

Teonfa Limited

# Teonfa care services

## Inspection report

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23 August 2016

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This focused inspection took place on the 19 and 23 August 2016. We gave the provider 24 hours' notice of our inspection as we needed to make sure somebody would be available to meet us in their offices. We carried out the inspection in response to concerns that people were not always receiving care on time, and that rotas were not being managed effectively.

Teonfa Care Services provides personal care and support to people living in their own homes. At the time of our inspection, the service was providing care to 38 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.

While there had been some improvements since our last inspection in March 2016 we identified further breaches of two regulations. You can see the action we've asked the provider to take at the end of the report.

People did not always receive their care on time and the systems put in place (to monitor this were not adequate to have proper oversight of this or make improvements) were ineffective. Although the staff rotas now included travel times, the planned visits for people did not always correspond with the times listed and agreed in their care plans. There were enough staff to meet people's needs safely, but some people reported calls being cut short or staff being persistently late.

People's medicines were being managed safely, and the auditing systems for the management and administration of medicines had improved. The provider were now following their recruitment policy to make sure that staff had the appropriate skills, character, experience and qualifications to work for the service. Risk assessments were robust and detailed enough to capture the risks to people and staff and suitable control measures were in place to mitigate the risks.

There was a registered manager in post. Staff were positive about the support they received from management, but people told us that the office staff were not always responsive. The service did not submit their action plan from the previous inspection before the deadline, and the Care Quality Commission were not notified of safeguarding incidents in the service.

There had been improvements in quality monitoring and auditing, although the service could not always evidence how they were responding to people's feedback.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People did not always receive their care on time. The systems in place for monitoring call times were inefficient.

The service was now following their recruitment procedure to employ staff that had the necessary skills, qualifications and experience.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The registered manager did not submit an action plan to the Care Quality Commission following our last inspection until the deadline had passed.

We were not always notified of safeguarding incidents in the service.

Staff were positive about the management of the service, but some people told us the office staff were not always helpful.

**Requires Improvement** ●

# 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 19 to 23 August 2016 and was announced. We gave the provider 24 hours' notice of our inspection because they are a domiciliary care agency and we needed to make sure somebody would be available to meet us in their offices.

The inspection team was made up of one inspector. We visited the provider's offices on the 19 August 2016 and made phone calls to people using the service and their relatives on the 23 August 2016.

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 and the care manager. We reviewed the care records and risk assessments of seven people who used the service, checked medicines administration records and daily records. We also looked at six 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 nine people using the service and three of their relatives by telephone to ask for their views on the care they received.

# Is the service safe?

## Our findings

During our last inspection in March 2016 we identified issues with recruitment procedures, call times and the management of people's medicines.

Prior to this inspection we received concerns that rotas were not managed effectively and that staff were being given their visit plans on the morning they were due to complete them. This meant that the service was not always planning sufficiently in advance to anticipate issues, or providing staff with clear instructions on where they were due to deliver care. During the inspection we found that while there was some evidence of improvement, there were still on-going issues with call times, the management of the rotas and the impact upon people.

Some people told us that calls were not always on time. One person said, "They're supposed to come at [time], but it varies quite a lot with the times they arrive in reality. I don't really know what times I'm supposed to have because they change it so often." Another person told us, "They're supposed to be here at 9am and this morning it was 9:25. It means I can't make any arrangements for the morning and it puts my life on hold all the time and I can't make any plans. On one occasion they turned up at 11:15 for a 9am call." Two people told us that call times had been problematic in the past but had improved recently, while two other people told us that carers were always on time. One person said, "I'm quite impressed with them- we're flexible with times and we work together."

The information included in people's care records was not always consistent in relation to the times that people needed their visits. For example, we saw in one person's care plan that they had been assessed as needing their evening call at 7:30pm, and that this was time critical. Their calls were specifically required at this time because the person required support with their medicines. However the person's care plan stated that the call took place at 7pm. When we checked the rotas for the previous two months, we saw that these calls were being scheduled every day for 8pm or later. In the seven care plans we looked at we found that five of them were receiving calls at times that did not correspond with their agreed care plan. This meant that people were being placed at risk of not receiving calls on time. This could have resulted in missed or late administration of their medicines or neglect due to not receiving personal care when needed.

