Thera East Midlands

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Inspection report

The West House
Alpha Court, Swingbridge Road
Grantham
Lincolnshire
NG31 7XT

Tel: 03003031282
Website: www.thera.co.uk

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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

Summary of findings

Overall summary

About the service: Thera East Midlands is a domiciliary care agency which is registered to provide people with personal care. The service operates in Lincolnshire, Derbyshire and Nottinghamshire and supports people living with learning disability independently or in communal supported living services where staff support is available 24 hours per day.

We inspected the service Thera East Midlands on 14 March 2019. We spent time at the head office in Grantham and visited locations on 02 April 2019. The service is registered for 146 people for the regulated activity personal care, there were 146 people using the service at the time of our inspection.

People's experience of using this service:
The outcomes for people using the service reflected the principles of Registering the Right Support in the following ways; promotion of choice, control and independence and inclusion. People's support focused on them having opportunities to gain new skills and live a full life as possible. People received safe care and were kept safe from harm. Risks to people's safety was monitored recorded and their needs changed when risk were identified. Staff were recruited in a safe way. People received their medicines as prescribed and in a timely way. Staff followed protocols for infection control. Arrangements were in place to analyse information and monitor incidents, so lessons could be learnt.

The service followed the principles of the Mental Capacity Act 2005. People's needs were assessed in line with their needs and choices. Staff received training, inductions and supervision that was relevant to their roles. People were supported to have their nutrition and dietary needs met. People had access to other healthcare professionals to ensure their care was effective. Each person had a healthcare passport to make sure health information was correct and up to date.

Staff were kind, compassionate and caring. People's choices were respected, and they were supported to express their views. The service promoted people's dignity, privacy and independence.

Staff used a variety of new methods and different ways of involving people in their care and support. Care planning was focused on person centred care that achieved exceptional results. The service carried out comprehensive investigations into complaints and concerns and learnt from the outcomes. Staff had specific skills to support people at the end of their life and ensure they had a comfortable and dignified death.

The service was extremely well-led. The management team supported staff with robust monitoring systems to ensure they provided a high-quality service. There was a strong framework for accountability across the service. The management discussed, promoted and implemented new ways to improve high quality working practices.

Rating at last inspection: 25 April 2016 rated as Good

Why we inspected: This was a scheduled inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per out re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Thera East Midlands

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
On the first day of the inspection there was one inspector and an expert by experience (ExE) who undertook telephone interviews with people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge and experience in Learning Disability. On the second day of the inspection there were two inspectors.

Service and service type: Thera East Midlands is a domiciliary care agency that provides care and support for people with learning disability living in the community and in supported living accommodation where staff support people 24 hours a day.

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

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff. We needed to be sure that they would be in. Inspection site visit activity took place on 14 March 2019. We visited the office location to see the registered managers for each area and office staff; and to review care records and policies and procedures. We visited two locations that the service provided care and support at for people on 02 April 2019.

What we did:
Prior to the inspection we reviewed information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information the service is required to send us by law. The provider completed a

Provider Information Return (PIR). This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who commission care for people who use the service. We used all this information to plan our inspection.

During the inspection we spoke with nine people who used the service, five relatives, the providers representative, four registered managers and two operation managers, two house managers and four support staff. We reviewed a range of records, this included staff files and care records, incident reports and audits.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

● There were robust safeguarding systems in place to record and monitor safeguarding concerns to ensure people were kept safe. Staff had been trained in safeguarding and described the safeguarding procedures they should follow, if they need to make a safeguarding alert.

● People told us they felt safe with people who cared for them. One person said, "Yes I feel safe here. It is quiet with no noise." Another person said, "Yes I am happy here, everyone is good to me." Relatives confirmed people were safe when using the service. One relative said, "I think (family member) is absolutely safe. They telephone me every night and are very happy." Another relative said, "I feel (Family Member) is very safe, without a doubt. They are 100 % well looked after."

● Staff were aware of the whistleblowing policy and felt confident to use this process should the need arise.

●The providers representative told us they log and monitor safeguarding concerns and all serious incidents on their OHS17 System. Safeguards and incidents were recorded to ensure the management team monitor themes and trends to ensure people are kept safe.

Assessing risk, safety monitoring and management

● Risk to people's safety were assessed, recorded and updated when people's needs changed. For example, a person who had disturbed sleep or if a person had a hearing impediment. The risk assessment explained what action staff should take to make sure they met people's needs appropriately. There was also information on techniques staff should use, such as, pictures and sign language for people with impaired hearing.

