Thera Trust

Thera East Anglia

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?	Good

Overall summary

We carried out a comprehensive inspection of this service 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 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 test out new approach to inspecting services.

This was an announced inspection. During the inspection we visited four households where care was being provided, two in Norfolk and two in Cambridgeshire. Thera East Anglia provides personal care to people with a learning disability in their own homes. The service provides support to 70 different locations and to approximately 200 people. We spoke with three people who used the service and with four members of staff during our visits. We also looked at four support plans. We spoke with thirteen sets of relatives by telephone. When we visited the headquarters we spoke with the registered manager and the service quality director.

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 and

Summary of findings

associated Regulations about how the service is run. People told us positive things about the service they received. People and their relatives were very happy with the service.

People were cared for by staff who understood how to keep people safe. Staff had received training which helped them identify risk and keep people safe from harm. Safe recruitment practices were in place and we observed that these had been followed. There was usually sufficient staff available.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA).The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they received.

We found that people's health care needs were assessed and care was planned and delivered

to meet those needs. Staff supported people to access other healthcare professionals such as a dietician and a chiropodist and interventions were recorded.

People were supported to prepare meals and eat and drink enough to keep them healthy. Where people had special dietary requirements we saw that these were provided for. The provider was putting a process in place for assessing people's nutritional risks.

People had their privacy and dignity respected

Staff were knowledgeable about people and were aware of people's preferences and choices.

They had received training and support to help them to meet the needs of the people that they provided care for.

A complaints policy and procedure was in place. People were aware of how to raise concerns and issues.

An arrangement for monitoring quality was in place. The provider included both staff and people who used the service in the quality monitoring of the service. Because staff worked in people's homes across a wide geographical area the provider had a structure in place to ensure that staff were properly supported.

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?

Good

The service was safe. There was usually enough staff available to meet people's needs. All but one relative said that they felt there family member was safe.

Staff they knew how to recognise and respond to abuse correctly. Staff had received training to support them to respond in the right way when people's behaviour was challenging.

Where people did not have the capacity to consent, the provider acted in accordance with the Mental Capacity Act (2005) (MCA) The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they received.

Is the service effective?

Good

The service was effective.

Arrangements were in place to support people to have access to healthcare services and receive ongoing support if required.

Staff had access to training and appraisals and felt supported in their role to provide effective care to people.

People were supported to prepare meals and eat healthily. People's plans included detail about their preferences and how to support then when planning meals.

Is the service caring?

Good

The service was caring. People's privacy and dignity were respected.

People were positive about the care they received and we saw that they were involved in decisions about their care on a day to day basis. Most relatives we spoke with told us they felt very involved in the care of their relative and received calls if there were any issues that they needed to be involved in.

People's support plans explained what care people required and how staff should support them to meet their needs.

Is the service responsive?

Good

The service was responsive.

People told us that they were able to make everyday choices and during our inspection we observed this happening and people were supported to participate in activities of their choice.

Arrangements were in place to involve people in the recruitment of staff who provided support to them. This included participating in the interview process or meeting applicants beforehand according to the person's preference.

Is the service well-led?

Good

The service was well led.

Summary of findings

Systems were in place for monitoring quality which involved people who used the service People who received support told us that they felt able to raise concerns and were supported to do so by staff and the quality support director.

Thera East Anglia

Detailed findings

Background to this inspection

We visited the headquarters of the service on 29 July 2014. We also visited four households, two in Norfolk and two in Cambridgeshire. We spoke with three people who used services and with four members of staff and looked at four support plans. We also spoke with 13 sets of relatives by telephone. When we visited the headquarters we spoke with the registered manager and service quality director.

The inspection team consisted of two inspectors 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 service.

Before our inspection, we reviewed the information we held about the home. We did not receive the Provider Information Return (PIR) prior to the inspection however we did receive this following the inspection and we used it to clarify our findings. 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.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe having cared provided to them by Thera East Anglia. One person said, "I can ask for support if I need it." We saw in one person's review record that they had said that they were "happy" with the service they received.

Through our observations and discussions with people, we found that there was usually enough staff with the right experience or training to meet the needs of the people who received support from the service. Staffing levels were determined by the number of people using the service and their needs.

We looked at three staff recruitment files. We saw that safe recruitment practices were in place which included references, identity checks and checks by the Disclosure and Barring Service (DBS) had been carried out to ensure that staff were suitable. We saw from the records that the processes had been followed.

The staff we spoke with were able to tell us how they would respond to allegations or incidents of abuse, and also knew the lines of reporting within the organisation. A safeguarding policy was in place which staff were aware of. In addition, we had evidence that the registered manager had notified the local authority, and us, of safeguarding incidents. All the people we spoke with who received support said that they felt safe. We spoke with 13 sets of relatives, the majority of whom said they thought their relative was safe.

