Teonfa Limited

Teonfa care services

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Teonfa Care Services is a domiciliary care service. They provide care and support to people living in their own homes so that they can live as independently as possible. Not everyone using this type of service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, 43 people were being supported by the service.

This announced comprehensive inspection took place between 12 December 2018 and 11 January 2019.

The service had an overall rating of 'requires improvement' when we inspected it in October 2017. The provider needed to improve the key questions Safe and Well-led to at least good. At this inspection, we found they had improved the areas we had previously been concerned about. The overall rating has improved to 'good'.

However, Well-led was again rated 'requires improvement' because further improvements were required to the timeliness of care visits and people's overall experience of the service. The provider needed to ensure that their systems were effective to enable them to achieve this quickly and in a sustainable way.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because there were effective risk assessments in place, and systems to keep them safe from harm. There were safe staff recruitment processes and there were enough staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when urgent care was needed.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff supported people in a person-centred way. The provider had a system to handle complaints and concerns. Further work was necessary to ensure staff knew how people wanted to be supported at the end

of their lives.

Further information is in the detailed findings below.

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 now safe.

There were enough staff to support people safely. Rotas were now planned in a way that promoted consistent care.

There were systems to protect people from harm.

People's medicines were being managed safely.

Incidents and accidents were reviewed to put systems to prevent recurrence.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Further work was necessary to improve the consistency of care visit times and people's experiences of the service.

The provider had systems to assess and monitor the quality of the service.

People and staff were enabled to share their experiences of the service.

The service worked closely with other stakeholders to ensure that they provided the care people required and expected.

Teonfa care services

Detailed findings

Background to this inspection

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

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in the office to support the inspection.

The inspection started on 12 December 2018 when we visited the office location to see the registered manager and office staff, and to review care records and policies and procedures. The office staff supporting the registered manager included an administrator, a human resources administrator and two care managers. Following this, we spoke by telephone with 14 people using the service and four relatives on 20 and 21 December 2018. We also spoke with five members of staff on 2 and 3 January 2019. We concluded the inspection on 11 January 2019 when we received further information we requested from the provider.

The inspection was carried out by one inspector 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 care service. Their area of expertise was in the care of older people.

We used information the provider sent us in the Provider Information Return to help us plan the inspection. This is information we require 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 reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also received feedback about the service from the local authority.

During the office visit, we looked at care records for eight people to check how their care was planned and managed. We looked at four staff files to check the provider's staff recruitment and supervision processes. We also looked at training records for all staff employed by the service. We checked how medicines and complaints were being managed.

We looked at information on how the quality of the service was assessed and monitored. We also followed up on areas rated 'requires improvement' in October 2017.

Good

Is the service safe?

Our findings

When we inspected the service in October 2017, people were not happy about inconsistent care visit times. Some people were also concerned that constant changes in staff put them at risk of inconsistent care.

At this inspection, people's views about whether this had improved were varied. However, most people said this happened only occasionally and the service had greatly improved. Some of the people's negative views contradicted the evidence we saw when we looked at how the provider planned rotas. We saw the provider used an electronic system to monitor when staff arrived and left people's homes so that any irregularities could be dealt with quickly. They were also now using an additional system that could be monitored by the commissioning local authority.

We found travelling time was allowed between care visits so that staff could support people at agreed times. Records showed this was mostly achieved by the service, apart from a few occasions when staff encountered unavoidable events. For example, having to stay longer with a person because they were unwell. This inevitably, resulted in some delays for the rest of the people they were allocated to support that day. We discussed with staff how this was managed to limit the impact on other people. One member of staff told us they contacted the office staff, who then tried as much as possible to allocate their next visits to other members of staff until they caught up with the rota.

Staff also mentioned traffic as one of the reasons there were sometimes delays in getting to people at agreed times. One member of staff said, "We normally work in a specific area and it's easier to travel from one client to another. But, sometimes we are asked to cover a different area at short notice and travelling can take longer." Staff told us that they did not always call people because they did not always consider themselves to be late. They said there was an agreement with people that 15 to 30 minutes either way was acceptable, but some people did not always allow for this before they considered staff to be late.