●Staff confirmed risk assessments were kept in people's support plans. Staff were aware of risk they should look out for. One staff said, "I check for hazards around the home and take measures to prevent any injuries, for example, observe people when they boil a kettle. I make sure the kettle is half full to avoid spillages."

●Procedures were in place to protect people in the event of an emergency, such as, a fire. We saw how regular checks of people's home environment and equipment had taken place to ensure people were protected. Staff knew evacuation procedures and told us that they had regular updates for these procedures to ensure information remained current. The provider told us each person had a personal evacuation plan (PEEP) in place in case of an emergency. We saw copies of these plans.

Staffing and recruitment

●Staffing levels were planned around people's needs and hours they had purchased or had been purchased on their behalf, such as from the local authority.

●There was sufficient staff to support people safely to ensure people's needs could be met. The service used a workforce calculator tool that they used to monitor staff recruited and vacancies. This was then discussed at management meetings to ensure there was sufficient staff available to support people. One house

manager told us they had to be creative with staff sometimes due to the number of people who require two staff to support them. One location we visited the house manager told us they were looking to increase staffing levels at the house and make the environment homelier. We observed there was enough staff at the locations we visited.

●We saw staff were recruited safely and all relevant checks were carried out to protect people from unsuitable staff being employed.

●People were involved in decisions about staff and the recruitment process. The providers representative told us people were encouraged to and had been involved in recruitment processes. This was to ensure the member of staff was matched with the person and they had similar interests.

Using medicines safely

●Staff had completed training in administering medicines and their competency had been assessed.

●People received their medicines as prescribed and at the time they needed them. One person said, "Staff make sure I have taken my tablets." Relatives told us where required their family member had the relevant support to ensure the took their medicines safely. One relative said, "There has never been any problems at all."

●When people received palliative care, staff understood good pain management and support to meet the person's needs.

●We saw medicine protocol for PRN (as required medicine) were in place.

●People had plans in place for self-medication, which were reviewed and had appropriate risk assessments to ensure they took their medicines safely.

●Medicine audits were undertaken including medicine administration records (MAR) to ensure there was no discrepancies. MAR were audited daily by staff and monthly by the management team to reduce risk of errors. However, at one location we visited some of the medicines were not dated on opening. One medicine label was incorrect as it stated Lansoprazole to be dissolved on the tongue. This was a pharmacist error as the medicine should be dispersed in liquid and added to a peg feed (Percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. New robust audits had been implemented to ensure similar errors would be quickly picked up and placed on the medicine auditing register, for review by the management team to ensure appropriate action was be taken.

Preventing and controlling infection

●Staff used personal protective equipment when providing personal care or food preparation.

●Staff completed training in infection control. Information was available to ensure staff followed good practice for infection control. One member of staff told us they always washed their hands before giving medicines to people or providing personal care.

●Measures were in place to reflect any risk that may occur, for example, when a PEG feed was used staff ensured the equipment was clean and flushed the peg feed through before and after to ensure there is no risk of infection.

Learning lessons when things go wrong

●Records showed that arrangements were in place to record accidents and near misses. The provider representative showed us how they analysed information, so they could establish how and why incidents had occurred. Learning from any incidents was shared was shared with staff through meetings and service newsletter so they could minimise risk.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- 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.
- At our last inspection we found some staff lacked understanding what might constitute a legal deprivation of liberty under the Mental Capacity Act 2005. During this inspection we found improvements had been made. 448 out of 472 staff had completed MCA training.
- Staff told us they empowered people who lacked capacity to make their own choices and decisions about their care and treatment. For example, asking people's consent before providing care.
- Where people had been deprived of their liberty registered managers worked with the local authority to seek authorisations for this.
- Mental capacity assessments were completed for various decisions, medicines and use of equipment. We saw records were recently reviewed and best interest decisions had been completed and recorded where people lacked capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed and reviewed on a regular basis. Support plans reflected people's needs and care was delivered in a way the person wanted.
- One relative said, "What's good is the great life [name] has, they are absolutely marvellous. I could not give [name] the life they have now." Another relative said, "They (Thera East Midlands) have given [name] the independence which I could not give them, as much as I would like to. [name] has the life of Riley where they are living."
- Staff were knowledgeable about the people they supported. One member of staff said, "I am able to recognise if a person's mood changes, what they like and dislike. When a person has something bothering them they feel more comfortable to talk to me and then we find a solution and resolve the matter together." Another staff told us about a person they supported they said, "The person had a tendency to be impatient, we pre-empt their mood if we can and meet their needs quickly where possible." We observed this during our inspection. Staff responded in a positive way and supported the person quickly as possible.
- Care plans identified people's needs and choices, for example, foot care, bathing and oral hygiene. Where a person was assessed for taking a shower staff checked the temperature, before the person used the shower. If the person liked a certain shower gel or made a certain preference to a named brand this was written in the care plan, so staff were informed of the persons needs and choices.

