



Inspection Report on

1st Grade Care (Newport Branch)

**1st Grade Care Ltd
Unit 2 Charterhouse Links Business Park
Fortran Road
Cardiff
CF3 0LT**

Date Inspection Completed

24/07/2023

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About 1st Grade Care (Newport 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	8 October 2021
Does this service promote Welsh language and culture?	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

The proposed Responsible Individual (RI) is awaiting to be approved by Care Inspectorate Wales (CIW) but they are registered with Social Care Wales the workforce regulator.

There is information available to accurately inform people about what they can expect from the service and how to raise a concern. People are given the opportunity to contribute to their personal plan but should be given the opportunity to contribute to their reviews, to make their ongoing preferences known. The majority of people receive medication at the right time, but further auditing of medication processes is required. Care calls are well planned to ensure people receive care when they need it, but there is inconsistency in people receiving the correct duration of their call time. Care workers receive training in most areas for their role and further core training is required. The majority of care workers receive regular supervision and spot checks which is useful to reflect on their practice and self-development. People told us that care workers are respectful and kind. They support people confidently and deliver care with kindness.

There is good leadership and oversight of the service. There are systems in place to monitor the quality and effectiveness of the service. The proposed RI regularly visits the service to keep well informed. There needs to be improved routine auditing of information to ensure issues are promptly identified and acted upon. Managers and care workers communicate well with people and their families. 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 but needs to be given the opportunity to feedback on the care they receive. Personal plans enable care workers to support people to achieve their personal outcomes. The proposed RI engages with people when they visit the service to seek their views which can inform future improvements.

People describe the care workers as caring and respect their dignity. People feel confident to contact the office and raise a concern, if needed. People told us that the deputy manager is approachable and always looks for solutions to help. 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 workers are trained, but their competency must be regularly assessed to safely administer medication, this is being addressed. 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 inconsistencies of people not receiving their full duration of call time. Care workers receive safeguarding training and understand how to raise concerns.

People can be confident that there is good leadership at the service. The proposed RI is closely working with the manager and office team. 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 required. 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. Regular reviews take place but people need to be given the opportunity to contribute to their review for their preferences to be known. 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 but their practice is not competently assessed, but this is being addressed. Records show that medication is mostly being administered when required. 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.

People receive the care and support they require. People told us that they generally receive the same staff which they like as this promotes continuity of care. People are complimentary about the care workers and the care they receive. A person told us *“The staff are lovely and caring”* and a relative told us *“Some care workers are fantastic and shines above what is expected”*. Calls are well scheduled and care workers generally arrive when expected. However, records consistently shows that care workers are not staying for the duration of their support time. However, daily care notes show that people are receiving the support they require. The internal auditing report needs to be strengthened to ensure the findings are actioned to make the necessary improvements to the management of calls. Care workers rotas are being planned to receive sufficient travel time and breaks between calls, to enable them not to feel rushed or run late for calls.

Leadership and Management

The proposed RI has effective oversight and is involved in the day to day running of the service. The proposed RI is awaiting to be approved by CIW but they are registered with the Social Care Wales, the workforce regulator. There are governance systems and processes in place to effectively monitor and evaluate the quality of the care being provided. The proposed RI maintains a regular presence at the service, they engage well with people, their representatives, care workers and professionals involved. Policies are detailed and up to date. The proposed RI intends to strengthen the internal auditing arrangements to ensure all key areas are regularly evaluated for example, accident/incidents, safeguarding referrals, care calls and care planning. This will ensure that there are no missed opportunities to be acted upon and lessons learnt. The manager feels well supported by the proposed RI and records show regular support and opportunities to discuss their professional development is given. The care workers told us that they feel confident to raise issues and the manager and office staff are approachable and supportive.

People receive a service where care workers are mostly trained and supported in their roles, but further improvement is required. There are safe recruitment processes in place which are followed to ensure people are protected from harm. The majority of care workers receive the opportunity for supervision which is important to provide support and reflect on their personal development, which they value. Most spot checks are undertaken to monitor care staff practice and identify future training needs. The manager assures us that staff team meetings are due to be scheduled to provide an opportunity to share information collectively. Records show that care workers receive induction and training for their role. However, further core training is required to enable care workers to fully understand the needs and specific conditions of people they support. The service intends to introduce competency assessments to be assured that care workers are confident when administering medication and using moving and handling equipment. 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

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
15	The personal plan (Regulations 15(1) & 17(b)): The service provider is required to prepare a plan for every individual and give a copy of that plan, and any revision of it, to the individual, or any representative, where appropriate. One individual did not have a plan of care in place and not all individuals had received a copy of their current care plan.	Achieved
21	Provision of care and support (Regulation 21(2)): The service provider is required to ensure that care and support is provided to individuals in accordance with their personal plan. Not all individuals had consistently received care and support at the times and for the durations planned for.	Achieved
21	Maintaining relationships with individuals and staff (Regulation 21(3)(a)): The service provider must ensure that good and professional relationships are maintained at all times with people. Clear and effective lines of communication between individuals, representatives and staff had not been maintained at all times.	Achieved
36	Supervising staff (Regulation 36(2)(c)): The registered provider is required to ensure that all staff employed to work for the service receive appropriate supervision. There was insufficient evidence to demonstrate that all staff had received appropriate supervision.	Achieved
41	Delineation of travel time (Regulations 41(3)(a)-(b)): The service provider must prepare a schedule of visits for care workers with sufficient time allocated for travel in between visits having regard to the matters specified under Regulations 41(3)(a) and 41(3)(b). Insufficient travel time was included in the staff visit schedules.	Achieved
58	Medication administration (Regulation 58(2)(c)): The service provider is required to have arrangements in place to regularly audit the administration of medicines. There was no evidence that regular audits had been carried out to ensure risks to people's health and safety were identified and minimised as far as possible.	Achieved

73	Oversight of service performance (Regulations 73(2), 73(3)): The RI is required to meet with individuals and staff to monitor service performance, and evidence the same, at least quarterly.	Achieved
74	Oversight of adequacy of resources (74(1) and 74(2)): The RI is required to report on the adequacy of resources available to provide a service in accordance with Parts 3 – 15 of the Regulations, at least quarterly. There was insufficient evidence that the required quarterly monitoring had been carried out.	Achieved

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Date Published 11/09/2023