



Inspection Report on

1st Grade Care (Cardiff Branch)

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

Date Inspection Completed

8 October 2021

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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?	No

Summary

1st Grade Care is a domiciliary support service operating in the Cardiff and Vale region. The Responsible Individual (RI) is Lucy Thomas. A manager is in place to oversee the day-to-day running of the service who is suitably qualified and registered.

Most people we spoke to told us they are satisfied with the service they receive. Since last inspection, the provider has shown a commitment to addressing ongoing areas of improvement required. There are measures in place for keeping people safe and well. There is sufficient oversight of the service, supported by systems, processes and policies. The provider has scaled back the number of people it supports due to the ongoing staffing issues across the care sector.

Complaints and notifications to CIW are managed effectively. Care workers generally feel well supported and trained. HR confirmed that the service is working towards offering permanent contracts to its staff. Record keeping regarding the delivery of people's care requires some improving. The Responsible Individual evidences oversight of the quality of the service provided.

Well-being

People are mostly supported as per their assessed needs. Continuity of care workers is generally good and delivered in line with the agreed times. People told us that when care workers are running late they don't always let them know. People are generally complimentary of the service overall. One person we spoke to said, "*some of the carers are fantastic,*" another person, said, "*the care helps us greatly*". Some people we spoke to express some areas where they were unsatisfied. This included the office staff not managing scheduling, carers having a lack of understanding when working with people with dementia and some care staff rushing calls. We fed back these areas to the responsible individual who assured us they would address these and follow up with people spoken to. At the time of inspection, the service is undergoing a restructure. This should mean that there is improved oversight. Ensuring people are satisfied with the service and issues are resolved is an area for improvement.

The service reviews and maintains relevant documentation. There is a new electronic system called Birdie, which is used for recording of information, which clearly identifies what is expected of care staff at each call and lists as tasks. We did find that there was some discrepancy in how staff are recording information. Some staff notes are thorough and evidence the support they provided. Some staff just mark tasks complete with no additional information. This means that areas such as people's nutrition, wellbeing, or change of presentation could be missed. We fed this back to the manager and RI who advised that this is being monitored and training for staff is ongoing with using the new system. The electronic system also monitors calls delivered. Calls are monitored from the office base and by the out of hours on call. This enables late or missed calls to be identified. The duration of the calls is not always as long as allocated and calls are cut short. We discussed this with the RI and they told us that this is monitored and shared with the Local Authority funding the care.

The service supports people's well-being and safety. There is a robust recruitment process and good oversight of the service by management. Appropriate safeguarding measures are in place and the provider liaises with relevant professionals where necessary. The service promotes safe practices overall regarding managing medication and infection control.

The management team oversee care workers' training and supervision needs. The provider demonstrates a commitment to improving and developing the service for the benefit of those who use it. People connected with the service have their views considered, although they could be sought more proactively to further strengthen quality of care reviews. Governance in the service is good; This will be strengthened by the new management structure and effective auditing arrangements.

Care and Support

The service assesses and plans for people's needs and desired outcomes with them and their family members or other representative. An electronic system is used replacing paper documents for recording and reviewing people's personal plans and records. Risks are identified and planned for. Care documentation is well organised and contains sufficient details. Recording care delivered requires some improving to ensure there is a consistent approach to what needs to be recorded.

People are protected from harm. Safeguarding and whistleblowing policies are in place. There is good evidence that staff report any issues or concerns to the right professionals promptly. The service maintains a record of safeguarding matters; monitors outcomes and care workers receive safeguarding training. A complaints policy is in place, people using and working at the service know how to raise a complaint and feel confident that the provider will deal with issues promptly. There were no open safeguarding referrals or concerns at the time of inspection. Appropriate infection control measures are in place. Complaints and notifications to CIW are managed effectively. People we spoke with told us care workers wear appropriate personal protective equipment (PPE) during support. Care workers have access to required PPE and guidance on how to use it correctly. A spot check system monitors its use.

Leadership and Management

The service is supported by a clear management structure. There is evidence complaints are managed appropriately and the service notifies CIW of relevant occurrences. The statement of purpose is in keeping with the service provided. Auditing systems in place are robust. Care workers feel confident in who they should approach depending on the nature of their query or concern. Internal systems and processes are in place to ensure the service delivers its aims and objectives effectively. A range of policies and procedures help support the delivery of the service. RI quarterly reports are carried out. Six monthly quality of care reports are completed. At last inspection there were a number of areas identified that needed improvement and notices were issued, the service has shown a commitment to addressing them.

Care workers are suitably trained and supported. We received good feedback from care workers about the quality of training and support they received. An appropriate induction and training programme is in place, reflecting the needs of the people using the service. Individuals and representatives consider care workers are knowledgeable about their particular needs. Management oversees training. The recruitment process ensures necessary pre-employment checks are completed. Not all staff are being offered a contract of minimum hours. We discussed this with the RI who advised the service was working towards this.

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
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
	The personal plan (Regulation 17(b)): The service provider is required to give a copy of the personal plan and any revised plan to the individual, or any representative, where appropriate.	Achieved
	Oversight of adequacy of resources (Regulations 74(1) and 74(2)): The RI is required to report to the service provider on the adequacy of resources available to provide the service on a quarterly basis. There was insufficient evidence to demonstrate the required oversight.	Achieved

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