

Mrs Sharon Maria Elaine Tedstone

# Celtic Care

## Inspection report

Bickland Business Centre  
Tregoniggie Industrial Estate  
Falmouth  
Cornwall  
TR11 4SN

Date of inspection visit:  
15 August 2017

Date of publication:  
30 August 2017

Tel: 01326377779

Website: [www.celtic-care.co.uk](http://www.celtic-care.co.uk)

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out this announced inspection on 15 August 2017. The inspection was announced a few days advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. At the last comprehensive inspection on 21 August 2015 the service was found in breach of the regulations regarding the support and training provided for staff. At our follow up focused inspection on 20 December 2016, the service was found to have taken effective action to meet the requirements of the regulations and the service was rated as 'Good'. The service was found to remain 'Good' at this inspection.

People told us, "I am lucky they (staff) also look after my well being," "They (staff) are good as gold, always friendly and very very good to me" and "They have a super reputation, no problems at all".

People were treated with respect by staff. People were asked how they wished their care to be provided. Staff respected people's wishes. For example, people were asked what they wished staff to prepare for their meal and what clothes they wished to wear.

Staff had received training in how to recognise and report abuse. Staff were confident about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The service was flexible and responded to people's changing needs. However, the service had vacant positions for one full time and one part time carer at the time of this inspection. These vacancies were being covered by existing staff.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff. People told us, "Oh gosh, they are all trained up" and "I know they all go for training."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People had care plans held both at the office of the service and in their own homes. Care plans contained information to direct staff on how to care for each person according to their needs and wishes. Regular reviews took place to ensure staff were aware of any changes in people's care needs. Information about any changes was communicated to staff via text message or telephone call. However, some changes were not always recorded in the care plan in a timely manner. The provider assured us that this issue would be

addressed immediately.

Staff were recruited safely to help ensure they were suitable to work unsupervised with vulnerable people in their own homes. Staff received regular supervision meetings with senior management. Annual appraisals were also carried out. This provided staff with an opportunity to discuss any training needs or professional development needed.

Staff were happy working for Celtic Care. The registered manager and assistant manager were clearly committed to providing a good service for people often going the extra mile for people who did not have anyone to assist them other than care staff. For example, arranging for repairs to be carried out in their homes and purchasing items on their behalf. People told us, "They always do more for you if you need help" and "They once nipped to the local shop for me and came back in 30 minutes because they were concerned that I might not be able to do it."

People told us, "The staff are always on time, absolutely brilliant I can't fault them," "They're always in uniform, they fold my clothes, bring down my dirty ones and leave the bathroom exactly as they find it" and "No problems, they are efficient, they fill in all the books and come and collect the time sheets once a month."

Staff told us there was good communication with the management of the service. Staff told us, "We get good support," "They (management) make time for you" and "They (management) are very supportive and very helpful whenever you need it."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The provider and assistant manager visited people in their homes regularly to check on their experiences of the service provided to them. A survey completed by 52 people and their families was overall positive about the care and support provided. People, and their families where appropriate, were provided with information on how to raise any concerns they may have. The service had not had any concerns raised at the time of this inspection. Compliments were received from grateful and happy people and their families thanking the service for their kind care and support. People commented, "Lovely ladies, lovely people", "very professional" and "We sometimes drop them notes of appreciation".

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained good

### Is the service effective?

Good ●

The service remains good

### Is the service caring?

Good ●

The service remains good

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Celtic Care

## **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.

The inspection took place on 15 August 2017. The inspection was carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has experience of the type of service provided by Celtic Care. We told the provider a few days before that we would be coming in accordance with our current methodology for the inspection of domiciliary care agencies.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. Prior to the inspection we spoke with 15 people who received a service from Celtic Care.

During the inspection we went to the provider's office and spoke with the registered manager and the assistant manager. We looked at six care plans, six staff files, training and supervision records and other records relating to the running of the service. We visited four people in their homes and met one relative.

Following the inspection we spoke with three further staff on the telephone.

# Is the service safe?

## Our findings

People and their families told us they felt safe in the care of staff from Celtic Care. Comments included, "I am lucky they (staff) also look after my well being," "They' (staff) are good as gold, always friendly and very very good to me" and "They have a super reputation, no problems at all".

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Most staff had received recent training updates on safeguarding adults.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and entry instructions. Staff were always informed of any potential risks prior to them going to someone's home for the first time. For example, if there were pets present.

