

Celestial Care Enfield and Herts Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Celestial Care Enfield and Herts is a domiciliary care service providing personal care for people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were three people who received the regulated activity of personal care.

People's experience of using this service and what we found

Recruitment processes needed further development to ensure it was safe for staff to work with vulnerable people. Care plans also needed further development to ensure people's needs were assessed and to ensure staff had guidance in how to meet their needs. People's end of life care needs were not discussed and care plans not developed for this need.

The registered manager knew the service well and had plans to develop further. However, they acknowledged that they had to develop a robust governance and auditing system before they could expand. Whilst the registered manager asked for feedback about the service from people and relatives and carried out an audit, this was not done regularly or for each area of the service.

Staff received on-line training when they started working and then they shadowed the registered manager until they were confident working on their own. However, staff needed further training to ensure they were knowledgeable and skilled in supporting people in line with current legislation, standards and best practice guidance.

People and relatives, we spoke with, were happy with the service they received. People said they felt safe and could rely on staff and the registered manager for support.

People told us staff knew them well and were aware of the risks to their health and welfare. Risk assessments needed developing further to ensure there was enough guidance for staff to support people safely.

There were no incidents where staff missed a visit to support people. People said if for some reason there was a slight delay in staff arriving, they were alerted about this. People and relatives praised the registered manager for recognising people's changing needs and involving the right professionals in their care.

People and relatives said, staff were kind and caring towards them and always showed respect and considered their dignity and privacy. People who required support to maintain a healthy balanced diet were happy with the support they received from staff to achieve this.

People and relatives told us they had no concerns about the service, and they felt they could contact the

registered manager to raise any issues if needed and these would be resolved promptly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Celestial Care Enfield and Herts

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since they registered with us. We used all of this information to plan our inspection.

During the inspection-

We spoke with one person and one relative who used the service. We spoke with two staff members and the registered manager who was also the provider.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- There was an appropriate safeguarding policy in place which explained what steps to take if there were any allegations of abuse and how to protect people at risk from abuse and discrimination.
- Staff told us, and records confirmed, they were trained and knew how to report their concerns internally. Further training was needed to ensure staff were confident in reporting their concerns externally, if needed, to local safeguarding authorities and CQC.
- People told us they felt safe. One person said, "Definitely (feel safe). I never have any problems (with staff). Always polite and careful." A relative told us their family member felt safe and comfortable with the staff supporting them.

Assessing risk, safety monitoring and management

- People told us staff and the registered manager were aware of the risks to their health and well-being. However, this has not always led to the development of risk assessments. For example, a person had significant health concerns and other impairments which impacted on their life. The care plan did not give staff guidance in how to meet this person's needs safely. Whilst at present staff were able to tell us how they managed risks and ensured the person's safety, plans were needed for any new staff members to gain knowledge about the person.
- The registered manager assessed people's needs prior of them accepting care packages. We saw examples where the registered manager took the decision not to accept new people. This was because they considered the service was not able to provide the care these people required safely.

Staffing and recruitment

- Staff were not always recruited safely. The registered manager carried out pre-employment checks like criminal background checks, identity and eligibility to work checks. However, references were not always obtained prior of staff commencing employment.
- People and relatives told us there were enough staff to meet their needs safely. They told us staff had not missed visits and if there were any delays they were always alerted.

Using medicines safely

- People told us, they felt staff administered their medicines safely. However, not all the staff had completed their medicine training or had their competencies checked, to ensure they were skilled and knowledgeable about best practice, in administering people's medicines safely.

Preventing and controlling infection

- People told us that staff used appropriate personal protective equipment (PPE) when they came into their

home.

- Staff had access to regular testing for Covid-19, to ensure people were not exposed to the risk of infection.
- The provider's infection prevention and control policy was up to date and included procedures for contingency planning in case of an outbreak.

