

Teonfa Limited

Teonfa Ltd

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Teonfa Ltd is a domiciliary care agency providing personal care to people in their own homes. The service provides support to older people and people with physical and mental health needs as well as people with a learning disability and autistic people. At the time of our inspection there were 54 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support: People were at risk of harm because risks were not always fully assessed. Risks in relation to moving and handling, catheter care and falls had not been fully explored. There was limited guidance to staff to keep people safe as risk assessment were missing in some areas.

There were enough staff deployed to meet peoples needs and they were recruited safely. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where required, the provider ensured mental capacity assessments were undertaken and people were supported to be involved in decision making. Staff enabled people to access specialist health and social care support in the community.

Right Culture: Audits were not always effective and did not identify the shortfalls around risk assessment that were found during this inspection. People were involved in decisions about their care and were able to express their views. Feedback about people's experiences of care was gathered through questionnaires, telephone calls and spot checks. Spot checks of staff were carried out to monitor care standards and identify where improvements were needed. People told us staff were kind, caring and attentive to their needs. Peoples wishes and preferences were respected.

Right Care: Staff understood how to protect people from poor care and abuse. Staff received training on how to recognise and report abuse and they knew how to apply it. People's needs were assessed before they started using the service. When people needed help with eating and drinking, or assistance to prepare meals, this information was recorded in their care plan. The provider worked in partnership with other

healthcare professionals to meet people's needs and in response to changes or concerns about people's health. Staff spoke positively about their training.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 15 March 2023) and there were breaches of regulation. These were in relation to person centred care, need for consent, safe care and treatment, safeguarding, governance, fit and proper persons, and staffing. We issued warning notices in response to these breaches. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 15 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Teonfa Ltd on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk assessments and audit processes at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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
Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective
Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring
Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive
Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well led
Details are in our well led findings below

Requires Improvement ●

Teonfa Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors and 2 Experts 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 05 July 2023 and ended on 10 July 2023. We visited the location's office on 05 and 06 July 2023. We visited people in their homes on 05 July 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and other professionals who

work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people and 5 relatives. We spoke with 6 members of staff, including the registered manager, quality compliance officers, care staff and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from 18 staff.

We reviewed aspects of 8 people's care records including medicines records. We reviewed 5 staff recruitment files. We also reviewed a range of documentation including the provider's quality assurance records and a selection of policies.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to establish systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Infection prevention and control risks were not mitigated, medicines were not managed or monitored safely, and required assessments and protocols were not in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- Systems to assess and mitigate risks to people were not always effective. We found hazards to people had been identified in care plans, however these had not all been assessed using the provider's risk management plan. This placed people at risk, as staff did not always have the required information to provide safe care and reduce risks associated with people.
- The provider was aware of the need to add these known risks to people's risk management plan, and we saw evidence of reviews where this had been completed. This work was ongoing.

Identified risks to people did not always have corresponding risk management plans in place to support staff to reduce risks to people. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to our findings and updated people's records immediately where we had identified shortfalls.

- Risk management plans that were in place, provided clear directions for staff to follow and guidance on when to escalate any concerns to other health care professionals. The provider had completed a comprehensive review of people and was updating their risk management profiles. This included risks associated with falls, choking and catheter care.
- The provider carried out an environmental assessment in people's homes which allowed them to identify and mitigate risks in addition to seeking further support where needed. For example, in relation to hoarding behaviours.
- Medicines were administered safely. There was clear guidance for staff to follow. The provider had

improved contact with local pharmacies and GP surgeries to ensure any changes to people's medicines were communicated promptly.

- People using 'as required' (PRN) medicines had a 'PRN protocol' in place. This gave details to staff about what the medicine was used for and when the medicine should be administered.
- Staff received medicines training which included regular competency checks. Where staff needed further support, we saw evidence of ongoing one to one supervision and training.
- The provider ensured staff followed effective infection prevention and control measure to keep people safe. Staff had access to personal protective equipment (PPE). We observed staff using PPE appropriately.
- Care records included information about good hygiene practices and risk assessments were in place to reduce the risk of infection.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not ensured systems were effective in preventing and protecting people from abuse and improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse. Staff received training in how to identify abuse and keep people safe. One staff member told us, "I know what signs to look out for and would report to my manager right away."
- People told us they felt safe. One person said, "Yes, they're amazing. I feel so comfortable with them, and I can't fault them." Another said, "Yes we do, we feel very safe."
- The provider had policies and procedures in place to safeguard people from abuse. The registered manager referred safeguarding concerns appropriately to the local authority and other stakeholders as required.

