

Celtic Care Services Limited

Celtic Care Services Ltd (Swindon and West Wilts)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected Celtic Care Services Limited (Swindon and West Wilts) on 18 March 2015. Celtic Care Services Limited (Swindon and West Wilts) is a domiciliary care service which provides care and support for people who live in their own homes. At the time of our visit 53 people were receiving personal care from the service.

This was the first inspection carried out by the Care Quality Commission at this location.

There was not a registered manager in post at the service. It is a condition of the services registration that a registered manager is in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

The service did not always have effective systems to monitor and improve the quality of service people received. People's views were sought, however these views were not always acted upon. Where senior care staff had implemented action plans around care staff performance, these actions were not always followed.

People's care plans were not always personalised and did not provide information on people's preferences. Where risks had been identified around people's care, guidance was not always provided to care staff to support people safely.

People benefitted from positive relationships with care staff. Care staff knew the people they cared for, including their hobbies and preferences. Where people made decisions around their care these views were respected.

People were supported with their nutritional needs and received support to take their medicines as prescribed. Care staff supported people to maintain their relationships and attend healthcare appointments where appropriate.

Care staff were supported to develop professionally and have regular supervision (one to one meetings with their line managers). Care staff had the training they needed to meet people's needs, which included specialist training where required.

Care staff had an understanding of consent, and people told us they were always asked for their permission by care staff. Care staff had received training around the Mental Capacity Act 2005 (the MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time).

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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. Where care staff had identified risks, guidance was not always available to care staff to protect themselves and people from these risks.

Staff had knowledge of safeguarding and knew how to report concerns.

People told us they received support regarding their medicines.

Requires Improvement



Is the service effective?

The service was effective. Care staff had the training they needed to meet the needs of people.

Staff had a good understanding of the Mental Capacity Act 2005 and spoke confidently about providing people with choice.

People were supported with their nutritional needs and were supported to attend healthcare appointments.

Good



Is the service caring?

The service was caring. Care staff treated people with kindness, respect and compassion.

People had the information they needed and were involved in their care.

Care staff knew the people they cared for and spoke positively about providing personalised care.

Good



Is the service responsive?

The service was not always responsive. People's care plans were not always reflective of their needs.

People and their relatives told us they were involved in reviewing their care needs.

People and their relatives told us they knew how to complain and felt their complaints were acted upon.

Requires Improvement



Is the service well-led?

The service was not always well led. There was no registered manager employed at this service. Having a registered manager is a condition of the service's registration.

The service did not have effective systems to ensure the quality of service people received. People's views were sought, however these were not always acted upon.

Requires Improvement



Summary of findings

People, their relatives and staff had the information they needed. The provider was transparent with communication.

Celtic Care Services Ltd (Swindon and West Wilts)

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.

This inspection took place on 18 March 2015. We gave the service 48 hours' notice of our intention to inspect. The inspection team consisted of two inspectors. Before and after our inspection we spoke with people who used the service and their relatives.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a

notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams and sought the views of one healthcare professional.

We spoke with 7 of the 53 people who were receiving care and support from Westminster Homecare Limited (Oxford). We also spoke with five people's relatives. We received feedback from a further three people through questionnaires.

We spoke with a senior care coordinator, four care workers, the provider and a manager based at the provider's Chippenham office.

We looked at 12 people's care records including their medicine records and at a range of records about how the service was managed. We reviewed feedback from people who had used the service and a range of other audits.

Is the service safe?

Our findings

Where care staff had identified risks, guidance was not always available to care staff to protect themselves and people. For example, care staff had identified one person who exhibited behaviours which challenged. Care staff had recorded when the person was anxious in their daily care records. When we looked at the person's care plan and risk assessments there was no assessment of this, or the risk to the person and care staff. We spoke with care staff about this person, and another person who could exhibit behaviours which challenge. Some care staff told us how they would assist people and reassure them using their knowledge of the individual person. However other care staff did not know either person exhibited behaviours which challenge, or how to assist these people when they were anxious.

Two people's needs had changed regarding the assistance they required with their prescribed medicines. One person was refusing their medicines, which posed a risk to their wellbeing. The person had a medicine risk assessment, however this provided no guidance to care staff on how to assist the person, or who to inform if they had concerns regarding the person's welfare. The other person had requested more support with their prescribed medicines from care staff, however there was no information in the person's care assessment or risk assessment of the support they required.

Risk assessments showed staff had identified concerns with the environment in which people received their personal care. Where risks had been identified, there was no clear guidance for care workers to follow to ensure people and care staff were protected from the risks.