People told us they felt safe. One person said, "I don't suppose they do anything that makes me feel unsafe." Another person said, "I feel safe knowing that my family are happy for me to stay here in the family home, supported by carers for as long as I can." None of the people we spoke with had concerns about potential harm or abuse by staff.

The provider had systems to keep people safe. Staff were trained on how to keep people safe, and those we spoke with knew what to do to make sure people were safe. They told us they would normally report concerns to the office staff or registered manager. They all said they had confidence the registered manager would take appropriate action. Records showed the registered manager reported potential safeguarding incidents to relevant organisations. This ensured appropriate action was taken to protect people from harm.

People had risk assessments so that potential risks to their health and wellbeing were managed well. This information ensured people and staff knew how to mitigate identified risks, without restricting people's independence. Areas such as people's mobility, nutritional needs, skin integrity and medicines had been risk

assessed so that people received safe and appropriate care. None of the people we spoke with had concerns about risk including one person who said, "Do I have any risks that need assessing? No, I thought for [age of person] I was doing just fine." Another person said, "I feel relatively safe when I have a competent carer with me."

There had been changes of staff since our previous inspection and the registered manager told us of the challenges of staff retention in this care sector. However, they said they had enough staff and tried to maintain consistency of staff when planning the rotas. They achieved this by ensuring groups of staff were allocated to specific geographical areas. Staff confirmed this and they said it allowed them to regularly support a small group of people they had got to know well. Some people told us they had regular staff, while others said there were sometimes staff changes. Some people thought this was because the service did not have enough staff. However, none of them had experienced missed care visits or cancelled by the provider. The provider had an ongoing recruitment programme and they also did not accept new referrals, unless they were able to provide staff to support the person.

People told us their medicines were managed safely, and they were happy with how staff supported them with this. There were systems in place to ensure medicine administration records (MAR) were audited regularly so that any errors could be identified and rectified quickly. The MAR we reviewed showed no concerns about how people's medicines were managed by staff.

There was an environmental risk assessment to assess each person's home to mitigate any hazards that could put them and staff at risk of harm. People said staff maintained proper hygiene levels to protect them from risks of acquired infections. They said staff wore gloves when supporting them with personal care, and they washed their hands when required. One person said, "As far as I'm concerned, all the carers I've had know that they need to wash their hands between jobs and also change their gloves regularly."

Records showed the registered manager reviewed accidents and incidents involving people using the service and staff. There was evidence of learning when things went wrong and systems were put in place to prevent further incidents and subsequently, protect people from harm. No one we spoke with had been involved in any incidents.

Good

Is the service effective?

Our findings

The service was still meeting people's needs effectively. Assessments of people's support needs meant they had personalised care plans that considered their needs, choices, views and preferences. The registered manager ensured the care provider to people was based on current good practice guidance. People told us their care needs were met by the service. One person said, "I know [Registered manager] will ask me if everything's alright when she [supports me]."

People commented positively about the skills of the more experienced staff, although some said newer staff needed more experience and support. However, all staff we spoke with said the training they received helped them develop skills they needed to support people well. One member of staff said, "For now, they (the provider) are good. They try their best to ensure the carers (staff) know what they have to do." We saw that all new staff were trained and coached by experienced staff before supporting people on their own. Staff also told us they felt able to ask for support if they were not sure about what to do.

Staff told us they were supported in their work, and they received regular supervision. One member of staff said, "We get supervisions now and again with the seniors (community care managers). [Registered manager] is quite helpful too."

Where required, people told us they were supported well to eat and drink enough to maintain their health and wellbeing. Staff supported some people with their meals and worked closely with relatives to ensure people had enough to eat. One person said, "The carers will make me whatever I fancy for my meals." One relative said, "[Person] needs encouraging to both drink and eat. One or two of his regular carers are good, and will always make sure he has something. They write in the record so that when I come to visit I can see what he's had."

People told us staff did not routinely support them to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants. One person said, "My daughter helps me with all that." A relative told us, "I manage to organise all that for my [person] and I." However, they said staff ensured they had the support they needed when urgent healthcare was required.

