Celtic Care Services 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?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Celtic Care Services Limited provides domiciliary care and support services to people with individual needs in their own homes. At the time of our inspection 50 people were being supported by this service.

This inspection took place on 28 June 2016. This was an announced inspection which meant the provider had prior knowledge that we would be visiting the service. This was because the location provides a domiciliary care service, and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

At the time of our inspection a registered manager was in place 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 2008 and associated regulations about how the service is run. The registered manager and the managing director were accessible and approachable throughout the inspection.

Relatives felt that their loved ones were kept safe by the support the received from the service. However not all staff were able to explain how they kept people safe and what action they would take if they thought someone was at risk of harm or abuse. This meant that people could be at risk from inappropriate care if staff did not know the correct procedures to follow in reporting suspected abuse.

People's private information was not always protected. The service did not have safe systems in place to prevent this information from being accessible to people outside of the service.

Although some safe recruitment checks had been followed this was not always the case. One reference received by email had not been checked for authenticity, the process stated in the provider's own policy which should be followed. "Not all staff had a record in place to show they had declared themselves as being fit for work and able to take on their role without concerns.

People and their relatives told us there was a communication barrier with staff. We also found this when we spoke with some of the staff who were unable to understand or answer some of the questions we asked. This meant that people who had communication difficulties may experience problems when asking to have their care needs met and for these to be understood.

People were happy with the care they received. Staff told us they regularly supported the same people which allowed for consistency and changes in people's needs to be noticed more quickly.

The service was responsive to people's needs and wishes. We saw that people's needs were set out in clear, individual plans. These were developed with input from the person and received regular reviews to ensure the care delivered reflected people's changing needs.

The registered managers' assessed and monitored the quality of care. The service encouraged feedback from people, their relatives and staff, which they used to make improvements. Not all of the concerns we found during our inspection had been identified by these quality monitoring systems.

Two potential notifiable incidents had not been reported to the Care Quality Commission (CQC).The events of these incidents were hard to establish as the initial documentation contradicted the registered managers explanation.

We found two breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

Staff had received training on how to protect people from abuse, however not all staff were able to explain the process they would follow in reporting any abuse or how they kept people safe.

People's private information had not been protected to avoid potential risk of harm.

People received their medicines in a safe manner and risks to their safety in terms of their environment, the use of equipment and certain tasks, had been identified.

Is the service effective?

Good

The service was effective.

There were arrangements in place to ensure staff received regular supervision and appraisal.

Staff did not always display appropriate understanding and knowledge of mental capacity.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Requires Improvement

The service was not always caring.

People and their relatives told us there was a communication barrier with staff whose first language was not English.

People were complimentary about the staff who supported them and said their privacy and dignity were respected.

People were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People had personalised and detailed support plans to meet their needs and their support was regularly reviewed.

There were systems in place to manage complaints. People were confident that any concerns raised regarding the service would be listened to and acted upon.

People were able to give feedback on the service they received and action was taken in response to this feedback when required.

Is the service well-led?

Requires Improvement

The service was not always well-led.

During the inspection we identified two potential notifiable incidents had not been reported to the Care Quality Commission (CQC).

Systems were in place to monitor the quality of the service however these had not identified concerns found during our inspection.

Staff spoke positively about the support they received from the management team and were kept informed of events relating to their role and the service provided through regular team meetings.

People we spoke with felt reassured by the responsive nature of the manager and the office if they needed to speak with someone.

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 June 2016. This was an announced inspection which meant the provider had prior notice that we would be visiting. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector, and an expert-by-experience who made phone calls to people to gain their feedback on using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was previously inspected in 20 January 2014 with no concerns. This inspection was the service's first rated inspection.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also reviewed the provider information return (PIR) prior to this inspection. 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 used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with three people being supported by the service, four relatives, and eight staff members. These conversations took place by telephone. We spoke with the registered manager and the company owner face to face during our inspection. We reviewed records relating to people's care and other records relating to the management of the service. These included the care records for six people, medicine administration records (MAR), five staff files and the provider's policies.

Requires Improvement

Is the service safe?

Our findings

People's private information was not always protected. We saw that staff rotas contained full details of people's confidential information. This meant that if this information was lost or viewed by someone unrelated to the service, people's security could be compromised, leaving people at risk of potential harm. Staff collected their rotas either by hand or received them in the post. We raised this with the registered manager and discussed the importance of having a system that encrypted some of this personal information rather than it all being available on one document that had the potential to be lost.

This was a breach of Regulation 17 (2) (a) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's relatives told us they felt their loved ones were kept safe commenting "I feel he is very safe", "I think he is very safe with the carers, they are very well trained in his needs", "I have no concerns over the safety of my relative" and "The care my father receives from the company gives me piece of mind, I know he is safe".

