



# Inspection Report on

**1st Grade Care (Cardiff Branch)**

**Charter House li  
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Cardiff  
CF3 0LT**

**Date Inspection Completed**

**29 September 2022**

30/09/2022

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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	<a href="#">[Manual Insert]</a> 16 <sup>th</sup> June 2022
Does this service provide the Welsh Language active offer?	

### Summary

1st Grade Care Ltd is the name of the company that owns the service. At the time of inspection the Responsible Individual (RI) for the service was working a period of notice. There is an interim RI in post pending registration with CIW. There is a new manager in post with day-to-day responsibility for the operation of the service. 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. Most people told us the practice of care workers is positive and they are treated with dignity and respect. People are still not satisfied with the organisation of their care calls and report calls are often outside of schedule.

Oversight of service delivery has improved in the recording of safeguarding, complaints and accidents and incidents, however further analysis is needed. We found they need a more robust application in some key areas such as call scheduling and quality of care. Failure to oversee quality in several key areas leads to poor outcomes for people and a lack of trust in the service provided. The provider must take the necessary steps to maintain oversight and improvement within the service.

The service has acted and started to address the priority action notices issued at the last inspection and has met compliance in these areas. Three areas of improvement were identified at this inspection.

## Well-being

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. People reported seeing a high number of different care workers. The agency's own survey identified several areas where people were unhappy with the way care was organised. Late/early calls have potentially put people at risk and this is disruptive to people and leads to them losing confidence in the care agency. Call scheduling to meet people's planned care remains an area of improvement.

People's needs are assessed by the service and a personal plan relevant to the individual is put in place. Documents reflect people's preferences well. Daily recordings have improved and most contain a summary of the person's well-being. At the last inspection we identified people were not able to access their care plans/recordings or information because the digitalised system used by 1<sup>st</sup> Grade does not allow access for people receiving a service or family. We found that all people now have an up-to-date care plan from 1<sup>st</sup> Grade however there remains a lack of access for them regarding their daily care notes and medication records.

Turnover of care workers is high, meaning that people are often supported by different staff who do not know them as well as their regular carers do. 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 were positive about the job they do, but some were frustrated at the organisation of their rotas, and their 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 and had produced a six-monthly report in line with regulation 80. However, the report failed to comment on some key outcomes from the most recent customer survey. 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. RI oversight has improved but remains an area of improvement that will be followed up at the next inspection.

## Care and Support

This inspection was to follow up progress in relation to priority action notices (PANs) issued at the last inspection. We did not look at 'Care and Support' in depth in but we considered the areas of 'Well-being' and 'Leadership and Management' as these are the areas where PANs were issued.

People we spoke to told us they were generally happy with the care workers they see. People receive an assessment of their needs prior to the service commencing and agree what tasks they would like assistance with and at what time. People are provided with information about the service and details of how they can complain if they are not happy with the service. People we spoke with told us that they like the care workers and described the care staff as "*kind and hardworking*". People told us that staff are "*very helpful*", care staff do not always stay the full duration of calls and people said the scheduling of their calls is still not consistent. Personal plans of care include the views of the person being cared for and highlight what tasks people can do independently as well as what tasks they require support with. There are risk assessments and accompanying information in place where required, care plans are kept under review. We saw evidence that referrals are made to health and social professionals when required. Daily recordings are improved and now provide a summary of the person's well-being alongside completed tasks. The digital system used by 1<sup>st</sup> Grade does not allow people or family to see completed records. This is something the service is looking at changing.

## 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

At the time of inspection, a new RI and manager were in post. The RI has an action plan which clearly identifies areas they have set out to improve upon. The manager is suitably experienced and is registered with Social Care Wales, the workforce regulator. A clear workforce structure supports service delivery; however, staff shortages sometimes mean office staff are delivering care calls and are unable to carry out their duties. This is acknowledged by management and there is an ongoing recruitment programme in place.

There are policies and procedures in place for the running of the service and complaints to the service are taken seriously. We saw a number of compliments recorded from people using the service. Safeguarding referrals are made when required and there has been improvement to the recording and storage of the referrals so that they can be monitored for themes and trends of abuse. The provider ensures that quality assurance monitoring takes place as required, but we noted that improvements to the accompanying report are required to ensure they contain all required data as set out in the regulations. Furthermore, people's feedback gathered via questionnaires should be analysed and incorporated into improvement plans. The provider must ensure that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service. This remains an area for improvement.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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.	Achieved
6	The service provider must ensure that the service is provided with sufficient care, competence and	Achieved



	skill, having regard to the statement of purpose	
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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.	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.	New
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 improving such as consistency of care and improving call scheduling.	New
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.	Achieved
60	The provider failed to notify CIW of instances in the last six months where staff had tested positive for Covid	Achieved
42	Regulation 42(1): Employment contracts: Care workers who elect to remain on a non guaranteed	Achieved

	hours contract must be a given a further choice of alternative contractual arrangements three months after their last choice was made.	
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**Date Published 15/12/2022**