



Inspection Report on

1st Grade Care (Neath Branch)

**Office 3
23 Windsor Road
Neath
SA11 1NB**

Date Inspection Completed

15/12/2023

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About 1st Grade Care (Neath 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 | 14 July 2023 |
| 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

This inspection was carried out to review areas where the service was not meeting legal requirements in July 2023. This is because there was lack of poor oversight of call times which compromised people's care, well-being, and safety. The Responsible Individual (RI) and the management team have worked closely together to improve the experience and outcomes for people. We found sufficient progress has been made to meet the priority action notice, but the improvements require embedding.

Some of the areas for improvement issued at the last inspection have also been reviewed, and noted some progress has been made but we will follow this up at the next inspection. We identified a new area for improvement, for the service provider to ensure the delivery of care is consistently recorded by care staff to confirm people's personal outcomes are being met.

Since the last inspection, the RI has been approved by Care Inspectorate Wales (CIW). We were informed that the current manager is leaving the position, but an alternative manager has been arranged. The RI will keep this under review to closely monitor the management to help maintain the stability of the service.

Well-being

People are supported to have choice and control. Information is given about what people can expect from the service and how they can raise a concern. However, concerns must be formally responded too in accordance with the complaints policy. People are included in the development of their personal plans and reviews are scheduled to give people opportunities to feedback on the care they receive. Personal plans enable care staff to support people to achieve their personal outcomes. The quality assurance process shows people are starting to note improvements in the quality of care and practice of care staff. The RI actively consults with people when they visit the service to seek their views to review the quality of care and inform future improvements.

People are protected from harm. The management team assess people's needs before agreeing to provide care and support, this ensures the service is suitable for them. Risks are appropriately assessed and there are detailed plans in place to help people take risks safely. Records confirm people receive medication and half of the care staff are now trained to administer medication. The remaining care staff will be trained to prevent people experiencing delays in receiving their medication when needed. The care coordinator is now accredited to audit medication and evaluate care staff competency to administer medication. The RI assured us that regular medication audits will commence.

There is an improvement of call scheduling and records show people receive a safer service. The daily care records completed by care staff are improving, but further work is needed to accurately record key information about the care and support people receive. The service provider is notifying CIW of any reportable events in a transparent way. Accident and incidents are reported, and we found appropriate action taken by care staff. Safe recruitment processes keep people protected from harm.

The management team is committed to improve the quality of care and support. Since the last inspection, the RI and the management team continue to work hard to secure the necessary improvement. The RI maintains good oversight of the service and has action plans in place to address any shortcomings. The RI is realistic and recognises further work is needed to improve and embed good practice. The RI intends introduce formal auditing systems to identify patterns and trends to ensure lessons are learnt. This will be an effective way to evaluate the service and to assure improvements are sustained. As there will be a change of manager, the RI will closely monitor to maintain the stability of the service. The management team has been mentoring care staff in the community to improve staff communication with people and the delivery of quality of care. Although we found progress has been made regarding care staff training, this requires further improvement which we will follow up at the next inspection.

Care and Support

Information packs are given to people describing what they can expect from the service. People are given the opportunity to share their views about how they like to be supported and their preferences. This helps to produce a personal plan for care staff to follow and understand what's important to the person. Since the last inspection, all personal plans have been reviewed. They contain detailed information and are supported by risk assessments where necessary. Accident and incidents are reported, and we found appropriate action taken by care staff. However, the manager needs to maintain oversight of these. There are arrangements in place to regularly review care documents which is important to keep information current and people's preferences are known. The daily care records completed by care staff are improving, but further work is needed to accurately record key information about the care and support people receive. Regular auditing of care records is needed. This is a new area for improvement and we expect action to be taken.

