Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

1 Call Care

1 Call Care, Unit 14
15 Neptune Court
Vanguard Way
Cardiff
CF24 5PJ

Date Inspection Completed

8 September 2022

About 1 Call Care

Type of care provided	Domiciliary Support Service
Registered Provider	1 CALL CARE
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	29/12/2021 and 18/02/22
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

1 Call Care is a domiciliary support service operating in Cardiff and the Vale region. 1 Call Care is also the name of the organisation that owns the service. A temporary manager is in place to oversee the day-to-day running of the service who is suitably qualified and registered with Social Care Wales. Prior to the inspection period, there was a change of manager. The service provides two types of support; one via the assertive outreach team which offers support to people who may be living in temporary accommodation or experiencing homelessness and the other, a care at home service supporting people in their own homes.

People spoke positively about the care they received, we saw evidence that some workers go above and beyond and are dedicated to their caring role. The provider cares about the people they support and tries to explore creative ways to meet the needs of people. Some people reported issues with call timings but overall, there was improvement reported around seeing familiar care workers and call timings. Call monitoring records confirmed this. The service is delivered in line with people's personal plans and takes into consideration personal choice and preference where it can.

There have been improvements since the last inspection in care documentation. Personal plans are available for all people and have been reviewed in a timely way. Support and development of staff has also improved with staff now having supervision, spot checks and increased training. Recruitment of staff is safe.

Oversight of service delivery has improved and there are systems in place to support safe care delivery, however we found they need a more robust application in some key areas. When complaints are received the recording and evidencing of actions and outcomes must

be improved. Incidents and accidents also require clearer recording and evidence of action taken. Safeguarding referrals also need to be clearly recorded with subsequent actions and outcomes. The oversight of medication could also be improved

The service has addressed the priority action notices issued at the last inspection and has met compliance in these areas. Two areas of improvement were identified at this inspection.

Well-being

People are supported to have control over aspects of their life as much as possible by 1 Call Care. A personalised approach is taken by the service and people's preferences are acknowledged and understood. What matters to individuals and how they wish their support to be provided is clearly documented. People are fully consulted and involved in regular reviews of the support provided. People are treated with dignity and respect by care workers they have developed good relationships with. Care staff are knowledgeable and kind. People told us care workers "*always go above and beyond*." The service recognises the importance of supporting and promoting people's feelings of well-being and is particularly skilled at working with people who may be marginalised.

People are supported to be as healthy as possible. They have contact with other health and social care professionals as required. Care staff know individuals well and can promptly identify any changes in their individual presentation. Referrals to others take place where appropriate. Any changes identified result in personal plans and other care documentation being updated quickly. Care workers have access to the most up-to-date information about the people they support.

Measures are in place for safeguarding people, but some improvements are required in the application of these processes. Staff complete annual safeguarding training, accompanied by a company policy and procedure. There are systems in place to record accidents and incidents, however improvement is needed to ensure follow up actions and outcomes are also clearly recorded. Staff complete annual medication training, however completion of competency checking to administer medicines is required. Electronic records were seen evidencing medicine administration daily, but evidence of regular audit of these was not seen. We found some instances where there were gaps on records that were not accounted for, and one person did not have MAR (Medication Administration Record) records in place. Medication practices and overall monitoring of care delivery systems is an area for improvement that will be followed up on at the next inspection.

Care and Support

Each person has care documentation in place. The documentation describes the care and support they need and is in line with the local authority care plans. Personal plans are person-centred and focus on positive outcomes for people; they cover all core areas of people's care and support needs. Each person has a personal profile explaining what matters to them. Risk assessments are personalised and guide care staff, for example, supporting people with continence care and managing challenging behaviour. We saw two instances where risk assessments required review, these were addressed on the day of inspection. We advised the provider to ensure that during three -monthly reviews risk information was also considered. Reviews of personal plans were taking place at least every three months, this ensures staff have accurate and up-to-date information about the people they support.

