook of these.

During our visits to people who were supported by the service we found that their views about how they wished to be supported were included in their care plans. There was information about each person preferences, life histories and goals. We saw support plans were kept under review and each person had an annual review involving members of their circle of support. Either the person who was supported, if they were able to, or one of their circle of support had signed their care plans.

People were supported to live as independently as possible and to decide on their own care and support. They referred to following their interests and being able to decide on the things they did. One person said they liked to, "Go bowling, swimming and play badminton" whilst another person spoke of going to the cinema and watching DVDs. Relatives told us that staff supported their relations to do as they wanted to. One relative said how their relation went on regular shopping trips and another said that staff were "spot on" in understanding what their relation wanted to do.

Relatives felt their relations responded well to their living arrangements. One relative told us they had been reluctant about their relation using this service as they were unsure this would be of benefit to them, however they told us they had been "completely wrong" and their relation "had never been so happy." Relatives spoke of people's support being kept under review and changed when needed. Another relative

said they felt the whole arrangement, "was working beautifully." Our observations of people who were supported by the service led us to conclude that the people we visited were receiving a high standard of support which met their assessed needs.

The provider informed us in their PIR that, "We support people to access a range of community based activities including work, leisure and educational opportunities." Staff spoke of supporting people to take part in activities they wished to. A community support leader told us how staff would involve people they were supporting in deciding what they wanted to do. A support worker said how the person they supported had wanted to meet some new people so they had taken them to places where they had been able to do this.

There was a complaints procedure where people involved with the service could raise any complaint or concerns. People told us staff would try to sort out any difficulties they had for them. One person said, "I usually tell the staff and they always sort things." Relatives also felt any problems were dealt with satisfactorily. One relative said that, "Issues have been ironed out more than successfully."

Staff described how people were made aware of the complaints procedure in meetings and individual discussions. They said this was also explained to people who were in their circle of support so they could raise any issue on their behalf. A senior support worker said it would be difficult for anyone they supported to raise a complaint and they would depend on staff to do this for them. A community support leader was aware of some complaints that had been made and resolved. An operational manager told us the details of a complaint that had been made by one relative. The operational manager told us about some improvements they had made as a result of this complaint and these had been shared with the complainant. The operational manager said the complainant had been happy with the outcome and they also told us it had been "a positive experience all round."

The provider included information in their PIR about people being encouraged to give their views and to be involved in making improvements. During our visit to the registered office we saw the record kept of all complaints made. This showed that there had been 11 made in the last year which had been investigated and where necessary action had been taken to resolve the issue or to prevent this from reoccurring.

Requires Improvement

Is the service well-led?

Our findings

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

We also found other parts of the service were not being monitored to ensure the correct procedures were being followed. For example there were no checks carried out to ensure the correct procedures were followed when new staff were recruited. This would have identified that candidates were not being asked to explain any gaps in their employment history. The registered manager told us they were "mindful this all needs to be done" and action was being taken to do so.

Operational managers told us there was a central record kept at the registered office of all staff training and supervision, which was used to ensure staff were provided with the training and support they required. However when we saw this central record during our visit to the registered office we found this was not up to date. Operational managers were meant to notify the personal assistant when staff completed any training or received supervision so they could update the central record, however we found a number of occasions when this had not been done. This meant the central record could not be relied on to show what training staff had completed and 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.

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.

Overall we found that people used a service that was well managed and run in a way that met their needs. Relatives described the contact they had with the service as positive and told us about good

communication, resolving any problems together and being creative and imaginative. One relative described how a community support leader, "Came out with a heck of a lot of good stuff (ideas) and has got some really good things going for [relation]." Another relative said, "It's not a case of them and us, we are all joined together." The provider included information in their PIR about people having opportunities to discuss their support with people with a learning disability who are employed as quality assessors.

Staff spoke positively about the way the service was managed. A community support leader said they felt the service was more positive in outlook than it had been in the past and some longer standing staff spoke of having noticed improvements. Staff told us they had regular team meetings which included looking at how each person they supported had been.

Each staff team was managed by a community support leader who was supported by a team coordinator. Each team was responsible for organising the services for the people they supported. When relatives spoke of having contact with managers they were referring to the community support leader who organised their relation's support, although they were aware of other managers within the organisation. Staff told us there was a manager on call at all times if they needed any support or advice. In addition there was a senior manager within Thera South Midlands available should staff require additional support or advice. A community support leader said that all staff had access to the provider's policies and procedures in each location. 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.

Staff told us they had regular contact with their operations manager and said they knew the registered manager. Although the registered manager of the service was not responsible for the day to day management of staff, some staff said they had made contact with the registered manager over the phone or by email when needed and had received a helpful response. One support worker told us that they had not met the registered manager, but they had received a letter from them introducing themselves when they started to work for the service.