Medication processes are much safer, and records are complete. The medication policy is in place for care staff to follow. Since the last inspection, the care coordinator has been accredited to observe and approve care staff to administer medication. Records show half of the care staff have completed medication training and their competency assessed, which will help with the management of calls when people's support includes medication administration/support. This is important as a person told us "*When there are delays in receiving medication because staff are not trained, it can be distressing*". We found medication administration records (MAR's) are accurately completed when medication is being administered. There needs to be formal medication audits in place to identify any patterns and trends for action to be taken.

Call records show an improvement in the management of calls to keep people safe from harm and receive support when needed. There are now dedicated staff in the office to monitor when there are late or missed calls and communicate any changes. However, we noted a few instances when calls were poorly managed and the communication records did not evidence any action taken, but the RI gave assurances this will be addressed. The service worked to ensure calls are better scheduled and care staff availability is accurate. Electronic call records show most people receive the same care staff which has improved the consistency and continuity of care. People we spoke with valued this. Although there is a formal audit system in place to evaluate the effectiveness of call planning, this needs to be further strengthened to include the outcomes and experience for people using the service. People told us they noted an improvement which they are happy about. Therefore, we conclude sufficient improvement has been made to meet the priority action notice issued at the last inspection. The progress requires close monitoring and embedding for continued improvements.

Leadership and Management

Since the last inspection, the Responsible Individual (RI) has been approved by Care Inspectorate Wales (CIW). The RI told us that they maintain regular contact with the service and produced action plans to address the shortcomings at the service. The RI is realistic and recognises further work is needed but committed to drive improvement. There is a clearer organisational structure with accountability, responsibilities, and delegated tasks. We were informed that the current manager is leaving the position, but an alternative manager has been arranged. They are suitably experienced and qualified for the role. The RI recognises the consistency of management is important for the future stability of the service, and this will be regularly reviewed. People told us *“When I contact the office they are always accommodating”*.

There are improved quality assurance arrangements in place to ensure the service is regularly monitored and evaluated. The RI visits the service and provides regular meetings with the management team to keep well informed. Their report shows good progress whilst identifies key areas requiring further development. There are effective systems in place to record accident/incidents, safeguarding, call scheduling, care planning and medication. However, the RI needs to develop effective audit tools to identify patterns/trends for lessons to be learnt. This will be an effective way to evaluate the service and to be assured improvements are sustained. In recent months, the office staff visited people to seek their views and fed back they noted some improvements in staff practice, communication of care staff and consistency of call times received. The RI intends to seek the views of staff in the next few months. Policies and procedures are regularly reviewed and in accordance with current guidance. Concerns must be formally responded too in accordance with the complaints policy. but there needs to be. The service provider notifies CIW of any reportable events in a transparent way.

People receive a service where care staff feel well supported in their roles. There are safe recruitment processes in place to ensure people are protected from harm. Since the last inspection, the office staff has worked closely with most care staff during calls to improve quality of practice and identify when further support is needed. People we spoke with are starting to benefit from this, they told us *“The staff are much better in the way they work and they understand what I need.”* Also, *“I love the staff they are kind and respectful”*. The RI intends to introduce a formal mentorship programme in the next few months. Supervision meetings and staff team meetings are taking place for care staff which is important to have the opportunity to share their views and discuss their personal development.

Care staff receive an induction which consists of mostly online training, with practical moving and handling and medication training. Since the last inspection, some care staff have received some training but this remains inadequate. Care staff require training in core areas of their role to understand the needs and specific conditions of people they support. The RI gave assurance that this would be actioned in the coming months and the training information will track any gaps.

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 |
| 21 | Failure to provide adequate oversight and management of calls to protect people from harm. | 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 |
|------------|---|--------------|
| 21 | To maintain good oversight to ensure care and support is provided to people in accordance with their personal plan | New |
| 8 | The service provider to have systems and processes in place to effectively monitor, analyse and evaluate the quality and safety of the service. | Not Achieved |
| 59 | To maintain accurate and up to date care records to protect the people they support | Not Achieved |
| 36 | Care staff to receive additional core training to understand the needs and specific conditions of people they support | Not Achieved |

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