



Inspection Report on

Celtic Community Services Ltd

**Room 7&8
The Court Yard
Parc Busnes Edwards
Llantrisant
CF72 8TQ**

Date Inspection Completed

19/10/2022

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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	09 March 2022
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

Celtic Community Services provides care and support for adults, aged 18 and over, with substance misuse concerns and related illnesses. The service offers care and support to people in their own homes in the Cwm Taf and Cardiff & Vale areas. This report covers Cwm Taf. People are happy with the service they receive. Care and support is delivered using a person-centred approach. People are involved in the care planning process and contribute to regular reviews of their care documentation. Risks to people's health, safety and well-being are appropriately assessed and managed. Care workers say they feel supported in their role's, however, records relating to formal support do not reflect this. Governance and quality assurance measures are adequate, and the Responsible Individual (RI) is up to date with their specific duties. Care workers receive training to equip them with the skills to deliver good quality care and support and are aware of their safeguarding responsibilities. Policies and procedures are routinely reviewed and help promote safe practice.

Well-being

People are happy with the care and support provided. People told us they have good relationships with care workers who treat them with dignity and respect. There is a small team of care workers which means continuity of care is good. People's personal plans contain a good level of person-centred information as well as highlighting people's care and support needs. This helps care workers understand people's challenges and provide appropriate support. The service communicates well with the people it supports. Up-to-date written information about the service is available to each person, as is access to advocacy if required.

People are protected from harm and abuse. The service employ's a raft of measures to keep people safe. These include risk assessments, staff training, governance and quality assurance measures and a range of policies and procedures underpinning safe practice.

The service promotes independence so people can do the things that matter to them. People are involved in the care planning process and have regular reviews where they can discuss their personal outcomes. We saw evidence of support being provided within people's homes and wider community. Support people receive includes attending medical appointments and assistance with their medication needs to ensure they can be as healthy as they can be.

Care and Support

People report having positive relationships with the care workers who provide their care and support. One person told us *“They are brilliant. I get on with all of them”*. Another person said, *“The continuity has been extremely good. The care workers are very friendly, personable, and polite”*. Part of our inspection process involves visiting people in their homes. During one visit we observed positive interactions between a care worker and a supported person. It was clear there was a genuine good rapport between them, and the care worker was familiar with the person’s daily care routine. We also received positive feedback regarding service provision from people’s representatives, one of whom said, *“They are all so approachable and friendly. They explain things clearly to my mum. They never rush in and out, they spend time with mum and always call if they’re going to be late”*.

People’s personal plans detail their care and support needs. We examined several personal plans and found they are person-centred in nature, meaning they are central to the persons specific set of circumstances. We could see personal plans have been developed in conjunction with people and their representatives. Although people’s outcomes are captured in their personal plans, they could be developed further so that people’s outcomes in relation to their care and support needs are more clearly documented. Personal plans also contain risk assessments detailing information on keeping people safe. Plans are reviewed and updated routinely to ensure they are relevant to people’s current needs.

As well as risk assessments and management plans there are other measures in place promoting safe practice. Care workers receive safeguarding training and are aware of the procedure for reporting concerns they may have. Infection prevention and control measures reduce the risk of cross contamination. Care workers have access to a good supply of personal protective equipment and receive relevant training including infection control and food hygiene. People can access support to help them with their medication needs. Care workers receive medication training and periodic audits are conducted to ensure medication is administered correctly and any discrepancies are identified.

Environment

This domain is not considered as part of a domiciliary inspection. The agency offices are suitable for their intended use with secure storage facilities.

Leadership and Management

Care workers feel supported in their roles and are complimentary of the manager. However, improvements are needed to ensure they are receiving the required levels of formal support. Care workers used words like “*Fantastic*”, “*Easy Going*” and “*Flexible*” to describe the manager. We were told communication within the team is good and care workers are kept up-to-date regarding operational matters. We viewed minutes of recent team meetings which support this. Records relating to supervision and appraisal show care workers are not receiving the recommended levels of formal support. We told the management team this is an area for improvement we will review at the next inspection.

The service has a range of training and development opportunities to ensure care workers are sufficiently skilled within their roles. A structured induction programme where care workers are given the opportunity to shadow experienced members of the team is offered to new employees. Following this care workers have access to a rolling programme of core training that is tailored to the needs of the people they support. Training is delivered via several formats including online and face to face. Records show there has been an improvement in the services training statistics since the last inspection.

Governance and quality assurance measures help the service identify areas for improvement. We saw documented evidence reflecting the service regularly consults with people and staff to gain their views on service provision. On a six-monthly basis a quality-of-care review is completed by the RI who then produces a report highlighting the findings of the review.

Written information on the service is available for people and care workers to view. We looked at the most recent statement of purpose and user guide. We saw they are reflective of the services provided. We also note people have a copy of the user guide in their home. This is useful as it contains practical information and contact numbers. Policies and procedures are reviewed regularly and are aligned with current national guidance. We did note the medication and complaints policies need minor adjustments which we discussed with the management team.

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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36	The provider is not compliant with regulation 36(2)(c). This is because evidence to show staff have received the required levels of supervision and appraisal have not been seen at inspection.	New
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Date Published 25/11/2022