



*Making Social Care
Better for People*

inspection report

DOMICILIARY CARE AGENCY

Thera North

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

Lead Inspector
Wendy Taylor

Unannounced Inspection
04 December 2007 09:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this agency are those for *Domiciliary Care*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Thera North
Address	The West House Alpha Court Swingbridge Road Grantham Lincolnshire NG31 7XT
Telephone number	01476 562777
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Thera North
Name of registered manager (if applicable)	Mr Martin Holmes
Type of registration	Domiciliary Care Agencies

SERVICE INFORMATION

Conditions of registration:

1. n/a
2. n/a

Date of last inspection 5th July 2006

Brief Description of the Service:

Thera North provides services to people who primarily have a learning disability. Services are, in the main, provided across a 24-hour period to people who live as tenants in their own homes, which they may share with other people who use the service. The tenancies are managed by housing associations local to each area.

The head office is located in Grantham in Lincolnshire, and the agency covers the geographical areas of Cumbria and Lancashire. The agency is inspected centrally from the head office, and there are also local visits carried out in each geographical area. The organisational structure supports staff within their work locations, and local arrangements are made to provide meeting rooms where there is a need. There is full administrative support provided from the head office, which includes Human Resources and Finance functions.

Parking is available outside of the head office and the building is physically accessible to people who use the service.

Thera North charge a range of prices for their support, depending on the needs of the individuals being supported and the circumstances in which the support is provided. Quoted hourly prices currently range between £12:50 and £14.01 per hour.

SUMMARY

This is an overview of what the inspector found during the inspection.

This unannounced key inspection was carried out over approximately 30 hours across the month of December 2007. Two inspectors from the commission's Lincoln and Penrith local offices carried out the inspection process.

The process started with an inspector reviewing the information held by the commission such as a self-assessment that was completed by the Registered Manager, and questionnaires completed by people who use the service, their relatives and staff.

Inspectors then used a method called 'case tracking' to find out more about how the agency provides support to people. This involved an inspector from Penrith going to speak with people who use the service, looking at their support records, and speaking with staff who support them. The inspector from Lincoln also made a visit to the agency's head office, where staff and general records, and policies and procedures were looked at.

During visits and in surveys, people who use the service made comments such as 'staff make me smile', 'they do a good job and understand our needs' and 'I don't want to change anything about the service'. Other comments from people who use the service, and from staff are mentioned in the body of the report.

What the service does well:

People who use the service have lots of information and support to help them make their own choices and decisions, and they are involved in setting up good support plans that help them to take control of their lives.

Staff know how people want to be supported, and they know what to do to help keep people safe. The staff get lots of training to help them do this. People who use the service said that they feel safe with staff, and the support they get from the staff has helped them to do more things in their lives.

Lots of information has been put into pictures, such as minutes of meetings, so that everyone can join in. People also have lots of opportunities to say what they think about the agency and the way it runs by doing things like filling in surveys, talking to service directors; and they can apply to work as quality assessors for Thera, which means that they can visit other parts of the service and make sure there are good standards of support in place.

What has improved since the last inspection?

During the last inspection we said that staff must receive training about handling medication properly, and senior staff should have training in the protection of vulnerable adults. When we looked at records during this inspection we found that training in both subjects is now provided as suggested.

We also made a suggestion that staff were not routinely employed with only part of a criminal record bureau check being returned. Again when we looked at records we found that full checks have been carried out and returned for recently employed staff.

An 'employment group' has recently been set up to help give people who use the service more opportunity and support to find jobs; and there is a new system of comment cards that people can send directly to a service director to make their views known.

What they could do better:

We have not made any requirements during this inspection, but we have made some suggestions for good practice.

We have said that duty rotas should contain the surnames of staff; they should use a standardised form of abbreviations with a clear key; and they should make sure that any alterations are made clearly and initialled. This is so that each staff member and their actual working hours can be identified clearly and easily. We also suggested that rotas show the amount of support hours each person who uses the service is supposed to receive. This is so that the agency can demonstrate that they are providing the right amount of support and staff to each person.

Because of the distance from the head office some personal records, including copies of support plans, are stored with senior managers as part of the home working system. We have suggested that a protocol is developed about how those records are stored and who can see them. This is so that people who use the service know that their personal records are kept safe.