Calls did not always appear to be carried out for the correct length of time. One person told us, "They're not prepared to wait for me if I need to come down the stairs to meet them. I'm disabled and they need to knock on the door and wait. They only stay for 10 minutes at a time. They don't stay even long enough for you to say good morning if they can get away with it." We looked through the last set of daily records for one person which covered the period up until the end of May 2016. We saw that their half hour calls were routinely carried out over 20 minutes.

We were shown rotas which now included travel times between visits. We noted that one person's morning visits had been removed from the rota. This was a concern because we couldn't see how the person's visits were being planned or accounted for. While the care manager was able to tell us who was providing their calls, this information was not accounted for on the rota and therefore, we could not ensure the accuracy of

this information. Care notes were not always returned to the office quickly so there was not always sufficient oversight in place to monitor call times and daily records. For one person there were no daily notes in their file since June 2015. This meant that the service had no way of monitoring visits to this person. In another person's care plan we noted that there was no preferred time for visits listed. While the person was receiving call in the late morning, they required support with personal care and there was no evidence of how it had been decided that these times were appropriate for them. The field care supervisor told us that people's care notes were now being audited monthly and that this had already started. When we spoke to people and staff they confirmed that this was the case.

There was a review of each set of care notes once returned to the office which detailed any calls that had been late or missed. While this demonstrated that the service was taking steps to monitor this, action was not being taken at the time when care staff failed to attend calls. The care manager told us that they were planning to implement an electronic call monitoring system within the next two months to improve their overall monitoring. We saw that people's care plans always included an emergency contingency plan which provided information on the steps that would be taken if staff were unable to provide a visit that was time critical. However at the time of our inspection it was not being routinely identified when calls were late or missed, which meant that the service could not take sufficiently prompt action to reduce the risk of recurrence.

The failure to manage rotas and monitor visits in a way that meant that staff were being consistently deployed on time to their visits was a breach of Regulation 17 of the Health and Social Care Act 2008.

During this inspection we noted that the recruitment procedures had improved and that the service was now following their own policy to make safe recruitment decisions. The agency asked competency-based interview questions which tested the skills, experience and knowledge of staff and their suitability for the role. This included exploring their understanding of people's conditions, behaviour that might have impacted negatively upon others and how they would be sensitive to people's diverse cultures and beliefs. All staff completed medical fitness questionnaires. Each member of staff had two written references on their file, proof of their identity and a completed Disclosure and Barring Service (DBS) check. We noted that a 'positive DBS risk assessment' form had been created which asked any applicants with unspent convictions to provide further details. This allowed the service to make safer recruitment decisions based on an assessment of the person's criminal record, and to put control measures into place to monitor their performance if necessary. We saw a completed example of this which confirmed that the service had begun to follow this in practice.

A detailed risk assessment was included in people's care plans which assessed any hazards or risks in the environment and the measures that could be taken to protect people and staff. Each person had individualised risk assessments in place which assessed areas such as personal care, skin integrity, medicines and moving and handling. Control measures were put in place to minimise the risk of harm to people. For example, we saw that for people who required 'double-up' calls with two members of staff to attend, there was information included on how to carry out these procedures safely and consistently. We saw evidence that risk assessments were subject to review in most of the care plans we looked at; however one person had not received a review of their risk assessments since 2014.

Staff received training in safeguarding which was delivered by the provider during their initial induction, and understood the ways in which they could recognise abuse and keep people safe.

People told us that the staff provided safe care. One person said, "They keep me safe." A relative we spoke with said, "They do take [relative]'s safety very seriously, I'm sure of that." Each member of staff who was

required to move or transfer people had a competency assessment carried out by a senior member of the team to check that they were able to carry out these procedures correctly. Staff received training in manual handling to enable to them to use the equipment safely in people's own homes.

The management of medicines had improved, and there was now more information in people's care plans about the type of medicines they took, the reason they were prescribed and the person's preferred method of administration. Most of the people we spoke with who had help with their medicines told us they usually received them correctly. We saw that information had been added to care plans which detailed the medicines that people took and now included creams and topical solutions. Staff were specifically reminded to apply these and sign the MAR chart to indicate that they' had been provided. We looked at the care plans for seven people, four of whom required medicines or creams to be given by staff. MAR charts were now being filled out correctly with no unexplained gaps.

