

Mrs Sharon Maria Elaine Tedstone

Celtic Care

Inspection report

Bickland Business Centre,
Tregonigge Industrial Estate,
Falmouth
TR11 4SN
Tel: 01326 377779
Website: www.example.com

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Celtic Care is a community service that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in the Falmouth area.

This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and give support with meals. People are also supported with domestic tasks and shopping as well as welfare checks if required.

At the time of our inspection 35 people were receiving a personal care service. These services were funded either privately or through Cornwall Council.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

Summary of findings

We carried out this announced inspection on 21 August 2015. We told the provider two days before that we would be coming. This was to ensure the registered manager and key staff would be available and we could access the service offices. The service was last inspected in October 2013 and was found to be meeting the regulations.

People we spoke with told us they felt safe using the service. Staff had received training in how to recognise and report abuse. However, they had not received regular refresher training on safeguarding adults. Staff were clear about how to report any concerns within the service and were confident that any allegations made would be fully investigated to help ensure people were protected. However, not all staff were clear on how to report concerns outside the service and did not know the local authority were the lead organisation for investigating safeguarding concerns. 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.

People told us, "Very good staff they know me well" and "Very respectful of my decisions."

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke positively about the care workers, comments included, "I am very happy with them (staff)," "I am thrilled to bits" and "I have been with them (the service) for years, and have never regretted going with them, I would recommend them."

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

The management 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.

Staff told us there was good communication with the management of the service. Staff said management were approachable and supportive. However, staff did not always receive regular supervision from the management team.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. Where the provider had identified areas that required improvement, actions had been promptly taken to improve the quality of the service provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the back of the full version of the 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 safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse within the service.
Staff were not aware of how to report concerns outside of the service.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Good



Is the service effective?

The service was not entirely effective. Staff did not always receive regular training updates to help ensure they had the knowledge and skills to meet people's needs.

Staff did not always receive regular supervision. Staff received annual appraisals.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Requires improvement



Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices about the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Good



Is the service well-led?

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided.

Good



Summary of findings

People were asked for their views on the service. Staff were supported by the management team.

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 21 August 2015. The inspection was carried out by one inspector. We told the provider two days before that we would be coming. This was to ensure the registered manager and key staff were available when we visited the agency's office.

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.

During the inspection we went to the service offices and spoke with the registered manager, the deputy manager and one member of staff who visited the offices during the inspection. We looked at five records relating to the care of individuals, five staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Following the inspection we spoke with six people who received a service from Celtic Care on the telephone. We also spoke with nine staff and two healthcare professionals who had experience of the service.

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, “Yes quite safe” and “I always feel safe with them (staff).” Healthcare professionals who had knowledge of the service provided by Celtic Care told us, “The carers appear confident in their abilities and are safe in the use of equipment.”

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. However, some staff were not clear about where to report their concerns outside of the service should it be necessary. Staff were aware of the whistleblowing and safeguarding policies and procedures. There was a ‘Say no to abuse’ poster on the wall at the office of the service giving information to staff on how to raise any concerns they may have.

Staff had received training on Safeguarding Adults, however not all staff had attended regular updates and staff were not all aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

Care records detailed whether people needed assistance with their medicines or detailed the arrangements for them to take responsibility for any medicines they were prescribed. The service had a medicines policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people’s medicines. Staff had received training in the administration of medicines however, they had not all received regular updates.

This contributed to the breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

In people’s care files assessments had been 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.

The service provided care packages at short notice. This meant that it was not always possible for a manager to visit the person’s home and complete a risk assessment prior to a care package starting. In these situations a senior care worker was booked to carry out the first visit. This enabled them to complete a risk assessment and pass any relevant information to other staff before they visited the person’s home.

Staff were aware of the reporting process for any accidents or incidents that occurred. However, the registered manager told us there had been no such incidents reported. Staff confirmed they were not aware of any incidents or accidents that had occurred.

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. The service recruited staff to meet the needs of people using the service and new care packages were only accepted if suitable staff were available. At the time of the inspection the service had staff vacancies which they were recruiting to. In the meantime some visits were covered by senior staff. Wherever possible the same staff visited people to help maintain a consistent service to people. People told us they had a team of regular staff and their visits were mostly at the agreed times. One relative told us, “We get the same staff most of the time, very good.”

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. We saw staff arrive during our inspection to collect their rota for the coming week. Staff were provided with the opportunity to discuss any issues relating to people’s needs with the management team at this time. The provider told us the service covered Falmouth and the immediate surrounding area. This meant staff did not have far to travel from one person to another and helped ensure efficient time management. Visit rosters showed some travel time was allocated for staff to travel from one person to another. Staff confirmed they had regular runs of work in specific geographical areas and if travel time was needed this was allocated on their rota.