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 and found these were met. Records showed that appropriate action had been taken to assess whether people had mental capacity to make decisions about aspects of their care and support. We found most people had mental capacity to make decisions about their care and staff respected this. People and relatives we spoke with confirmed this. One person said, "They do all ask me if I'm ready to make a start when they come in for each visit." Staff told

us that they always asked for people's consent before providing support.

Good

Is the service caring?

Our findings

People still received care in a caring and compassionate manner. People told us they found some staff more caring and friendly than others. One person told us, "One or two of the carers I see are absolutely lovely and have a proper caring attitude. No job is too much for them and they absolutely make sure I've got everything I need before they leave me."

Others described staff doing what they needed to do to support them, but not chatting much. Some people said this was because some staff did not communicate well in English and would therefore struggle to hold a conversation outside of what they needed to do to support people. This included one person who said, "I do struggle a bit with some of the girl's accents. Some of them talk really quickly. If they slowed down, I've got a much better chance of understanding what they're saying first time round." Another person said, "I can understand most of the carers, but a few of them also struggle to understand me because I have quite a thick accent."

None of the people said this had resulted in poor or unsafe care. Some of the staff employed by the service did not have English as their first language. However, the registered manager told us they always assessed if new staff were able to speak with people, understand what was said to them, and record clearly in people's records. The provider had also ensured they did not always make staff who spoke the same language work together so that they encouraged them to mainly communicate in English. Staff told us this had worked well to encourage more interaction between staff and people using the service.

One relative told us of staff who interacted well with their family member. They said, "[Person] has a couple of carers who are really lovely. They spend some time having a chat with him, which he really enjoys because he doesn't see anybody else apart from his carers for most of the day." They also said they found these staff were more able to encourage their relative when they sometimes refused support with their personal care.

The registered manager showed us that they had developed a 'good practice' folder so that any learning could be shared with all staff. They hoped staff would share good practice with others to improve how they all supported people. For example, staff could share specific things they did to encourage people so that others could also do as well. This was particularly important while people's regular staff were on leave.

People told us they were supported to make decisions and choices about how they wanted to be supported by staff. One person said, "When I started with the agency, a chap called [name] came to visit me. He sat down with me and talked about all aspects of my care, about how I like things to be done and what time I would like the calls to happen. He went away and wrote up a care plan which is here in my folder." They also said staff normally asked what they needed support with, rather than just reading the care plan. Staff said they always promoted people's choices and people could say if they were not happy with anything.

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity. One person described what staff did to promote their privacy during personal care and they had no

concerns about this.

People told us staff supported them to maintain their independence as much as possible, and would only provide support when it was necessary. Some people were independent in carrying out some of their daily living tasks. Other people needed prompting and support to carry out certain tasks. Some people told us their living arrangements had changed because of their support needs. One person told us they were no longer able to go up the stairs. They said staff supported them to remain as mobile as possible downstairs.

Good

Is the service responsive?

Our findings

People's care needs were still being met by the service in a person-centred way. Some people told us about their care plans and that they had been involved in developing these. They said the care plans reflected their care needs. The provider had a programme of reviews, depending on how long people had been with the service. This ensured that care plans reflected people's current needs and the care provided by staff met these needs.

People appreciated the support provided by staff to enable them to live well in their own homes. We saw review records that showed people were mainly happy with the quality of the care they received. People further commented about staff being responsive to their individual needs and how they supported them according to their preferences.

The provider had a system to manage people's concerns and complaints. Most people told us they had not complained because they were happy with how their care and support was provided. Those who had previously complained said improvements had been made as a result. Where complaints had been raised, we saw the registered manager took appropriate action to investigate these. The registered manager was also reviewing their systems for information sharing between staff. This was to reduce complaints resulting from poor communication between staff who supported the person.

Only people requiring end of life care had this information in their care plans, and the service did not have many people on end of life care. People told us their relatives knew about their funeral wishes, but most had not discussed how they would wanted to be supported at the end of their lives. One person said, "No one's asked me anything about that from the agency, but I have discussed with my [relatives] what my wishes are. My [relative] will take charge of all that, as she is the sensible one in the family."