Staff were aware of the reporting process for any accidents or incidents that occurred. The registered manager showed us that the records relating to incidents had been minor issues that happened to staff. There had been one incident in 2017 so far. There were no incidents or accidents that had taken place involving people who used the service.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. At the time of the inspection the service had staff vacancies for one full time and one part time post, which they were advertising to fill. Existing staff covered these vacancies at the time of this inspection and no agency staff were used.

The service produced a staff roster each week to record details of the times people required their visits and what staff were allocated to go to each visit. The roster showed some travel time between visits. Staff told us it was sometimes a rush to get from one visit to another. Celtic care covered approximately seven square miles around the area of Falmouth and the surrounding areas. This meant visits were relatively close together. The service had agreed with people to provide visits within 15 minutes either side of their preferred time. If staff found they were running late for any reason they would contact the office and this information would be passed to the person waiting for them.

People told us they had a team of regular carers and their visits were mostly at the agreed times. One relative told us they had a team of carers who knew their family member and the relative well. People and their relatives confirmed that they were always telephoned to be advised if staff were going to be unavoidably delayed and if a replacement care worker was going to be arranged for them.

A member of the management team was on call outside of office hours and carried details of the roster,

telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

Care records detailed whether people needed assistance with their medicines or the arrangements for them, or a family member, to take responsibility for any medicines they were prescribed. Staff prompted some people to take their medicines. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. No one was having their medicines given covertly. If medicines were given covertly it meant medicines that were hidden in food or drink. Some people were having assistance from staff with the removal and replacement of pain relieving patches. Appropriate records were kept of these medicines. Daily records completed by staff detailed what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

## Is the service effective?

### Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff. People told us, "Oh gosh, they are all trained up," "I know they all go for training" and "I think of them as wholeheartedly jolly, they talk to me. We have a good laugh and enjoy the company, they're all different and it all makes a big difference for me."

Staff completed an induction when they commenced employment. The service had an induction programme in line with the Care Certificate framework. The induction included training identified as necessary for the service, and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone.

There was a programme to make sure staff received relevant training and refresher training was kept up to date. The registered manager monitored the staff training requirements. There was a training room in the same premises as the office which had appropriate equipment to deliver training such as manual handling. This enabled the service to be responsive to staff training needs and arrange training at short notice or individual training for staff. If more specialist training was needed this was sourced from appropriate healthcare professionals. Staff told us they felt they had the necessary knowledge and skills to meet people's needs.

Some people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed. The staff liaised with health and social care professionals involved in people's care if their health or support needs changed. For example, the service was in regular contact with the district nursing service regarding people's pressure area needs when cared for in bed. Specialist equipment was provided as necessary. This equipment was regularly checked and serviced to ensure it was safe to use.

Staff supported some people at mealtimes to have food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices. For most people food had been prepared in advance and staff re-heated meals and made simple snacks as requested.

The senior management team provided staff with regular supervision and annual appraisals. The registered manager monitored this support and recorded when the next session would be due for individual staff members. This meant that staff had the opportunity to discuss their performance and identify any further training they required. Staff felt supported by the management team. They commented, "We get good support," "They (management) make time for you" and "They (management) are very supportive and very helpful whenever you need it." Staff received regular memos to pass on information. Text messaging and telephone calls provided the necessary communication for any short notice changes that took place. Staff meetings were held occasionally and these were minuted.

Staff told us they asked people for their consent before delivering care or treatment and they respected



people's choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care or specific carers. People told us any issues were effectively dealt with in a timely manner by the management team.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they provided care and support for people. They were seen to ask for consent before providing care. People confirmed the staff always asked for consent before they commenced any care and support. Care records showed that people, where able, had signed to give their consent to the care and support provided. Care records showed that where possible people had signed in agreement to their care plan. Care records clearly set out for staff where people were able to make simple choices and decisions for themselves. For example, what food they would like to eat and what clothes they wished to wear. Where people were unable to make specific decisions for themselves the service worked closely with other professionals, involved in the person's support, to make decisions in the person's best interests. The service recorded when people had appointed lasting power of attorney's to support them when they did not have capacity themselves.

## Is the service caring?

### Our findings

People received care, as much as possible, from the same care worker or team of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People told us, "They always do more for you if you need help" and "They once nipped to the local shop for me and came back in 30 minutes because they were concerned that I might not be able to do it." A relative told us, "Nothing is too much trouble for them. They come in and fill up my parents' house with laughter."

