

Celtic Care Services Limited

Celtic Care Services Ltd (Swindon)

Inspection report

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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 inspected Celtic Care Services Ltd (Swindon) on 27 September 2017. Celtic Care Services are a Domiciliary Care Agency (DCA) registered to provide personal care in people's own homes. At the time of our visit 42 people received personal care.

At our last inspection on 23 August 2016 we found the systems to monitor and improve the quality of the service provided were not always effective. There was also a lack of evidence that the registered manager ensured people's feedback was acted upon. Additionally people did not always receive effective care due to communication barriers they experienced with the staff. We also found not all risks to people had been fully assessed and recorded and staff did not have enough guidance on how to support people with administration of prescribed medicines. This resulted in two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After our inspection the provider sent us details of how they would meet their legal requirements relating to these breaches.

At this inspection we found the above issues had been addressed. The provider appointed a new designated registered manager for the Swindon branch. The registered manager ensured the processes to monitor the quality of the service were in place and effective. We found the registered manager assessed, monitored and mitigated risks relating to people's health, safety and welfare. The provider introduced a new system to manage the administration of medicines and people received their medicines as prescribed. People's feedback reflected they no longer experienced communication barriers with the staff. The registered manager ensured staff literacy skills had been assessed as a part of the recruitment process.

People told us they felt safe with the service. People were supported by sufficient and regular staff that knew them well. There were systems in place to plan and monitor care visits and manage the risk of late and missed visits. The registered manager followed safe recruitment process that ensured staff's suitability to work with vulnerable people was checked and they were safe to work with people. Staff understood their responsibilities to identify and report any concerns relating to safeguarding vulnerable people. People were cared for by staff that received training suitable to their roles and were well supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The systems in the service supported this practice.

People were supported to meet their nutritional needs. People's care plans outlined people's dietary preferences and staff assisted people with preparing their meals when required. People were supported to access health professionals as needed.

People complimented the caring nature of staff. People told us staff were knowledgeable about their needs. People valued the relationships they had developed with staff. Staff were positive about their work and told

us they enjoyed working with people. People's dignity, privacy and confidentiality were respected.

People's needs were assessed prior to commencement of the service to ensure these could be met. People's care records were up to date and contained details of people's personal preferences, wishes and support required. People told us they received support that met their needs and complimented the responsiveness of the service. The provider's complaints policy was available to people and concerns and complaints were managed appropriately. People's feedback about the service was sought and acted upon if needed.

There was a positive and open culture at the service. The new registered manager implemented a number of quality assurance systems and they had an on-going action plan to ensure continuous development of the service provided to people. People, relatives, staff and professionals all complimented the service and how it was run.

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.

Risks to people's safety and well-being were assessed and recorded.

People received their medicines as prescribed.

Staff were aware of their responsibilities to keep people safe and free from abuse.

There were enough staff to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff received sufficient training and were well supported in their roles.

People were supported in line with the Mental Capacity Act (MCA) 2005.

People were supported to meet their nutritional needs and access health services.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and compassionate.

People's dignity and privacy was respected.

People's confidentiality was respected.

People were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People told us they received the support that met their needs.

People's care plans outlined the level of care they needed.

Concerns and complaints were managed well.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had processes to monitor and assess the quality of service and an on-going service improvement plan.

Staff were aware of the whistleblowing policy and were confident how to report concerns outside the organisation if needed.

A positive approach and an open and transparent culture was demonstrated by the registered manager and the staff.

Celtic Care Services Ltd (Swindon)

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 and 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 27 September 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We undertook phone calls to ten people who used the service and five relatives. In addition we spoke with one care worker, field co-ordinator, care coordinator and the registered manager. We looked at five people's care records and four staff files that included their recruitment, supervision and training records. We also viewed a range of records about how the service was managed. After the inspection we contacted a number of external professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

At our last inspection on 23 August 2016 we found people's individual risks assessments were not always completed or reflected people's needs. We also found the records did not always reflect people's needs around medicines management and the provider's policy did not give sufficient guidance to staff. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found risks to people's well-being had been identified and were recorded. Records were in place to show any specific areas where people were might be prone to risk and what action needed to be taken to minimise the risk of harm occurring. Risks involved in moving and handling as well risks associated with administering medicines were taken into account together with the risk of pressure ulcers. Additionally, risk assessments that identified external and internal environmental hazards were in place. These also documented actions needed to be taken to mitigate these risks. For example, one person's risk assessment outlined the risk of a person's mobility scooter slipping. Staff were advised to assess weather conditions before going out with the person. People's risk assessments in relation to their internal environment showed staff the positioning of electric and gas meters and smoke detectors.