These concerns were a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these concerns with the provider and manager of the service's Chippenham branch. The manager of the Chippenham branch informed us they had discussed risk assessments with senior care workers. Following our inspection the provider provided us with information on how they would ensure risk assessments were updated to provide clear guidance to care staff.

People and their relatives told us they felt safe when supported by care staff. Comments included: "I do feel my husband is safe, very safe", "safe, oh yes" and "yes I'm safe, I have no problems."

Staff we spoke with had knowledge of types of abuse, signs of possible abuse, which included neglect and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the provider or senior care staff. One care worker said, "I'd call the office straight away. Otherwise I know I can call social services." Another care worker told us, "I'd ring the office. If I wasn't happy I could call the social worker, and in an emergency the police. Care staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

The provider worked with the local authority safeguarding team to ensure people were protected from abuse. For example, during our inspection the provider was involved in a safeguarding meeting due to concerns of one person being at risk of financial abuse. We saw a record of safeguarding alerts raised by the provider and senior care staff. We spoke with a senior care worker who informed us of their responsibility to ensure concerns were raised to local authority safeguarding.

People and their relatives told us they received the majority of their care visits when they expected. No one told us their care visits had been missed in the months leading up to our inspection. Comments included: "They are more or less on time, they do sometimes get held up at the previous call but that's to be expected in this work. They often phone to say they are delayed", "There's new road works nearby that can hold them up but they are usually ok. They've never been more than 5 minutes late", "They are usually on time."

Care staff told us there were enough staff to ensure people received the care they needed to meet their needs. One care worker said, "I feel we have enough staff. I'm never late, if I was going to miss a call, I'd call the office. Another care worker told us, "I had one missed call, however I called the office and they sent another care worker."

Senior care workers based in the office told us how they ensured people received their care visits as expected, they also told us they were trained and could provide care to people if staff were held up. We looked at how people's care calls were allocated and saw the provider had systems to identify if calls were running late or missed. One senior

Is the service safe?

care worker told us, "we get alerted if a carer is running late. We can provide this care if needed." They also told us, "We are aware of local road works, and ensure carers have the time they need to travel." Care staff confirmed they were given time to travel.

Moving and handling risk assessments, were detailed and gave care staff the information they needed to support people to mobilise. One person required the support of two care staff to assist them with their mobility. Clear and detailed risk assessments around moving and handling were in place regarding the equipment needed, such as a hoist and sling and how care staff should involve people.

People told us they received their medicines as prescribed. Comments included: "They have to remind me to take my tablets, they are very good." and "They just help me, no problems. It comes from the plastic container and they just pop them out for me." Staff told us they had the training they needed to provide people's medicines. One care worker told us, "I've had training to prompt and administer people's (medicines). Then I record what they've taken. I always check before opening the box if the client wants their medicines."

Is the service effective?

Our findings

People told us care staff had the training they needed to meet people's needs. Comments included: "We only need light care but they deal with it very well", "they meet my needs very well thank you", "They are very good. With mother's dementia, they are patient and talk to them taking their time. They clearly know what they are doing" and "I don't need much help but what they do for me is good."

One person's relative told us their relative had specific healthcare needs, which required staff to have training from community nurses. They said, "the staff have had the training they needed to carry on meeting their needs." Care staff told us where they needed training, the provider and senior care staff ensured this was provided. One care worker said, "I've had specialist training. This has helped." Care staff also told us, and records showed, they had access to training such as moving and handling, food hygiene and safeguarding.

Care staff had the opportunities to develop further professionally with support from the provider. Comments included: "If I ask for further training they would listen", "If we ask for extra training, we get it. I asked for NVQ [a qualification in health and social care] training and I'm doing it" and "I have the training I need and have requested."

Care staff received frequent one to one supervision meetings and an annual appraisal with their line manager. These meetings were used to discuss training needs and any concerns or performance issues. Care staff were also asked for their views on training and any concerns they had working in the service. One care worker told us, "I get to have my say at supervision." Another care worker said, "We get them, and we also get spot checks."

Care staff we spoke with told us they felt valued and supported by the provider. Comments included: "Yes I am definitely supported to make the right decisions", "They definitely support us" and "I love my job and the support I have."

Staff had received training around the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Some of the people receiving a service were living with dementia and did not have the mental capacity

to make certain decisions regarding their care and treatment. Where people were unable to make choices, decisions were made in their best interests. Care staff told how they supported people and promoted choice for people with dementia around day to day decisions. Care staff said they ensured people had the information they needed to make decisions around food, drink and the decisions they could make. Care staff said: "One person can't remember they are in their own home. I make sure everything is safe and reassure them" and "I always offer choice, and the information people need to make a choice."

