

1st Grade Care (England) Ltd

# 1st Grade Care (Bristol)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

1st Grade Care is a domiciliary care service providing personal and nursing care to 21 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People's comments reflected that there had been a period of difficulty in relation to how care packages had been managed. This related to call times being changed without involving people. However, this had been resolved and people acknowledged the service was improving. One person commented, "I feel that the new team are improving things and listening to our requests. I think there is a long way to go, but it appears to be going the right way". People were clearly comfortable with the staff that cared for them and had opportunity to build positive relationships, "I am very comfortable with the staff I have in my home. They do their best to care for me".

People told us they felt safe. There were systems and processes in place to ensure care was delivered in a safe way. Risk assessments were completed to guide staff and staff received training in topics such as safeguarding, moving and handling and medicines.

Staff were satisfied with the training and support they received and felt able to raise any issues or concerns they had. They told us they were kept informed of important developments in the service.

Care was planned and delivered with the full involvement of the person concerned, and their relatives if this was agreed by the person. Care plans were written in a person centred manner and took account of the aspects of care people were able to be independent with. Care was reviewed regularly to ensure it was up to date and reflected people's current needs.

People felt able to raise issues and concerns if they had them; we saw examples of when complaints had been formally addressed through the complaints process.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This was the first inspection of the service, registered in February 2017. The service had not been operating for some periods since first registering.

#### Why we inspected

This was a planned inspection based on current priorities for inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# 1st Grade Care (Bristol)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection in order to make arrangements to speak with people using the service.

Inspection activity started on 20 May 2021 and ended on 25 May 2021. We visited the office location on 20 May 2021.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all other information such as feedback from members of the public and notifications from the provider. Notifications are information about specific incidents the provider is required to report to us.

#### During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records; this included four people's care plans, medicine administration records and staff recruitments records.

#### After the inspection

We spoke with seven people using the service and five family members. We received feedback from four members of staff by phone and email.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. Comments included, "The staff are very trustworthy", and "My mum is very safe with the staff the service has provided. I am confident to leave mum in their care. They have never let us down".
- Staff received training in safeguarding adults so they knew what to do if they had concerns about a person they supported. The registered manager told us about occasions when they had reported concerns to the safeguarding team.

Assessing risk, safety monitoring and management

- There were risk assessments in place to support staff in providing safe care and support. This included an assessment for example of people's moving and handling needs and what equipment was needed to support them in this.
- One person had a medical condition that meant there was a risk of them choking. There was information in the person's file about how staff should manage this risk. The registered manager also confirmed that staff received first aid training and support from the person's family to ensure the risk was managed. We fed back to the registered manager that more detail in relation to this would be helpful in the plan.

Staffing and recruitment

- The service currently had sufficient staff to meet the needs of the care packages they were currently responsible for.
- When new staff were recruited, procedures were followed to ensure they were safe and suitable. This included gathering references and a Disclosure and Barring Service check (DBS). This is a check that identifies people who have convictions or who are barred from working with vulnerable adults.
- Recruitment was ongoing to ensure that staffing levels could be maintained at a safe level.

Using medicines safely

- There was an assessment in people's files in relation to the support they required with medicines. If a person required support, this was described in their care plan. We discussed with the registered manager how in some files, a little more detail was required in order to avoid ambiguity or confusion.
- The registered manager told us they were currently working on improving medicine administration. This was predominantly in relation to recording on charts; some errors in recording had come to light through the audit process. These concerns were being addressed with the members of staff concerned.
- The nominated individual told us that staff competencies in medicine administration were checked within

a week of them starting in their role.

#### Preventing and controlling infection

- Staff told us they were supported during the pandemic and provided with Personal Protective Equipment (PPE). One member of staff said, "Yes, I was given gloves, masks, aprons, hand sanitiser and aprons."

#### Learning lessons when things go wrong

- Records were kept of any accidents and incidents which helped the registered manager identify any themes, or actions that were required to prevent incidents reoccurring.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were fully assessed prior to care commencing. This information was used to develop a care plan for the person.
- Staff told us care plans were easy to follow and gave a clear picture of people's preferred routines and care needs.
- Electronic care planning systems were used to support the process and staff told us these were simple and easy to use.

Staff support: induction, training, skills and experience

- Staff told us they were satisfied with their induction and training and received good support.
- Induction training included important topics relevant to the role such as medicines and safeguarding.
- An overall record of staff training was kept so that it was clear when refresher training was required.

