



Care Inspectorate Wales

Inspection Report

**1st Grade Care (Cardiff Branch)
(Gwent regional partnership area)**

**2 Alexandra Gate Business Centre
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Cardiff
CF24 2SA**

**Type of Inspection – Full
Dates of inspection – 25 February 2019 & 26 February 2019
Date of publication – 11 April 2019**

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Summary

About the service

1st Grade Care (Cardiff Branch) is registered with Care Inspectorate Wales (CIW) to provide a domiciliary support service in the Gwent regional partnership area. The registered provider is 1st Grade Care Ltd, which has separate domiciliary support services (also called 1st Grade Care (Cardiff Branch)) that are registered with CIW to provide services in Cardiff and the Vale, and Western Bay regional partnership areas.

Michael Poole is the responsible individual (RI) who oversees the strategic operation of the service. The service has a manager who is registered with Social Care Wales. CIW regulate the care the service provides to people, however this does not include the accommodation they live in.

What type of inspection was carried out?

We carried out a full, unannounced inspection on 25 and 26 February 2019. This was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016). We considered concerns we had received relating to communication, call timing and management. Our findings are included within the body of the report. The following sources were used to inform this report:

- Consideration of information we already held about the service, such as registration information and concerns.
- Discussions with the RI and manager.
- Feedback from eight people receiving a service and/or their representative via a mixture of home visits and telephone discussions.
- Examination of care records for four individuals. This included care planning documentation and a selection of call schedules for periods between December 2018 - February 2019.
- Telephone feedback from eight staff.
- Personnel information for ten staff. This included sampling a mixture of training, supervision and recruitment information.
- Public liability insurance certificate.
- Information provided to us regarding numbers of staff that had left and joined the service since October 2018.
- Policies for medication, training, manual handling and recruitment.
- Written guide to the service.
- Statement of purpose.

What does the service do well?

We did not identify any areas which exceeded the requirements and guidance set out in the *Statutory Guidance for Service Providers and Responsible Individuals on Meeting Service Standard Regulations (2018)*.

What has improved since the last inspection?

This was the first inspection under the RISCA 2016. Any improvements will be considered as part of the next inspection.

What needs to be done to improve the service?

Improvement is needed to satisfy the following requirements of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017:

1. *The personal plan (Regulations 15(1) & 17(b))*: The service provider is required to prepare a plan for every individual and give a copy of that plan, and any revision to it, to the individual, or any representative, where appropriate.
2. *Provision of care and support (Regulation 21(2))*: The service provider is required to ensure that care and support is provided to all individuals in accordance with their personal plan.
3. *Maintaining relationships with individuals and staff (Regulation 21(3)(a))*: The service provider must ensure that good and professional relationships are maintained at all times with people.
4. *Supervising staff (Regulation 36(2)(c))*: The registered provider is required to ensure that all staff employed to work for the service receive appropriate supervision.
5. *Delineation of travel time (Regulations 41(3)(a)-(b))*: The service provider must prepare a schedule of visits for care workers with sufficient time allocated for travel in between visits having regard to the matters specified under Regulations 41(3)(a) and 41(3)(b).
6. *Medication administration (Regulation 58(2)(c))*: The service provider is required to have arrangements in place to regularly audit the administration of medicines.
7. *Oversight of service performance and adequacy of resources (Regulations 73(2), 73(3), 74(1) and 74(2))*: The RI is required to meet with individuals and staff to monitor service performance, as well as reporting on the adequacy of resources available to provide a service in accordance with Parts 3 – 15 of the Regulations, at

least quarterly.

Non-compliance notices were not issued on this occasion as we discussed the regulatory requirements with the RI and received assurances of the measures they were taking to address the requirements. We expect the service provider to take prompt action, which we will follow up at the next inspection.

We made the following recommendations to help the service develop:

- A system should be developed to actively monitor when staff refresher training is due and ensure that any training required is arranged promptly. This will help ensure staff maintain up to date skills and knowledge.
- There should be clearer evidence of consultation with all relevant parties when reviewing an individual's personal plan on a three monthly basis. This includes any relevant placing authority.
- Arrangements for monitoring staff use of personal protective equipment should be reviewed, to help ensure staff are maintaining safe infection control practices.
- The statement of purpose should detail the RI's quarterly monitoring arrangements and clarify the minimum six monthly frequency for undertaking quality of care reviews.
- The written guide to the service should be revised to include the relevant information in the '*Statutory Guidance For Service Providers and Responsible Individuals on Meeting Service Standard Regulations*' (February 2018).