Learning lessons when things go wrong

- The registered manager communicated to staff on a daily basis and reminded them often of areas in need of improvement. For example, at a staff meeting, the registered manager explained why it was important for staff to record accurately the care and support, they provided to people at each visit.
- Where things went wrong the registered manager shared learning with staff to ensure there was no reoccurrence. For example, when a person was found having had a fall by staff, they helped them sit up before they called emergency services because the person asked them to. The registered manager ensured staff were reminded to follow procedures and call emergency services to ensure there were no injuries before they moved a person who had a fall.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have the training, assessment and supervision necessary to ensure they were following best practice guidance and legislation standards.
- The training record showed that staff completed some training on-line, however this training was not always specific to the needs of the people they supported. Some staff had not completed the Care Certificate. The Care Certificate is a nationally agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- We discussed this with the registered manager who told us about the difficulties they had, as a small service, in finding the time for staff or themselves to attend training. However, this was an area in need of improvement to ensure staff awareness of current best practice and the law.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were visited by the registered manager prior to receiving support. Their needs were discussed, and it was agreed if these could be met by the service.
- People and relatives told us changes were discussed and their needs were reviewed when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us they were happy how staff supported them with their meals. Some people were able to cater for their own needs but where they needed support staff prepared or heated up their meals.
- People told us staff encouraged them to drink sufficient amounts.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us, the registered manager ensured the relevant professionals were contacted when needed. For example, where people's mobility needs changed, the registered manager contacted professionals to obtain the equipment needed to support people safely.
- The service worked with district nurses or the social work team, when required, to ensure people had the support they needed.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us, staff and the registered manager always asked for their consent before they carried out any tasks. People signed their care agreement when they were able to.
- Relatives supported people living with dementia and participated in creating the care plan. However, neither capacity assessments nor best interest decisions were documented in the care plans. This was not in line with current best practice or current legislation standards.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity Supporting people to express their views and be involved in making decisions about their care

- People and relatives gave us positive feedback when we asked if they felt the service was caring. One person said, "The staff are very considerate and can't do enough for me." One relative said, "Yes [staff] are so kind, a really lovely [staff team?]."
- People and relatives told us staff adapted their care and support to people's their needs. One relative told us how the registered manager ensured their family member was informed and explained what staff were helping them with.
- People told us staff showed kindness and were willing to support them with anything they needed, from putting away shopping or clothes to cooking or helping them wash and dress.
- Where people lived with an impairment, their relatives told us staff and the registered manager read out loud information they needed to know to ensure they felt involved in their care.
- People told us they felt staff empowered them to make decisions about their care and their voice was heard. One person said, "I have a care plan. I was consulted on my care plan; it is simple but explicit. I did the care plan with [registered manager]."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they had no concerns about staff. They were respectful and protected people's dignity and privacy.
- One person said, "Oh definitely, I have no problems there at all. They always make sure I get in alright (bathroom) and come out OK, hang around outside. They knock before they are going to come in."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff supported them the way they liked it. One person said, "They [staff] know what I prefer and understand my routine, and help me to do something, watering the pots in the garden. Always make sure the nuts are there for the birds. I can't go down the garden on my own, they hold my hand."
- Staff were able to detail what people liked and disliked as well as their support needs. People's care plans described their likes, dislikes and the routine staff followed when they visited. However, these needed further development to ensure all information was captured about people.
- Relatives told us people's care plans were reviewed when needed for any changes in care and support.
- People told us staff were responsive to their needs and they could rely on their support. One person told us, "Picking up bits of shopping is a big help as I can't get out on my own."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs and this was recorded in their care plan.
- Staff and the registered manager adapted to people's needs when communicating with them. For example, a relative told us how they observed the registered manager reading the newspaper to their family member. They said, "[Registered manager] will read some of the paper to [family member]. Or put the music on and sing together."

Improving care quality in response to complaints or concerns

- People and relatives told us they had no reason to complain. They said the registered manager was open and honest when communicating with them and they felt confident in raising anything with them.
- The provider had a complaints policy in place for people or relatives to use if there was a need for it.

End of life care and support

- People told us they did not wish to discuss their end of life care wishes with staff.
- Nobody using the service received end of life care and support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was part of the staff team and delivered support to people on a daily basis. This meant that systems and processes to enable good governance were not developed.
- The registered manager told us they had identified where the shortfalls were and they knew what needed to be done to improve. They had enrolled staff on training to achieve the care certificate, however not all staff had completed this.
- The registered manager was able to tell us about how they ensured the service provided to people was safe and met people's needs, however there were areas in need of improvement. For example, care plans, risk assessments, audits, competency checks for staff, as well as training, needed to improve. An action plan had not been developed to ensure an effective monitoring was in place for completed actions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were very happy with the service provided by staff and the registered manager. One relative said, "I couldn't wish for a better service."
- The registered manager and staff created a positive culture and held the right values and ethos to provide people with personalised care and support. Staff spoke respectfully about people and understood what was important to them.
- Improvements were needed to ensure care plans captured the personalised care and support people received

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives told us they were asked for their feedback about the service, however this was not done regularly.
- The registered manager told us they visited people daily and acted on feedback given to them. This was confirmed by people and relatives.

Working in partnership with others

- The registered manager was part of an independent care provider association which could offer training and support for services.

- The registered manager worked in partnership with social workers, GP's and other professionals involved in people's care.