●Through the Provider Information Return (PIR) the provider told us they used a comprehensive and robust assessment tool. The providers representative told us the tool help the service to get to know people before the support commenced. The tool identified the preferred outcome for the person and supported the person-centred support plan.

Staff support: induction, training, skills and experience

●People and relatives felt staff were very well trained. One person said, "They [staff] look after me well." One relative said, "They are very well trained." Another relative said, "We are very confident that staff are trained and competent doing their job."

●Staff received a robust induction. Records we looked at confirmed this. Staff had completed the 'Care Certificate' training where required. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people and their relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

●Staff had regular supervision and training in mandatory areas and there was an opportunity to undertake specialist training, such as, 'Dementia and Positive behaviour'. One member of staff said, "I would like to undertake specific training in behaviours that may challenge others to ensure people are fully supported."

● Staff confirmed they had attended training suitable for their role. Training was tailored to the people the service supported to ensure staff had the best knowledge and information to support the people they cared for.

Supporting people to eat and drink enough to maintain a balanced diet

●People were supported to have their nutritional and individual dietary needs met.

●Where possible people prepared their own meals. One person said, "I make my own meals."

●Relatives told us their family members help with the cooking and plan each week what they will eat. One relative said, "[Name] is watching their weight at the moment and staff are supporting them to eat healthily."

●Staff told us they were aware of people's dietary needs and helped people plan meals.

●Locations we visited had menus that confirmed the meals people were eating. People were able to choose meals and add items to the shopping list. Where people had requested to lose weight, they were supported to see a dietitian.

●Daily records showed guidance about low fat and options for healthy meals.

Staff working with other agencies to provide consistent, effective, timely care

●Care plans identified timely referrals to GP, nurse and speech therapist.

●People's health needs were reviewed and updated on a regular basis. One person's health condition had been reviewed in January 2019. We could see by the record that improvements had been made by the next review in March 2019.

●We saw positive relationships with other professionals. There was evidence of staff working with other healthcare professionals and staff going the extra mile when they supported a person to move home, into their own flat. For example, an email complimenting the staff's team effort and the part they played to ensure there was a positive outcome for the person during the move.

●We contacted the local authority commissioners and their feedback was very positive. Although there had been some concerns with one area the local authority told us the service worked well and implemented recommendations to ensure the care they provided to individuals was effective.

●Another commissioning group gave positive feedback for the service providing good care and acting appropriately and prompt to any concerns.

Adapting service, design, decoration to meet people's needs

●People were encouraged to decorate their rooms to their own preference when living in shared accommodation.

●Where possible the service supported people to adapt their environment to ensure it met their needs.

Supporting people to live healthier lives, access healthcare services and support

● People's health needs were monitored on a regular basis and staff ensured that any changes to people's health were communicated to staff at each shift handover. Care plans were updated as and when needed.

● People and their relatives told us staff contacted the GP if they needed one. One person said, "I make my own appointments. Staff will go with me if I need them to." One relative said, "Staff take [name] to the dentist and organise GP appointments if necessary." Another relative told us staff make family members appointments and take them to the GP. They said, "I did ask them to get my relations cholesterol checked a couple of months ago and they have made the appointment."

●Each person had a health passport to ensure any information held by the provider was current and correct. Where required a grab sheet was in place to make sure in an emergency relevant health information was available to other professionals quickly.

●There was evidence that the service had improved people's quality of life. We saw where a person was encouraged to successfully go on a diet, which was beneficial to their health, general well being and gave the person confidence. Family had commented that the person had blossomed into a happy and confident person.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

●People had effective relationships with staff who provided their care. Staff were sensitive to when people needed caring compassionate support. People told us the staff were kind. One person said, "It is nice and quiet, and I like that."

●Relatives felt staff were kind and caring. One relative said, "They [staff] do a fine job and know [name] as well as us." Another relative said staff are very caring. They do their very best for everyone."

