Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Celtic Care Monmouth Domiciliary

The Calligraphy Centre
5 Church Street
Monmouth
NP25 3BX

Date Inspection Completed

03/12/2024

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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	17 April 2024
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

Celtic Care is a domiciliary service that provides care and support to people living in their own homes in Monmouth. People are happy with the support they receive from a small, reliable service that is flexible to meet their individual needs. People's care plans are person-centred and set out how individuals prefer to be supported. A small staff team provides people with continuity and familiarity. People are complimentary of the service and staff who support them.

The responsible individual (RI) conducts the dual management role of manager as well as delivering "hands on" care and support to people. The RI is well respected by service users and staff alike. There are policies and procedures in place to support the running of the service. We found the service has not consistently sought guidance to safeguard people upon recommencement of their care package following discharge from hospital. Areas for improvement have been identified for the RI to address regarding safeguarding, training and development and duty of candour.

Well-being

People are provided with care and support by a service which engages with them and considers their needs and wishes. People and their families are involved in assessments prior to the service commencing. The RI initially works with the person, using this time to get to know them and their likes and preferences. Staff are then inducted on how the person wants to be assisted to achieve their outcomes. A relative told us how valuable this has been for the success of their relative's care package. People told us the service is reliable. Staff turn up on time or advise people if they are going to be late and stay for the allotted time. The service can be flexible to meet an individual's needs to support attendance at hospital or a social appointment.

People are treated with dignity and respect. People's personal plans provide guidance for staff on how to support each individual with their needs and preferences. Risk assessments which promote people's independence and mitigate risks are reviewed on a regular basis. People and their families have developed good relationships with staff who support them. People like the continuity and familiarity of a small staff team. Staff told us they know people well and can quickly identify any changes in their needs which enables the service to be responsive. People told us the service is "*10 out of 10"; "All in all I am satisfied with the care. It's an A1 service;" "Both of us (a married couple) are very pleased"; "My parents are happy and get on well with the carers".*

People are not always fully safeguarded from harm. Staff receive training to enable them to understand their responsibility to safeguard and protect people. We found the service has not consistently worked openly and in partnership with healthcare professionals to manage risks to individuals using the service. Additionally, we found that not all staff have received the required level of safeguarding training appropriate to their role and responsibilities.

At the time of this inspection, the service did not provide a service to people in Welsh and would have to plan how to facilitate a service in Welsh if this were needed. The provider can offer documents in Welsh if requested. In future, the service is looking to recruit bilingual staff to promote the Active offer.

Care and Support

People's plans direct care staff to deliver care and support in a consistent way. The plans are clearly written, include people's preferences, risk assessments, and overall contain the required information. People and their representatives are consulted on the care they receive. Personal plans are reviewed and when necessary, identified changes result in personal plans and risk assessments being updated. We saw evidence people who receive a service, and their representatives are engaged in this process. People we spoke with are complimentary of the care and support provided. People have developed positive relationships with staff who support them. A small consistent staff team provide support and can identify changes in the usual presentation of people promptly as they know them so well. The service supports people to manage their medication. Staff receive medication training to be able to support people according to their needs. We found the medication policy did not direct staff on how to support people with eye drops. The medication policy and related procedures were reviewed and strengthened throughout the course of the inspection.

The service has policies and procedures in place to safeguard people. We found the service has not consistently sought assistance from healthcare professionals following people's discharge from hospital. Seeking timely guidance from healthcare professionals is key to ensuring people are safe. This is an area for improvement, and we expect the provider to take the necessary action.

Leadership and Management

The statement of purpose (SOP) does not provide accurate and up-to-date information about the service and therefore does not reflect the service being provided to people. Key documents need to accurately reflect the services the agency can provide. We considered the services statement of purpose and found references to services the agency is unable to provide for example advocacy. People are given a service user guide at the commencement of the package which sets out the aims and services the agency provides. This includes specialist care services which are listed as help with eye drops, catheters, colostomy, and ileostomy care. People know how to make a complaint. We examined the services medication policy which does not consider supporting people with eye drops. We also read that staff do not have up to date training to support people requiring catheter, colostomy, and ileostomy care. The RI has provided assurances care staff would be trained to meet a person's unique needs before commencement of a service and documentation will be reviewed to accurately reflect the service the agency is able to provide.

The RI has good oversight of the service. They are a visual presence and people who use the service, their relatives and staff told us they regularly visit, review, and discuss people's care and support. People's views and opinions of the service are sought which forms the basis of the service's quality assurance report. However, inconsistent open and transparent practice with healthcare professionals was identified. There is a duty of candour placed on the RI to be open and transparent to promote the safety and wellbeing of people. This is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

People are complimentary about the quality of service provided. There has been no recruitment of staff since last inspection. We spoke with staff who told us, they feel they are sufficiently trained and developed to perform their duties. They receive regular supervision from the RI with quarterly spot checks conducted. Meetings are not held to update and inform staff, though staff receive electronic updates. Staff told us communication at the agency is good.

The RI/ manager is reliant on others to keep them informed about domiciliary provision and legislation. They complete the same training as care staff who work for the agency which supports them to deliver care. They told us they do not access any groups or forums to update them about domiciliary care provision or to support them to conduct the dual RI/ manager role. In addition, as the RI leads the staff team and directs staff's knowledge and understanding in relation to safeguarding, they need to familiarise themselves with responsibilities of their role as outlined in the National Safeguarding Learning and Development Framework. There is an expectation that further training for the RI is needed to carry out the role effectively in line with practice guidance recommended by Social Care Wales. We have identified learning as an area for improvement and expect the provider to take the necessary 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.

Area(s) for Improvement		
Regulation	Summary	Status
10	The responsible individual needs to undertake appropriate training to carry out their role/	New

	responsibilities.	
83	The RI has failed to act in an open and transparent way with healthcare professionals.	New
26	The service provider must provide the service in a way that ensures people are safe and protected from harm and abuse.	New

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Date Published 31/12/2024