We saw that arrangements were in place to safeguard people's personal money and that these were developed on an individual basis within the perimeters of the relevant policies and procedures. The registered manager told us that checks were carried out on people's financial arrangements to ensure that finances were being handled correctly and people were protected from the inappropriate use of their personal finances.

Support plans included risk assessments for areas such as falls, mobility and community access. The risk assessments we viewed included information about action to be taken to minimise the chance of the risk occurring. For example one person did not receive care overnight and we saw that a risk assessment had been carried out to ensure that they were safe and could access support if they required it.

The provider had a system of support in place to help staff to manage challenging situations. We saw that staff had received training in this system to support them when responding to behaviour that challenges. When we spoke with staff they were able to explain how they used the system in order to provide support to people.

Where people did not have the capacity to consent, the provider acted in accordance with

the Mental Capacity Act (2005) (MCA). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they received. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. We saw in the support plans that mental capacity assessments had been completed and details included as to what areas of care these related to, for example personal care. Staff we spoke with indicated that people were supported to make day to day decisions for them where they were able. One person we spoke with told us about a holiday they had coming up. Staff told us that they had been involved in deciding where to go.

Processes and policies were in place to support staff to implement the MCA. We spoke with the safeguarding manager who told us that they were in the process of updating these and that they had training arranged so that staff were kept up to date.

Good

Is the service effective?

Our findings

The relatives whom we spoke with told us that they thought the staff made an effort to understand people and get to know what their needs were. One relative told us that their family member had a very complex communication system which consisted of eye movements and the staff had learnt to use this so that they could communicate effectively.

Staff had the knowledge and skills required to meet the needs of people who used the service. The registered manager told us that the operational managers were responsible for managing a number of staff who provided care to people in their homes. They said that staff were allocated according to the skills they required to support people in their homes so that staff were able to access relevant advice and support. This ensured that people received the appropriate support to meet their needs.

We spoke with four members of staff. They told us that they had support when they needed it and confirmed that they had received additional training on issues such as safeguarding and fire safety. The registered manager told us that they have core training which is provided to all staff on a yearly basis to ensure that staff had the right skills and knowledge so they could provide effective care to people. They also told us that they provided additional training to staff according to what they required to ensure they were able to meet the needs of the people whom they supported on an individual basis.

They also said that they had received appraisals and felt that the senior team were supportive. Appraisals are reviews of staff's performance which are carried out in order to identify what support and training they require in order to carry out their role effectively. They told us that operational managers provided support and guidance to them and that they were able to access them easily.

We saw from the records that arrangements were in place to support people to prepare healthy and nutritious meals. However, the provider did not have a process in place for assessing people's nutritional risks such as choking and malnutrition and people could be at risk of not receiving the appropriate nutritional support. The safeguarding manager told us that they were in the process of developing this and providing training to staff about this. We saw that currently staff received training on food hygiene and diabetes.

Where people required specialist equipment to support them at mealtimes we saw that support plans detailed this. For example, one plan said, "I use a scoop bowl for all my meals," and another said, "I like my drinks in plastic cups." When we visited people's homes we saw that they had access to equipment.

Relatives of four people who used the service told us that they were concerned that they had gained excessive weight in the past few months. We spoke with the provider who had identified this issue, however whilst they encourage people to eat healthily people were supported in their own living environment and able to choose what they ate. They said that where staff had concerns about people's nutrition this had been discussed with the operational manager and put in place a plan with the individual to address this.

People had individual health plans in place in order to assist them with accessing healthcare services. In addition we saw that health passports were in place. Health passports provide information to health professionals and services such as hospitals so that they can provide the appropriate support to people.

People told us that they visited the dentist and the GP. The provider ensured that people had regular access to healthcare professionals, such as GPs, physiotherapists, chiropodists, opticians and dentists. Staff supported people to attend health appointments. Where people had specific health needs such as epilepsy there were care plans in place to guide staff about how to support these people and provide effective care to them. We spoke with staff and they were able to tell us about these issues and how they would support people. This meant that the provider responded in an effective way to ensure people's health care needs were reliably met.

Good

Is the service caring?

Our findings

Relatives told us that staff were caring and tried to meet individual needs within the limits of staffing and resources. They said that they felt very involved in the care of their family member and were kept informed of issues and concerns.

The people we spoke with said that staff respected their privacy and dignity. During our visits to people in their own homes we observed that care staff treated people with dignity and respect. For example they called people by their preferred names and spoke with them in a respectful manner.

People who used the service were happy with the staff and they got on well with them. People's support plans explained how they would like to receive their care. For example, one plan said, "I like to choose my staff." And another said, "I need staff to support me to administer my medication."

