



Inspection Report on

1st Grade Care (Cardiff Branch)

**Charter House li
Links Business Park
St. Mellons
Cardiff
CF3 0LT**

Date Inspection Completed

19/06/2023

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About 1st Grade Care (Cardiff Branch)

Type of care provided	Domiciliary Support Service
Registered Provider	1st Grade Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	2, 8, & 9 February 2023
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

This inspection was carried out to review areas where the service was not meeting legal requirements in February 2023. This is because there were failings in the service which compromised people's care and safety. At this inspection, we found that the service has made positive changes and improvements in these areas to meet legal requirements. The service provider must ensure that the improvements are sustained and embedded in the service.

There is information available to accurately inform people about what they can expect from the service and how to raise a concern. Care documentation is now detailed and reviewed to keep current. People are given the opportunity to contribute to their personal plan and reviews to make their preferences known. The majority of people receive medication at the right time, but further auditing is required. Calls are being better planned to ensure people receive calls when they need them. Care workers receive training in most areas for their role and further core training is scheduled. The care workers are starting to benefit from regular supervision and spot checks which is useful to reflect on their practice and self-development. There is improved visibility and oversight of the service which has secured the necessary improvements. The manager felt well supported in their role.

Well-being

People are supported to have choice and control. People are given information about what they can expect from the service and how they can raise a concern. People are included in the development of their personal plans and participate in reviews to give opportunities to feedback on the care they receive. Personal plans enable care workers to support people to achieve their personal outcomes. The RI engages with people when they visit the service to seek their views which can inform future improvements.

People told us that they are starting to receive consistent support which helps them to develop relationships with the care workers and level of support they receive. People described the care workers as kind, caring and respect their dignity. People felt confident to contact the office and raise a concern, if needed.

There are systems in place to promote people's safety. The service needs to consistently assess people's needs before agreeing to provide care and support, this ensures the service is suitable for them. Most people receive medication at the right time. Care calls are scheduled according to people's needs and preferences, as reasonably practicable. The manager intends to strengthen the call auditing systems in place to identify any issues and make improvements when needed. This will help to address some inconsistencies of call times in the evening. The office staff are also available to cover calls and provide support to staff when needed. Care workers receive safeguarding training and understands how to raise concerns.

There is improved leadership at the service. The proposed RI is closely working with the manager to secure the necessary service improvements. An action plan is in place and there is good progress which is being regularly monitored. There are good quality assurance arrangements in place to assess and evaluate the service to ensure they are delivering quality of care and a safe service. The RI intends to strengthen internal auditing to ensure some areas are further assessed, so there are no missed opportunities for action to be taken. There are safe recruitment processes in place to keep people safe from harm. Care workers receive training for their role, and some additional core training is scheduled. Care workers told us that management is supportive.

Care and Support

People need to be consistently involved in their assessment before the commencement of the service to ensure the service is able to meet their needs and preferences. This is currently being addressed by the manager. Personal plans are developed with the person which is important to inform care workers how best to support the individual and achieve positive outcomes. Daily records show that people receive the care and support they need in line with their personal plan. People are given the opportunity to contribute to their review to ensure information is kept up to date, but this is being further developed by the service to become more person centred.

The majority of people receive medication at the right time. The medication policy is in place for care workers to follow. Care workers are trained to administer medication. Records show that medication is mostly being administered when required. We found some care workers received competency assessments and some were scheduled. Although there is some auditing of the management of medications this is not robust enough. The manager intends to introduce a new auditing process to ensure any issues are promptly identified and acted upon.

Since the last inspection, the service has consulted with people using the service and care workers to ensure calls are better planned for. We saw a significant improvement in this area, as most people told us that care workers are generally on time for calls in the day but further oversight is needed for evening calls. Since the last inspection, there has been a successful recruitment drive to employ sufficient staff to fulfil the number of calls required and protect people from harm. The electronic call system alerts the manager and office staff when there is a call over 15mins late, this allows office staff to make alternative arrangements. Although there is some call monitoring in place, the manager intends to strengthen the auditing systems and make changes when needed. Most people receive calls for their agreed duration of time but this is being reviewed by the manager. Care workers rotas are being planned to receive sufficient travel times and breaks between calls, to enable them not to feel rushed or run late for calls.