Supporting people to eat and drink enough to maintain a balanced diet

- Not everyone required support with their nutrition or preparing meals. However, where this was part of people's support, details were included in their care plans. Information included people's likes and dislikes and any risks associated with eating, such as a risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us they worked with health and social care professionals to ensure people were supported with their health needs. The registered manager told us they offered to be part of meetings with professionals, if the families wished them to be and would also be sent copies of assessment findings.
- Staff liaised with people's GP to ensure medicines information was up to date.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service wasn't supporting anyone at the time of our inspection who was being deprived of their liberty.
- Staff received training in the mental capacity act.
- It was clear in people's care plans when they were able to make decisions for themselves and able to guide staff in how they wanted to be supported.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- It was evident that people felt comfortable with the staff that supported them. Comments from people included, "The staff are very kind to me. They do their utmost to help in the time given to them", and "I am very comfortable with the staff I have in my home. They do their best to care for me". Another person told us, "Mum always tells me about the staff and care they provide and she reassures me".
- People were treated with respect. One person commented, "I missed my carer this morning but she cares enough to call back and check I am ok". Another person commented about staff, "The staff are very kind to me. They do their utmost to help in the time given to them".

Supporting people to express their views and be involved in making decisions about their care

- People were given opportunity to feedback on the service and support they received. One concern that was evident and a theme in people's feedback was changes in call times without being consulted. We discussed this with the registered manager who acknowledged this had been a concern. The issue had been addressed and the registered manager told us people had been much happier in last few weeks.
- When it was the wish of the person concerned, family members were involved in planning care and supporting people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- It was clear in people's care plans, where they were able to be independent. For example, one person's plan described how they were able to wash part of their body, but needed staff support to complete their routine.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a view amongst some people that time pressures meant staff weren't always able to be as responsive as they'd like. One person said, "The staff do not always respond to all my needs because of time restrictions". However, another person commented, "I have a minimal amount of help but they will try and change my care. if it is necessary".
- People were fully involved in planning and reviewing their care and support. Relatives and family members were included when the person receiving support wanted them to be.
- Staff told us they saw the same people regularly and this gave opportunity to get to know them and their preferred ways of being supported.
- Care was reviewed regularly to ensure people were happy with their care and to discuss any changes in needs.
- Staff were positive about the electronic system used for planning and recording care telling us it was easy to use and had all necessary information about people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us how they supported people with their communication needs. For one person with a visual impairment, staff told them verbally about their rota for that week. Written information could also be provide in larger print if required.

Improving care quality in response to complaints or concerns

- People felt confident and able to raise concerns. One person told us, "I have a meeting arranged today to try and resolve some small problems. The management were very quick to arrange the meeting". Another person told us "I have had small issues in the past but they were dealt with promptly".
- We saw examples of formal complaints which had been investigated and a resolution found. For one person who had made a complaint, we read in subsequent feedback to the service that they were now "very happy" and the "the last month has been wonderful".

End of life care and support

- There were occasions when staff supported people at the end of their lives and we heard about one particular example of this. Staff worked with district nurses and specialist staff from the hospice to provide

care at this time.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive view of the management team, amongst people we spoke with. Comments included, "The management have been very helpful with my mother's requests. I don't have a problem" and "I feel that the new team are going to improve the service".
- Staff told us they felt well supported and able to raise any issues or concerns. One member of staff felt more staff were required in order to reduce pressure on existing staff, but felt the service was moving a positive direction, "all in all its a great company and will improve with the right staff members who are in the job because they care and want to make a difference to clients lives."
- The registered manager received support from both the Nominated Individual and the Business Development Manager. Prior to the pandemic there had been meetings taking place with managers from other branches. It was hoped these would resume when restrictions allowed.
- There were senior staff supporting the registered manager on a daily basis. This included a supervisor, who carried out reviews of people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The Nominated Individual told us they audited the service every three months. This included looking at a sample of care and staff files and checking MAR charts. We saw examples of how this was being used to make improvements. Improving medicine administration had been identified as an area to focus on as a result of the audit and checking process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us communication was good and they were given important information, such as change in a person's needs. One member of staff commented, "We get weekly updates."
- The registered manager had listened to concerns from people about a significant issue involving changes in call times without being fully informed. This had caused a lot of disruption to people, but it was clear this had been addressed and people felt positive about the current management team. One person commented, "I feel that the new team are improving things and listening to our requests. I think there is a

long way to go, but it appears to be going the right way".

- People's views were also gathered through use of surveys. The results of the latest one were not yet known as they had recently been sent. However, these would be used to assess quality and plan any improvements required.

Working in partnership with others

- The registered manager told us they had positive working relationships with stakeholders. For example, we saw meeting minutes of a meeting with the contracts team from the local authority, to discuss care packages commissioned by them.