

Celtic Care Services Limited

Celtic Care Services Ltd (Swindon)

Inspection report

17-18 Pure Offices
Kembrey Park
Swindon
SN2 8BW

Date of inspection visit:
12 January 2023

Date of publication:
14 February 2023

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

About the service

Celtic Care Services Ltd (Swindon) is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection 20 people were receiving regulated activity of personal care from the service. 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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The service supported people to have the maximum possible choice, control and independence. People were able to be independent and had control over their own lives. Staff helped people achieve their aspirations and goals, and to pursue their interests. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People were enabled to pursue interests and take part in a variety of activities that were tailored to them. Creating opportunities for people to try new activities enhanced and enriched their lives.

Right Culture:

Staff knew and understood people well. They were responsive, supporting people's aspirations to live a life of their choosing. Staff turnover was low and as a result people received consistent care from staff who were familiar to them. People and those important to them, including advocates, were involved in planning people's care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for the service at the previous premises was good, published on 18 October 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Celtic Care Services Ltd (Swindon)

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a 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

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. These included care records for 3 people and multiple medication records. We looked at 3 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.

We spoke with 8 people, 5 people's relatives and 1 person's friend about their experience of the care provided. We also contacted 11 members of staff to obtain their opinion on quality of care provided to people.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt protected from the risk of abuse. One person told us, "I do feel safe with them [staff] in the house." Another person told us, "I feel perfectly safe with them [staff] in my home."
- Staff understood their safeguarding responsibilities and knew what to do if they had any concerns about people's welfare. A member of staff told us, "I will document anything I have seen or heard and report it to the office immediately. If needed, I will call the police."
- The service had a safeguarding policy in place, and we saw that staff received regular training in how to identify different types of safeguarding concerns and how to report them.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified and assessed. Risk assessments included such areas as internal and external environment, use of percutaneous endoscopic gastrostomy (PEG) and use of catheter. PEG is a flexible feeding tube is placed through the abdominal wall and into the stomach. Records contained enough information to guide staff on how to mitigate risks and keep people safe.
- The provider told us how people and staff were involved in assessing risks and making decisions about positive risk taking. They also provided examples of how they mitigated risks in a way that promoted people's independence.
- The provider had a system to record accidents and incidents, and we saw appropriate action had been taken where necessary.

Staffing and recruitment

- There were enough staff to ensure people received timely care in their own homes, at a time which suited people. People using the service had a variety of different call times which had been scheduled to ensure staff had enough time to provide the care people needed.
- People and their relatives told us care workers were always on time and stayed for the allotted time. One person told us, "They are on time, give or take a few minutes, and stay for the full call. I do get a call if they're going to be late." The provider told us they ensured people received care from consistent staff.
- Recruitment practices were in place and records showed appropriate checks were undertaken to help ensure only suitable staff were employed to keep people safe.

Using medicines safely

- Where people required support to administer their medicines, staff administered these safely. The provider gave examples of how they supported people to be involved in administering their own medication.

- Records were kept of medicines staff administered. These were checked regularly to help ensure any errors were identified and relevant actions were taken to reduce future errors.
- Records confirmed the registered manager carried out regular medicine audits and staff competence checks.

Preventing and controlling infection

- People told us staff followed good infection control processes such as wearing appropriate Personal Protective Equipment (PPE) and washing their hands.
- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.
- Staff had completed training in infection prevention and control. This enabled staff to take appropriate actions to prevent the risk of infection for people they provided care and support to.

Learning lessons when things go wrong

- The provider had a process for recording any accidents, incidents and near-misses. These were escalated to the registered manager for investigation and additional action was taken as required.
- Staff knew what action to take if any accidents or incidents occurred, and reported them appropriately so they could be investigated.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before they started receiving personal care from the service. The service wanted to ensure that they were the right service to support people and could effectively meet their needs. Assessments included details about people's care choices, life history, medicines and how to support them safely around any risks.
- Care plans and risk assessments were reviewed regularly to ensure they captured people's changing needs and choices.
- The registered manager used an electronic system to monitor call times and task completion. This could be done remotely at any time and meant support delivered was monitored to ensure it was in line with expectations and standards.