However when we spoke with staff about how they kept people safe and what action they would take if they thought someone was at risk of harm or abuse they were not always able to understand or answer the question. Three of the eight staff were able to tell us the appropriate action to take saying "I would report to the manager, if they didn't do anything, call the whistleblowing telephone line or CQC", "Inform management straight away, or call CQC" and "Report to the manager, go higher, call the whistleblowing line". A whistleblowing line is a dedicated number that workers can call to report certain types of wrongdoing, and they will be protected from unfair treatment in their decision to report events.

The other staff members we spoke with were unable to explain how they kept people safe or what to do if they received or had concerns. Staff either declared they did not know about this, or spoke about something unrelated to this question. This increased the risk that staff would not respond appropriately to keep people safe if they suspected abuse.

Safe recruitment processes were followed for the majority of staff files that we looked at. However we saw that one employee's reference had been sent through an email address. The email consisted of two lines and this had not been checked for authenticity, to ensure it had been sent from a previous employer. Two other references had been obtained from friends of the new employee. We looked at the provider's policy on recruitment and selection which stated that 'All referees will be contacted by phone on return of reference to validate its authenticity. We saw this policy had been reviewed in May 2016; however this was not being followed by the service.

We saw that staff files contained interview records and showed what questions had been asked to potential new employees. Checks had been completed including Disclosure and Barring Service checks (DBS). A DBS check helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable people. We saw that not all staff had a record in place to show they had declared themselves as being fit for work and able to take on their role without concerns. We brought this to the registered

manager's attention.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example one person had a moving and handling risk assessment and plan because of their reduced mobility. A hoist was in place to support the person to transfer safely. There were detailed recordings which stated which hoist and which sling was appropriate for staff to use with this person. Further information was recorded on all of the different transfers this person would make and the appropriate equipment to support this. Precautions for staff to take were in place which included being wary of fraying slings and checking the hoist battery was fully charged. An occupational therapist had given a demonstration of using the equipment correctly to staff which had taken place at the person's home.

Another person had a risk assessment in place because they were at risk of developing pressure ulcers. The control measures guided staff to ensure the person mobilised regularly and additional control factors such as reporting any changes to the skin integrity and documenting this in the care plan. This was being reviewed regularly and we saw the person had signed the assessment to say they had been consulted in the process.

Health and safety risk assessments had been completed for everyone which considered potential risks of the environment and how this should be managed. Staff were reminded to complete visual checks on care visits to ensure things were tucked in or cleaned away to avoid trips and falls.

Staffing levels were sufficient enough to meet people's needs. One person told us "Their time keeping is extremely good, they never miss any calls". Staff comments included "Sometimes we are short staffed but we are ok", "We are not rushed, can speak about work in supervisions and raise it", and "No problem with times, I always ring office and we talk about it and they make a visit longer". The registered manager told us the service constantly recruits staff, saying "It has been hard to recruit within the area; there has been a lack of interest". Staff were good at covering one another for sickness or holidays and the registered manager and care supervisor were also trained to deliver care and could attend visits if required. The registered manager commented "We have a good team they work well together".

Peoples' medicines were managed and administered safely. People had medicine risk management profiles in place. This stated what medicines a person had been prescribed, any associated risks and action to take and if the person needed assistance in managing and administering their medicines. This was being reviewed regularly and signed for by each person.

The registered manager told us processes were in place for staff to follow if there was a medicine error. This included informing the office, the person's GP and if necessary additional training would be provided to the staff member concerned. Serious medicine errors would be dealt with the services disciplinary procedures.

Good

Is the service effective?

Our findings

New staff were supported to complete an induction programme before working on their own. Induction records were in place which showed that new staff had been supported to understand their role, complete required training and spent a period of time shadowing an experienced member of staff. The registered manager explained the amount of time spent shadowing depended on that new staff member's experience and competence. The induction record had been signed off by the registered manager and certificates of completion were in place. Staff told us the induction prepared them for their role commenting "I was happy with that (induction)" and "From the induction I knew what I was going into".

We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included dementia, dignity, moving and handling and understanding child protection. Specific training for peoples individual health needs had also been completed such as epilepsy training, and several staff were completing 'train the trainer' courses to deliver training. Staff had also been supported with higher level qualifications, apprenticeships and distance learning. Staff comments included "We do lots of training, I have done my NVQ level two", "I have done challenging behaviour training and the care certificate" and "I did all the training and do DVD updates. One person told us "The staff obviously take their training very seriously".

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The supervisions were a mix of office based supervisions and observations during practice. One member of staff told us "Our supervisions are useful". Other comments from staff included "I can raise things in supervisions", "When I had concerns I was able to go to my manager", "Supervisions are useful, if I have a problem I go and talk to them".

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed one person was under the court of protection at the time of our inspection; however this was for finances not care and treatment.