We found the provider had introduced a new policy and a new medicine management system. Staff used an electronic device to record the medicines administered. This allowed for better monitoring and auditing. We viewed samples of printed records relating to the administration of medicines and these showed people had their medicines as prescribed. People's care plans detailed the support people required with the administration of medicines. The registered manager told us they were able to monitor the electronic records by accessing the records from their office computer. Feedback from people confirmed people had their medicine as needed. One person said, "The carers give me my medication four times a day and on time".

People told us they felt safe with staff. One person told us, "I am quite happy with the carers and I feel very safe with them coming into my home". Another person said, "I definitely feel very safe with the carers".

The provider had a safeguarding policy in place and staff were aware of what to do if they had any safeguarding concerns. Staff told us they would not hesitate to report any concerns to the office staff. One member of staff said, "I'd report (any concerns) to manager, or to on call person (if weekend) and make sure the person was safe".

There were sufficient staff employed to keep people safe. People received a weekly schedule for the forthcoming week so they knew who was visiting them to provide care. Comments from people included; "I am very happy with the carers. I mostly have the same ones. There is a new girl, who is an absolute sweetie" and "I usually have the same carer for the morning and lunchtime visits. If they are late, they tend to phone me".

The registered manager followed safe recruitment process when employing new staff. Staff files contained a completed application form outlining their employment history and previous experience. The registered

manager ensured they obtained copies of staff identification and a Disclosure and Barring Service (DBS) check had been undertaken. This allowed the registered manager to make safer recruitment decisions.

The registered manager had a system to record accidents and incidents. We viewed the log and saw that no accidents had occurred in the last few months. The records confirmed that when a person suffered a fall, appropriate action had been taken to ensure the person was safe. There was a business continuity plan in place that outlined what action needed to be taken in case of various emergencies such as adverse weather or loss of computer systems.

Is the service effective?

Our findings

At our last inspection on 23 August 2016 people raised concerns around staff competencies in relation to communication difficulties. People referred to the language barriers they experienced when communicating with the staff. This meant people did not always receive effective care and support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the above issue had been addressed. The registered manager ensured staff literacy was being assessed during the recruitment process. They told us they would not offer the applicant a job, if they were not able to communicate effectively and understand for example training or guidance. People told us they no longer experienced communication difficulties with staff. Comments from people included, "They are always there for me and we have chats together. They find it easy to make themselves understood. I look forward to their visits", "I used to have (staff) which I could not understand. I think that there has recently been a change of staff and I can understand them and then are lovely" and "We did have one or two that I could not understand, as their English was not very good. But they seemed to have left".

Staff also commented they felt the communication between the staff had improved. Comments from staff included, "Staff we've taken on turned out to be amazing, it's a pleasure to do spot checks, listen to their interactions (with people)" and "We work better as a team".

Staff told us and records confirmed staff received training relevant to their roles and regular supervision. Staff supervision was meaningful and we saw areas such as actions from last supervision, working hours, training, records, safeguarding, duty of candour, whistle blowing and further agreed action were included. We also saw evidence that 'significant discussions' meetings took place when staff needed support with their work practices and further development. One member of staff said, "Yes, I had one to one with manager, I am due another next week, I can raise any concerns at any time".

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 if the provider worked in line with these principles and we saw people's rights to make their own decisions were respected. Consent to care and treatment was considered by the service while planning people's care and support. Where people were unable to consent to the care and treatment planned, this was appropriately assessed and noted in people's care documentation.

People told us the staff involved them in making decisions about their care and support. Comments included: "Yes, they ask for my consent. They ask what sandwiches I want each day" and "I need to have my pads changed regularly and they ask before doing anything".