Is the service safe?

The service had a procedure in place to deal with adverse weather conditions. This procedure helped ensure any visits made in extreme weather would be prioritised according to people's needs. For example people who may not have family or friends to support them. Staff would be able to reach some people on foot, due to the small area covered by the service, while other people had been assessed as able to manage without a visit for a short period of time, or had identified neighbours or family to provide the necessary support. The out of hours staff carried details of each person's needs in the on-call file, together with contact numbers for families and healthcare professionals to support staff when the office was closed.

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. People told us phones were always answered, inside and outside of office hours. One person told us, "I rang at midnight once as not feeling well, they were very helpful."

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.

Is the service effective?

Our findings

People received care from staff who knew them well, and were able to meet their needs. People spoke well of staff, comments included, “Very good staff they know me well” and “Very respectful of my decisions.” One relative commended the service saying they were, “Professional, showed warmth and communicated well.”

The service provided some training for staff in the service offices. There was equipment in the office which was appropriate to deliver training such as manual handling. One senior care worker had been trained to deliver training and provided the manual handling training for the care staff. This enabled the service to be responsive to staff training needs and arrange training at short notice. If more specialist training was needed this was sourced from appropriate external organisations. Some staff had attended training in areas that met people’s specific needs such as dementia care and bereavement. Staff told us they received training when they joined the service. However, not all staff had attended regular updates of training in subjects such as first aid, health and safety, and safe handling of medicines. The deputy manager, who provided supervision for the care workers, had not received regular updates of training such as First Aid since 2007, safe handling of medicines since 2010 and infection control since 2009. Two senior care workers who also had supervisory responsibilities for new care staff had not received updates in key areas such as food hygiene, and the Mental Capacity Act 2005. There was no system in place to help ensure staff received relevant training and refresher training in a timely manner.

Supervision is an opportunity for staff to spend dedicated time with a manager on a regular basis, providing an opportunity to discuss their work and identify any further training required. Appraisals are an annual opportunity for staff to have their performance over the past year reviewed. Most staff had received an annual appraisal. Staff received supervision, however, this was not provided on a consistently regular basis across the staff team. The deputy manager held a record of when each care worker had received supervision and when the next session was due. Some staff were overdue for their supervision. One care worker who had worked for the service for six months had not received any supervision following her probationary meeting. There was no clear plan set for this to take place.

The deputy manager and two senior care workers did not have any documented supervision. However, all three told us they had regular meetings with the registered manager and felt very well supported. The registered manager confirmed such meetings took place but they were not recorded.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following the inspection the registered manager told us they had arranged for a senior care worker, who is qualified to deliver training, to attend training sessions and then return to the service to train the rest of the staff team. This meant the service had a plan to address the concerns found at this inspection.

Staff completed an induction when they commenced employment. The service was in the process of amending their existing induction plan to meet the requirements of a new programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which 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 such a time as the worker felt confident to work alone. Staff found this support was helpful and training provided to them during this period enabled them to be able to meet people’s needs safely.

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 and liaised with health and social care professionals involved in their care if required. Staff sometimes accompanied people who used the service to hospital appointments or made phone calls to their doctor on their behalf. Staff communicated well with healthcare professionals and other agencies such as housing and contractors when supporting people’s requirements in their own homes.

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. However, this training had not always been updated. For most people food had been prepared in advance and staff

Is the service effective?

re-heated meals and made simple snacks as requested. However, one relative told us, “On the whole they (staff) are very good, but I often arrive at (the person’s) home to find they are sat in front of a cup of cold tea and cold toast. (The person) is unable to eat unsupported, so the care staff need to spend a little more time with them to ensure they have an adequate amount to eat.”

People were asked for their consent before care was delivered and staff respected people’s choices. 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. Care records confirmed that people had signed to give their consent to the care and support provided where they were able to do so.

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 MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care. There was a copy of the MCA Code of Practice available at the office for staff to refer to if required.

Is the service caring?

Our findings

People received care, as much as possible, from the same care worker. People and their relatives told us they were happy with all of the staff and got on well with them. People told us, “I am very happy with them (staff),” “I am thrilled to bits” and; “I have been with them (the service) for years, and have never regretted going with them, I would recommend them.” A healthcare professional told us, “I have never heard anything other than good things about the service.”