The service was not supporting anyone who did not have some level of capacity. The registered manager told us the service would involve the person's GP or social worker if they had reason to believe a person's capacity had deteriorated and they were unable to consent to care. The staff that we spoke with lacked knowledge around mental capacity. Comments included "I do not really understand this", "I can't tell you what it means", "If a person is not able to mentally do it", "No one has mentioned this to me", "I don't know, maybe to help people" and "If a person is able to take decisions in their place, their voice is heard". We saw the staff had completed mental capacity training but their understanding from this training had not been assessed. We have raised this with the registered manager to be addressed.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. One person told us "I feel safe with the carers, they are very good at noticing any changes in my health that I have not". Another person commented "They encourage me to strengthen my muscles, the carers have been trained by the physiotherapist to carry out some specific exercises with me during their visits, this is a great help to me". One person's relative told us "I am very happy with their care; they notice any changes and bring it to my attention". We saw for people who had specific nutritional needs food and drink recording charts had been put in place for staff to monitor the person's intake.

Requires Improvement

Is the service caring?

Our findings

We had difficulty in making ourselves understood when speaking with staff whose first language was not English. This meant that people who had communication difficulties may experience problems when asking to have their care needs met and for these to be understood. This also meant that the provider was recruiting people who did not have the communication skills to meet the needs of people using the service.

Three out of the eight staff we spoke with told us they could not always communicate effectively commenting "My English is not good" and "I don't speak very good English". We asked this staff if this affected their role in supporting people and the reply was "I call the office if I don't understand something". Another member of staff told us "My English is not the best". We asked this staff how they communicate with people and they replied "Only for customers, I say shower, tea, fine".

People and their relatives also told us there was a communication barrier with staff. One person said "I find some of the accents they have, and the English they speak can be challenging". Another person commented "I had one complaint about the ability of the carers to speak clear English". A relative told us "My only issue is with the clarity of the English that some of the carers speak, she can't understand some of them and this can cause problems".

During our inspection the registered manager was heard asking one member of staff if they would like to go on a 'Train the trainer' course to be able to deliver training to other staff members. This staff member was heard to refuse replying they could not be a trainer as could not speak English well enough to do this. The registered manager told us that when overseas staff are recruited a phone call takes place to assess their English and then the potential employee comes over for a face to face interview.

This was a breach of Regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they were happy with the care they received. Comments included "They are consistent in their care, they always arrive on time, they never miss any calls and they are flexible and happy to help if I need to change anything", "The staff always seem prepared when they arrive", "All the carers are very good, very caring", "I am very happy with the company, I have the same lady all the time and her timekeeping is excellent" and "They help me to dress, some of them don't seem to have their heart in the job, but others are very good". One relative commented "They are a really nice happy bunch, very sociable and very caring towards my father".

Staff told us they regularly supported the same people which allowed for consistency and changes in people's needs to be noticed more quickly. One staff member said "The company make sure customers are happy and make sure customers have regular people to support them". One person told us "I get a rota each week so I know who is coming. I would recommend them to others". Another person commented "Recently there have been several new carers, but a regular carer will always introduce the new carer".

People's privacy and dignity was respected by staff who knew the correct procedures to follow when supporting someone with personal care. This included ensuring doors and curtains were closed and not holding conversations about other people that were also supported by the service. One relative told us "I think all the staff are very caring, they all give her the care she needs, and they treat her with dignity and respect". Another relative said "The staff are very well trained, and they show dignity and respect towards my father".

Staff told us that people were encouraged to be as independent as possible. Comments included "If people want to do things independently, I give them a chance", "I try to get them to do what they can and support them, but don't take over", "We advise them to move and take care of themselves" and "We give them the opportunity to do it themselves". People we spoke with confirmed that staff enabled them to remain independent saying "I am happy that I am maintaining some independence with their help" and "Their care helps me to maintain my independence".

Good

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. For example in one person's care plan there were detail records about a specific health condition the person had. The information available explained to staff about this condition and gave guidance on how to support this person in managing their condition. Each person had a social profile in place which stated important information about that person's preferences. For example it was recorded if a person preferred a bath or a shower, what daily tasks they could manage alone and what they needed support with, and any particular mobility or communication needs a person had.

We saw people's interests had been recorded and if that person attended any day centres or had particular hobbies they enjoyed. For one person it stated the religion they practised and that the person liked to attend services regularly. Outcome records were in place for people which had assessed things such as the person's independence in their own home, if they saw family or friends frequently, if it was a safe place that they lived and if they had the chance to be involved in daily decisions.