We were told staff treated people respectfully and asked them how they wanted their care and support to be provided. People told us they did not feel rushed. Staff were kind and caring. Staff had a good knowledge and understanding of people. Staff had regular visits to the same people, which meant they knew people and their needs well. Staff spoke with passion and enthusiasm about their work. They told us, "I love my job" and "I really enjoy this work, we have the time to do it all properly, there is always time for a chat with people."

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to move around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the unpaid carer was vital in helping people to continue to be cared for in their own home. The service was supporting a person to remain at home in line with their wishes. During this inspection several conversations were heard between staff and healthcare professionals to help ensure the family were supported as well as the person with care needs. Relatives told us, "They're very careful how they wash my mum" and "I'd like to say how good they are, actually I think they're wonderful."

People knew about their care plans and a manager regularly asked about their care and support needs so their care plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname. People told us staff always called them by the name of their choice.

## Is the service responsive?

### Our findings

Everyone we spoke with was positive about the service provided by the staff from Celtic Care. People were satisfied with their punctuality, smart uniform and courtesy. Many people told us that staff were always offering, and often providing, thoughtful extra support. People told us, "Just can't fault them at all, always appear between the agreed 9 and 9.30 times. Perfect" and "I've never had any bad carers at all,"

People were visited, where possible, before they started using the service to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed.

Care plans recorded details of each person's specific needs and how they liked to be supported. Staff were provided with clear guidance and direction about how to provide care and support that met people's needs and wishes. Details of people's daily routines were recorded in relation to each individual visit they received. This meant staff could read the section of people's care plans that related to the visit they were completing. Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any observed changes to people's care and support needs. Daily care records were collected regularly from people's homes and returned to the office for checking and archiving. We checked the visits for six people and found that they were provided at or very near to the time preferred by people.

One person's care and support needs had changed over the past two weeks prior to this inspection visit. Staff were aware of the changes and were meeting this person's needs. Healthcare professionals were involved in assessing this person's changing needs. However, this person's care plan had not been updated to take account of the changes. This was addressed at the time of the inspection. A meeting with the person and their family had been set up to discuss the new care plan and gain their agreement.

Staff were aware of people's preferences of the time for their visits. Staff told us they always tried to visit at the agreed time but sometimes the previous visit overran or traffic delayed them. When this happened they contacted the office so that the person could be advised. People could not recall when any recent visits had been missed. People commented, "They're even on time at Christmas" and "The car broke down once but they rang me to tell me they'd be late."

The service was flexible and responded to people's needs. During the inspection we heard one person call to alter the time of their visits to allow them to attend an appointment. This was agreed.

People said they would not hesitate in speaking with staff if they had any concerns. Details of how to make a complaint were in the care file in people's homes. People knew how to make a formal complaint if they needed to but told us issues would usually be resolved informally. The service had not received any formal complaints. The service had received compliments from people and their families for kind care and support that had been provided.

## Is the service well-led?

### Our findings

During this inspection it was identified that there had been a computer failure in the recent past and some documents such as the infection control policy had become lost. This was addressed during the inspection. Recently the filing of some staff supervisions and reviews of people's care and support had been delegated to another person. This had led to some documents becoming mislaid. Some were found during the inspection having been misfiled. The management team agreed that they would return to completing this filing themselves to ensure documents were not mislaid. It was agreed that such records would have a hard copy stored on the computer for safe keeping in the future.

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

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the day to day running of the service. They worked full-time in the service's office, working closely with the assistant manager in the day to day managing of the service.

The management team were passionate about providing good care and support. Staff were positive about the management team. Staff told us there was good communication with the management of the service. Staff said of management, "They always offer support and have your back" and "They never say they are too busy to help you."

The service had effective systems to manage staff rosters and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs.

The provider monitored the quality of the service provided by regularly visiting and speaking with people to ensure they were happy with the service they received. People and their families told us the management team were very approachable and they were included in decisions about any changes to the service they received. People confirmed someone from the office rang and visited them regularly to ask about their views of the service and review their care plan. The management team were quick to respond to any issues that arose. People told us they saw both the registered manager/provider and the assistant manager regularly. Comments included, "The boss always comes along on some visits too," "[assistant manager's name] comes around at least once a year" and "[assistant manager's name] has been up to see me two or three times."

People were asked for their views on the service in a survey carried out in March 2017. The open culture of the management meant people were comfortable sharing their views. People and their families were asked

for their views on many aspects of the service. The responses from over fifty people and their families were positive. One person commented, "Lovely ladies, lovely people", " very professional" and " We sometimes drop them notes of appreciation".