●We visited two locations during our inspection and saw staff being very attentive and caring. The staff interacted well with people.

●People participated in a number of activities this was shared with us by the people concerned, staff confirmed, and records viewed clarified activities that were undertaken. During our visit two people were going out for lunch and it was evident they were looking forward to this outing. One person told us what they were planning to eat and how this was their favourite food.

● At the second location we visited one person told us they enjoyed shopping. They said, "I like the staff and I like going out shopping." This person also told us they would like to visit family. We followed this up with the staff. They told us the family visit the person regular and plans were currently in place for the person to make a visit to their family home. This meant people were respected in the choices they made.

●Staff told us that some house mates clashed and discussed how they manage this. There were plans in place for behaviours, triggers and a document called positive living plan to ensure incidents were kept to a minimal.

Supporting people to express their views and be involved in making decisions about their care

●People were enabled to make choices about aspects of their care where they had capacity to do so.

●People had opportunities to choose their meals and plan activities. People decided what they wanted to do each day. Each person had a communications passport which included information 'about me,' things people liked and didn't like to do, places they liked to visit, and their communication needs and preferred methods. For example, one person's communication plan stated the person sometimes liked staff to show them pictures to help them make their informed choices. The plan also stated that staff should use short and simple sentences to help the person understand what they were telling them. The providers representative told us and information we reviewed through the Provider Information Return confirmed the service used a variety of communication methods. This was to ensure they were able to meet all people's communication needs. For example, they used Makaton flash cards and body and hand gestures. However, we found in one person's care plan they required information in easy read format and this was not provided. We discussed this with the home manager and they said they would address this as an area of improvement.

●Relatives, staff and other professionals were involved in aspects of people's care and treatment. One

relative said, "I am invited to the meetings and go whenever I can." Another relative said, "[name] has a care plan and I usually go to the meetings. [Name] tells us the things they like and wants to do."

●The providers representative told us people were empowered to express their views and make decisions about their care. They shared examples with us regarding a survey they undertook will all the people they supported, which led to local family meetings with the senior teams and managing director. Feedback from these meetings was very positive, and changes to the service were made due to these meetings taking place. For example, a music group was set up in one of the local areas covered by the service. This meant people were involved in making decisions about their care.

●The service promotes a 'being heard' strategy, which helps people understand and access an advocacy service.

●The service uses information sharing by the POD news, which is a newsletter circulated across the whole of Thera East Midlands to all staff and people they support.

Respecting and promoting people's privacy, dignity and independence

●Staff told us how they promoted people's privacy, dignity and independence, for example, one staff said, "I always give an ear to listen what people say to me. I ensure they have a choice in what they want to wear or activity they wanted to do." I always knock on their bedroom door before I enter."

●Respect and dignity were at the heart of the service culture and embedded in all what they did for people. One relative told us I have never seen or heard anything other than staff being very respectful. Another relative said, "Yes they respect [names] privacy. If [name] wants time in their room things, like that."

●The service promoted people's independence. One person said, "I go to work, I also go to a slimming club and I do my own shopping."

●Relatives felt their family members were supported to be independent. One relative said, "I think they [staff] give [relation] as much independence as they can, but [relation] needs them [staff]to help." Another relative said, [family member] has a lot of independence. [name] has a phone and uses the internet."

●Where people had capacity, they were supported to build relationships with others who used the service and others outside the service. Where people had formed relationships, such as, a partner, boyfriend or girlfriend or discussed their sexuality this was detailed in their care plan. We saw a policy and procedure was in place and this detailed how staff should support people with their relationships.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Service were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●Comprehensive assessments were carried out before people started to use the service. These tools help the service to identify the right staff to support individuals at different supported living locations across different geographic areas. Staff were fully trained in how best to support people. Some people who received support had complex high needs and support was tailed to their needs. The service worked closely with healthcare professionals and specialist teams to ensure people were supported with their sensory, physical and mental health needs.

●Care was planned and personalised. Care plans were person centred and expressed details about people which staff shared with us. Care planning was comprehensive and showed how people would like to be supported. Pictures were used throughout the care files to identify what people liked to do and activities they liked to be involved in. Where people had behaviour that challenged others the care plan clearly showed what triggers to look for and what to avoid. This meant staff could manage peoples challenges successfully.