People and their relatives told us care staff always asked for consent. Comments included: "They [care staff] are very good that way. Always asking me if it is alright" and "they always ask them [relative] before helping them."

Where people needed support to maintain their nutritional needs, care staff had clear guidelines to support them. One person required support from care staff to help prepare their meals. This person told us, "I have food intolerance so I need everything prepared. I think they do an excellent job." The person's care plan showed how the person should be involved in preparing their meals, and information was available to care workers on the person's dietary needs.

People told us when possible care staff gave them choice of their meals. One person said, "my family provide all my meals. The staff always offer choice from what's available. They always ask and I appreciate that."

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support with their mobility were supported by physiotherapists to ensure they had the equipment they required. Where care staff had concerns about people's healthcare needs, they could access support from social workers and community nurses. People's care plans contained a clear record of the support people needed around their health such as diabetes and Multiple Sclerosis. One relative spoke positively about the working relationship between care staff and Multiple Sclerosis nurses.

One person spoke positively about how the office reorganised their call visits to enable them to attend health appointments. They told us, "they're flexible and willing. I can't fault them."

Is the service caring?

Our findings

People and their relatives were positive about the care staff. Comments included: "They are caring. I now have regular carers, it is better", "Very caring. They cope well. My relative can be rude, but they [care staff] get on with it" and "I'd say they were caring. Very polite and very chatty."

Care staff treated people with respect and gave them the information they needed. One relative told us how their relative was reluctant to have a bath. They told us, "Staff are very caring and thoughtful. My relative is not keen on having a bath so through the week they remind them bath day is coming so it is not a shock for her on the day."

People and their relatives told us they were treated with dignity and respect by care staff. Comments included: "they promote dignity. They close doors and pull curtains shut", "they cover my relative up when caring for him. That's good" and "I am treated as an individual. I have no complaints on that score."

Care staff told us the importance of respecting people's dignity. One care worker told us, "I cover them up when I give personal care. I shut curtains and blinds, to make sure it's private." Another care worker said, "I ask permission first, then close doors and curtains. I put the latch of the door as well if relatives are outside, but only with their [the person's] permission."

One person told us how they only wanted male care staff to provide their care. They told us they had discussed this with the provider and their choice was respected. They said, "I get the same people every time and that's very important to me. I have to have male carers and that's what I get."

Care staff respected people's cultural and religious needs. One care worker told us about one person who practiced their religion. They said, "I know not to disturb them, when they are praying." One person we spoke with said, "staff respect my cultural needs and choices."

Care staff supported people to be involved with their care. One care worker said, "I am close to my clients and I give them choices. I ask them what they want to do and I do it." Another care worker told us, "giving people choice is a big thing for me. I give them options, but I let them choose. I ask them what do you want me to do". One person said, "I'm always given choice."

One relative told us how their relative was supported by consistent team of care workers. They said, "we have consistency now, which is positive." We spoke with a care worker who assisted this person with their care. They told us how they knew their preferences around what they liked to do, what they liked to listen to and watch on television.

One care worker told us how they were always supported to know people and respect their preferences. They said, "I get to know things you only get to know by doing the job. One likes the crust cut off their bread and their tea a specific way. All those things are important to them, so I respect them."

Care workers told us how they were given time to build relationships with people when starting their care. For example, one care worker told us they were given time to shadow other care workers providing one person's care. They said, "I was introduced and I shadowed, I didn't provide care and was supported to get to know the person." People and their relatives told us care workers were introduced to them before providing their care. One person said, "I got to know them [staff] a little before they cared for me. It was pleasant."

Is the service responsive?

Our findings

People's care plans had been reviewed by senior care staff. People were involved in these reviews and were asked if there were any changes they needed around their care. One person had requested to have extra calls, as their needs had changed. We looked at this person's care plan which did not document that this change had occurred. We discussed this with a care worker who told us about these changes and the care the person required. The service had sought approval for this change from social services, who funded the care, on behalf of the person.

People's views were sought at care reviews however these were not always acted upon. For example, one person had requested their morning call times were carried out at a different time. There was no evidence this request had been looked at and had been responded to. We spoke with this person who told us they had not been supported to discuss this change.

Care plans did not always contain accurate information about people's needs. This put them at risk of inconsistent care or not receiving the care and support they needed. For example, one person required assistance from care staff around their catheter care. We saw this need had been identified in a review of their care, however there was no clear guidance to care staff around this need. Care staff told us they had received training to meet this person's needs.