Daily notes generally reflect the care and support provided, and most provided a narrative of how the person was in presentation, mood, and well-being during the call. There were some instances where information was missing from daily notes, for example where a previous care worker has noted a change or asked for a task to be carried out it is important that the next carer records if this has been followed up. There was also a lack of oversight and audit of daily notes by managers which requires improving.

People we spoke to told us that they were happy with the care they received. We saw staff receive training to ensure they have the skills required to undertake their roles effectively. Care staff appear to complete calls in an unhurried manner. We saw evidence that care staff are encouraged to stay for the duration of their calls. Generally, a consistent team of staff deliver care. Comments include I have "*a good relationship with (staff) and we work as a team."* "*They let me know if they are going to be late*." "*Staff do change quite a lot, but I also have my regular carers*."

Environment

This theme is not applicable to domiciliary support services in Wales. However, we found the service operates from secure premises with appropriate arrangements for storing confidential information.

Leadership and Management

Systems are in place, which support the running of the service, although we found they need more robust application. There is currently no permanent registered manager in post, but the service has an interim manager in place. The proposed responsible individual (RI) is regularly present at the service and meets with people who receive a service and with care staff. The RI has completed some of the required quality assurance reviews. Improvements are needed to ensure the quality-of-care report meets regulatory requirements; for example, analysis of incidents, complaints, and audits of records such as medications and daily recordings. The above area requires improvement, and we will consider this at our next inspection.

The recruitment files we sampled show the service has conducted all the required pre-employment checks to ensure suitability. Care staff benefit from an induction period and shadowing opportunities followed by a programme of on-going mandatory and specialist training. Care staff receive training to spot the signs of abuse, neglect and deterioration and know how to raise a concern if they need to. Staff told us the training they receive is mostly online and equips them for the role. Some staff felt that training could be improved particularly for new starters. Regular supervision and appraisals support staff to reflect on their practice or discuss any issues. Team meetings are evidenced but attendance of staff is low so the provider should explore alternative ways to engage with and keep staff updated. Staff we spoke to were mostly complimentary about managerial support, but it was reported that the out-of-hours system can be ad hoc, and that rota planning can sometimes be disorganised.

People are given information about the service. There is a written guide available which provides people who receive the service, their representatives, and others with information about the service. There is a statement of purpose (SOP) which describes how the service is provided. Key policies are in place, but some require updating.

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

8	oversight ,monitoring and evaluation in key areas.There needs to be improvement in overall systems of Monitoring, action and evaluation at a care delivery level •Auditing of medication requires improving . One person who was subject to an Adult Safeguarding referral around medication did not have a MAR record in place despite this being a task on care delivery plan. Audits and reviews had failed to pick this up. •Accident and Injuries – There needs to be clear recording of incident , outcome and actions . This was not in place for some reported injuries • Safeguarding the records currently in place identify accidents not safeguarding , there needs to be clear recording of safeguarding (alleged abuse) , actions and outcomes • On Call system -clear outcomes and actions to events reported there were many instances where this was not picked up or no clear follow up There was a failure in on call system that meant staff and service users were at times unable to report instances to the on call worker. On one occasion a run of calls was unable to be delivered due to staff sickness, the on call had failed to record actions and outcomes on the system. On call did clearly record actions /analysis of an incident where a s user sustained an injury. • .Daily Log / carer notes – need regular auditing if carer writes that something needs monitoring follow up next carer should be commenting There were a number of occasions where Gaps were there ie JP and fire incident	New
58	There was no clear evidence of regular Auditing of peoples MAR records and medications Person 1 who was subject to an adult safeguarding enquiry around missed medication did not have any MAR record in place Records pertaining to the collection of person 1's medications were not maintained It was not clearly recorded what the agencies role was in regard to collecting medications on the persons behalf. Person 2 had Gaps in their MAR records , there was no explanation on the MAR chart as to why the record had not been filled out . The provider has failed to demonstrate their medication oversight is robust.	New

Date Published 27/10/2022