● People were supported to access a range of person centred community based activities. The providers representative and registered managers told us they were embedding the use of person-centred web base tool 'iPlanit' to help people record and update their goals and inspirations. This system created value to the recording process of care planning and enabled people to have a more personal involvement in their care planning.

●The service was responsive to people's needs. Staff worked in a flexible way to support people's choices and changing needs. The management team shared an example where staff sleep in times at the support address was changed to enable the people supported to go out until the early hours, as this is what they wanted to do. Support was focused on outcomes, solutions and preventing barriers that prevented people from carrying out their preferred activities.

● One person was a lifelong football fan and was supported to get a job at the local football ground. As a result of working, the persons confidence grew and they were able to see their favourite team play each week. The registered manager told us the person's confidence had developed even further and they were looking at going to watch football independently with their friends.

●Another person had a hearing impediment and required a hearing device to help them hear better. The person told us they were looking forward to having the device fitted as their quality of life would improve. While the person was waiting for the device to be fitted staff used other methods of communication to ensure the person was not left isolated in conversations. There were a high number of examples shared with us, all of which met people's goals and aspirations.

●Relatives told us everyone was treated as an individual. People were able to make their own choices and staff supported them as far as possible. One relative said, "Staff try their best to support [name] with the choices they make. Staff treat [name] like an adult, while supervising them at all times.

●Another relative said, "[Name] has a very active social life, they like going out shopping, bowling and out for meals and staff fully support them."
● Staff were very proud of their achievements and how they had improved people's quality of life by responding to their needs. Even when people had to spend time in hospital staff provide the support due their complex needs.
●Staff were able to request and were supported to access specialist training. The provider told us through the PIR that they had recently sourced training for Dysphagia (swallowing difficulties) following the outcome of a safeguarding that changed the way the service supported people with this condition.

Improving care quality in response to complaints or concerns
●Complaints and concerns were recorded centrally on the complaints log. All complaints were alerted and shared with the managing director. The providers representative told us the culture of the service is learning when things go wrong. They said, "We monitor all concerns and complaints to make sure learning is shared across Thera East Midlands when needed.
●Theme and trends were a regular item on the board meetings. Complaints were thoroughly investigated. We saw the quality monitoring system and audit trails to ensure action had been taken. The providers representative told us when a complaint or concerns was raised the quality assessor completed a visit to the supported person. They complete comprehensive quality reports for each visit and the findings were shared with the operational team to ensure action was taken. We saw the system in place to monitor all concerns and complaints, there was a clear audit trail, action developed, implemented and monitored to ensure improvements were made. All actions when completed were signed off by the managing director before a complaint was closed to make sure the complaint or concern had been dealt with appropriately.
●The providers representative told us the main themes they had seen for the complaints they had received were shortfalls in staff performance. To improve this, they reviewed how they conducted supervisions with staff. They rolled out 'Good Conversations.' This was to have conversations with staff and make it part of the service culture to identify concerns at early stages before they resulted in significant concerns, which may impact on people they support.
●People were confident if they had a complaint they knew who to speak to. One person said, "I never have a problem." Relatives also told us they have never needed to complain. One relative said, "I would if I thought it was necessary." Another relative said, "I have never needed to complain about anything." During our inspection one person raised a concern regarding a visit to their family. We spoke with the house manager and they told us they had put processes in place to ensure the person achieved this goal.

End of life care and support
●People were supported to discuss with staff their end of life wishes. People had expressed their own preferences, what they wanted to happen at their end of life with advance arrangements in place in the event of their death.
●One person's care plan we looked at regarding end of life care had a DNACPR (Do not resuscitate) in place. Staff were following doctors' instructions and staff told us they were keeping a close eye on the person making sure they were pain free. One member of staff said, "We can tell when the person is in pain. We understand everyone here, you can see their discomfort."
●The staff team work with other professionals to ensure people's wishes were supported for their end of life care and they had a dignified, peaceful and pain free death.

Good

Is the service well-led?

Our findings

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high -quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● The service was extremely well-led. The management team showed us evidence of robust quality monitoring processes for all aspects of the service. They had systems in place for each area to monitor staff teams and supported them to provide person-centred, high quality care which was tailored to the needs of the people they supported. They monitored training and development, safeguarding, medication and have registers in place for monitoring, choking, peg feeds and people's health check.

●There was high constructive engagement with people. For example, the Management empowered people, family members and staff. They had a membership strategy which meant that supported people, their family and staff members became a member of the organisation. Once a member they would be able to vote on strategic issues and have a say about how the company was run. This included who they wanted as the managing director.