Staff support: induction, training, skills and experience

- Staff new to the service were provided with an induction, training and shadowing opportunities. Staff told us that this helped them feel confident in their new roles.
- The provider ensured training and induction was flexible to support individual staff member's needs. For example, training was provided in different languages and the provider ensured staff could use IT equipment in the office to access online training. Staff received supervision and direct observations to support them in delivering good quality care to people.
- Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Where required, people were supported with shopping and preparation of their meals and drinks. Care plans clearly specified how staff should support people's dietary requirements and fluid intake. The provider recognised how involving people in meal preparation, or staff eating with people, could encourage people who had a poor appetite to eat more.
- Care records showed people's needs regarding nutrition and hydration had been assessed and the support needed was recorded. Records also detailed the importance of monitoring people's intake and reporting concerns. Staff had the guidance they needed to meet the person's health and dietary needs.
- People told us they were supported to eat and drink if this was part of their care plan. One person told us, "They [staff] cook me my frozen meals and make me hot drinks." Another person told us, "They [staff] help me with a snack, they make a sandwich and help me with hot drinks."

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

- People were supported by staff to seek medical attention should this be needed. Referrals were made to health and social care professionals when required.
- Staff worked closely with other agencies to ensure people received the care they needed. The records we looked at showed people had received input from healthcare professionals such as the community health team, a speech and language therapist, an occupational therapist and a GP.
- Where necessary, people were supported to attend appointments to receive treatment or check-ups.

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. A member of staff told us, "We have to assume that someone has capacity unless proved otherwise. Support them to make their own decisions, even if it is an unwise one. Anything that we do has to be in their best interests and if they do lack capacity, it has to be the least restrictive option."
- Staff actively supported people to make their own decisions. One person told us "They do respect my choices, they listen to me".
- People's care plans contained information about people's cognition and mental capacity assessments were completed as part of people's care planning.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People received kind and compassionate care from staff who used positive, respectful language. People felt valued by staff who showed genuine interest in their well-being and quality of life. One person told us, "They are caring. We have a chat in the morning when we have a bit more time. Never been any issues with staff's attitudes and conduct. Nice people helping me, doing their job". Another person told us, "They are like friends to me."
- People's equality characteristics such as their race, religion, cultural and spiritual beliefs and disabilities were recorded in their care plans for staff to be aware of, understand and respect.
- Care staff spoke about people they supported in a respectful and positive way showing empathy and described care that was person-centred way. This evidenced the staff knew the person well and how they liked to be supported. All the staff we spoke with said they enjoyed their roles.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions for themselves as much as possible. One person told us, "If I wasn't involved in decisions about my own care, I would change, go to another agency." Another person told us, "I am involved in all decisions and remain as independent as can be."
- People and those important to them were involved in every aspect of their care and support. Care plans were completed with people or their relatives and were signed to evidence people, or their relatives agreed to the contents.
- Records showed people had consented to receive care from the provider and had been involved in the planning of their care. Staff told us they always listened to people and respected their choices and preferences. They encouraged people to express their views.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful of people's privacy and dignity. One person told us, "They always treat me with dignity and respect". One person's relative told us, "They are caring, respectful to her."
- People's privacy and dignity were respected. Staff were able to give examples including ensuring doors and curtains were closed during personal care tasks and knocking on doors before entering.
- There was a confidentiality procedure in place to ensure people's personal information remained secure and protected. Staff told us they understood confidentiality and the importance of not putting people's personal information at risk, such as sharing information with unauthorised persons.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People had choice and control of how they wished to receive their care. Care plans for people covered their health conditions, the support they wanted, how they wanted it carried out and risks around their care. One person told us about staff, "They are responsive to changes. I contacted them to change the call time as I had a hospital appointment."
- The service used creative ideas to keep people safe and to reduce a burden on the NHS. For example, they introduced the first response kit that consisted of a blood pressure monitor, an oximeter, an infrared thermometer, urine test strips, a vital signs monitoring sheet and a NEWS scoring sheet. An oximeter is a non-invasive device that estimates the amount of oxygen in blood. NEWS is a tool used by NHS and developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. The first response kit proved to be a great success and enabled the service to prevent 3 customers from having to be hospitalized for severe infections when GPs were not able to complete a home visit the same day. The service was able to detect the infection early, meaning that people needed a prescription of antibiotics rather than having to wait for a GP's visit. As a result, and risk the infection getting worse was successfully mitigated.
- The service used assistive technology in order to keep people safe. They used a purposefully designed mobile lifting chair for people who were found on the floor, showing no signs of distress/injury and Homeline was not in place. Homeline is a home response unit for older people, and younger people with disabilities, who rely on Homeline to assist them in living independently. This enabled the service to raise a person from the floor without the need for a potential long wait for an ambulance or paramedic visit. The mobile lifting chair could be controlled by a person to give them reassurance and control over the situation if they wished. We saw evidence of people using talking clocks and voice reminders which helped people to improve their quality of life. The service kept encouraging people to try other forms of technology which may assist them, such as virtual assistance technology or similar.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were set out in their care and support plans. Staff told us they followed the people's communication plans.

