



Inspection Report on

Celtic Care Monmouth Domiciliary

**The Calligraphy Centre
5 Church Street
Monmouth
NP25 3BX**

Date Inspection Completed

07/08/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Celtic Care Monmouth Domiciliary

Type of care provided	Domiciliary Support Service
Registered Provider	Charmaine Brett
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	9 December 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

This inspection has been undertaken to consider progress made in areas identified at a previous inspection where the service was not meeting regulation. The service has taken further important steps to develop and improve systems and processes to ensure positive outcomes for people. Areas of non-compliance identified at the previous inspection have now been met.

People receive reliable and consistent support and are supported to achieve their goals. People have as much choice and control as possible. Consistency from care workers is provided by a small team of staff and people have developed good relationships with staff. Care staff know people well and provide support in ways people prefer. The service strives to be as flexible as possible. Staff are appropriately recruited and trained which ensures people receive good quality, safe support.

Well-being

People are supported to have as much choice and control as possible. Personal plans are written in conjunction with people receiving the service and/or their representatives. Plans are personalised and reflect what matters to people and how they want their support to be provided. People are complimentary about the service they receive which is reliable and flexible. One person's representative told us "*They (staff) go above and beyond*". Another stated "*They (staff) are very reliable and respectful*". The service is small, providing support to a limited number of people within a small geographical area. Therefore, people know the Responsible Individual/manager (RI) and staff team well. This supports the service to be as personalised and flexible as possible. People have developed good relationships with the manager and care workers employed at the service. The systems for review have been strengthened further and have been sustained.

People are provided with information about the service which supports them to make choices about the care they receive. A copy of the statement of purpose (SOP) is provided to people when the service commences. This helps people to understand the range of support available at the service and assists with decision making.

People are appropriately protected and improvements to the oversight of safeguarding has been put in place. All care staff complete safeguarding training during their induction. Improvements in the oversight and administration of medication is in place. Written documentation records the support people receive with their medication. Improved oversight of staff recruitment checks have been made and staff personnel files contain appropriate employment history and sufficient references. Improvements to Disclosure and Barring Service checks (DBS) have been put in place and there is appropriate oversight of care worker's registration with the social care workforce regulator Social Care Wales (SCW).

Care and Support

There are effective systems in place to ensure people's needs are assessed and can be met by the service, prior to support commencing. All individuals receiving support have an appropriate provider assessment of their needs. Provider assessments are comprehensive, personalised and, identify what support is required and how people wish this to be provided. There is recognition of the desired goals and outcomes people wish to achieve. Personal plans are comprehensive and provide appropriate information for care workers to follow. Where risks are identified, risk assessments are completed. There are appropriate systems in place to ensure reviews are completed at the required frequencies. Where reviews identify changes, personal plans are updated.

Improvements in the oversight and administration of medication is in place. Personal plans contain appropriate information to inform care workers what support people require with their medication. Care workers supporting individuals with medication have received appropriate medication training provided by the service. Medication administration records (MAR) are completed to record when support with medication has been provided. Documentation is completed comprehensively and contains appropriate care worker signatures. Topical MARs are available and completed comprehensively where people are prescribed creams/sprays. Daily care records completed by care workers document the support provided with medication. People are supported to take their medication as prescribed. Significant improvements to the oversight and administration of medication have been put in place. Compliance has been reviewed at this inspection and has been met.

Improvements in the oversight of safeguarding has been put in place. Safeguarding training has been completed by care workers employed at the service and the service remains committed to safeguard individuals receiving support. The provider is aware of the duty to report matters of a safeguarding nature to the local authority safeguarding team promptly and make Care Inspectorate Wales (CIW) aware. Improvements in the oversight and administration of medication have been put in place. Since the last inspection the service have not experienced any further issues which required reporting to the local authority safeguarding team. The provider has effective systems in place to ensure people are safeguarded. Compliance has been reviewed at this inspection and has been met.

Leadership and Management

The provider's oversight of the service has improved. Improvements in written documentation including personal plans, reviews, daily care notes and medication audits were seen. Medication audits are now completed on a monthly basis and help to identify what is working well and where improvements are required. The quality-of-care report compiled considers the feedback received and this is incorporated into the ongoing development and improvement aims of the service. The service has developed appropriate systems to support oversight. Compliance has been reviewed at this inspection and has been met.

Support provided to care workers has been strengthened and robust recruitment checks are in place. Staff files follow a consistent format and contain sufficient information including job application forms containing full employment histories. DBS checks are in place prior to staff starting their employment. Employment references are obtained, and verification of references takes place when required. The service keeps appropriate records regarding care worker registration with SCW and newly appointed care workers are appropriately supported to achieve registration. Care workers are provided with an induction in line with guidance provided by SCW and records reflect the amount of shadowing from a mentor a care worker has completed. Care workers sign to confirm they have read and understood the range of policies provided during induction, including the code of conduct for social care workers. Staff complete appropriate mandatory training during their induction. Staff receive appropriate supervision at the required frequencies which help them to develop and improve. Compliance has been reviewed at this inspection and has been met.

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
6	There are limited systems for the assessment, care planning, monitoring and review of support provided to individuals receiving a service. There are limited systems in place which demonstrate the oversight of the service by the service provider.	Achieved
26	There are no comprehensive systems in place to ensure people are safeguarded appropriately. Not all incidents which involve adult protection had been appropriately reported to the local authority Safeguarding Team.	Achieved
58	Information contained within medication records which had been created by the service provider were insufficient, lacked comprehensive detail about the	Achieved

	medication and how it should be provided. Not all care workers had received medication training prior to supporting individuals with their medication.	
35	On the staff files we considered as part of this inspection we did not see sufficient information that all staff are subject to robust recruitment checks prior to commencement of their employment.	Achieved
36	On the staff files we considered as part of this inspection we did not see that all care workers who commenced employment at the service were provided with a sufficient induction which aligns to the induction framework recommended by Social Care Wales. We are not assured all staff receive sufficient induction and training to enable them to provide sufficient care to people.	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
N/A	No non-compliance of this type was identified at this inspection	N/A
60	CIW have not routinely been notified of all reportable events.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 07/09/2023