



## Inspection Report on

**1 Call Care**

**Unit 3.14  
The Maltings  
East Tyndall Street  
Cardiff  
CF24 5EA**

## **Date Inspection Completed**

29/12/2021  
18 February 2021

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## 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	18 February 2021
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

1 Call Care is a domiciliary support service operating in the Cardiff and Vale region. 1 Call Care is also the name of the organisation that owns the service. The responsible individual (RI) is Roydon Leyshon. A manager is in place to oversee the day-to-day running of the service who is suitably qualified and registered with Social Care Wales. During the inspection period, there was a change of manager. The service provides two types of support; one via the assertive outreach team which offers support to people who may be living in temporary accommodation / experiencing homelessness and the other, a care at home service supporting people in their own homes.

People are complimentary of care workers. They were not always satisfied by the organisation and delivery of their care calls, reporting frequent late calls and a lack of staff continuity. The provider needs to ensure the service is delivered consistently in line with people's personal plans, including their preferences and providing calls on time. Appropriate care documentation is not always in place. Personal plan reviews are out of date so people's most up to date needs are not always recorded. Complaints and notifications to CIW are managed effectively. Care workers do not all feel well supported and trained. Supervision and ongoing assessment of staff had not been taking place. A new manager had started completing supervisions at time of inspection. Oversight and record keeping of the delivery of people's care needs to be more robust. Some oversight of the quality of the service provided is evident; but there are areas where a lack of oversight has led to a failure to deliver care as outlined in the statement of purpose. The provider needs to record and evidence their ongoing oversight and quality checking of key service areas.

The assertive outreach team is a smaller aspect of the service, people reported positive outcomes, staff are skilled and well trained, and oversight of the service is suitably robust. The services are managed separately but both overseen by the RI. A social worker we had contact with spoke very positively about this aspect of the service. In particular, the skill of workers in engaging people who historically may not have accepted support. There have been marked positive outcomes for people who have been supported by the outreach team.

The service has failed to address one priority action notice and one area for improvement since the last inspection. At this inspection, we also found further areas of non-compliance. This has resulted in the provider being issued with a priority action notice and several areas for improvement. The service needs to take timely action to address these issues.

## Well-being

People are complementary about the support they receive from care workers but are not always satisfied with the overall service they receive. Feedback from people and call records indicate discrepancies regarding call times and a lack of consistency of staff. People commented that the organisation of their support requires improving. This needs addressing to ensure the delivery of a consistent service to people can be demonstrated. We saw that people had comprehensive assessment of their needs prior to services commencing. These assessments were detailed and person centred. Some people's needs are identified within a personal plan and supported by risk assessments relevant to the individual. We saw times where people received care and did not have a plan in place to support this. Some documents reflect people's preferences well, whereas others would benefit from more detail. Improvement is needed regarding personal plan reviews being completed in a timely manner. This has led to people not having up to date plans in place, which could affect the care they receive. Overall, the oversight of peoples care documentation needs improving.

Care workers are not always well supported and trained in their roles. Staff we spoke to said morale was low. They said that staff training was often cancelled .This was further evidenced in staff supervision records. At time of inspection, there were staff shortages affecting the service. Managers and agency staff were covering some calls. We recognise that the current pandemic and associated issues significantly affect staffing across the sector. However, we did not see evidence that the provider was sufficiently supporting staff at this time and making the necessary contingency plans to fulfil the existing packages of care they deliver.

People we spoke to advised that they knew managers and the RI and felt they were 'hands on' responsive and resolved issues. However, there are insufficient arrangements in place for recording and monitoring service delivery. This affects the service's ability to reliably demonstrate the care and support provided to people. There is a level of informal oversight of the quality of service provided, but documentation needs to be more comprehensive. The RI has not completed 3 monthly audits of the quality of care meaning there is a lack of insight and oversight regarding the performance of the service.

## Care and Support

People spoke highly about care workers who mostly know them well. Most were not satisfied with the continuity they receive. People recognise that staffing across the sector is significantly impacted by the current pandemic and are being more accommodating. However, the majority of people we spoke to told us that they felt the organisation of their calls had become unreliable. Most reported they had previously been content with their overall service. These matters have not significantly affected anyone; but it causes inconvenience and impacts upon people's confidence. The provider must ensure the service is delivered in line with people's personal plan consistently. We saw positive outcomes for people receiving support via the outreach team. There were many examples of people achieving things that previously they had not been able to. Professionals commissioning the service spoke highly of the skill and support this team provides.

Appropriate care documentation is not always present and relevant to people's care and support needs. We found gaps in information in people's records including missing personal plans and overdue reviews. Some personal plans and risk assessments contain good detail and clear guidance for care workers to follow. Some, on the other hand, would benefit from more specific detail about the person. Generally, the system used to store people's documentation was disorganised and had many gaps. The provider told us that this was due to a transfer to a new system. People's risk assessments and personal plans are not current and accurate because reviews have not been completed.

## Leadership and Management

There is a management structure in place at the service. It is not always clear who has responsibility for each area. At time of inspection, the provider was making changes to the structure to secure a more effective management team. There are gaps in some key roles such as planning and co-ordinating care calls, which are also being addressed.

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; but service delivery has not been in line with this document. The RI and managers were responsive to our feedback and have assured they will be making the necessary changes required.

The quality of the service provided is informally overseen; but recording needs to be more comprehensive. The RI told us they are based at the service and engage regularly with care workers and individuals. At last inspection, we advised they need to ensure a clear record of this is documented for quality assurance purposes. This was not evidenced at this inspection. People cannot be assured there are effective governance arrangements in place because there is a lack of managerial oversight at the service. We found there were missing records and a lack of oversight of safeguarding, care delivery, medication, accident and incidents. The RI has not fully tested evidence of care delivery and has failed to identify the areas that require oversight, improvement and immediate action. There is a lack of quality and audit systems to gather and analyse information. At time of inspection, a new manager was appointed and the provider has made assurances immediate action is being taken. A priority action notice has been issued in this area.

Care workers are suitably trained. We received mixed feedback from care workers about the quality of training and support they received. Some told us training was often cancelled to cover staff shortfalls. Supervisions of staff had not been completed regularly or in line with regulatory requirements. Competency in practice was not consistently being checked. 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. Specialist training was offered to support workers in the outreach team. A manager at the service oversees training. Records we saw indicated most staff training was up to date.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
6	The provider has failed to deliver the key objectives, described in the statement of purpose document. There are times when staffing numbers are insufficient to deliver appropriate care and support. Care delivered to people is not in line with their assessed needs. Managerial oversight has not been robust resulting in a failure to effectively monitor the service. Systems must be put in place to record and monitor the standards of care delivery	New
21	Regulation 21(2): Care and support must be provided to each individual in accordance with their personal plan.	Not Achieved
59	Regulation 59(3)(a): The service provider must ensure that records relating to individuals are accurate and up to date.	Not 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
N/A	No non-compliance of this type was identified at this inspection	N/A
16	Regulation 16(3)-16(4): Personal plan reviews must review the extent to which the individual is achieving their personal outcome in consultation with the individual, representative and placing authority (if applicable).	Achieved
16(1)	Review Of Personal Plan (Regulation 16 (1)). The personal plan must be reviewed as and when required but at least every 3 months. This is because people's care plan reviews had not been completed every 3 months.	Achieved

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