Lastly we have suggested that each time a member of staff is given an identity badge, it is recorded on the same form so that it is easy to see whether all of the staff have one.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Protection (Standards 11-16)

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

User Focused Services

The intended outcomes for Standards 1 – 6 are:

1. Current and potential service users and their relatives have access to comprehensive information, so that they can make informed decisions on whether the agency is able to meet their specific care needs.
2. The care needs requirements of service users and their personal or family carers when appropriate, are individually assessed before they are offered a personal domiciliary care service.
3. Service users, their relatives and representatives know that the agency providing their care service has the skills and competence required to meet their care needs.
4. Each service user has a written individual service contract or equivalent for the provision of care, with the agency, except employment agencies solely introducing workers.
5. Service users and their relatives or representatives know that their personal information is handled appropriately and that their personal confidences are respected. In the case of standards 5.2 and 5.3, these do not apply to employment agencies solely introducing workers.
6. Service users receive a flexible, consistent and reliable personal care service. In the case of standards 6.3 and 6.4 these do not apply to employment agencies solely introducing workers.

The Commission considers Standard 2 the key standard to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

1, 2, 6

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Accessible information and comprehensive assessments allow people to make informed decisions about the service they receive; and they are supported by responsive and reliable staff.

EVIDENCE:

Pre inspection information shows that there is a service user guide and statement of purpose in place. During the visit to the agency's head office, a service information file was seen and it contained both documents as well as

information about the agency's future plans and visions. All of the information is available in pictures and words.

Assessments are completed for each person, prior to them receiving a service. Records show that they are fully involved in completing the assessments, as well as any other person who is important in their lives. The assessments form the basis of the support plans, which cross-reference with identified needs.

Surveys completed by people using the service show that staff are reliable in terms of arrival and departure times, and they are generally allocated to work with the same people. Feedback from other professionals indicates that there has been some shortages of staff in specific areas, however the registered manager said that recruitment is on-going and staff allocation is now more settled (see also Standards 22-27). Surveys completed by staff show that they receive training to help them do their jobs (see Standards 17-21), and they are given enough time to meet people's needs. Discussions with people using the service show that most teams of staff are consistent, and people receive the support hours they require. During visits, it was also seen that staff were flexible in their working hours and were available when people wanted them to be. However rotas in some areas are not clearly written and therefore it is difficult to audit staffing levels, and see whether contracted hours are being met. For example they do not contain surnames of staff, the use of abbreviations is not standardised, alterations are not made clearly, and they do not indicate what hours are allocated to each person.

Personal Care

The intended outcomes for Standard 7 – 10 are:

7. The care needs, wishes, preferences and personal goals for each individual service user are recorded in their personal service user plan, except for employment agencies solely introducing workers.
8. Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld.
9. Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
10. The agency's policy and procedures on medication and health related activities protect service users and assists them to maintain responsibility for their own medication and to remain in their own home, even if they are unable to administer their medication themselves. In the case of standards 10.8 and 10.9, these do not apply to employment agencies solely introducing workers.

The Commission considers Standards 8 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7, 8, 10

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Person centred support plans ensure that people receive support that suits their needs and wishes.

EVIDENCE:

During visits, people who use the service showed the inspector their support files, which were written in the first person and contained detailed information about how to help them. Support plans were clearly written, demonstrated the full involvement of people in the planning and review processes, and included personal pictures and drawings. Surveys indicate that each person has a copy of their support plan, and staff meet their everyday needs. Others spoke about how support from staff has helped them to do more things in their lives.

Copies of support plans, especially those for people who receive a community support based service, are stored with senior managers as part of the home working system. This is due to the travelling distance between the service areas and the head office. Senior managers confirmed that plans are stored in locked cabinets, but issues of general access and security were discussed and recommendations were made.

Staff were observed to respect people's wishes, privacy and dignity; and encourage them to be independent. They demonstrated a good knowledge of people's needs, and supported them to follow their own lifestyle choices such as different college courses. Other professionals indicated in surveys that staff work closely with, for example, health services to make sure that all of a person's needs are met.

Medication records were completed satisfactorily, and the support observed during visits encouraged people to be as independent as they can be with medication. There is a policy available regarding medication, and records show that staff who administer medication are trained to do so.

Pre inspection information shows that there is a policy about equal opportunities for people, and an 'Employment Group' has recently been started to help increase the opportunities for people to get a job.

