

Celtic Care Services Limited

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Inspection report

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Date of inspection visit:
28 September 2017
05 October 2017

Date of publication:
03 November 2017

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

Celtic Care Services Limited provides a care at home service for adults in Chippenham and the surrounding areas. At the time of our inspection 41 people were receiving personal care from the service.

This inspection took place on 28 September 2017. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

There was a registered manager in post at 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.

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because personal information about people using the service was not handled securely and staff were not always able to communicate effectively in English. The provider wrote to us to set out the action they would take to address these concerns. At this inspection we found the provider had made the necessary improvements. Personal information was being managed securely and staff were able to communicate effectively.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments included, "Staff have the right skills. They know what they're doing", "The staff all know what they're doing. They do everything that's in the care plan" and "They arrive on time as a rule and are very good to us. They always do what we ask them to".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. Comments from staff included, "I feel well supported. I have no faults [with the management team]" and "It's a good place to work. We get good support from the [staff in] the office".

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People and their relatives felt they could contact the office if needed and they also had contact numbers out of office hours, in case of an emergency.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

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 was safe.

People who use the service and their relatives said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and let them know if they were going to be delayed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good ●

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People were aware of the complaints procedures and action had been taken to investigate and respond to any complaints received.

Is the service well-led?

Good ●

The service was well led.

There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Celtic Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September 2017 and was announced. We returned on 5 October 2017 to complete the inspection and provide feedback to the provider.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider and sets out their assessment of what they are doing well and any improvements they plan to make.

As part of the inspection we spoke with five people who used the service, two relatives, the nominated individual for the provider, the registered manager and four members of care staff. We also looked at records about the management of the service.

Is the service safe?

Our findings

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because personal information about people using the service was not handled securely. The provider wrote to us to set out the action they would take to address the security of personal information following the inspection. The provider said this work would be completed by January 2017. At this inspection we found personal information was being managed securely.

The provider had introduced an electronic system to store information about people using the service, including their care needs and information staff needed to access their home. The information was encrypted and password protected, to ensure unauthorised people were not able to access the records. The new systems had replaced all paper records held by staff and carried by them. Staff told us the records system worked well, giving them access to the information they needed. One member of staff told us they thought the system was safer than carrying paper records as people who were not authorised were not able to find out information about people.

People and their relatives told us they felt safe when care staff visited them. Comments from people included, "I feel safe with staff coming in to me and it is reassuring to know they will be here three times a day" and "We feel safe when the carers are with us". Relatives told us staff were aware of people's specific needs and worked in ways that maintained their safety. One relative commented, "New staff come with someone else to introduce them. Staff know what they're doing and are very professional".

At the last inspection in June 2016 we found some staff could not demonstrate a clear understanding of safeguarding procedures. At this inspection we found staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report any concerns and were confident the registered manager would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place which they had used when needed. This enabled staff to receive support and guidance from the registered manager or senior staff if needed. Staff said this system worked well and they received the support they needed. People who use the service told us they had contact details of the managers, including an out of hours number they could use if needed. A relative told us, "I can always get hold of them if I need to".

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People and their representatives had been involved

in the process to assess and plan how risks would be managed. Examples included plans to manage risks associated with choking, using a hoist to move and managing health conditions such as epilepsy. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to review risks following incidents and make changes to the way staff worked where necessary.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. Full employment histories were obtained for staff working in the service. We checked the records of the two most recently recruited staff. These showed that staff were thoroughly checked before they started providing care to people.

Sufficient staff were available to support people. People told us staff arrived on time and they had met staff before they visited them to provide care. All of the staff we spoke with said they felt there were sufficient staff to make the calls necessary and provide the care people needed. Staff said they usually had sufficient time allocated to them to travel between appointments. Staff said amendments were made where rostering had not initially provided sufficient time between appointments.

People who were assisted with medicines felt confident in the support they received from staff. People's care plans contained clear information when they needed support to take medicines. Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training and were observed supporting people by their supervisor to ensure they were putting the training into practice. Training records confirmed staff had received medicine administration training.

Is the service effective?

Our findings

People and their relatives told us staff understood their needs and provided the care they needed. People felt the care was good and they had regular staff who they knew well and who knew them. Comments included, "Staff have the right skills. They know what they're doing", "The staff all know what they're doing. They do everything that's in the care plan" and "They arrive on time as a rule and are very good to us. They always do what we ask them to".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were also able to raise concerns outside of the formal supervision process at any time. They said the registered manager and management team were very accessible and always made time to discuss issues with them.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction and there was an on-going training programme for all staff on meeting people's specific needs. Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the service. In addition to the specific training courses, staff were supported to complete a national diploma in health and social care. The registered manager had a record of all the training staff had completed and when any refreshers were due. This helped to ensure the training programme was planned in advance and staff kept their skills up to date.

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. Care plans contained details about the support people needed to make decisions. Examples included, information about how people communicated and the way staff could offer choices to people.

When people lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The service had assessed one person to lack capacity to consent to their care and treatment. Decisions about the person's care had been taken following a process to establish what was in their best interest, involving the person, their relatives and other professionals involved in their care. The process followed the principles of the MCA.

Where people were assisted with meal preparation, they were given a choice. People told us staff provided good support to prepare and eat meals. Records showed the service had supported people to discuss changes in their condition with relevant health professionals, such as the district nursing service or GP. Staff recorded observations for some people to enable health staff to monitor long term health conditions and plan their treatment.