We saw that staff completed a daily record for people after each visit and recorded information on the support given and the person's wellbeing during that visit. A cream application record was also in place which staff had to complete if they assisted the person in applying topical treatments. However we saw this had not always been consistently completed. The form stated where the cream should be applied and the date staff had applied it but it did not record any information on when or how many times the cream should be applied. We saw that on some day's cream had been applied and signed for once that day and then the next day it had been applied three times. There were also gaps in the recording, sometimes a gap of three days and sometimes a gap of five days where it had not been signed. This meant we could not establish if people were receiving the correct application of their treatment creams. We raised this with the registered manager who agreed that the forms could be amended to include this detail and make it clearer for staff to follow.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. We saw in one person's care plan a document was in place stating that regular staff supporting this person had been shown exercises and stretches by the physiotherapist. This meant the staff were able to encourage and assist the person in completing these exercises necessary for their recovery.

People's care plans were reviewed six monthly and family could be involved if the person wished. It had not been previously recorded when family had taken part in the reviews and the registered manager said in future this will be done. Staff would feed back any changes to people's needs from their care visits and the office staff would then make the necessary changes to a person's care plan or visit and review their care if this was required. The registered manager told us "We receive regular feedback from the carers".

People had been made aware of their right to raise any complaints or concerns if they were unhappy with the service being provided. The service user guide highlighted how to go about making a complaint and

stated contact details internally and externally to the service, depending on who the person wanted to raise their complaint with. A complaints folder was in place to log serious complaints and informal concerns were recorded in the daily visit journals. One person told us they had made one complaint and this had been dealt with correctly and quickly. This person said they have regular meetings with the manager, and any issues are brought to the manager's attention and dealt with straight away. One relative commented "Any problems are dealt with effectively".

People's experience of care was monitored through a feedback survey sent out annually. The survey asked people questions around the care and support they received and if they were happy with the service. For example people were asked 'if they felt that their care workers do the things they want done', and 72% of respondents indicated that the care workers 'always do the things I want done', and 28% indicated that their care workers 'mostly do the things they want done'. In another question asking 'how do you feel about the way your care workers treat you' 84% of respondents stated they were 'Always happy with the way they are treated' and 8% stated they were 'mostly happy with the way they are treated'. This information was then collated and formed part of the provider's quality assurance monitoring and took actions in line with the responses received. We saw a compliments folder in place which contained letters, emails and cards thanking the service and staff for the support and care shown to people.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we identified two potential notifiable incidents had not been reported to the Care Quality Commission (CQC). A notifiable incident for example is if a person had died or had an accident, and this information is used to monitor the service and ensure they responded appropriately to keep people safe. The events of these incidents were hard to establish as the initial documentation contradicted the registered managers explanation. The service had informed the local authority of these events and completed an investigation internally. The registered manager informed us this would be addressed going forward.

The provider had systems in place to monitor the quality of the service. This included auditing care plans and monitoring the completed medicine administration records for people. Any accidents or incidents such as falls were recorded in the accident log and people would be assessed and reviewed on an individual basis. However some of the concerns we found during our inspection had not been identified by these systems to ensure that action was taken.

A registered manager was in place at the service and people and staff gave positive feedback about the support and availability given. One person told us "The manager visits on regular occasions, I think the company is very well led". Staff comments included "Management is ok, if any concerns I would go to them", "The manager is very helpful, no problem to call them, they always open the door for me", "They are really understanding, and really good at listening to our concerns" and "Management are always there for you and support staff well".

Staff attended regular team meetings and were kept informed of events relating to their role and the service provided. We reviewed the minutes of the last staff meeting and saw discussions had taken place which included infection control and having appropriate conversations with people being supported. Staff who had participated in the meeting had signed the attendance record.

People we spoke with felt reassured by the responsive nature of the manager and the office if they needed to speak with someone. Comments included "They always listen to what I have to say, and they act upon any suggestions I have", "If I call the office, I always get to speak to the person I want, and quickly" and "The manager keeps in touch with me, and meets with me often. The company is very good at communication".

The feedback surveys sent to people were audited and the results collated into a chart. We saw that two people had raised the point that they did not see the same care staff regularly. A continuity assessment was performed in relation to this information and was monitored monthly to ensure these people did receive regular care staff. We reviewed the results from the staff feedback survey 2016 and saw that seven staff had completed this. These staff members had rated staff satisfaction highly overall. One staff member told us "It's a good company to work for, they are very understanding".

The company owner was present during our inspection and split their time between their two services, offering support to the registered manager. The registered manager commented "I feel supported, if there's

something I need, he will listen". The registered manager had the opportunity to attend community events with district nurses and other providers, saying "That's helpful seeing people face to face".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People's private information was not always protected. This meant that if this information was lost or viewed by someone unrelated to the service, people's security could be compromised, leaving people at risk of potential harm 17 (2) (a).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing We had difficulty in making ourselves understood when speaking with staff whose first language was not English. This meant that the provider was recruiting people who did not have the communication skills to meet the needs of people using the service 18 (1).