Leadership and Management

People benefit from good leadership and management of the service. The proposed RI is awaiting to be approved by CIW but they are registered with the workforce regulator. Since the last inspection, there has been an improvement in this area. The RI worked closely with the management team to secure the necessary improvements in the service. An action plan is in place and we found good progress which is regularly reviewed. The RI maintains a regular presence at the service, they engage well with people, their representatives, care workers and professionals involved. The RI visits the service to keep well informed. Since the last inspection, the office staff have been increased to ensure there are sufficient resources available to effectively assess, plan and review the needs of people and ensure care is delivered consistently and safely. We found the quality assurance arrangements in place effectively evaluated the quality of care and safety of the service. This report identified actions and celebrated their successes. The RI intends to strengthen the internal auditing arrangements to ensure all key areas are regularly evaluated for example, accident/incidents, safeguarding's, calls, care planning and medication. This will ensure that there are no missed opportunities to be acted upon and lessons learnt. The manager felt well supported by the RI and records show regular support and opportunities to discuss their professional development. The care workers told us that they felt confident to raise issues and the manager and office staff are approachable and supportive. We recognise that the service has worked hard to secure the necessary improvements and there are plans to further develop. It is imperative that the leadership and oversight is sustained to ensure improvements are embedded at the service.

People are starting to receive a service where care workers are trained and well supported in their roles. There are safe recruitment processes in place which are followed to ensure people are protected from harm. Since the last inspection, all care workers received the opportunity for supervision which is important to provide support and reflect on their personal development, which they value. Spot checks are undertaken to monitor care staff practice and identify future training needs. Records show that care workers receive training in most areas for their role but further core training is being scheduled. The RI told us that team meetings and appraisals will be scheduled in the coming months. All care workers are given the option of zero hours contracts or alternative contractual arrangements which is regularly rereviewed with the care worker.

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
36	Review of documentation pertaining to the training, support and development of staff indicated there were significant shortfalls in this area. The service provider must ensure that any person working at the service has relevant induction , training and ongoing professional development. People employed at the service must be registered with the appropriate occupational body.	Achieved
6	The service provider has failed to ensure safe staffing arrangements, underpinned by professional development are in place to meet the care needs of people receiving a service. Staff shortages have further impacted on the services ability to effectively Assess, Care plan and review for the needs of people	Achieved

	and ensure care is delivered consistently and safely.	
22	The service has failed to provide continuity for people in relation to consistent staff, timings and durations of calls. Analysis of call records evidenced this was a service wide issue, Provider oversight had failed to address these issues despite being reported on in the customer satisfaction survey. 8/3/23 -At inspection we found that people continued to receive calls very early or late, Calls were often cancelled because only male staff could support individuals, call duration was often cut short and people saw different staff . The service was consistently under delivering their contracted hours.	Achieved
34	We found that the service did not have sufficient staff numbers to cover the contractual hours. There were unfilled vacancies in the office structure meaning key roles needed for call scheduling and planning were vacant. There was a further shortage in field supervisors resulting in a lack of oversight and monitoring of safe care delivery in the community	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
8	The service provider has failed to identify from its own quality monitoring mechanisms areas where the service quality has failed to meet standards. There has been insufficient oversight in regard to identifying and planning for improvement. which has led to poor outcomes for people.	Achieved
80	At inspection September 2022 . The regulation 80 report failed to consider a number of issues identified in the most recent quality monitoring	Achieved

	<p>questionnaires including late and missed calls and dissatisfaction with the management of complaints. The report failed to identify a number of key areas that required improving such as consistency of care and improving call scheduling.</p>	
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