Quality Of Life

People benefit from friendly and professional relationships with staff. Individuals and relatives we spoke with shared positive experiences of the staff. One person, for example, commented, *“when the girls are here, they’re fantastic”*. Another individual told us, *“we’re like friends”*. A third individual stated *“when they’re here, they’re professional and caring”*. Some people told us they generally received care from a familiar group of staff, whereas others considered this was not always the case. We noted that the service had an ongoing programme of recruitment in order to replace staff that left. Feedback from people indicated staff mostly used personal protective equipment (PPE) when assisting with personal care, but not always. Some staff commented that obtaining a supply of PPE was challenging due to the distance between the area they worked and the service’s office. The RI told us of measures they were taking to address this. We recommended that the service provider also reviewed arrangements for monitoring staff compliance with its policies regarding PPE use, to ensure safe practices were being maintained. People therefore benefit from good relationships with staff and measures are being taken to improve staff access to PPE.

People cannot depend on receiving care and support consistently in line with their personal plan. We considered management and delivery of call times following concerns we had received. We spoke with individuals, staff and examined care plans and call log visit reports, which should accurately reflect the number and duration of calls necessary for care tasks to be completed. The call log visit reports and feedback provided to us indicated regular discrepancies between the call times planned for and those delivered. One individual commented *“Call times are inconsistent. It means I can’t plan things”*. A relative stated *“They don’t always let us know if they’re running late”*. Another individual commented *“The carers would say ‘anything we can do’ – if not – they’d go after a few minutes but I’d be happy to have a chat”*. Another person’s relative told us *“Call times vary significantly. At times they’ve not turned up at all, without any notice. Other times they turn up too late to do anything”* (relative).

Staff visit schedules showed calls were often planned consecutively (i.e. with no allowance for travelling between calls). Staff we spoke with consistently told us they had insufficient time to travel between visits. One staff member commented *“we don’t get any travel time. There is none.”* As a result, they considered *“there’s no opportunity to sit and chat to people. Clients always complain to me about it”*. Another told us *“nine times out of ten we have to rush to get things done as there’s no travel time”*. Other staff described having *“back to back”* calls and feeling *“pressure”*. We discussed our findings with the RI.

They assured us of measures they were taking to incorporate realistic travel time into the staff rotas. Some individuals we spoke with felt satisfied overall that staff completed the expected tasks at each call and felt the primary issue was inconsistent arrival times. In cases where the full allotted time is no longer required, the call schedule should be revised to ensure it accurately reflects the time required to complete the care tasks. For the service to demonstrate people's care and support is delivered consistently in line with their personal plans, improved oversight of call management is required.

Most people have an up to date personal plan, but not all individuals have received a copy of it as required. Personal plans generally contained appropriate information regarding people's agreed care and support, risks and guidance for staff in providing the care. Overall, staff felt they had sufficient guidance to enable them to carry out the expected care tasks. We found that not all individuals had received a copy of their personal plan. We further noted that, for one individual, there was no evidence that a personal plan existed at the person's home or at the office. The manager assured us they would address this promptly. Staff feedback indicated there had been some improvements recently, whereby management had started introducing new house files. There was some evidence that personal plans were kept under review in consultation with individuals and relatives, although some people told us they had not been consulted with. It was also not always clear whether input had been obtained from any placing authority. We had a discussion with the RI as regards better evidencing the three monthly reviews and consultation with all relevant parties. Overall, we conclude that improvement is needed to ensure all individuals and their representative, where appropriate, receive a copy of the personal plan.

Quality Of Staffing

A comprehensive recruitment system is in place. Personnel records contained the required information. This included proof of identity, Disclosure and Barring Service (DBS) checks, full employment histories and references. Measures were in place to verify employment references, which showed management verified they were from an authentic source. A safe staff recruitment and selection policy was in place to support the internal recruitment process. The service therefore ensures that the staff it employs are suitable to work with vulnerable people.

Staff benefit from an initial induction, but there is insufficient evidence of a robust programme for ongoing training and support. Staff received an induction that covered the expected core areas. Some staff told us they had not received any refresher training since their initial induction. There was insufficient evidence to demonstrate that a robust programme of ongoing training and development had been maintained for all staff. This is important for all staff to maintain up to date skills and knowledge regarding safe care delivery.

