Teonfa Limited

Teonfa care services

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 8 and 10 March 2016 and was unannounced.

Teonfa Care Services is a domiciliary care service providing personal care and support to people in their own homes. At the time of our inspection, the service was providing care to 43 people.

The service had a registered manager. 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.

During our inspection we found the service was in breach of two regulations. You can see what action we've asked the provider to take at the end of the report.

People had risk assessments in place that enabled staff to keep them safe. The service had a safeguarding policy in place which detailed how to report concerns or any risk of harm. Staff were trained to use moving and handling equipment appropriately and safely.

There were enough trained and competent staff to be able to meet people's needs, but the provider's systems for deploying staff were insufficient. Rotas did not always include times for calls or take travelling times into account. Call times were sometimes erratic and people weren't always made aware of changes.

People's privacy and dignity was observed and they were cared for by staff who understood their needs and showed a caring attitude. Care plans were detailed enough to provide staff with a list of tasks that needed to be completed daily. However these lacked personalisation and were basic in nature. Reviews took place to give people the opportunity to provide their views and make changes to their care plan. People's relatives were involved in this care planning and the service regularly corresponded with people's families to ensure that they were satisfied with the care their loved one received.

People's medicines were administered safely, but the systems in place for recording and auditing these were ineffective. Errors and omissions were not always identified or acted upon and there were inconsistencies in the way that medicines administration records (MAR) were completed. Some medicines, such as people's creams, were not always accounted for.

Staff received training that was relevant to their role and enabled them to understand people's needs. Training was regularly refreshed and new starters received an induction which included the care certificate. However, staff were not always trained to understand the mental capacity act and were not consistently able to describe to us what this meant.

Staff received supervisions and performance reviews from management. However these were infrequent

and not always completed sufficiently to enable staff to develop.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The service did not always follow it's recruitment policy to ensure that staff were employed safely.

Rota systems were not always effective in ensuring that staff arrived on time for calls and travel time was not always included.

There was a safeguarding policy in place to help protect people from any risk of harm.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always receive regular supervision or performance review.

Staff did not always receive training in the mental capacity act and did not always understand how it applied in practice.

People's healthcare and dietary needs were assessed and people were support to ensure they were in good health.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were basic and lacked personalisation.

The provider had a system in place for handling complaints effectively.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Audits were not always effective at identifying errors in MAR charts.

There was a quality assurance system in place to identify and make improvements.

People and staff were positive about the management and culture of the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days from 8 to 10 March 2016 and was unannounced.

The inspection team was made up of 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.

Before the inspection we reviewed the information available to us about the service such as that received from the local authority, any sent to us by the provider including notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four members of the care staff, the field care co-ordinator, the care manager, registered manager and director. We reviewed the care records and risk assessments of six people who used the service, checked medicines administration records, daily records and reviewed how complaints were managed. We also looked at four staff records and the training for all the staff employed by the service. We reviewed information on how the quality of the service was monitored and managed. We contacted eight people using the service and two of their relatives by telephone to ask for their views on the care they received.

Requires Improvement

Is the service safe?

Our findings

Staff were not always employed safely to work in the service. The provider had a robust recruitment policy in place, but this was not always followed to ensure people's safety. We saw that staff received clearance from the Disclosure and Barring Service (DBS) prior to commencing employment. However in one instance a staff member had commenced employment in March 2015 with a certificate dated from 2013. The service was unable to evidence how they had ensured that this was the portable type of DBS certificate and whether it was therefore valid. The staff member had later completed a DBS check, but this was not initially found in their file. When it was provided later on, we saw that the person had a conviction on file which had not been risk assessed. Providers are required to undertake a risk assessment to ensure that people are of appropriate character to provide safe care to people.

References had been sought from two previous employers where possible, and in most cases these had been correctly verified. However we found that one member of staff had references from a family member and a friend, neither of which had been signed or verified. This meant the person was providing care without appropriate references to account for their character or experience.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with felt that there were enough staff on duty, but that call times were not always consistent. One person said, "The carers can arrive any time between 7:30 and 9am." Another person told us that sometimes it was too long to wait until 9am before receiving personal care. They told us they had addressed this with the management and things had improved slightly. A personal weekly planner was in place for each person which established the times that people were due to receive calls and how many staff were required to attend to them. We saw rotas for the last two months and found that these did not always include times for people to attend to calls, and there was no allowance made for travel times between visits. One person told us they sometimes felt hurried, saying "Sometimes the carers do rush me." The registered manager explained that they ensured staff only worked within a local area to ensure travel time was minimised, and that they used a mobile application to remind staff of the allocated times if needed. The care manager was able to show us a more recent template the service planned to use which incorporated 15 minute intervals between calls for travel.