Staff knew about MCA and told us how they ensured they applied the MCA in their work. One member of staff told us, "Always assume capacity". Another staff member said, "Give choice to people, promote

autonomy, don't do things for them they can do, make own judgement in relation to people, do not take someone else's opinion or assume things, always offer choice".

People's nutritional needs, dislikes and preferences were outlined in people's care plans. For example, one person's care plan stated, 'I would like support with preparing some breakfast for me in the mornings. I would like support with heating up a microwaveable meal when the care workers visit me at lunch time. I would like the care workers to prepare a sandwich and crisps for me to consume later in the day'. One person's care plan stated they 'enjoyed fizzy drinks and ginger beer'. Staff were advised to follow food hygiene guidance, for example, to clearly label food before putting them back in the fridge. Where required, staff supported people with preparing meals. One person told us, "I have ready meals in my freezer and they take them out and heat them up for me I tell them what meal I want".

People were supported to access services from a variety of healthcare professionals, including GPs, a memory clinic, and district nurses to provide additional support when required. The care records demonstrated staff shared information with professionals effectively and ensured confidentiality.

Is the service caring?

Our findings

People were cared for by compassionate staff and people complimented them. Comments included, "I am very happy. The carers are very, very good and reliable", "The carers are very kind and will go the extra mile to help like putting out my bins, we have a little banter" and "I'd be lost without them". People's relatives also spoke positively about the staff. One relative said, "We've always been very happy with them, [person] is very happy with them".

Staff were very positive about their jobs and told us they enjoyed working in care industry. One member of staff said, "We have a good team now, definitely caring".

People and their relatives told us people benefitted from being able to build positive relationships with staff. One person told us, "I have two carers at a time who know how to help me with getting dressed and back to bed and how I like to do it". Another person told us "They are very kind. I cannot fault them and feel very happy for them to come into my home". One relative told us, "[Person is looking forward to them (staff) coming]".

People told us staff promoted their independence. One person told us, "At night they know how I like help with putting my nightie on". Another person told us staff only assisted them with washing the parts of their body they were unable to reach.

Staff appreciated the importance of promoting people's independence. One member of staff told us, "I ensure people do things by themselves as much as possible, but they know that help is on hand as needed". The care plans were focused on outcomes and reflected that the support was oriented towards recognising people's choices and promoting their independence. Examples included treating people as individuals, offering choices to people and providing them with opportunities to see their friends and relatives more frequently. People's care plans explicitly stated the level of support needed by people. For example, one care plan stated, 'I need support with little things like making tea, washing my hair, preparing meals and showering or bathing'.

People's dignity and privacy was respected. One person said, "They know and respect me". Another person said, "They are very helpful and patient and confidential". There were designated Dignity Champions within the team and staff knew how to ensure people received care in a dignified way. One member of staff said, "I still ask people, as in giving them choice even I do know them very well. Especially with people's fragile hands, I'd offer help to do buttons for example, but also give people time to do it themselves (and not just assume people can't do it)".

The provider had policies surrounding equality and diversity and staff received training in this subject. The registered manager told us they would consider people's needs in relation to information access and if needed, any documentation would be provided in an alternative format such as large print. People's personal, cultural and religious needs were clearly noted in their care plans. For example, one person's care plan stated they were a member of the Moravian Church.

People's confidential information was kept safe. People's personal files were kept secure, locked in provider's office. Staff received training about handling information and confidentiality.

Is the service responsive?

Our findings

People were assessed prior to commencement of the service to ensure their needs could be met. The registered manager told us they introduced four weekly reviews for any new people to ensure that following the initial few weeks' period people's expectations and needs, were in line with what had been initially assessed and agreed.

The provider introduced a new, electronic system to record people's needs, the support needed and care visits allocated. Staff complimented the new system and felt it was very user friendly and effective. One member of staff said, "You do not need to be in person's house to access the records". Another member of staff said, "New (electronic) system is fool proof, less chance to make a mistake".