Care plans did not always contain the preferences of people. For example, one care worker told us about how they talked with one person about their job when they were anxious to relieve their anxiety. We looked at this person's care plan which did not contain this information. One relative told us, "the care workers are good, however the records don't always document the small things care workers need to know."

These issues were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people needed support around their personal hygiene and nutritional needs these were clearly recorded. Where people were to be offered a choice, this was often noted. One person needed support with their meals and always wished to be asked for their preferences. We spoke with this person, who said, "they make sure I'm happy, they offer me choice."

One person had specific health needs, which were clearly noted in their care assessment. The provider had ensured that information on this person's health needs was made available to care staff so they could assist the person and ensure their needs were met.

People told us they knew how to make a complaint and had a copy of the service's complaints policy and information regarding complaints. People spoke confidently about raising their concerns, and felt they were listened to. Comments included: "I've never had a problem which I've needed to sort out. If I had a concern I would go to the boss [provider]", "yes, I've made complaints twice in the past and they were very good. All fixed" and "I have raised concerns in the past. They are responsive when I've raised concerns".

The provider had a log of complaints they had received throughout 2014 and 2015. A number of these complaints related to changes in the management of the service in 2014. Concerns and complaints were responded to and improvements had been made. For example, one person had raised a concern about care staff's use of social media. The provider took immediate action and discussed the service's social media policy with all care staff.

Is the service well-led?

Our findings

There was not a registered manager in post at the service. It is a condition of the services registration that a registered manager is in post. The last registered manager left the service in September 2014. At the time of our inspection the manager of the provider's Chippenham branch and the provider were overseeing the management of the service. Two care coordinators and a senior care worker were managing the service on a day to day basis.

The service did not have effective systems to monitor the quality of service people received. The service carried out a quality assurance survey in the autumn of 2014. This had had collated people's views regarding the service. 50% of people said they were not always informed when care workers were arriving late to provide their personal care. There was no evidence of how the provider used this information to make improvements to the service following people's comments. Some of the people we spoke with told us they still were not always informed if their care workers were arriving late.

Senior care staff carried out spot checks on care workers to ensure they were providing quality care. One care worker had been observed assisting a person with their mobility. The senior care worker identified the care worker needed retraining in moving and handling. At our inspection we found this training had not been undertaken. We spoke with the care worker who confirmed this. This meant that actions set to improve the quality of the care people received had not been followed.

People and their relatives had mixed views about the approachability of office based care staff. One person said, "they can be quite abrupt". A relative told us, "A few times I have called, they have been quite sharp." However other people were more positive. One person said, "they're alright, they sort me out". A relative said, "the office responds well when I call."

We discussed these concerns with the provider and manager of the Chippenham branch. They told us the

actions they had taken and were planning to take to ensure they could monitor and improve the quality of the service. These concerns were a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers spoke positively about the support they received from the provider and senior care staff at the branch. They felt they had the information they needed and that senior staff were approachable. Comments included: "They are approachable. They are very supportive", "they are pretty good. If I ring with a problem, they'll do something about it." and "Definitely, I can call them with anything."

People, their relatives and care staff felt the service was open and honest and shared the information they needed. Comments from people and their relatives included: "I think so, yes", "Open and honest, yes" and "they're decent people. They do a good job." Care staff told us: "I think it is (open and honest). They are supportive, and make decisions when there are problems" and "We get information in letters which gets the message across. We get updates on people's care."

The provider organised staff meetings and provided meeting minutes to staff. Within meeting staff discussed concerns, changes in policies and feedback from people who used the service. Care staff spoke positively about team meetings.

The provider carried out audits of the service to ensure people's care documents were reviewed. Following our inspection the provider sent us a copy of their last two audits. The provider used these audits to ensure their expectations in managing the service were being met.

Care workers understood the whistle blowing policy and felt the provider was open to discuss concerns. One care worker said, "I have the information I need, the numbers I can call." Another care worker told us, "I've had training and I'm confident. I can raise a concern and I would."

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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>How the Regulation was not being met: The provider did not always take proper steps to ensure people were protected against the risks of receiving inappropriate care and treatment as assessments of their needs were not always conducted. 9 (1) (a).</p> <p>This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met: The provider did not have effective systems to monitor and ensure the quality of care people received. People's views were sought, however these views were not always acted upon. Regulation 10 (1)(2)(a)(e).</p> <p>This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>How the regulation was not being met: People were not protected from the risk of inappropriate care and treatment as an accurate record of their needs had not always been maintained. Regulation 20 (1)(a).</p>

This section is primarily information for the provider

Action we have told the provider to take

This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.