



Inspection Report on

1st Grade Care (Cardiff Branch)

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

Date Inspection Completed

09/02/2023

2, 8, & 9 February 2023

Welsh Government © Crown copyright 2023.

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 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	30 September 2022
Does this service provide the Welsh Language active offer?	This service 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

People have mixed views of the care and support they receive. They spoke positively about some staff but also felt that there was a high turnover of staff at the service and were not always confident staff were trained and competent in their roles. We received feedback that call scheduling was poor and people experienced cancelled, late, and early calls. Care documentation is generally completed correctly but improvements are required to ensure people are assessed before service commences and their needs are fully captured. Documents must be reviewed in a timely way. People do not have access to some of their care documentation. Service agreements need to be in place between the provider and people receiving a service. Feedback from some care staff indicated they are happy working at 1st Grade Care, others felt that they didn't receive support from management. There is a high staff turnover at the service. No staff, including managers, have received formal supervision, Team meetings do not take place and Improvements are required for staff induction, training, and professional development. Safe recruitment processes are usually in place, but the provider must check validity of references and ensure they meet regulatory requirements. Since last inspection there have been changes to office staff and management within the agency. The person nominated as Responsible individual (RI) has not yet been approved by Care Inspectorate Wales (CIW). The service did not have sufficient staff numbers to adequately cover the contractual care hours and oversight of the service delivery effectively which had led to failings. Priority Action Notices have been issued and we expect the provider to take prompt action.

Well-being

We received mixed feedback from individuals using the service. They reported some positive staff interactions and said there were staff at the service who were lovely and understood their care needs. However, in contrast, people told us they see a high number of different care workers, many of whom seem inexperienced and unsure of what to do. Four people reported that there is a language barrier with some care workers that makes it difficult to build rapport. People's needs are not always met because calls are not scheduled at agreed times and often run early or late or are cancelled. The agency's own call monitoring identifies inconsistency in people's call scheduling. Calls are often cut short, and we found instances where late/early calls have potentially put people at risk. People told us staff do not always stay the duration, and not all of their scheduled calls are delivered due to staff shortages. We were told that people are not informed of changes to their calls. This is disruptive to people and leads to them losing confidence in the care agency. Call scheduling to meet people's planned care needs and to provide continuity has not improved and people continue to experience poor outcomes as a result. We have issued a priority action notice in this area and expect the provider to take action.

The service has measures in place to protect people from harm and abuse. Most staff receive training to support their understanding in how to safeguard people although some are out of date. Recruitment checks are in place and most staff files contain the necessary. Up to date policies support the service. There are effective systems in place to record accidents and incidents and report safeguarding concerns.

Care and Support

Prior to the service commencing, an assessment takes place of individual needs and how people would like their needs met. Where placing authority information is scant, this must be requested, and sufficient information must be received prior to agreeing to deliver care. Care plans and risk assessments generally contain relevant information, but we noted that some service users' care plans were lacking some pertinent and important information. Daily recordings are improved and mostly provide a summary of the person's well-being alongside completed tasks. The digital system used by 1st Grade does not allow people or family to see completed records. The provider has assured us this will be rectified.

The service have overdue care plan reviews which means in some instances people's recorded needs are inaccurate. We saw instances where risks had not been appropriately assessed and planned for. There were eleven people where support had commenced prior to any assessments by the service taking place. The manager told us that staff shortages across the service had meant that there had not been capacity in the team to carry out assessments, reviews and monitoring. 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. Office based staff who were often being required to cover care calls which meant they were unable to conduct their usual roles effectively. This leads to poor staff morale and people leaving. The provider must determine the number of staff required and put things in place to support the staff to provide a stable service.

A priority action notice has been issued in relation to staffing and we expect the provider to take action.

Environment

The quality of the environment is not a theme which is applicable to domiciliary support service. However, the service operates from an office with good facilities for staff. The building is secure and there are locked cabinets for the storage of confidential information. There are rooms available to hold meetings with the care staff team.

Leadership and Management

People receive information about the service and there are policies and procedures in place for the running of the service. There is a system in place to monitor the quality of care, The nominated RI visits the service every 3 months. We were provided with the latest report from December 2022. At last inspection, we found that RI oversight in relation to reviewing the quality of care required improving. We issued an area of improvement; we did not fully review this at this inspection because the quality review report is not yet due. We will follow this up next inspection.

Staff recruitment is generally safe with pre-employment checks completed prior to employment, but the source of references should be checked. There is a system in place to ensure Disclosure and Barring (DBS) certificates are renewed every three years. However, the service should ensure all staff working at the service have a DBS in place. This will be followed up at next inspection.

Staff feedback was mixed. two staff said they were happy in their roles, but five raised issues in relation to terms and conditions, support in their role and organisation of rotas. Some raised concern about the quality of care they provided because of staff shortages. Overall, it indicated staff morale was poor.

People do not receive care from staff who are well trained and supervised. Review of documentation pertaining to the training, support and development of staff indicated there were significant shortfalls in this area. We were told staff have a 1-day induction, online training and 2 shadow shifts. There was no practical manual handling training or medication administration training in place for any staff. There are no competency checks being undertaken. There is no assessment of potential staff's reading, writing, basic maths spoken language skill at interview or application. Some people we visited reported 'new' staff did not appear to understand their roles. We fed back to the provider a number of instances of poor care delivery. All staff are overdue supervision and spot checks including newly recruited staff. Team meetings have not taken place. This means that there is a lack of oversight of staff competency and safety in their delivery of care.

There are significant gaps in the service's staff structure. 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, plan and review the needs of people and ensure care is delivered consistently and safely. A lack of oversight of staffing to meet the needs of people currently supported has led to poor outcomes for people.

A priority action notice has been issues in relation to staffing and we expect the provider to take 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
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.	New
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 and ensure care is delivered consistently and safely.	New

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	New
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.	Not 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
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.	Reviewed
80	At inspection September 2022 . The regulation 80 report failed to consider a number of issues identified in the most recent quality monitoring 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	Reviewed

	improving such as consistency of care and improving call scheduling.	
80	On completion of a review of the quality of care and support the responsible individual must prepare a report to the service provider which must include -an assessment of the standard of care and support provided, and recommendations for the improvement of the service.	Achieved

Date Published 10/05/2023