People told us they felt safe during visits from their care staff. One person said, "I feel very safe with my carers." A relative told us, "Yes [relative] is safe, I have confidence in the carers who look after [them]." The service had a safeguarding policy in place which provided details of who to contact if there were any concerns that people were at risk. Staff were able to describe the process they would follow if they were concerned about people's safety. One member of staff told us, "We keep people safe by ensuring we know their needs. If I had any worries I'd speak to my manager or the local safeguarding team." There was a whistle-blowing policy in place which detailed how staff could report concerns anonymously.

A risk assessment was carried out for each person prior to commencing support which considered the risks

of working in the person's home, the risks associated with undertaking each task during the person's calls and details of how to minimise these. Where a risk was identified, a separate form was completed which detailed the exact nature of the risk and the action taken to resolve it. For example we saw that where one person suffered from asthma, there was clear instruction for care staff not to rush the person during their personal care to ensure that they were not left short of breath. Where people required support with moving, the risks of this were established and details of how to use this equipment properly were provided. We saw that where one person had raised concerns that their care staff were not using their equipment properly, this had been referred to an occupational therapist who had supported the service in introducing new equipment and assisting staff in understanding how to use it safely. We saw that moving and handling competency assessments took place where senior carers observed newer staff to ensure they were carrying out these procedures correctly.

People told us they received their medicines correctly. Staff received training and an observation from a senior carer to ensure that they were competent to administer them. Where people self-administered their medicines, a risk assessment had been completed upon commencement which considered whether the person was able to undertake this safely or whether additional support might have been required. If care staff assisted people with administration then medicines administration record (MAR) charts were completed to ensure that the correct medicines were being given. However, we found that these MAR charts were not always completed correctly.

Requires Improvement

Is the service effective?

Our findings

Staff told us they received supervision from management. One member of staff told us, "I've had one supervision since I joined. I haven't had a performance review yet but I'll have one soon." We saw that while staff did receive supervision from management, these were infrequent. The service did hold 'staff development meetings' with some staff which were issued to discuss issues and concerns, and the manager explained that the formal supervision template had replaced this. Staff told us that they received spot checks from management to ensure that they were delivering care effectively. One member of staff said, "We have spot checks when we're working with people and they give us feedback on what we can improve and what we're doing well."

Staff we spoke with were not always able to demonstrate an understanding of the Mental Capacity Act (MCA). The Mental Capacity Act 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. While some staff were able to describe the principles of this Act, two members of staff were not certain of what the act was or how it applied to people using the service.

People we spoke with told us that they felt staff were trained and able to deliver effective care. One person told us, "The girls who come really know what I like and how to look after me." Another person said, "The carers look after me well."

Training was delivered by the registered manager, who had taken 'train the trainer' courses to enable him to keep up to date with best practice. We saw that recently the service had begun to hold care certificate training sessions which included workbook sessions and classroom-based learning. Staff received training that included mandatory units such as health and safety, infection control, and safeguarding. Moving and handling training was held by an external assessor who provided practical demonstrations of the use of this equipment to aid staff learning. We saw that some staff had received more specialised training in areas such as dementia awareness and person-centred care. Staff felt that their training was comprehensive and enabled them to carry out their duties effectively. One member of staff told us, "I was new to care, and once I started it helped me to understand my role much better." Another member of staff said, "There's a good variety on offer, they make sure we know what we're doing and that we're confident in all aspects of our job - the manager is a good trainer."

Staff went through a full induction which included an introduction to the service, an opportunity to read through care plans and policies and work alongside experienced members of the care staff. A senior carer was asked to observe them carrying out each task during a visit and rated their competency. This helped to ensure that staff felt ready and able prior to commencing the delivery of care. Following the induction each member of staff was asked for feedback on how they found the process, whether the member of staff felt supported and what could be improved in the future.

Capacity assessments were completed where necessary, and signatures were evidenced in care plans where people were required to provide their consent. If there were specific aspects of the person's care plan that might have required additional consent, this had also been sought from the service. For example we saw that where one person had a key safe outside of their house, the service had ensured that the person provided their consent for staff to access this and use these keys to come into their home.

People's healthcare conditions were listed in their care plans and their level of independence was assessed to determine the extent to which they required support with these. Where there had been concerns raised or issues identified during calls, we saw evidence that this was being raised with the relevant healthcare professionals. For example where one person was no longer able to undertake an aspect of their personal care safely, the service had highlighted the risk of skin integrity issues arising and ensured this was shared with the relevant agencies.