From discussions with staff, management and supervision records we viewed, it was evident that staff had not received supervision in line with regulatory requirements. This meant there was insufficient opportunities for them to reflect on their practice, discuss any issues and ongoing development needs. Staff consistently indicated they did not feel supported in their roles. One person, for instance, told us *"I've never had one [supervision] or been invited to a team meeting"*. Another commented *"There's no communication at all from the office. We're just stuck on a rota. There's no support for us or nothing"*. Another staff member stated *"I'm not supported whatsoever by management. I'm fed up"*. One person told us they did not know what supervision was. From supervision records we looked at, not all had been signed and dated by the supervisor and supervisee. This is important to show that both parties have participated, read and agreed the content of the supervision record. The RI acknowledged the deficits regarding staff supervisions and assured us of measures they were introducing to ensure all staff received regular supervision. We conclude that individuals cannot depend on a service which sufficiently supports its staff to reflect, learn and develop; however, we were assured that measures were being taken to address this.

Quality Of Leadership and Management

Oversight of the performance of the service is not as robust as it could be. We saw that various systems and processes were in place to help the RI monitor day-to-day business. We were also informed that regular management meetings took place that monitored aspects of service performance. It was therefore evident that a level of daily oversight was in place. However, there was insufficient evidence to demonstrate oversight of the performance and resources of the service in line with the regulatory requirements. This should include obtaining feedback from individuals, their representatives and staff at regular intervals. We discussed the relevant requirements and the statutory guidance with the RI. We will look at these areas again at the next inspection to follow up the required improvements regarding service oversight.

Internal systems for auditing and quality assurance require further development. A medication policy was in place which set out the procedures regarding medication administration. Medication administration records (MARs) we examined, had several gaps and there was no evidence to demonstrate that regular auditing of them had taken place. This is important to check for discrepancies and to ensure staff are completing MARs correctly. The RI told us that field care supervisors had been delegated responsibility for auditing MARs and that a senior person within the service would be undertaking random checks of those audits. We were provided with assurances that this would improve oversight of medication administration. We will look at these audits when we carry out the next inspection. From discussions we had with management and information we were provided with, there was limited evidence to demonstrate that regular auditing of daily call logs and call schedules had taken place. We asked to view records relating to complaints. We were informed by the RI that the service had not received any complaints since the service registered under the current regulations. We saw that details of the service's complaints process were reflected in the statement of purpose and written guide. The RI informed us of one incident which had occurred and the action they took and we discussed the current regulatory requirements as regards the reporting of relevant occurrences to CIW. In order for the service to be able to demonstrate that safe systems for managing medicines are maintained at all times, a system for regularly auditing MARs must be established and maintained.

The systems of communication are not as effective as they could be. Individuals and relatives frequently told us that communication from the service had been poor. For example, one individual told us *"I try to phone and I can't get through. It just rings and rings and rings. I try to phone to find out where my carer is"*. A second individual commented *"they don't answer the phone straight away"*. A relative told us *"they don't tell us if they're ever late"*. Issues with the lines of communication were, likewise, raised by staff. As an example, one staff member commented *"blooming difficult. You phone and*

are not getting through to them". It was evident from the feedback that staff, individuals and relatives did not have much confidence that they would be able to get hold of someone when they needed to, nor that issues would be communicated internally in an effective way or that they would always be kept informed of any changes to their call schedules. The RI assured us that changes had recently been introduced to strengthen the lines of communication. We were told that the structure of the telephone system had changed around the time the inspection took place, to improve access for people. Two staff and one individual we spoke with felt there had been some recent improvement with communication. Therefore, whilst improvement is needed to ensure good, professional relationships are consistently maintained with people at all times, measures are being put in place to address this.

The aims and objectives of the service are clear. We looked at the statement of purpose and written guide. These are important documents which should contain specific information to help individuals have a clear understanding of the culture of the service, how it will be provided and what they can expect to receive. The statement of purpose contained the expected information and identified the measures the service will take to promote the Welsh language needs of individuals. We recommended, however, that more information was included regarding governance and quality monitoring arrangements. The written guide was clear overall and provided people with key information, but it should be reviewed to ensure people have access to all of the required information. Aside from this, people can have an understanding of the service they can expect to receive which is clearly set out.

Quality Of The Environment

This theme does not currently form part of the inspection remit of domiciliary support services in Wales. However, we noted the service had relocated premises since it registered under the RISCA 2016 and we considered there were appropriate arrangements for entry and securely storing confidential information.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

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