Protection

The intended outcomes for Standards 11 - 16 are:

11. The health, safety and welfare of service users and care and support staff is promoted and protected, except for employment agencies solely introducing workers.
12. The risk of accidents and harm happening to Service Users and staff in the provision of the personal care, is minimised, except for employment agencies solely introducing workers.
13. The money and property of service users is protected at all times whilst providing the care service, except for employment agencies solely introducing workers.
14. Service users are protected from abuse, neglect and self-harm, except for employment agencies solely introducing workers.
15. Service users are protected and are safe in their home, except for employment agencies solely introducing workers.
16. The health, rights and best interests of service users are safeguarded by maintaining a record of key events and activities undertaken in the home in relation to the provision of personal care, except for employment agencies solely introducing workers.

The Commission considers Standards 11, 12 and 14 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

11, 12, 14, 15

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Policies, staff training and generally clear record keeping help to provide services that are safe for people to use. However some records could be used more consistently so that information is easier to find.

EVIDENCE:

Records seen at the agency's head office show that risk assessments are in place for issues such as transport, finance and medical needs. Visits to people who use the service show that they cross reference with support plans and

promote independence. The records at the head office also contain accident/incident reports, which are reviewed regularly by senior staff and the outcomes and actions are clearly recorded (see also Standards 22-27). Pre inspection information shows that there are policies in place for health and safety, safeguarding adults, entering and leaving a person's home, and safe keeping of keys.

Pre inspection information also indicates that there have been two reports of safeguarding adult issues since the last inspection. Records seen during this inspection show that both issues were reported and managed appropriately. Through discussions and surveys, staff demonstrated that they understand their role and responsibilities in the protection of people using the services, and they are aware of the procedures to follow. They said that they have received training in the subject and records confirm this. During the inspection process managers indicated that there are plans to provide training for staff about recent legislation (Mental Capacity Act, 2007), which provides more protection for people using the service.

People who use the services said that they feel safe with staff and the services they receive. Through discussions and surveys people said that staff have badges with their names and photographs on, and the inspector was asked to show their badge when visiting people. However, the method of recording when staff have been issued with a badge is not consistent, and therefore it is difficult to confirm that all staff have one.

Managers and Staff

The intended outcomes for Standards 17 - 21 are:

17. The well-being, health and security of services users is protected by the agency's policies and procedures on recruitment and selection of staff.
18. Service users benefit from clarity of staff roles and responsibilities, except for employment agencies solely introducing workers.
19. Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.
20. The personal care of service users is provided by qualified and competent staff, except for employment agencies solely introducing workers.
21. Service users know and benefit from having staff who are supervised and whose performance is appraised regularly, except for employment agencies solely introducing workers.

The Commission considers Standards 17, 19 and 21 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

17, 19, 21

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People who use the service are supported by safely recruited and well-trained staff, who receive regular management support.

EVIDENCE:

Staff files contain information about the selection process including application forms, records of interviews and employment contracts. Other information includes written references, criminal record bureau checks and identification. Some files did not contain recent photographs of staff but this had already been identified by the agency, and they have taken action to address the issue. Pre inspection information indicates that people who use the service and their families are involved in interview process. This information also shows

that there are policies in place for training and development, discipline and grievance, contracts and job descriptions.

Induction and probationary training records are in place, which are based on nationally recognised training programmes, and they include senior staff observing new staff at work. Records show that staff also receive training in subjects such as causes of learning disability, behaviour management, person centred approaches, moving and handling, epilepsy and communication. Again records show that nationally recognised programmes of training are used and staff are supported to gain relevant qualifications. Pre inspection information indicates that plans are in place to appoint a member of staff to co-ordinate and assess nationally recognised training programmes. Feedback from discussions and surveys shows that staff think the training is relevant to their jobs and it keeps them up to date.

Staff said that they have regular supervision and staff meetings, which they find very helpful. Team leaders complete a monthly information pack, which includes dates of when supervision sessions and staff meetings have taken place, so that managers can monitor progress. Individual records of supervision and minutes of meetings are also available, and minutes show that senior managers attend staff meetings. Staff said that they find senior staff approachable and supportive, and there is a clear on-call rota if they need support in emergencies. Records show that due to the distance from the head office, supervision sessions, meetings and training occur in local venues such as church halls and hotels (see Standards 22-27).