People told us they had enough to eat and drink and were supported by staff with their diet. One person said "I am always asked what I want to eat." Another person told us, "I am never left without access to a jug of water and a hot drink." Where people required additional support with their dietary needs, these were listed in care plans alongside any additional support required with eating or drinking. Any risks associated with malnutrition or dehydration had been identified to support staff to ensure they had enough to eat and drink. This included people's preferences and the kind of foods they enjoyed at different times of day.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring and compassionate. One person said, "I have had them come in for 2 years and I have never needed to complain about anything at all. I am really happy with the care I get." A relative told us, "I am very happy with the care my mother receives, she really likes her carers." A professional involved with the service said, "We've had lots of compliments about their care."

Staff we spoke with were committed to providing good care to people and spoke warmly about the people being supported. One member of staff told us, "I'm really happy here, I haven't looked back one bit. I love helping people and the people here are wonderful and supportive- it's become like a home, not like a job for me." Another member of staff was able to tell us about the history of one of the people they supported and expressed a genuine fondness for them. They said, "I always want to make sure I get it right for [person]. I love spending time with them and I'm never in a rush to go once we're done. If I've got time then I'll always stay and have a chat."

The registered manager and director were able to describe ways in which they'd tried to go the 'extra mile' for people in the past. For example they told us about a time towards the end of a person's life where a relative had been concerned over the person's welfare and had not been sure where else to contact. The manager told us that they'd taken the initiative to visit them and provide them with the care and support they needed during the night. The director said, "We will do extra for people where we can, it's important to us that people feel they can trust us and have faith in what we do. We're very proud of that."

People told us they were treated with dignity and respect. One person said, "They treat me with dignity at all times." Another person told us, "I'm treated very respectfully by all my carers." Staff were able to describe the ways in which they ensured that they were respectful and observing people's privacy. One member of staff said, "We always treat them well- if I wanted to give them a wash or a bath we ask what they would prefer, close the curtains and the door and cover them up." Care plans included outcomes to ensure that people's dignity was being promoted. Staff received training to aid their understanding of the ways in which they could ensure that this was observed.

When people began receiving care from the service they were issued with a service user guide which told them about the service's aims and objectives and gave them information regarding who they could direct complaints to if necessary. Telephone numbers were provided which gave them contact details in case of emergency or any queries or concerns relating to their care.
We saw that the service had informed people that they might share information with other agencies involved in their care and had also sought their consent to ensure that their private records were not shared with anybody outside of the service.

Correspondence was seen in care plans which detailed the communication between the service and relatives of people supported. A person's relative had written to the service to state that "the carers were wonderful- I could not fault them, they were very caring, always bright and cheerful and made [relative] feel well at home."

Requires Improvement

Is the service responsive?

Our findings

Staff told us they sometimes commenced working with a person before a care plan had been implemented and worked from assessments. When we asked one member of staff whether they had an opportunity to read care plans before visiting people, they said, "Sometimes, it depends who I'm seeing." Another member of staff told us, "Most of the time we read through their care plans, sometimes we start service with a client before the care plan is finished, we would ask the client or their relative what kind of care they require."

People we spoke with told us that they were aware that they had a care plan but didn't always read them. One relative said they'd been involved in the planning of the person's care and reviews. They said, "When [relative] first had carers come in I was involved with planning her care." There was evidence of people being involved initially in their care planning, and reviews took place to ensure that the information was relevant.

Care plans included an overview of the person which enabled staff to identify their most immediate needs. Each person had call times established which were based on their initial assessment, and details of the support required during each call were listed. These broke the staff's responsibilities down into individual tasks which helped ensure that all their needs were met. These were supplemented by outcomes which demonstrated the impact upon the person. There were six established 'parameters of care' assessed for each person which included their personal care, moving and handling, medicines, communication, well-being and nutrition. People's 'well-being and lifestyle' was detailed in their care plans and included their likes and dislikes, activities they enjoyed and how the person liked to spend their time.

While care plans were adequate to capture people's individual needs, we found that often they were task-orientated and lacked personalisation. For example we only found information about one person's background and social history in one of the plans we looked at. There were no pictures of people included to support staff to ensure they knew the person they were visiting. Outcomes established for people were generic in nature. We did see that the service had begun to introduce 'one page profiles' for people, but these were not always completed. The manager told us that not everybody was willing or able to complete these, however we didn't see evidence of how therefore the service planned to capture this information in a different way.

A care notes book was issued to staff each month in which they were asked to detail the support they'd provided, the times of the call and any significant information that needed to be handed over. The management team then checked these notes at the end of each month to identify any gaps in recording or issues which needed to be highlighted to the rest of the team. We saw that where calls had been recorded, the manager undertook an investigation to find out why there were no notes provided and addressed the issue with the member of staff in question.

