



# Inspection Report on

**Celtic Care Monmouth Domiciliary**

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

**Date Inspection Completed**

17/04/2024

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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	10 August 2023
Does this service promote Welsh language and culture?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Celtic Care is a domiciliary support service that provides care and support to people in their own homes within Monmouth. People receive good care and support. They are treated with dignity and respect, through a personalised approach to care and support. The service continues to be as flexible as possible to meet people's preferences. People are happy with the support and are consulted about their care. Care staff have up-to-date knowledge of people's needs; personal plans are available to guide staff. There are systems in place for the administration of medication.

The service does not have a manager. The Responsible Individual (RI) manages the service on a day-to-day basis. The recruitment of staff is safe and effective and all staff are registered with the workforce regulator. Staff feel valued and well supported in their roles. The RI is well regarded by the staff team, people receiving a service and their representatives.

## Well-being

The service is small, providing support to a limited number of people within a small geographical area. Therefore, people know the Responsible Individual (RI) and staff team well. This supports the service to be as personalised and flexible as possible. People and their families have developed good relationships with the RI and care staff employed at the service.

The service tries to encourage people to have as much choice and control as possible. The individual and their family are involved in assessments before any service is provided. People's preferences are included in personal plans. People are encouraged to share their views about the service they receive and systems are in place to manage complaints. People and their families told us they are happy with the care and support they receive. Feedback from people and their representatives suggests care staff treat people with dignity and respect.

People receive the support they need to maintain their health and well-being. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans and risk assessments, providing guidance for staff on how to support individuals with their needs. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive. The service has systems in place for the oversight of medication administration.

People are safe and risks to their health and well-being is minimised as much as possible. The provider has systems and processes in place to safeguard people. Policies and procedures support safe practice and staff undertake safeguarding training. Risk assessments mitigate risks to people and will be reviewed on a regular basis going forward. Furthermore, staff recruitment practices have been strengthened to further safeguard people receiving a service. Care staff are passionate about their roles and know the people they support well.

This is a service that is working towards providing an 'Active Offer' of the Welsh language. The provider can offer documents in Welsh if requested. Care staff are encouraged to learn basic Welsh to have some key phrases/words. The provider are looking at their recruitment process to include Welsh speaking as desirable skill.

## Care and Support

People receiving a service and their representatives are positive about the service provided. We were told, “*outstanding service so grateful, relieved and impressed*” and “*very settling and reassuring to know the service is there helping my loved one everyday*”.

There are systems in place to ensure people’s needs are assessed and can be met by the service, prior to support commencing. Each person receiving a service has a personal plan, providing care staff with information and guidance on how to best support people and set out what is important to each person. Personal plans are person centred and include social histories, their preferences and recognition of the desired goals and outcomes people wish to achieve. Plans are reviewed regularly and going forward, the RI has indicated risk assessments will also be reviewed at the same time. Although people are consulted on the care they received, evidence of people’s involvement in reviews and decision-making processes are not always clear. Staff record the care and support delivered to each person evidencing how care needs are met.

There are measures in place to assist people with their medication. Personal plans document the extent to which individuals need support with their medication. The RI has indicated there will be better distinction between prompting and administering medication included in plans going forward. The RI gave assurance each person’s plan would be reviewed and updated with accurate description of the support required in relation to medicines. We viewed a sample of Medication Administration Records (MAR) and found them to be free from gaps and errors. The RI provided an updated medication policy following our inspection, explaining the process for “*as required medication*” and the use of over-the-counter medication. Medication is checked and audited regularly by the provider to identify any potential errors.

The service is small, providing support to a limited number of people within a small geographical area. We noted no missed calls, or calls being cut short when we reviewed daily records, which contain call start and end times. We were told by people and families that staff are usually on time and the continuity of staff was good.

## Leadership and Management

The service has a statement of purpose (SOP) which details the range and nature of the support available to people. Information contained within the SOP is reflective of the service provided. Quality assurance reports are completed by the RI. The views of people, their representatives, and care staff are included in these reports, providing an opportunity to influence service delivery. There have been no complaints recorded since the last inspection. The RI, who also manages the service on day-to-day basis, is a regular presence at the service and delivers hands on care and support when required. The RI is well regarded by the staff team, people receiving a service and their representatives. We were told, *“she listened to us and involved us as a family”* and *“she helped through a difficult transition and now he is very settled receiving care at home”*.

There are selection and vetting practices to enable the service provider to decide upon the appointment of staff. We reviewed the most recently recruited member of staff pre-employment checks and all required documentation was available. All staff have up-to-date Disclosure and Barring Service (DBS) checks and proof of identity. All care staff are registered with the workforce regulator, Social Care Wales (SCW), as required.

Staff told us that they feel valued, enjoy their work and spoke positively about the RI. Care workers are provided with a basic induction. This includes core training and shadowing opportunities with the RI and basic competencies being checked, for example, in medication administration. Regular formal staff supervision is in place to look at staff development and provide an opportunity for staff reflection. Care staff do not have the opportunity to attend team meetings due to the logistics of getting the small team together at the same time. To ensure information is shared amongst the team and encourage staff relationships, the RI and staff utilise a social media platform to enable regular communication. Staff core training is up to date and refresher training is completed in a timely manner.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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