Organisation and Running of the Business

The intended outcomes for Standards 22 – 27 are:

22. Service users receive a consistent, well managed and planned service.
23. The continuity of the service provided to service users is safeguarded by the accounting and financial procedures of the agency.
24. The rights and best interests of service users are safeguarded by the agency keeping accurate and up-to-date records.
25. The service user's rights, health, and best interests are safeguarded by robust policies and procedures which are consistently implemented and constantly monitored by the agency.
26. Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.
27. The service is run in the best interests of its service users.

The Commission considers Standards 22 and 26 the key standards to be inspected at least once.

JUDGEMENT – we looked at outcomes for the following standard(s):

22, 26, 27

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The agency is well managed and run in the best interests of the people who use its services. Those people are encouraged and supported to help develop the service in ways that suit their needs and wishes.

EVIDENCE:

Since the previous inspection, the agency has relocated its head office to Grantham, Lincolnshire in line with the operating policy of the Thera group of companies. The acting manager has now also registered with the commission. There is a clear staffing structure, made up of the Registered Manager, operational managers, team leaders, senior support workers and support workers. Management and administration resources are in place to make sure that staff who work in direct service areas are supported appropriately, with senior managers designated as working from home (see Standards 7-10 and 17-21). Staff made comments such as 'managers listen

and are open to new ideas', 'their approach is excellent for service users', and 'they understand and implement change'. Surveys completed by people who use the service indicate that they know how to contact the head office, and the office keeps in touch with them about important things.

There is a complaints policy in place, which is also available in picture format. People who use the service said that they know how to make a complaint, and staff demonstrated that they knew what to do if a complaint is made. Records show that nine complaints have been made to the service since the last inspection, and all have been managed in line with the policy.

People who use the service said that they are regularly asked for their views about the services they receive. Some of these people are also employed as quality assessors, and they find out what others think of the services they receive. They write reports of their visits and make recommendations about what needs to be done better. There is a new system in place, which gives people the opportunity to send comment cards direct to a member of the Board of Directors for the Thera company. This service director also carries out regular visits to service areas and reports directly to the Board. Minutes of Board meetings show that communication aids are being developed to help people to be able to join in meetings more. For example flash cards to indicate things like 'I want to speak', 'yes I agree', 'stop, I don't understand'.

A new audit process has recently been introduced, which involves a monthly review of things like support plans and reviews, staff rotas, staff support, and health and safety. There are also quarterly health and safety meetings to review accidents/incidents, infection control issues, and behaviour support methods. Pre inspection information shows that there are policies in place for subjects like quality assurance, confidentiality, service user finances and record keeping. The information also indicates that there are plans to develop 'community maps', which will show people what resources are available to them in their local community.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Domiciliary Care have been met and uses the following scale.

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

“X” in the standard met box denotes standard not assessed on this occasion
 “N/A” in the standard met box denotes standard not applicable

User Focused Services	
Standard No	Score
1	3
2	3
3	X
4	X
5	X
6	3

Managers and Staff	
Standard No	Score
17	3
18	X
19	3
20	X
21	3

Personal Care	
Standard No	Score
7	3
8	3
9	X
10	3

Organisation And Running Of The Business	
Standard No	Score
22	3
23	X
24	X
25	X
26	3
27	4

Protection	
Standard No	Score
11	3
12	3
13	X
14	3
15	3
16	X

No

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Domiciliary Care Regulations 2002 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	D06	It is recommended that duty rotas contain surnames of staff, the use of abbreviations is standardised, and alterations are made clearly and initialled. This is so that each staff member and their actual working hours can be identified clearly and easily.
2.	D06	It is recommended that staff rotas indicate the amount of hours each person who uses the service is contracted to receive. This is so that staffing levels and contract compliance can be easily monitored.
3.	D07	It is recommended that a protocol be developed to address issues of access to and security of personal records, including copies of support plans, which are stored with senior managers as part of the home working system. This is so that people who use the service know that their personal records are kept safe.

4.	DO15	It is recommended that there is a consistent method of recording when staff have been issued with identity badges. This is so that the issue of those badges can be monitored.
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Commission for Social Care Inspection

Lincoln Area Office
Unity House, The Point
Weaver Road
Off Whisby Road
Lincoln
LN6 3QN

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

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