



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

20/05/2024

Welsh Government © Crown copyright 2024.

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 (Swansea)Ltd Dom Care Agency

Type of care provided	Domiciliary Support Service
Registered Provider	Celtic Care (Swansea) Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	21 September 2022
Does this service promote Welsh language and culture?	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 Care (Swansea) Ltd Domiciliary Support Service is a small provision covering two rural and urban areas of Lampeter and Treason in Ceridigion. The service is well regarded by those who use the service and their families. The service was recently taken over by a new service provider and there is a newly appointed Responsible Individual (RI) and a well-established manager who is registered with Social Care Wales.

Improvements have been made since the last inspection, such as documentary evidence of staff receiving regular supervision and annual appraisal. Staff recruitment records were reviewed by us and were seen to have improved and met regulatory requirements. The Statement of Purpose (SoP) viewed had been reviewed and updated to ensure they have provided an accurate description of where the service is provided.

The provider's initial assessment including moving and handling and person-centred information needs to be further developed to ensure an accurate picture of an individual's needs.

Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *“I have a good relationship with staff, we have a laugh”* and another commented *“they (staff) know what they are doing.”* 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, *“Managers are there for support when needed and provide any help when needed.”* and another commented *“I think it is a good company to work for, I like working in this area though travelling can be challenging at times.”*

People get the right care and support. People and their representatives are involved in reviews. People said their personal plan met their needs and felt care workers include them in the development of their plan. 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 commented that care workers support people to do things they need, and on several occasion referred to staff as being *“like family.”* People’s relationships with others are considered during the development and review of their personal plans. These acknowledge the input people’s family and friends have in their care and support. The views of people’s representatives are regularly sought as part of the service’s quality monitoring process.

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. People supported by the service tell us they feel safe and secure.

Care and Support

People receiving a service from Celtic Care (Swansea) Ltd Domiciliary Support service speak very highly of both the management and care staff. Comments from people and their representatives include *“I couldn’t have managed without them”* and *“The staff of the agency are special to me.”* This was further supported by family of people receiving a service such as *“They’re great, amazing with mum, we couldn’t do without them.”* And *“They are good at doing what they should, and do not let us down at all.”*

People are provided with the care and support they need by staff who know them well. Personal plans are developed in consultation with people, considering existing care and support plans provided by health and social care commissioners. We discussed with the manager that reviews are mostly completed as required but would benefit from ensuring these are audited to ensure completion is at the frequency required. Records of daily activity are recorded accurately. Records show the service provider ensures medical advice and professional help is sought where needed. However, we discussed and agreed with the RI that the providers initial assessment including moving and handling and person-centred information needs to be further developed to ensure an accurate picture of an individual’s assessed needs is established at the start and recorded appropriately.

People are protected from abuse and neglect. Policy and procedures have been reviewed to make sure they are relevant and up to date. Staff are aware these are in place to guide them and are supported by management in the team meetings facilitated by them. Staff have completed safeguarding training relevant to their role.

There is an appropriate medication policy and procedure in place. Audits are completed by senior staff assisting people with their medication. People supported by the service are assisted to administer their own medication and this is stored appropriately in the person’s home. Staff who support individuals to manage their own medication are trained and assessed as competent.

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE when needed and follow correct procedures.

Leadership and Management

People have access to information about the service. There is an accurate and up-to-date Statement of Purpose and a guide to the service so people know what services they can expect to receive. The relevant contact details are available to enable people to enquire about the service, make a compliment/complaint or to contact the relevant regulatory authorities. People tell us they know how to raise any concerns they may have about the service and are confident they will be listened to and concerns addressed appropriately.

Systems are in place to regularly check on the quality of care and support. People are asked their views in a number of ways including via questionnaires, face to face visits and telephone calls. The responsible individual (RI) completes their three-monthly reports after speaking with people and checking records. Audits of aspects of the service take place regularly and a six-monthly report is completed following a review of the service.

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

Care staff feel supported in their role. Staff told us the management are excellent and can be contacted at any time. They have sufficient travel time between care calls and have regular discussion with the manager to ensure they are supported as needed. Supervision meetings with staff are taking place at the required frequency. Annual appraisals provide feedback on their performance and identifies areas for training and development to support them in their role. Staff told us *"I get well supported in my role, and I feel I get listened to if I have any concerns."* And *"I feel well supported in my role and enjoy working for the company."* Staff meetings take place regularly and staff confirm they can discuss any issues with the manager at any time and feel listened too.

People are supported by staff who are appropriately recruited and trained. Recruitment records viewed show checks are carried out on care staff before they start work. Staff are or are working towards registration with Social Care Wales and follow the induction framework. The RI told us staff have access to training relevant to the job they do in the service and this was confirmed by records seen by us.

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

N/A	No non-compliance of this type was identified at this inspection	N/A
6	The service provider needs to ensure they have provided an accurate description of where the service is provided within the Statement of Purpose.	Achieved
35	Sufficient documentation was not available for inspection or available at the service in respect of two of the staff files reviewed by us.	Achieved
36	The provider did not ensure that all staff receive regular supervision and annual appraisal.	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 20/06/2024