



Inspection Report on

1st Grade Care (Cardiff Branch)

**1st Grade Care Ltd
113-116
Bute Street
Cardiff
CF10 5EQ**

Date Inspection Completed

16th June 2022

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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	
Does this service provide the Welsh Language active offer?	

Summary

1st Grade Care (Cardiff Branch) is a domiciliary support service that runs in the Cardiff and the Vale region. The agency provides care for people over the age of eighteen, including: older people, people with physical disabilities, people with sensory loss/impairment, people with mental health problems, and for the elderly with memory loss.

1st Grade Care Ltd is the name of the company that owns the service. The Responsible Individual (RI) for the service is Lucy Thomas. This means they have responsibility for the strategic operations of the service. There is a manager in post with day-to-day responsibility for the operations of the service. There is a significant lack of oversight and governance of service delivery. Call time allocation, scheduling, and consistency of staff; all impact on the standard of care people receive. To ensure the service meets all its regulatory requirements, significant improvement, in several core areas, is needed. Most people told us the practice of care workers is positive and they are treated with dignity and respect. The service has not maintained and built upon improvements found at the last inspection.

Well-being

People's well-being is not always promoted by a good standard of care and support. We received mixed feedback from individuals using the service and representatives we spoke with. People's needs are not always met because calls are not scheduled at agreed times and often run early or late. This is disruptive to people and leads to them losing confidence in the Care agency. At times late, early or missed calls have impacted on the well-being of people in areas such as not getting the right support with medication, prolonged periods in bed, missed meals and opportunities to go out and do things. Care is not always provided in the way people want or need and at times this has put people at Risk. A priority action notice has been issued in this area and we expect the provider to take action.

People's needs are assessed by the service and a personal plan relevant to the individual is put in place. There was one instance where someone only had a social services care plan in place. Some documents reflect people's preferences well, while others would benefit from more detail. Daily recordings did not always give a narrative of the person's well-being. Some were detailed while others were just tasks ticked. We have previously found the provider lacking in this area and have not seen the expected improvements. People were not able to access their care plans / recordings or information because the digitalised system used by 1st Grade does not allow access for people receiving a service or family. People were not advised of this or given the choice of receiving a paper copy at assessment. People must have access to their personal and records. An area of Improvement has been issued to the provider and we expect the provider to take action.

Turnover of care workers is high, meaning that people are often supported by different people who do not know them as well as regular carers. Despite this people told us there are core groups of staff they see. People spoke highly of the dedication and attitude of staff. They said staff were polite and felt confident they knew what they were doing. Staff we spoke to spoke positively about the job they do, but were frustrated at the organisation of their rotas, and terms and conditions of employment.

A system is in place for reviewing the quality of care, but it needs improving to show that identified issues are being addressed. The RI visits the service regularly and monitors some of the managerial oversight. Further work is needed to ensure areas like call duration, documents and medication are not only audited regularly but action is taken to remedy where failings are found. The RI ensures that quality assurance monitoring takes place every three months but had not produced a six-monthly report in line with regulation 80. The service has a complaints policy in place however we found that there was not a thorough oversight of lower-level concerns. Safeguarding concerns are taken seriously and dealt with appropriately.

Care and Support

This inspection was in response to a concern we received relating to the organisation of care we therefore did not focus on care and support in depth but looked at Well-being and Leadership and management.

Some people have told us they are not happy with the care and support they receive due to the service being disorganised. People are not given access to their support plans and care records. Feedback from people about the practice of individual care workers is mostly positive. Most people feel care workers treat them with dignity and respect All people were grateful for the care, but some felt frustrated at the lack of continuity around their calls. Some people reported being happy with the care.

People cannot be assured they will receive care that is well monitored and organised. We looked at call monitoring and saw that care workers did not stay the full duration of a care call. We saw some people receive calls that are too early, late or missed completely, meaning they have gone without care and support. We have been made aware of some individuals who have gone without access to food, fluid, pressure relief, personal care, and have been left in bed for a longer period, affecting their well-being.

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. At time of inspection most staff were home working, with the office only being used on set days. Several people reported that they had difficulty contacting the offices.

