



Inspection Report on

1 Call Care

**Unit 45
14 Neptune Court
Vanguard Way
Cardiff
CF24 5PJ**

Date Inspection Completed

20/12/2023

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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	8 September 2022
Does this service promote Welsh language and culture?	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

Most people are satisfied with the service they receive. The service is delivered by a care team with various levels of experience, skills, and knowledge. Senior staff meet with people to discuss their care needs before starting a service and people participate in their care planning. Care workers follow electronic personal plans to inform them of the tasks people would like them to complete. Care workers receive training in most core topics for health and social care. However, specialist training is not complete to demonstrate all care staff have the skills knowledge and competency to meet the needs of people.

Since the last inspection, the service provider has appointed a new registered manager and responsible individual (RI). There are improvements in medication management and auditing. There is positive progress in other areas such as implementing systems and procedures to improve oversight of the service. However, there is further progress needed to fully meet the regulatory requirements to ensure oversight is robust and effective. The management team is passionate and enthusiastic to improve the service people receive. They recognise the challenges of recruiting, training, and developing a care staff team with sufficient skills and knowledge to provide a safe and consistent service to people.

Well-being

People are provided with information about the service. A service user guide and agreement explains what to expect from the provider. A statement of purpose is available which is kept up to date. Representatives are involved where appropriate to support people to make choices about their care and support. The service provides care and support to people to safely manage positive risk taking, and people's rights and choices are respected. For those who need flexibility in their care and support, the service is adaptable in the ways they work with them. The service does not consistently engage with people to review their care and support or to get their feedback on the quality of the service they receive. There are missed opportunities for people's voices to be heard to fully inform service improvement.

There are policies and procedures in place to inform care staff of their roles and responsibilities to keep people safe from harm. Care staff receive training on safeguarding, but we found not all care staff are confident in some reporting systems. This could impact on the well-being of people when care staff do not have sufficient knowledge and understanding of whistleblowing procedures. People feel safe with the service they receive and most feel they are treated with dignity and respect. Nearly all people are confident the provider would be quick to respond to concerns they have.

Care staff complete daily records and monitor people's health and well-being. When people are experiencing a decline in their health, care staff appropriately inform representatives and office staff. Some representatives are kept up to date and they access electronic daily care records. The service works closely with people and their representatives to provide the right care to people. Care staff receive core training, but training is not complete and up to date for all care staff. People's well-being is compromised when care staff do not have the skills, knowledge, and competency to consistently meet the needs of people using the service.

Care and Support

The service includes people in their initial assessment to plan their care and support. A suitably qualified member of the team completes the assessment. The service creates a personal plan to inform care staff of how many calls a day a person receives and the tasks to complete. Personal plans do not fully inform staff of information such as a person's medical history, social circumstances, cultural and religious preferences, or matters that are important to them. This means care staff may not always be aware of people's likes, dislikes, or potential risk factors.

Some people receive a review of the personal plan, but not as regularly as the service is required to do so. Some people told us they do not recall having a three-monthly review but are in regular contact by phone with staff at the office. Current plans do not focus on what a person can do for themselves. The management team is aware of this and is proactive in making immediate changes to their plans to be person centred.

Most people are happy with the care and support they receive. Some people told us "*Staff are very friendly, helpful, and considerate. The office is flexible and willing to listen.*" Representatives told us they are kept informed of any health changes. When people are unwell, records demonstrate appropriate advice being given to people to contact medical professionals. Some people told us care calls are not consistent and this impacts on their daily life and they are not always kept fully informed when care staff are delayed. A few people told us they would like care staff to be more knowledgeable about some conditions and specific support needs, and for communication to improve.

Care staff follow a medication policy to provide people with the right level of support which is clear in their personal plan. We found improved systems for auditing medication recording charts. Better oversight means any errors or issues with people's medications are managed promptly. Most medication recording charts are complete and care staff document the medication people take.

Most daily care records are complete and contain sufficient information, but not all. During the inspection we did not see effective systems for monitoring and oversight of care records, call monitoring and reviews of people's care and support. This is an area of improvement, and we expect the provider to take action.

Leadership and Management

The statement of purpose is current but is not fully reflective of the service people receive and it does not contain sufficient information. The RI and the management team are available to care staff, and to people who use the service and their representatives. The RI is responsible for monitoring the quality of the service people receive and they work closely with the management team. We found improvements in auditing of medication management. Systems for quality monitoring and auditing of care records, people's information, call analysis, recruitment processes and the training and development of care staff are not effective. This is an area for improvement, and we expect the provider to take action.

The RI meets with the service provider on a regular basis to inform them of how the service is performing. The RI produces a quality of care review. It details some information on how the service is performing but it is not complete. The RI is committed to strengthening the review to include the missing information and to carry out the required monitoring visits. We did not see the views and feedback from people, care staff and representatives in quality monitoring procedures.

Records relating to care staff recruitment and training are incomplete. Some care staff receive timely supervision but not all. Records do not fully demonstrate when care staff receive monitoring and competency checks. The RI is taking immediate steps to ensure care staff are provided with regular supervision, have the skills, knowledge, and competency to provide safe quality care and support. Some care staff told us they feel valued and supported but told us they would like improvements in training, supervision, and communication.

Records relating to concerns or complaints are well maintained. People and representatives told us they would feel confident to contact the service should they have a concern. Most told us the management team is responsive and they trust them to resolve matters quickly.

There are policies and procedures which are kept under review and fully inform care staff of their roles and responsibilities. The service completes checks with the Disclosure and Barring Service (DBS) for all care staff. We found a few care staff are registered with Social Care Wales, the workforce regulator, but not all. A few care staff are qualified or are currently completing their qualifications.

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
------------	---------	--------

6	There is a lack of established procedures to ensure the service being provided to people is done so with sufficient care, competence and skill, having regard to the statement of purpose.	New
8	There are insufficient procedures in place to effectively monitor the quality of the service people receive.	Not Achieved
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.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 29/01/2024