●The company board had regular meetings with members to obtain their views and feedback to ensure the board acted on areas of development if any were raised. This meant the service created an open and transparent culture.

●Staff were motivated to be involved in the service. The provider had an Employee Consultative Council (ECC) who had quarterly meetings. The providers representatives told us the object was to make the company board more accessible to staff teams and this had been a great success. This meant staff were given equality and inclusion to how the service was run. Feedback from meetings identified that staff wanted to be recognised for their services. Thera East Midlands implemented a long service award for staff.

●Staff told us they also attended monthly house meetings and found them beneficial. One member of staff said, "They are very useful because we talk about how we can best support people and update each other on any changes that occur.

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

●Management and staff took pride in their work. It was clear speaking to people and relatives and observations we undertook at the locations we visited that people were happy with the service provided.

● Registered managers for each area consistently met their regulatory obligations. For example, they submitted statutory notification to CQC following significant events.

●There was a strong framework of accountability to monitor performance. There was good clear governance of staff understanding their roles and responsibilities.

●Staff told us they really enjoyed their jobs. One staff member told us they liked the company and they liked the people they supported. They said, "I enjoy making people happy." Another member of staff said, "It is a

good place to work. I like the satisfaction that we have positive relationships together (staff and people we support) this gives me the motivation to go to work. We also get positive feedback from people we support.
●The providers representative told us they had implemented a scheme where people supported could nominate a member of staff for 'employee of the month.' The PIR stated the provider awards three staff per month. The winners were then entered into a yearly award. The providers representative and management team told us this had been a success and they had now introduced a team of the month to recognise good work done across teams. We saw information shared in the POD newsletter that these awards had taken place.
●One of the locations we visited identified that there had been a lot of changes in staffing levels and staff moral was low. The house manager told us they were aware of this and were looking at increasing staff and making the environment homelier. New paperwork had been introduced to the location to help to reduce risk. New audit tools, spot checks and observations tools were to be implemented to pick up areas of concern. An action plan would be automatically generated from the audit tool and followed up in staff supervision if needed. We were aware this process had been implemented at other locations and the outcomes of the auditing tool were uplifted to a central log and was shared with the board and management team regular. These had been successful and there was a strong emphasis to improve the quality of the service. Managers and staff strived for excellence. The managing director overseen all monitoring tools and registers and signed off any actions when completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●Management develop, discuss and implement new ways in involving people in developing high quality working practices.
●Relatives were constantly engaged in the service and their views were sought. Relatives we spoke with had attended some meetings. They told us they had completed surveys. One relative said, "The service sends surveys asking my opinion." Another relative said, "Yes they [the service] send me surveys to fill in."
●People and relatives told us managers were helpful and approachable. One relative said, "They keep me fully informed and are very helpful." Another relative told us staff and management often ring us to keep us informed about [name]. Another relative said, "Yes I know the manager of the location my family live at. They always try to help if needed."
●The company's board of directors meet quarterly. The membership of the board comprised of diverse skill mixes. Through the PIR the provider told us their ambition was to maintain high quality service delivery, increase staff and people engagement. The service plan to increase non-executive directors on the board and include people with learning disabilities. The providers representative confirmed this was correct. They said, they already employed people with learning disabilities to ensure they were fully aware of people's divers needs.

Continuous learning and improving care
●Management and staff have a strong emphasis to improve the quality of the service. The provider had training readily available in specialist areas and staff were keen to learn and grow in their roles. Many of the staff had been promoted through the service to ensure there was continuity of staff.
● The management team regularly reviewed the service provided. They continued to learn from reviews, meetings and complaints. We saw actions taken and changes were made to improve the service and people's quality of life.

Working in partnership with others
●People were supported to access health and social care services as and when required. Health and wellbeing were monitored regularly to ensure people received care that was responsive and effective for

their needs. For example, male and female health checks, Flu jab and diabetes checks.

●Care plans we looked at evidenced annual appointments with psychiatrist, GP's, nurses and social workers. There was written guidance for staff and how to support people safely. This showed us the service worked in partnership to develop joined up care.

●The service had strong relationships when working with other professionals. The service supported people with very complex needs. By working closely with urology nurses, consultants and Learning disability health liaison nurse at the local hospital they shared best practice and discussed people's experiences to ensure lessons learned and changes could be made in the future for people with learning disabilities to access and attend local hospitals appointments.