We discussed with the registered manager that they needed to have this information for everyone they supported and they told us they would add this to people's care plans as soon as possible. This information was essential so that staff knew how people wanted to be supported at the end of their lives. Also, the registered manager showed us they had guidance for staff on how to deal with various emergencies and they trusted that staff would always contacted them if they were not sure what to do.

Requires Improvement

Is the service well-led?

Our findings

When we inspected the service in October 2017, improvements were required to the provider's quality monitoring systems so that people were supported by consistent staff and at their agreed care visit times.

At this inspection, we found improvements had been made to ensure people were regularly supported by a consistent group of staff. Staff rotas were now more organised so that staff were not always late and people were mostly happy with the care visit timings. The provider was now using two systems to monitor when staff arrived to support people and when they left. This ensured that any inconsistencies could be dealt with quickly. However, some people said there were still experiencing inconsistent care visit times which meant they were not always able to get on with their day, as they did not know when staff would arrive.

Although this contradicted the evidence we saw that care visit times were mainly adhered to by staff, it was important that the provider explored further ways of improving people's experiences. The negative feedback to the Care Quality Commission was in contrast to the mainly positive feedback the provider had received from people. It was not clear why some people did not always tell the provider about these issues when they asked them for feedback. The provider needed to check why these people did not feel able to share this feedback with them and find ways of encouraging them to be more open.

We saw that the registered manager planned to introduce a newsletter from January 2019, which they would send to everyone using the service. This was so that they kept people up to date with developments at the service, including staff changes. They also planned to start sending rotas regularly to everyone, as a recent trial with two people had worked well. Some people told us they would like this as they preferred to know in advance who would be supporting them. This would also be a good way of assuring people who said they were normally anxious if a member of staff they had not met before came to their home.

Some people also commented about some of the staff not being able to communicate clearly in English, although they said this did not affect the quality of care they received. They said this did not promote free conversations that would help them build relationships with staff. The registered manager told us of a new initiative, where they had started using an electronic 'chat' system to hold a staff forum every Monday. They planned to use this to discuss different issues relevant to staff's roles. So far, they had discussed record keeping and infection control. The registered manager also said they would use this to share good practice and support staff who might have challenges with speaking or writing in English.

Other people said improvements made after they complained had not always been sustained. The provider needed to improve people's experiences of this. The registered manager told us they always made changes where needed and would look at further ways of making people's experiences better.

Everyone told us the registered manager was approachable and always supportive. Staff told us they felt listened to and their views valued. They also said they were comfortable making suggestions about ways to develop the service and their views were considered. We saw that staff had regular meetings, where they discussed issues relevant to their roles. An example of staff influencing change was when they told the

provider that the medicine administration record (MAR) was not clear enough for all staff to easily understand it. As a result, the registered manager showed us they recently implemented a new one and held a team meeting to show staff how to use it effectively. Also, they sent an electronic recorded video to all staff, showing them how to use this. Staff could watch this video as many times as they needed to learn how to use the form safely. This was good use of technology.

The provider also gave people opportunities to provide feedback about their experiences of the service. There was an annual survey, annual care reviews and telephone interviews which all allowed people to comment about the quality of the service. People told us they also spoke with the registered manager when they visited to provide care or monitor staff practice. Most people found office staff responsive and helpful. However, some people said the provider needed to improve on how quickly the out of hours phone was answered.

The provider had systems in place to assess and monitor the quality of the service. The registered manager and other senior staff regularly carried out a range of audits to ensure that any shortfalls were identified and dealt with quickly. The provider was aware of some concerns raised by people about inconsistent care visit times. They said they had worked hard over the past year to improve this. They said they would keep working to increase people's levels of satisfaction with the service. The local authority told us the provider had made significant improvements in the year since our previous inspection, and they found them to be now providing a good service.

Where necessary, the service worked closely with other stakeholders such as people's allocated social workers and the local authority to ensure that people's needs were met. The registered manager appropriately reported relevant issues to the local authority and the Care Quality Commission. The service had also received compliments from some of the people using the service. This showed that overall, people received the support they required and expected.