People told us staff always treated them with dignity and respect and asked them how they wanted their care and support to be provided. Staff were kind and caring. Staff had a good knowledge and understanding of people. People told us, “They (staff) always make sure they close my curtains at night and ensure I have a drink before they go” and; “I am very comfortable with my regular carers.” Staff had regular visits to the same people, which meant they knew people and their needs well. Staff spoke with enthusiasm about their work. They told us, “I am happy here,” “I do not feel any rush or pressure, we have the time we need to do what people want us to.”

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. The service recognised that supporting the unpaid carer was vital in helping people to continue to be cared for in their own home. One relative told us they often required additional unplanned visits to support them in a crisis and the service provided this.

People knew about their care plans and at reviews they were regularly asked about their care and support needs so their care plan could be updated as needs changed. Relatives confirmed they were aware of their family members care plan. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. People told us staff always called them by the name of their choice.

Is the service responsive?

Our findings

Healthcare professionals who had knowledge of the service provided by Celtic Care told us, “They promptly report any issues with their clients that may require nursing or medical intervention.”

Before, or as soon as possible after people started using the service, the manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed with the person, who was asked for their agreement on how they would like their care and support to be provided.

A copy of people’s care plans were kept in lockable filing cabinets at the office for reference. The contents of these care files were not secured together, but held loose inside a folded card which held the person’s name. Individual pages of information were easily moved out of the correct section and order. Pages were not numbered and some were not dated. This meant people’s care files could easily become difficult for staff to navigate to find what they required. Each person had their own care plan and assessments in their file at their homes. Care plans were personalised to the individual and recorded details about each person’s specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people’s needs and wishes. Staff were provided with specific information relating to people’s individual needs such as pressure area care and diabetes.

Staff told us care plans were kept up to date and contained all the information they needed to provide the right care and support for people. They 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 kept daily records of the care and support provided to people in their own homes. These records were regularly returned to the office for checking and filing.

The service was flexible and responded to people’s needs. One person told us, “I rang them when I got home from hospital once as I needed some shopping, they were wonderful.” People told us they always received the visit they were expecting at the time agreed. Care staff tried to ensure that people’s medicines and their care plans went to hospital with the person when they were admitted. This helped ensure the hospital staff would have all the relevant information they required about the person. When people commenced using Celtic Care they were asked to sign to consent to the staff sharing information with other agencies in the case of an emergency. During the inspection we heard staff speaking to the local hospital discussing ‘what was normal behaviour’ for the person and what was a change of needs.

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 Service User Guide provided when people commenced using the service. People were confident that they could raise any concerns with the registered manager and it would be addressed. The registered manager told us they had not received any complaints.

The service received compliments from people who used the service and their families and friends. Many contained comments such as, “Can’t praise them enough” and “Good support.”

Is the service well-led?

Our findings

Staff told us there was good communication with the management of the service. The management team were approachable and supportive. There was a management structure in the service which provided clear lines of responsibility and accountability. The owner was the registered manager and worked full-time in the service's office, working closely with the deputy manager in the day to day managing of the service.

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 registered manager did not accept new people in to the service who lived outside of the local community in order to sustain the quality of the service provided. The service took pride in providing a high quality responsive service that was flexible when required. At the time of the inspection the service had staff vacancies which were being recruited to help cover holiday and sickness absence.

The provider monitored the quality of the service provided by regularly 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 the provision of the service. People told us staff visited them regularly to ask about their views of the service and review the care and support provided.

Senior care workers carried out observations of staff working practices during a shift and completed spot checks at specific visits. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed.

People were asked for their views on the service. People and their families were asked for their views on the service in February 2015. The service had a larger number of people receiving support at that time. 53 people and their families responded to the survey. The feedback was positive. We did not see any analysis of this feedback or any action taken as a result of the responses. Following the inspection the registered manager sent us a copy of a testimony from a healthcare professional who had experience of working with the service. This was positive. We also received copies of records which showed staff liaised with external agencies and contractors to assist people with all aspects of their needs.

Staff told us they had regular staff meetings which they found helpful and supportive. However, there were no records of these meetings.

Where the provider had identified areas that required improvement, actions had been taken promptly to improve the quality of the service provided. For example the service had taken action against a member of staff following reports of their conduct. The care worker did not always provide care in the manner the service required. We saw a record of a disciplinary meeting which was held and the record of the verbal warning given to the staff member.

The service was accredited to Contractors Health and Safety Assessment Scheme and was advised of any health and safety changes which could affect people or staff. This meant the management were up to date about any developments in this specific area.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulation activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 HSCA 2008 (RA) 2014 (2) (a)