Is the service caring?

Our findings

At the last comprehensive inspection in June 2016 we identified that the service was not meeting Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some staff were not able to communicate effectively in English. The provider wrote to us to set out the action they would take to address staff language skills and said this work would be completed by January 2017. At this inspection we found staff were able to communicate effectively with people who use the service and had the right skills to carry out their role in a caring way.

People told us staff who provided care to them were able to communicate well with them. None of the people we spoke with said they had any concerns about the language skills of staff providing care for them. One person commented, "Staff are kind and clear when they communicate with me". A community professional who provided feedback about the service said the provider had worked hard with staff to develop language skills where needed, including support to attend college courses. The registered manager and nominated individual told us they had introduced a written language test as part of the recruitment process and had supported some staff to develop their language skills and confidence. We saw these tests had also been completed by all existing staff.

People and their relatives told us they were treated well and staff were kind and caring. Comments included, "I am very happy with the care provided. They always do what I ask them to do", "The staff are very good. They're very kind and cheerful" and "They're absolutely wonderful. My [relative] is very happy with the care provided – we can rely on them".

Staff had recorded important information about people, for example, personal history and important relationships. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. For example people's preferences for the way staff supported them with their personal care needs. In discussions with staff they demonstrated that they had created a strong relationship with people who used the service and spoke about them with warmth and affection. This information was used to ensure people received support in their preferred way.

The care plans demonstrated people were involved in making decisions about the support they received. Family members said they had opportunities to express their views about the care and support their relative received. People we spoke with and their relatives explained they felt involved in planning the care they received.

People were supported to have regular review meetings with the registered manager or senior staff to review their care and assess whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans.

Information about people was written in a respectful manner. Staff demonstrated respect for people in discussions with us and in the phone conversations we heard during the inspection.

Is the service responsive?

Our findings

People and their relatives told us the staff had enough time to meet their needs in the way they wanted them met. Comments included, "They always do what we ask them to", "Staff do what's in my care plan. They always ask before doing anything. I am a very happy customer" and "They will listen to me".

People knew who to contact if they were concerned about their call time, or if any changes were needed. Staff told us the registered manager and senior staff discussed people's needs with them regularly, with prompt communication when people's needs changed. Staff said the service responded quickly to ensure people were receiving the right care. This included arranging additional calls when people were unwell or increasing the length of visits where people needed more care. Changes were made in consultation with people and their representatives.

Each person had a detailed care plan and records of the care staff had provided. People were aware of their care plan and said they and their relatives were involved in the development of it. People and their relatives felt the staff knew what was in the care plan and that the care records reflected the care that was provided. Care plans were individual to the person and people said their plan was reviewed regularly and changes were recorded and updated.

Staff told us the electronic version of care plans was updated very quickly when people's needs changed. Staff accessed this information through their phones and gave examples of medicine plans being updated by the following visit when people were prescribed short courses of antibiotics or other changes to the support they needed. This helped to ensure staff always had up to date information about people's needs.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. Comments included, "I have nothing to complain about. The managers have sent out a contact sheet, so I have the numbers if I need them", "I am confident staff in the office would sort out any problems" and "I have the contact numbers. [The registered manager] will sort out any problems if I have them".

A record was kept of any complaints received, and complainants were provided with a formal response, setting out what action the service would take. The provider had apologised to people where they did not receive the service expected. The nominated individual analysed any complaints, to assess whether there were any trends they could identify or actions that would improve the service for everyone receiving care. Any actions from these reviews were included in the service's overall development plan.

Is the service well-led?

Our findings

The service had a registered manager. There were also senior staff and the provider's nominated individual, who supported the registered manager on a day to day basis. The registered manager and nominated individual had clear values about the way care and support should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised their independence. Staff valued the people they supported and were motivated to provide people with a high quality service. Comments from staff about working for Celtic Care included, "I love working here. They really care about the clients and the carers as well. They look after me" and "It's a good place to work, really happy. If there are any problems they [the management team] will deal with it and sort it out".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager and senior staff gave them good support and direction. Comments from staff included, "I feel well supported. I have no faults [with the management team]" and "It's a good place to work. We get good support from the [staff in] the office".

There was a quality assurance process which focused on the way care was being provided. This included spot checks completed by the management team to ensure staff were working in agreed ways, reviews of care records and meeting with people using the service to receive feedback. People and their relatives were reassured by the checks completed by management staff. Comments included, "The managers come round to check everything is ok and make sure staff are doing what they should be" and "They go out to do spot checks on staff. They make sure they are doing what they should be and check up on my Dad".

Information from the audits and reviews was used to develop an action plan to address any shortfalls and improve the service provided. People who used the service, relatives and professionals involved in people's care were asked to complete surveys about their experiences. The nominated individual had used the information to provide pictorial reports back to people about the feedback received and any actions that were being taken as a result. Where people had raised specific issues, the registered manager had followed up with them individually to resolve their concern.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

The service held regular staff meetings. These were used to keep staff up to date with people's needs, to reinforce the values of the organisation and how staff were expected to work and to provide peer support and guidance for staff. Staff told us these meetings helped them to feel supported and clear in their responsibilities. Staff reported that they were encouraged to raise any difficulties and the registered manager and nominated individual worked with them to find solutions.