People and their relatives knew how to make a complaint. One person said, "Yes I would know how to complain but I have never needed to." Another person described the way in which the service had responded when they'd raised an issue. They told us, "When I needed to have some extra care there was no problem with this, the company arranged this very quickly." A professional involved with the service was

complimentary about the response to their feedback. They told us, "They listen, and take care of things when they're given feedback."

There was a complaints system in place which provided people with details of who to complain to and how their complaint would be resolved. The service had received seven complaints in 2015. We saw that where one person had made a complaint regarding some damage to their property, the registered manager had visited the person and assessed the damage personally to assist the person in resolving the complaint. The person was then provided with an explanation and actions were put in place to prevent the risk of recurrence. This included implementing a new check list for staff to ensure they were completing their tasks as described by the care plan, and supervising the staff member in question.

Requires Improvement

Is the service well-led?

Our findings

Medicines Administration Records (MAR) were not always managed or audited appropriately. MAR sheets were sent back to the office each month to be reviewed by the registered manager. However our inspection highlighted a number of errors, omissions and inconsistencies in how medicines were being recorded. For example we saw that one person's medicine was signed for throughout September, but signed for infrequently and incorrectly in subsequent months. When we review the chart for August, we found that this medicine was absent, but had been signed for throughout July. The manager was unable to account for these inconsistencies and had failed to identify them during the auditing process. On another occasion, we found that a person's care plan stated that they were to be administered a certain type of cream. However we found a letter in their care plan from their occupational therapist stating that this cream was to be discontinued. We were unable to assess whether or not staff were applying the correct cream as this was not accounted for in MAR charts. While people told us they did received their medicines safely, these errors and the failure of the auditing process to identify these meant that the service could not make a proper accounting of this.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post, who was supported by a director, care manager and field supervisor. People, staff and their relatives were positive about the management of the service. One person told us, "I can always speak to the office staff if I need to." A relative said, "I find the office staff very approachable if I need to discuss anything." A member of staff told us they'd always found management to be helpful, saying "The managers have been nothing but supportive and friendly since I started."

Staff were clear on their roles and responsibilities and understood the values of the organisation. One member of staff felt they'd been supported to develop within their role and was positive about the culture and ethos of the service. They said, "They've taught me a lot and I'm enjoying the work- it's given me the qualities I need to develop in my career." Another member of staff said, "I understand the vision of the service. I feel well supported and I'm given a lot of development opportunities." Staff were issued with job descriptions which promoted the values of the organisation and how these were to be put into practice.

The manager told us they'd undertaken a business viability assessment to ensure that as the service grew they were still able to meet the needs of people they supported. He told us that during a period of rapid growth for the service they'd tried to ensure that they prioritised quality and held to the values they were established with. The manager said, "It's not just about going in and getting the calls done, it's about how we make that person feel while we're there and after we leave." We discussed the continued development of the service in the future and the manager was able to describe the ways in which they would ensure that they could manage a larger pool of referrals.

Quality reviews took place which sought feedback from people as to the effectiveness of their care and whether they had any concerns or issues. We saw notes from telephone reviews where people were asked to

rate their care staff and give their opinion on anything which could be improved or changed. Where the person gave negative feedback, the service listed the action they had taken to address this specific issue. For example where one person gave a list of concerns, these had been shared with each care staff who supported that person and a referral had been made to social services to change the times of the person's call to ensure that their needs were being fully met.

Quality assurance was undertaken through a series of different audits which looked at individual aspects of the service. A computerised system was in place and being developed to ensure that this captured any issues or areas for improvement. Quality reviews took place which sought feedback from people as to the effectiveness of their care and whether they had any concerns or issues. We saw notes from telephone reviews where people were asked to rate their care staff and give their opinion on anything which could be improved or changed. Where the person gave negative feedback, the service listed the action they'd taken to address this specific issue. For example where one person gave a list of concerns, these had been shared with each care staff who supported that person and a referral had been made to social services to change the times of the person's call to ensure that their needs were being fully met. The registered manager explained that they were in the process of using a third party company to issue surveys to collect impartial feedback from people and their relatives. However there was no system in place for gathering staff feedback and the director stated this wasn't something they'd yet considered.

Team meetings took place every few weeks which provided staff with the opportunity to discuss issues affecting the service and gain feedback from management. One member of staff said, "We meet regularly. The managers are good like that- we discuss everything in meetings." We saw that the management team were using these meetings to communicate important messages to people. For example we saw that following a recent complaint, the issues raised by a person had been addressed sensitively with the rest of the staff team. Meetings emphasised the importance of meeting the company's visions and values and ensured that staff were aware of their roles and responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Medicines Administration Records (MAR) were not always completed or audited correctly.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed References were not always validated and DBS checks were not always carried out appropriately. Risk assessments were not completed for staff with convictions on their file.