All the support plans that we looked at included information about people's preferences, such as how they communicated and their personal history. The people whose homes we visited all relied on staff to assist with communication. We saw that support plans included personalised dictionaries to assist staff in communicating with people and indications where particular signs or behaviours had significance.

Support plans were written in the first person and clearly showed that the person they related to had been involved in their preparation. They were also provided in words and pictures to help people to contribute to their plans. They included full details of people's needs, routines, likes and dislikes together with risk assessments where required. The support plans and risk assessments were up to date and kept under review.

Support plans explained how people wanted to be supported in their homes. For example, one plan said, "Please help me to complete cleaning jobs." We saw where people required equipment to support them in their care this was detailed in the support plan. For example, we saw in one care plan that a request had been made for equipment to support people to mobilise and that this had been provided. Staff had been trained in how to use the equipment and records were available regarding the maintenance of equipment. This ensured that staff were able to provide care to meet people's needs and in a manner which they required.

Good

Is the service responsive?

Our findings

People were encouraged to develop their independence and undertake their own personal care. Where appropriate we saw staff prompted people to undertake certain tasks rather than doing it for them. A relative told us, “They encourage [my relative] to do things independently.”

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The people we spoke with told us that they had their choices respected. We saw that people’s care records included information about people’s preferences and choices.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. We saw that people who used the service were supported to take part in a range of vocational and leisure pursuits. For example attending the local football match and going horse riding. Their weekly activity diary was personal and showed that the person involved had contributed. Each person we spoke with had their own support plan for activities and leisure pursuits and these were tailored to their likes and preference.

We asked people who used the service and their relatives if they were aware of their care plans. All of the relatives we spoke with told us that they were involved in annual reviews; however they said that they thought that these were now overdue. They also told us that they didn’t usually receive minutes of these meetings which meant that they did not have a record of discussions. People were able to discuss their care plans and changes had been made at the request of people who used the service. For example one person requested to no longer attend swimming sessions.

The registered manager told us that they gave people the opportunity to be involved in the recruitment of the staff that would be supporting them. They told us that the involvement varied according to people’s preferences. For example, some people took part in interviews and others met people as part of the recruitment process. We saw in one staff file details of interview questions asked by a person who used the service.

A complaints procedure was in place. We saw information was available in different formats so that people could access the complaints procedure. We discussed recent concerns and complaints with the quality support director and found that these had been resolved in discussion with people.

All the relatives we spoke with told us that they knew how to make a complaint. Most felt that they could raise issues informally at the time with staff and things were resolved at that level. One relative told us about an occasion when their family member did not get on with one of the carers and they had raised this on their behalf with the operational manager and the carer had been moved.

Good

Is the service well-led?

Our findings

We saw arrangements were in place to encourage people to be involved in the monitoring of the quality of their service. The service quality director told us that they tried to encourage people to contact them when they had concerns and they would then assist them to resolve the issues. They told us that they would carry out home visits and follow up visits to ensure that issues were involved.

The provider had a system for quality assurance monitoring in place which included audits on a monthly and yearly basis. Audits checked areas such as medication, record keeping, support and finance. Audits were carried out on the running of the service by the operational managers in areas that they didn't manage in order to gain an independent view. Operational managers were responsible for developing an action plan and implementing the plan in partnership with people who used the service.

The registered manager told us that spot checks were also carried out by the operational managers on individual members of staff to ensure that they were meeting people's needs and had the necessary skills to provide support. Staff told us that they received feedback from these observations which helped them to improve their practice.

When we spoke with staff they told us that they also received feedback from the quality monitoring and were involved in subsequent changes. The service quality director explained to us how they involved people who used the service in quality monitoring and ensured that they were involved in any subsequent feedback. These measures helped ensure that the quality of care provided to people was maintained to a high standard.

Because staff worked across a number of areas they could become isolated from colleagues and the provider. Arrangements had been put in place to ensure that there was sufficient senior support locally for staff. Staff were supported by operational managers who had responsibility for managing a group of staff. One member of staff we spoke with told us that the senior management team was accessible and supportive and that they felt supported in their role.

The provider had a number of arrangements in place to develop engagement with people who used the service. For example the appointment of the quality director. They told us that they were keen to expand the involvement of people who used the service and told us about plans to offer people who used the service an opportunity to have company membership. This meant that people would have a say in the running of the company and have an independent director voted onto the board to represent their views. We saw a newsletter which was provided to people included information about this. The newsletter was provided in both words and pictures to enable people to access the information.

The service quality director also told us about a system which was being introduced to support people to be able speak out for themselves. The programme included providing training and support to people so that they felt confident to express their views and opinions.

The registered manager told us that where people required equipment a central list is maintained to ensure that Medical device alerts are forwarded to the appropriate manager and actioned. Medical Device Alerts are national alerts which relate to faults in equipment. The provision of a process for ensuring that staff were made aware of issues and incidents regarding equipment