



Inspection Report on

Celtic Community Services Ltd

**Room 7&8
The Court Yard
Parc Busnes Edwards
Llantrisant
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12 April 2022

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About Celtic Community Services Ltd

| | |
|--|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Celtic Community Services Ltd |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | Click or tap here to enter text. 09/03/2022 |
| Does this service provide the Welsh Language active offer? | Yes. 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

Celtic Community Services LTD specialises in providing care and support to people with mental health and substance misuse concerns. People are happy with the care and support provided by the service. Care documentation is tailored to each person's specific circumstances and sets out people's care and support needs. Risk assessments are in place; however, these need to be developed further so that they capture all relevant information. Care workers are happy working for the service and feel supported in their roles. Care workers are appropriately recruited and vetted and have regular supervision sessions to discuss any professional issues or development needs. Improvements to governance arrangements are required to ensure the service is meeting legal requirements. These include notifying Care Inspectorate Wales (CIW) of relevant occurrences and publishing a quality-of-care report on a six-monthly basis. Our inspection also identified areas where priority action is required, including, staff training, the review of people's personal plans and arrangements to ensure the Responsible Individual (RI) has clear oversight of the service.

Well-being

People have control over their day-to-day lives. People are supported in their homes and communities by a service that promotes independence. Personal plans identify people's personal outcomes and contain clear guidance for care workers to follow. We sampled a number of personal plans and found improvements are required to ensure they are reviewed regularly. Improvements to risk assessments are also required to make sure people remain as safe as they can be.

An established team of care workers promote people's well-being. The service provides good continuity of care. Care workers are familiar with people's wants, needs and the best way to support them to achieve their personal outcomes. Consistently good feedback from people suggests care workers treat people with dignity and respect and are held in high regard by the people they support

Staff help to protect people from potential harm and abuse. They receive safeguarding training and are aware of the procedure for raising concerns. Policies and procedures such as Safeguarding and whistleblowing are in place and reviewed regularly. Medication administration is available for those who require it. There is a medication policy and care workers receive training to ensure they can carry out tasks safely and appropriately.

Care and Support

People's personal plans set out their care and support needs. We looked at a number of personal plans and found they are person centred. This means the information recorded in them is specific to each individual who uses the service. We found personal plans are concise and provide clear instructions for care workers to follow. We saw evidence that care documentation is reviewed. However, personal plans and accompanying documentation such as risk assessments are not being reviewed in line with regulatory requirements. This was identified at the last inspection; therefore, we have issued a priority action notice and would expect the provider to take immediate action to address the issue. Risk assessments need to be developed further to ensure people are being supported safely. Risk assessments we examined lacked detail and are missing key information. This is an area for improvement which we will review at our next inspection.

People are happy with the care and support they receive. We spoke to a number of people using the service who provided complimentary feedback regarding care workers. One person told us: *"I would be lost without them; they give me a reason to get up in the morning."* Another person said: *"The carers are great; I get on with all of them."* Staff turnover at the service is low, which means the service can provide good continuity of care. Care workers know the people they support well and are familiar with their needs, wants and routines. People we spoke to confirm this saying they have regular care workers who provide their care and support.

There are systems in place to keep people safe. Policies and procedures that underpin safe practice contain up to date information and are kept under review. Care workers have access to a plentiful supply of personal protective equipment (PPE) and follow the latest guidance on testing for Covid-19. Care workers we spoke to told us they are aware of their safeguarding responsibilities and know the procedure for raising concerns. People who require support with medication have appropriate plans in place. Care workers complete medication recording charts (MAR) to ensure medication is given as prescribed. We examined a number of MAR charts and found they were filled in correctly.

Leadership and Management

A safe recruitment process ensures care workers are suitable to work with vulnerable people. Recruitment records we examined show the service completes all of the necessary pre-employment checks. These include Disclosure and Barring Service (DBS) checks, references from previous employers and employment history checks. We saw evidence all new employees must complete a structured induction and shadow experienced members of the team. Care workers we spoke to told us this was useful as it provided them with practical experience and gave them the opportunity to meet the people they would be supporting.

Improvements are required to ensure care workers are trained to meet the needs of the people they support. Training records show not all care workers are up to date with their core training requirements. Care workers we spoke to told us they felt confident in all aspects of their job role. However, without up-to-date knowledge in all core areas, they may not be able to provide people with the best possible care. As this was identified as an area for improvement at the last inspection, we have now issued a priority action notice and would expect the provider to take immediate action to address the issue.

Governance and quality assurance measures require strengthening. The Responsible Individual (RI) is required to meet with people connected to the service on a three-monthly basis in order to maintain effective oversight of service delivery. We did not see any evidence such meetings have been conducted. We discussed this with the RI and have issued a priority action notice and would expect immediate action to be taken to resolve the issue. Every six months the service is required to produce a quality-of-care report. We asked to see the last two reports but were only provided with one. We analysed the content of the report and found it did not contain all of the required information including information relating to the services strengths and any areas identified for improvement. There is an obligation for the service to notify Care Inspectorate Wales (CIW) of relevant occurrences including outbreaks of infectious diseases. Our records show the service has notified CIW of one occurrence since they registered. We were told there had been a number of occurrences all of which should have been reported to CIW. These are areas for improvement which we would expect to be resolved by the next time we inspect.

| 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 |
| 16 | Regulation 16(1) - personal plans must be reviewed as and when required but at least every three months | Not Achieved |
| 36 | The provider is not compliant with regulation 36(2)(d). This is because not all staff are up to date with their core training requirements. | Not Achieved |
| 73 | Regulation 73: RI visits | Not Achieved |

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 |

| | | |
|----|--|----------|
| 15 | The provider is not compliant with regulation 15(1)(c). This is because risk assessments lack detail on how best to keep people safe. | New |
| 80 | The provider is not compliant with regulation 80(2). This is because a quality of care report has not been completed every six months as required | New |
| 60 | The provider is not compliant with regulation 60(1). This is because the provider has failed to notify CIW of all of the events specified in Parts 1 and 2 of Schedule 3 | New |
| | 36 (2) (c) The service provider must ensure that any person working at the service receives appropriate supervision and appraisal. | Achieved |
| | 36 (2) (d)- The service provider must ensure that any person working at the service receives core training appropriate to the work to be performed by them. | Achieved |
| | 15 (1) (a) - The service provider must prepare a plan for the individual which sets out how on a day to day basis the individual's care and support needs will be met. | Achieved |
| | 16 (1) - The personal plan must be reviewed as and when required but at least every three months | Achieved |

Date Published 26/05/2022