People's care records reflected people's preferences, interests and choices and how to best support them. The care plans detailed how people wished to be addressed. For example, some people preferred to be called by their first name while others chose to be addressed by their title and surname. The care plans specified people's hobbies and what was important to them. For example, one person 'enjoyed walking dogs and going to town', another person preferred 'knitting and watching snooker' and another stated 'my wedding anniversary and my wife's birthday are important to me'.

People told us they received the support that met their needs and the service responded to their requests and was flexible. People told us if they needed the time of their visit to be adjusted that would be arranged. One person said, "They know that I do not want male carers and the ladies who come to shower me are very good and know the routine that I like". Another person said, "They came to review my care recently. All care is very good".

People knew how to complain and details of how to make a complaint were available to people. None of the people or relatives we spoke with had ever needed to make an official complaint. They told us if they had minor concerns these were addressed promptly. One person said, "I would phone the office if I had a problem". Another person told us that they raised an issue with the office. They said "The manager was so kind about this" and "I know that I can do this (call them) if it happens again. I am very impressed by them". One relative said, "No complaints at all. I'd ring the office (if I had any)". The records showed there were nine complaints received and logged in the complaints file since our last inspection. These had been investigated and responded to by the registered manager in accordance with the provider's policy.

The provider ensured people's feedback about the service was sought. We saw the results of the survey carried out by the provider a couple of weeks before our inspection. We saw people were overall very complimentary about the service. The registered manager ensured the summary of the responses and any action taken was documented and shared with people. For example, one person commented they did not always receive the next week schedules in time. We saw that these were being sent as first class on Friday so people had them prior to the new week commencing. People's views were also gathered through regular telephone calls. People were asked about their opinion on the quality of care provided by the service. Where action was required, this was taken appropriately by the registered manager.

Is the service well-led?

Our findings

At our last inspection on 23 August 2016 we found provider's quality monitoring systems were not always effective. There were no systems in place to monitor trends and patterns around falls, accidents and incidents. Additionally, the issues related to records identified at our inspection had not been identified by the provider. There was no evidence of any follow up action taken in response to quality survey's results. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the above issues had been addressed. The provider had appointed a new designated, registered manager for the Swindon branch. The registered manager ensured the processes to monitor the quality of the service were in place and effective. A new, electronic system was implemented to ensure records were current and up to date. There were systems in place to monitor the quality of service such as spot checks, satisfaction surveys and audits of the staff electronic log in system. The registered manager ensured any accidents, and medicines management records, safeguarding concerns and staff records were audited and action taken when an area for improvement was identified.

The registered manager promoted an open, positive and transparent culture. They led their team by example and encouraged no blame, positive and supportive culture that put people's safety and well-being at the heart of service delivery. We observed a poster with 'is the care you provide good enough for your mum' statement displayed at the entry to the office. The registered manager had introduced an 'employee of the month' scheme to ensure staff were recognized for their hard work and to improve team work. A suggestion box was introduced in the reception with a note that the team 'welcomed any feedback'.

People and their relatives told us they felt the service was well managed and they commented on improvements implemented by the new registered manager. Comments included: "A1 class from the carers and the office is all that I can say!", "It's improved a lot" and "I think that managers seem to be very organised as far as I can tell". One external professional commented, "They're one of the most improved services over the last few months, we have found Celtic Care to be extremely responsive and available".

Staff were involved in the running of the service and told us their views mattered. Staff also complimented the changes implemented by the new registered manager. Comments from staff included, "It's like a different office, carers are a lot happier, service users are too, things run a lot smoother. Definitely a lot better now", "Positive culture, we (staff) would not be afraid to admit to making a mistake, office (staff) is really supportive" and "Staff can raise their opinions now as they feel valued".

There was a whistle blowing policy in place and staff were aware of the process. Staff were confident that any concerns raised with the senior team would be followed up and also aware how to report externally. One member of staff said, "I'd report to manager, I could go to owner (director), Care Quality Commission (CQC) or social services if needed, too". Staff were encouraged to attend staff meetings and they had been sent memos to aid good communication, for example to remind them about the correct login system or uniform policy.

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. They worked closely with the local health and social care teams, safeguarding team and other professionals to ensure people were kept safe.