Staffing and recruitment

At our last inspection the provider had not ensured recruitment systems were operated effectively to ensure staff were fit and proper to carry out their role. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider ensured staff were recruited safely by undertaking robust pre-employment and identity checks. These included a full employment history, employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider recently recruited a specialist human resources team to oversee staffing and recruitment. For example, when any discrepancies were identified in documentation such as references, the team investigated this further to verify the information. Gaps in staff employment were explored and reasons recorded.

At our last inspection the provider had not ensured staff were deployed in ways that ensured care visits

occurred as scheduled. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18.

- People received care at the times agreed with them. One relative told us, "We've got it down to the best times to suit [person], sometimes [staff] are a bit late but it's circumstantial. They've never missed a call." Another person said, "They've been very fair, and the manager does ask if we're happy with timings."
- Analysis of Teonfa's data for care visit times showed a marked improvement since the last inspection. The provider used the data to identify any themes or trends which impacted upon the calls, for example, poor weather or staff sickness.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager. Patterns and trends were considered as part of this review process, and these were discussed at weekly staff meetings to share any learning. This meant actions could be taken to reduce the risk of the same thing happening again.

Is the service effective?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff were supported to have the right skills, knowledge and understanding to perform their roles. This placed people at risk of harm. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made enough improvement and was no longer in breach of regulation 18.

- People were supported by staff with the right skills and knowledge to keep them safe and respond to their needs.
- Since the last inspection, the provider had extended their induction training. Staff received a 5-day, face to face training period with the nominated individual. This covered a number of topics such as safeguarding, moving and positioning, and medicines. There was further online training to supplement this.
- Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider checked staff to ensure they were competent to carry out their role. Where staff did not meet the required competencies, we saw evidence they were supported with additional training and one to one support to help them achieve this.
- Staff told us they felt supported by the management team. One staff member said, "I receive sufficient support to do my job, support from [deputy manager] whenever needed, they're always ready to listen. [registered manager] is also very supportive and understanding, this has created a positive work environment."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection the provider failed to have effective systems in place to ensure staff practice followed the principles of the MCA. People had experienced unlawful restrictions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- The provider was working in line with the Mental Capacity Act 2005 (MCA). Where it was unclear if people had capacity or their capacity fluctuated, we saw evidence that a thorough MCA assessment was completed. Relevant people and professionals were involved.
- The provider had reviewed their consent policy and were in the process of updating their records with renewed consent forms from people who used the service.

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

- People's diversity and preferences were included as part of the care planning process. For example, 1 person's care plan was clear about a person's gender identity and how they chose to identify.
- Peoples' needs were assessed prior to joining the service and were regularly reviewed. The provider recently carried out a formal review for all people using the service. They had updated people's care plans and involved people and their relatives in this process. This included sending out the updated care plans to people to request their feedback.

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

- Some people required support with eating and drinking. Where they did, people told us they had no concerns in this area.
- Risks to people associated with eating and drinking were assessed and risk assessments were in place to support staff in this area. For example, 1 person required a pureed diet to reduce the risk of choking. The care plan highlighted this and gave examples of the texture and types of food the person was able to eat safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. One person told us, "They'll call the nurse to see me if I don't seem right and the doctors if I need them." Another person said, "A little while ago a carer noticed I was under the weather so contacted my doctor, so I was able to get an appointment, this was appreciated."
- Care records gave guidance to staff on where to seek alternative support for people if they required it. For example, community mental health team and social care services.

Is the service caring?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were positive about the service they received. People told us staff were kind, caring and attentive to their needs. One person told us, "Yes, they're lovely. We have a laugh together. They help me do things around the house and just generally go above and beyond for me. I have the same 2 staff every time near enough." Another person said, "Yes, they're amazing. I feel so comfortable with them, and I can't fault them."
- Relatives were complimentary about the service. One relative said, "They're very gentle in how they take care of [person]. [Person] doesn't complain about them which they would if they were unhappy." Another relative said, "They're very kind to [person] and always have a joke with them. They call [person] by their name which is important to us."