Leadership and Management

A clear management structure supports service delivery; but some aspects of management oversight need attention. Improvement is needed in notifications to CIW; notifications around staff or service users being affected by testing positive for Covid-19. The RI sent us backdated notifications following the inspection. People we spoke with confirmed they had not received copies of their support plans. Appropriate policies and procedures are present, and the service has a current statement of purpose.

There is a system for planning and monitoring calls; but most calls we reviewed are delivered much earlier or later than scheduled. At times this has affected people; and overall has meant people lose confidence in the service. Incidents and accidents are recorded and acted upon appropriately. We saw that overall complaints had been responded to in line with the agencies complaints policy and process, however there were several occasions when concerns had been raised by people that would have benefited from a more formal response. The RI agreed to review the oversight of concerns, complaints and compliments going forward.

The recruitment process included required information and documentation. Relevant checks were undertaken prior to staff starting. Care workers have basic mandatory training. A small number of care workers are offered a choice of employment contracts, but not regularly enough and not in line with regulation. This is important to ensure they are satisfied with their working arrangements. Those we spoke with told us they did not feel valued or well supported. This was shared with the RI. Care workers' training needs are overseen by HR. This helps ensure care workers are suitably supported, knowledgeable and skilled in the right areas. Improving staff terms and conditions is an area for improvement.

Quality assurance and monitoring need to be more robust. The RI provided us with evidence of recent engagement with individuals and care workers. Arrangements for reviewing the quality of care, in collaboration with relevant people connected with the service, are not robust enough though. Further work is needed to ensure areas like call duration, documents and medication is audited regularly and action is taken to remedy where failings are found. The RI ensures that quality assurance monitoring takes place every three months but had failed to identify some areas for improvement. The RI had not produced a six-monthly report in line with regulation 80. An area of improvement has been issued in relation to this and we expect the provider to take action.

The provider must address this to enable it to effectively evaluate its standards of care and support and drive improvement. We have previously found the provider lacking in this area and have not seen the ability for the service to maintain compliance over a sustained period. We have issued two priority action notices in relation to the sufficient and safe running of the service.

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
21	The service provider does not ensure that care and support is provided in accordance with assessed needs with a focus on the well-being and personal outcomes of people. This is due to people not receiving a copy of their support plan, recordings not being completed by care workers that evidence the outcome of tasks undertaken, late ,early and missed care calls and the lack of managerial oversight of care delivery. The service provider also fails to ensure care and support is consistently delivered in a way which protects, promotes and maintains the safety of individuals.	New
6	The service provider must ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose	New
21	The service is non-compliant with Regulation 21(1) of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.	Achieved

	This was because the provider (registered person) did not ensure that care and support was provided in a way that protects, promotes and maintains the safety and well-being of individuals. The evidence to support this is as follows:	
36	The service is non-compliant with Regulation 36(2) (d) and (e) of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. The service provider must ensure that any person working at the service receives core training appropriate to the work to be performed.	Achieved
58	Medication Administration : Regulation 58(1) The service provider must ensure there are arrangements in place for the safe management of medications.	Achieved
41	Delineation of travel time Regulations 41(3)(a)-(b) - There was insufficient travel time provided between some calls in the visit schedules.	Achieved
6	Regulation 6. The service provider has not ensured the service is always provided with sufficient care, competence and skill, having regard to the statement of purpose.	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
17	The provider is not compliant with Regulation 17 because they have failed to provide people with copies of Support Plans and other records pertaining to their care and support.	New
60	The provider failed to notify CIW of instances in the last six months where staff had tested positive for Covid-19.	New
42	Regulation 42(1): Employment contracts: Care workers who elect to remain on a non guaranteed hours contract must be given a further choice of alternative contractual arrangements three months	New

	after their last choice was made.	
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.	New
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. We found that not all individuals had consistently received care and support at the times and for the durations planned for.	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). There was insufficient travel time provided between some calls in the 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, to ensure risks to people's health and safety are identified and minimised as far as possible. There was insufficient evidence that regular audits had been carried out to oversee medication administration.	Achieved

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