



Inspection Report on

1st Grade Care (Gwent)

**1st Grade Care Ltd
Unit 2 Charterhouse Links Business Park
Fortran Road
Cardiff
CF3 0LT**

Date Inspection Completed

23/04/2024

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About 1st Grade Care (Gwent)

Type of care provided	Domiciliary Support Service
Registered Provider	1st Grade Care Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	[24 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

People and families are mostly positive about the service they receive. People told us care staff are kind, and friendly, and they have mostly good relationships with them.

Care staff told us they enjoy their roles and working with people in their own homes. However, care staff told us they do not always feel that they receive sufficient training or support to carry out their roles to the best of their ability.

There are ongoing changes to the leadership and management within the service. The current responsible individual (RI) and manager are leaving the service at the time of inspection. The service provider is seeking to implement new systems and personnel to support the oversight and governance of the service and improve outcomes for people as a result of this.

Well-being

People have some control over their day-to-day life. The provider completes assessments of people's needs prior to commencing the service and aims to provide care and support in a way that honours people's choices. We found in some instances, the quality of the assessments undertaken are not sufficient to ensure the service is able to meet people's needs and preferences. People told us there are times when the service is unable to attend care calls, or unable to send care staff of a preferred gender. People told us this is occasional, but when it does happen they are not always able to reach the provider via the contact details provided.

People and their families are treated with dignity and respect by care staff and are mostly complimentary of the service. Some people told us they do not have contact details for the out of hours team, and it can be frustrating when they are unable to contact the service. Some families told us they feel at times there is a communication breakdown between people, the service, and the care staff which can make it difficult to receive consistent care and support.

People's physical, mental, and emotional well-being is mostly supported by the service. People have personal plans in place to support care staff to meet their needs, but we found that personal plans are not sufficiently detailed to enable consistent support. People mostly get the right care and support, as early as possible. We found some instances where support is provided outside of people's agreed times.

The service has a policy and procedures in place to protect people from abuse and neglect. The provider has records of any safeguarding referrals and takes action in line with their policy. Care staff receive training in safeguarding, but care staff told us they would benefit from further training in this area, as well as in other areas. There have been several changes in the management and structure of the leadership team since the last inspection which have impacted on the oversight and governance of the service. The service provider is taking steps to address this and has increased the management structure to provide increased oversight and governance to the service, and the organisation as a whole.

Care and Support

People told us they are mostly happy with the care and support they receive. People speak positively about their care staff and told us they have good relationships with their regular team. People feel they are supported to maintain their lifestyle and remain at home as a result of the care and support they receive. The service considers risks and specialist needs during the care planning process. However, the assessments used by the service are not sufficient to ensure that care staff have a thorough understanding of people's needs, preferences and wishes. We found the assessments for people with high dependency needs lack information about how the service can meet these needs, which could place people at risk.

The service ensures all people have personal plans in place which identify their well-being outcomes. We found for some people, the information in their personal plans is not consistent with the needs identified during assessment, or with local authority care and support plans. For one person, we found the discrepancies in planning are leading to inconsistent care and support delivery. Personal plans do not contain sufficient information to support care staff to meet people's day-to-day needs. The plans viewed contained little information about how to maintain and support people's health and well-being, focussing on the tasks required by care staff. The service ensures that personal plans are reviewed in line with the frequency set out in the regulations. People and families are sometimes involved in reviews of their personal plans.

Care staff complete care notes consistently, however records are task focussed and contain little detail about people's well-being. We found that care calls are sometimes delivered outside of planned hours, which impacts people's ability to maintain their chosen activities or schedules. People are assured that most care calls are completed to the agreed duration. The service provides support to some people to manage and administer their medication. At present the service uses an electronic system for the recording of medication administration. During inspection we found that the provider does not have a system in place to audit medication, which places people at potential risk of harm. This is an area for improvement and we expect the provider to take action.

Leadership and Management

Since the last inspection there have been ongoing changes to the leadership and management within the service. The service provider is in the process of restructuring the

leadership team for the organisation in order to increase the oversight and governance of the service. During the inspection, the service provider confirmed they are making an application to the Regulator to become the Responsible Individual (RI) for the service, as well as the manager. The current RI has completed quality monitoring visits to the service and sought feedback from people, care staff, and families. We viewed a quality of care report which outlines areas of achievement, as well as current action plans to address areas of need within the service. Care staff at the service have all received supervision within the last three months. Care staff told us they mostly feel comfortable approaching the current manager for support. The provider has assured the regulator care staff will have opportunity to meet to support them to understand the new structure and improve communication in the team.

The service follows safe recruitment practices, ensuring care staff are safely vetted by the disclosure and barring service (DBS), and references are sought. The provider has a programme of online training in place to support the learning and development of care staff. However, care staff told us they do not feel they receive adequate training within their roles. We found the induction provided to care staff is inconsistent and does not meet the requirements of the workforce regulator, Social Care Wales (SCW). The provider has not ensured all care staff are registered with SCW within an appropriate timeframe. Some training courses provided as part of the online package are not suitable or sufficient to ensure care staff can deliver safe care and support. This is an area for improvement and the provider has started to take action to address this.

We viewed care call logs which showed that care staff are not always provided with sufficient time to travel to care calls, and in some instances no travel time is provided. Care staff told us that they can feel rushed and are unable to provide the full call time to people as a result of their schedule. This has the potential to place care staff and people at risk of harm. This is an area for improvement and we expect the provider to take action.

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

21	At the time of inspection, the service provider has failed to ensure that people are provided with consistent care and support in line with their personal plans. The provider has not ensured that people's personal plans are informed by their local authority care and support plans, and people's pre-admission assessments are not sufficient to support the development of detailed plans. The provider must ensure that people's personal plans are up to date and contain sufficient information to ensure that care and support is provided in line with the person's preferences and needs.	New
36	Care staff do not receive suitable or sufficient training to carry out their roles confidently and competently, and are not consistently supported to register with Social Care Wales the workforce regulator. The provider must ensure that care staff receive an induction that is appropriate to their role, and are supported to register with Social Care Wales.	New
41	Care staff are not provided with sufficient travel time to arrive and complete each care call safely. The provider must ensure that they prepare a schedule of visits with consideration to the distance between the location of one scheduled visit and the next scheduled visit; and any other factors which might reasonably be expected to affect travel time, such as traffic congestion and the availability of parking at the location of the scheduled visits.	New

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