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

- People were involved in decisions about their care and were able to express their views. People told us they had opportunities to feed back. One relative told us, "We have review meetings every 6 months." A person said, "I've got a care plan in the kitchen and every week they check it and add paperwork to it. They all know what's going on."
- People were contacted by a member of the management team 2 weeks after joining the service. The purpose was to gather any initial feedback from people and to find out if there was anything they would like to change.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person told us, "They [staff] have some really good ideas; they have helped me organize a white board to help with what I have in the freezer and shopping." Another said, "They always ask me what I want, they never just do it."
- A relative said, "[Person] was offered male carers when the female carer was late, but they said no, and this was respected."

Is the service responsive?

Our findings

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection the provider failed to ensure sufficient guidance for staff to ensure people's care needs could be met in a way that reflected their preferences and respected choice. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 9.

- People received personalised care based on their preferences. Care plans reflected people's wishes and preferences. For example, 1 person had a specific night time routine, this was clearly recorded and visit records confirmed this was followed.
- Care plans provided staff with the information they needed to provide care and support to people in line with their preferences. The registered manager told us they involved people in the writing and reviewing of care plans where possible. People we spoke with confirmed this.
- Staff received training in end-of-life care and understood their responsibilities when supporting people at the end of their life. Care plans included a section where any preferences or wishes were recorded. Where these were blank, the registered manager explained some people did not wish to discuss this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans gave information about their communication needs. The provider completed an accessible information questionnaire as part of the assessment process. This information was used to develop people's care plans.
- Care plans were clear where people required adaptations or equipment, for example, if a person required glasses or a hearing aid.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which enabled people to make a formal complaint. Where people had made a complaint, this was recorded and followed up by the registered manager.
- People and relatives told us they felt able to make a complaint if they needed to. One person told us, "Yes,

I feel I could make a complaint, I speak to [registered manager] in the office."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection we found systems were either not in place or not robust enough to demonstrate quality was being monitored and assessed. Staff competence was not being effectively monitored and managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17

- Systems and processes to monitor the service were not always effective. Care plan audits did not identify the issues we found at this inspection, for example, missing risk assessments. This meant the provider could not assure themselves records were accurate and contained information needed by staff to keep people safe.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had introduced a management audit which covered a number of key areas in the service. For example, inductions, training, statutory notifications, and competencies. This supported the registered manager to have effective oversight of these areas of service.
- Office staff supported the registered manager with quality assurance checks, there was clear guidance for staff on how to complete these.
- A daily audit had been developed, this provided staff guidance on what should be included in peoples visit notes, these were checked daily, and feedback was provided to staff to drive improvement.
- Competency checks were completed for areas such as medicines and personal care. These were reviewed by the management team and any actions followed up with staff on a one-to-one basis. For example,

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and nominated individual were committed to providing good quality care to everyone. Staff were positive about the management in the service, they told us they felt supported and were encouraged to give feedback to improve the service.
- Feedback from people and relatives about the management was positive. One person said, "The manager visits once per month and is trying to make things more person centred." Another person told us, "They've improved immensely, they're really nice people and we've got no complaints about them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings took place for staff in all roles. This included a weekly 'governance' meeting. This covered a range of areas to enable good management oversight. For example, medicines, incidents, supervision, and training.
- At the time of our inspection, surveys had been conducted with some people and staff. The results of surveys had not yet been analysed to identify patterns and trends.
- People were involved in the service and asked for feedback. One person told us, "Yes they come twice a year to check up on the [staff] and see if I'm happy."

Working in partnership with others

- Staff worked in partnership with the local authority, various other agencies, and health professionals when people needed support from external agencies. For example, staff contacted the local fire brigade to provide guidance and support to people about fire safety in their homes.

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 12 HSCA RA Regulations 2014 Safe care and treatment Identified risks to people did not always have corresponding risk management plans in place
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not identified the shortfalls in relation to risk assessments