



Inspection Report on

Celtic Care (Swansea)Ltd Dom Care Agency

**C/o Oaktree Parc Clinic (Swansea) Ltd
12 Birchgrove Road
Swansea
SA7 9JR**

Date Inspection Completed

25/08/2022

22 & 25 August 2022

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About Celtic Care (Swansea)Ltd Dom Care Agency

Type of care provided	Domiciliary Support Service
Registered Provider	Celtic Care (Swansea) Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are satisfied with the care and support they receive from Celtic Care (Swansea) Limited Domiciliary Support Service. The service is well managed by an effective management team and has motivated staff. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to provide support to people. Support staff are knowledgeable, respectful, and caring. Specialist equipment is in place and health referrals are made to promote peoples' health and well-being.

The service provider has developed systems to enable them to capture people's views and has systems to develop some person-centred information. The management team have put checks and processes in place to keep service delivery under review with quality assurance measures. There is a manager in place who is registered with Social Care Wales and a Responsible Individual (RI).

Improvement is needed with amending the Statement of Purpose to accurately describe the area where the service is provided. Improvement is also needed with staff records and staff supervision and appraisal.

Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *"I can't praise them enough and I'd like to thank them for all the support they give me,"* and another commented *"I am involved in making the decisions about my care and support."* Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people they support and their families about what is important to them and how to best support them. Staff told us they feel well supported by the management team and commented, *"Celtic Care are great, they have been really supportive over the past year,"* and another commented *"I feel valued by the Celtic Care and the manager is always available when I need to talk to her."*

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as social workers and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at the service. Care workers receive appropriate training to support them in their roles. People are happy and receive support from staff who know them well and have good genuine relationships. People who use the service told us *"The staff are consistent and support me to do the things I want to do."*

People can do the things that matter to them when they want to do them. The service provides domiciliary support to people in the community. We saw that people take part in a range of meaningful activities at home. The manager told us people are supported and encouraged by staff as part of people's personal plans. People told us they enjoy taking part in a variety of activities which includes activities of daily life such as making food. This is reflected in people's records.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People are familiar with the care workers supporting them and value the relationships they have developed. Care workers are recruited in a safe way and have a good understanding of safeguarding and whistleblowing procedures. The manager regularly monitors care workers' practice to ensure they are providing safe, appropriate care. People supported by the service tell us they feel safe and secure.

Care and Support

People are provided with the care and support they need. Staff know people well through questions such as 'what is important to the person' and 'how to best support the person.' Personal plans and risk assessments are up to date and reviewed as required. Personal plans are developed in consultation with people, considering existing care and support plans provided by health and social care commissioners. The RI provided evidence of a newly developed system for monitoring of skin integrity and assured us this was in the process of being implemented. Records of daily activity are recorded accurately and succinctly. Records show the service provider ensures medical advice and professional help is sought where needed.

Policy, procedures, infection control measures and application of hygienic practices are in place. Staff demonstrate a good understanding of infection control and the use of personal protective equipment (PPE). Staff were seen to wear appropriate PPE and follow correct procedures when needed. The service supports people to maintain a clean and tidy environment. The service has sufficient stocks of PPE.

There is an appropriate medication policy and procedure in place. Audits are in place completed by senior staff assisting people with their medication. Most people supported by the service, self-administer medication, and have support when needed. Medication is stored securely in the person's home. Staff who support individuals to manage their own medication are trained and assessed as competent.

Environment

The quality of the environment is not inspected as part of a domiciliary support service inspection, as care is provided in the service users homes. However, we made the following observations.

The office is suitably equipped for the purposes of the day-to-day operation and management of the service. People using the service and employees can have confidence that their personal information is stored securely.

There are appropriate infection prevention measures in place with supplies of PPE available.

Leadership and Management

The statement of purpose is fundamental to the service and must accurately describe the service provided and where it is provided. Improvement is needed with the description of the area in which it is currently providing a service. The service description does not accurately describe the area it is currently providing a service. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment and care planning. The service is provided in line with the objectives of the Statement of Purpose which is regularly reviewed except for the improvement noted above. Policies and procedures are in place with some needing updating, which the RI assured us these were in the process of completion such as the complaint policy.

People can be assured that the service provider and management monitor the quality of the service they receive. The RI visits the service to meet with people and staff. We looked at documentation that confirmed the RI conducts quarterly visits to the service for quality assurance monitoring. The six-monthly quality of care report is produced by the RI. We saw evidence the RI has good oversight of the service. There are systems in place to assess the quality of the service in relation to outcomes for people, which include feedback from people using the service and their representatives. Records show the service provider ensures oversight and auditing of care and support activities is conducted regularly. This is being overseen by the manager and RI.

The service provider has oversight of the financial arrangements and invests in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes.

There are enough staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available, and this was seen during our inspection. Improvement is needed with fitness of staff records and supporting and developing staff with supervision and appraisal. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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6	The service provider needs to ensure they have provided an accurate description of where the service is provided within the Statement of Purpose.	New
35	Sufficient documentation was not available for inspection or available at the service in respect of two of the staff files reviewed by us.	New
36	The provider did not ensure that all staff receive regular supervision and annual appraisal.	New

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