- The provider was able to provide information about the service in a format that was suitable for people to understand, such as an easy-to-read format or large print versions.

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 were enabled to follow their interests that were socially and culturally relevant to them. They were supported to go about their daily lives as much as possible. For example, staff supported people to choose outfits for parties. Going above and beyond their duty, staff took a person on holiday to a holiday park for a long weekend for the person's 50th Birthday. The person's family came down for the day to join in the celebrations.
- The service assisted people and their relatives to access events within the community, such as Dementia Café or Singing for the Brain, as well services like respite facilities, dentists and opticians. Sometimes people were assisted by a member of staff, other times the service arranged it for relatives to accompany people.
- People's care plans included information about their hobbies and interests.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure should people wish to make a complaint if they were not happy with any aspects of the service. People and their relatives told us the service acted upon complaints immediately. One person told us, "I have made a complaint once and it was dealt with. I just rang the office."
- The registered manager told us they would investigate complaints according to the complaints policy and provide people and relatives with an outcome for their complaint. We saw that complaints raised with the service resulted in a change in policy/procedure, and also further training being provided to staff.
- People and their relatives told us they knew how to raise complaint with the service. One person told us, "I have no complaints, but I would complain if there was a problem."

End of life care and support

- Staff had received training in end of life care, to ensure they had the knowledge and skills needed.
- Where people were supported with end of life care, the service recorded their wishes. For example, one person wished to be surrounded by their family in their last moments.
- Advanced statements were in place to record people's wishes, feelings, beliefs and values if they received end of life care and needed care or medical treatment.
- The service was responsive to the needs of people receiving end of life care. They adjusted the frequency of calls to accommodate the needs of people. The service worked in partnership with the district nursing team and the local hospice team to ensure people received the best possible end of life care.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and the provider's leadership team had a good understanding of equality, diversity and human rights. All staff completed equality and diversity training and had access to relevant guidance.
- People praised the registered manager and the way they ran the service. One person told us, "I think it must be well run. It certainly is for my needs." One person's relative told us, "I would recommend this company."
- The provider had developed a clear, person centred vision and a set of values which focused on being respectful, trusted, caring and making a difference. Staff aimed to reflect these values by knowing people as individuals, communicating clearly and focusing on goals and outcomes.

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

- The registered manager understood their responsibilities in relation to duty of candour. They spoke about being open and honest when things go wrong.
- Policies and procedures were in place to promote safe, effective care for people. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information to support them in their role.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff performance was monitored through regular observation of their work in people's homes. Positive feedback and areas for improvement were shared with staff to help them continue providing a good service
- There were effective systems in place to oversee the quality of the service. The registered manager monitored the quality of care planning through their electronic systems to ensure care was being carried out as planned.
- The registered manager understood and demonstrated compliance with the requirements of their role. This included submitting statutory notifications and communicating with other agencies. Statutory notifications are information about important events the service is legally obliged to send to CQC within required timescales.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The views of people, their relatives and other professionals were sought by the service. The provider sent out routine questionnaires to gain people's and relatives' views on their care and seek any learning.
- Staff were invited to team meetings with the registered manager to discuss good practice and learning from improvements when these were identified.
- The service pro-actively sought feedback from other healthcare professionals. We saw the feedback received was very positive. Comments from other professionals included, "I have worked with Celtic Care on a few occasions for various customers. I have never had a concern with their standards of care, leadership, or the carers themselves" and "The feedback is always positive, and the standards and values of the business are high. The latest quality assurance monitoring visit was very positive and the registered manager is extremely passionate about the people and staff being supported, giving an overall excellent service."

Continuous learning and improving care; Working in partnership with others

- The service worked closely with health and social care organisations to ensure people received the care, support and treatment they required.
- The registered manager, provider and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service through regular audits to identify how it could be further improved to promote positive outcomes for people.
- The service maintained close links with services such as GPs, district nurses, and physiotherapists, as required. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.