## Is the service well-led?

### Our findings

Following our last inspection in March 2016, we asked the registered manager to provide us with an action plan to detail the steps they were taking to improve the quality of the service after being found to be in breach of two regulations. The deadline for this action plan was the 25 May 2016 but we did not receive this plan until the 6 July. While there was some evidence of positive progress being made towards resolving the issues that had been raised, other areas had not been sufficiently addressed.

The Care Quality Commission had not been notified of any on-going safeguarding cases. It is the responsibility of registered persons to notify us of any such allegations or incidents. Since our last inspection there had been three safeguarding referrals, but none of these had been notified to us.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

When we asked to see one person's care plan and daily records, these were not available in the office on the first day of our inspection and had to be forwarded to us the following week. One person's care notes had not been retrieved from their property which meant we could not inspect these.

The failure to keep records which accounted for the care delivered to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection in March 2016 we identified issues with the governance and management of Medicine Administration records (MAR) charts. Medicines audits were now being carried out each month when MAR charts were returned to the office, and these were more robust and detailed when it came to identifying gaps or omissions. For example we saw that in several of these audits it had been arranged for staff to undertake additional refresher training and competency observations to address failures to sign MAR charts.

There was a registered manager in post, who was supported by a director, care manager and field care supervisor. When we asked the staff we spoke with if they felt supported by the management team, all of them responded "yes". However we received mixed feedback from people and their relatives when we asked them if the management team was approachable and responsive to their needs. One person told us, "I have spoken to the office and spoken to [registered manager] about some of my issues. He says he'll call you back but doesn't." Another person said they did not know the name of the registered manager and told us, "I've had no phone numbers or anything so I wouldn't know who to speak to if I wanted to." A relative said, "I've had a few problems with some of the managers- they sometimes seem to cause problems unnecessarily and put a lot of pressure on their staff." However another person did say, "If I've ever needed to speak with the manager then I've been quite happy with how they've handled things. It's only been a couple of occasions since we started when I've needed to speak with them. Overall I'd say they're very good."

Since the last inspection the service had sent out questionnaire surveys to people to ask for their feedback. A report had been developed to collate people's comments and concerns. We saw that while most of the



respondents were happy with the service provided, there was no evidence of how issues were being addressed with those who had raised concerns. For example four people had made comments regarding the lateness of care staff, but no action was taken to address these concerns. When we asked one of the management team about this they told us they would usually speak to the person informally to resolve this, but it was apparent from people's feedback that they did not always feel the office staff were responsive to their concerns. One person had written that their staff did not always turn up for arranged visits and that the office had not responded to them when they had called to highlight this. Nine of the 14 people who had responded had rated the service 'average' or below when asked if carers attended their visits on time. Three relatives had raised similar concerns. An employee satisfaction survey had been sent following the last inspection with most employees providing positive feedback when asked if they felt supported in the work they did. Telephone monitoring calls were made to people every month to ask whether they were happy with the service being provided and had any comments or feedback. The service had introduced compliment forms which were filled out whenever people had positive feedback about a specific member of staff.

Since our last inspection the service had employed a compliance and quality lead who had begun the process of auditing each aspect of the service against the Health and Social Care Act Regulations. They were able to tell us about the things they had identified that needed improvement, and the tools they were using to monitor progress in resolving these issues. We saw that for training and supervisions, matrixes had been introduced which gave oversight of when they were due. This demonstrated that the provider was committed to improving the overall quality and compliance in the service and had a clear and focused action plan to work towards for the future.

Staff told us they had the opportunity to contribute to the service through team meetings. One member of staff said, "We meet every so often, there's usually a lot to talk about and they're good at giving us all the updates and news to take into the field." Two staff meetings had taken place since our last inspection and we noted that they had discussed the rota management, where staff not receiving rotas in advance was raised as a concern. We saw that some of the issues from our last inspection had been discussed, for example the lack of MAR charts for creams and topical solutions. Staff were given opportunities to make suggestions for improvements that could be made.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The CQC were not being notified of safeguarding incidents when they occurred.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Rotas were not being managed or monitored in a way that allowed staff to be deployed consistent to attend visits on time. Required paperwork was not being kept by the service and was not available on inspection.