



Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

**3D care (Cardiff) Ltd
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Cardiff
CF24 2SA**

**Type of Inspection – Full
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Summary

About the service

3D Care (Cardiff) Ltd is registered with Care Inspectorate Wales (CIW) to provide a domiciliary support service in Cardiff and the Vale regional partnership areas. CIW regulates the care that the agency provides to people; however this does not include the accommodation they live in.

The agency is owned by 3D Care (Cardiff) Ltd. Deborah Wells is the responsible individual (RI), which means they have responsibility for the strategic oversight of the service. There is a manager in place who is registered with Social Care Wales.

What type of inspection was carried out?

We (CIW) carried out a full, unannounced inspection on 31 October 2018. This was followed by visits to people receiving a service in their homes and feedback from staff between 31 October 2018 and 02 November 2018. The following sources were used to inform this report:

- Consideration of information we already held about the service. This included information relating to the registration of the service, notifications and information from the Local Authority.
- Discussions with the RI and manager.
- Telephone feedback from three members of staff.
- Discussions with three individuals and three relatives, during home visits. Consideration of information relating to complaints, compliments, incidents and accidents.
- Care documentation for four individuals, including data relating to their call times.
- Personnel records for three staff and a staff training matrix.
- Statement of purpose and a written guide to the service.
- A quality of care review dated September 2018.
- Care assistant's handbook.
- Staff team meeting minutes dated May 2018.

Further information about what we do can be found on our website:

www.careinspectorate.wales.

What does the service do well?

There is an emphasis on promoting people's well-being and placing them at heart of the service they receive. We consistently received positive feedback about the agency from individuals and relatives we spoke with. Staff feel supported by an approachable, pro-active management team who have a clear vision for the service they want to provide.

People's views about the care and support they receive are actively sought.

What has improved since the last inspection?

This was the first inspection since the service registered under The Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will be considered as part of the next inspection.

What needs to be done to improve the service?

We identified that improvement is needed in order to fully satisfy the following areas of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017:

1. *Providing a service in line with the policies and procedures (Regulation 12(5)):*
The service provider must ensure that all aspects of the service are provided in accordance with its policies and procedures. There was a lack of clarity in some instances regarding the support provided with medication (i.e. it was not always clear whether staff were prompting or administering medication to individuals). There were also instances whereby staff had not adhered to the agency's policy in relation to carrying out and documenting visits in line with the personal plan.
2. *Arrangements for managing medication (Regulations 58(1) & 58(2)(c)):*
The service provider must ensure medicines are administered safely and that they are regularly audited. There was a lack of clarity in some instances regarding the support staff were to provide individuals. The personal plan was not always fully reflective of the support required. There was insufficient evidence that medication administration records were audited to check that they were being completed accurately by staff and to enable any discrepancies to be identified and followed up promptly.
3. *Oversight of adequacy of resources (Regulation 74(1)):*
The responsible individual must report to the service provider on the adequacy of resources available to provide the service in accordance with Parts 3 to 15 of the Regulations. Whilst we were satisfied from discussions with management that a level of oversight was in place, there was no documentary evidence in respect of the same.

Improvement notices were not issued on this occasion as we were assured by management that immediate measures would be put in place to rectify the deficits. We expect the service provider to take immediate action, which we will follow up at the next inspection.

In addition, we made the following recommendations to help improve the service:

- A system is set up for regularly auditing, and documenting those audits, medication administration records (MAR) and daily call logs.
- Risk assessments should include sufficient information in relation to the risk and the measures staff should take, including details of any equipment to be used, to minimise the risk. The risk assessments should be consistent with the guidance or advice in any professional assessments available.
- The employment history of staff should include both the months and years, to ensure that a continuous period is accounted for.
- The written guide to the service should be reviewed to ensure that there is clear information in respect of the following:
 - (a) how individuals can access the most recent CIW inspection report;
 - (b) contact details for the Ombudsman for Wales and Older Person's commissioner;
 - (c) Arrangements for accessing, and support to access, health and social care services; and
 - (d) the agency's position as regards offering a service in Welsh.
- Staff supervision records could be more detailed to demonstrate how the staff member has been assisted to reflect on their practice and identify learning and development goals.

Quality Of Life

People are treated as individuals and they enjoy good relationships with the staff, which helps to promote trust in the delivery of care and support. People's needs are identified, reviewed and their views are sought. Some improvement is required to ensure care is delivered consistently in line with the personal plan and that safe systems for managing medications are maintained at all times.

People are valued because they are treated as individuals and placed at the heart of the care and support provided. We consistently received positive feedback from the individuals and relatives we spoke with. Examples of comments we received were:

- *"The carers have a terrific rapport with [individual]"* (relative);
- *"Without exception, all (referring to the staff) are kind and respectful"* (relative);
- *"They don't rush me, I can take my time"* (individual);
- *"They're good carers"* (individual).

People told us that staff wore personal protective equipment when carrying out personal care tasks. This indicated the staff were mindful of safe infection control practices. Staff told us that they were supplied with sufficient personal protective equipment. The feedback we obtained from people indicated that staff went above and beyond their duties to promote the well-being of the individual as far as they could. As an example, one relative told us a member of staff had arranged for a male voice choir to visit an individual who experienced difficulty leaving their home and had expressed to them a desire to hear a live choir again. It was clearly evident from the discussions we had with the individual and their relative that this had significantly enhanced their well-being. Another individual we spoke with told us that they had contacted the agency early one morning after they experienced an issue with equipment at home that was used in connection with their care. They told us, and we read in the daily records, that staff attended to them promptly even though their schedule call was due later. This demonstrated that the agency was responsive to people's changing circumstances. The RI and staff we spoke with told us that all new staff underwent a lengthy period of shadowing before carrying out care and support independently. The RI told us that this enabled them to fully satisfy themselves of the suitability of the staff before delivering care to individuals. We conclude that people's well-being is enhanced from caring and responsive relationships with the staff that support them.

People have opportunities to share their views about the service they receive. We saw that people had regular opportunities to give their feedback. We viewed examples of completed questionnaires which all reflected a high level of individual satisfaction. This was confirmed in the feedback we received from people at the home visits we undertook. We noted that the RI maintained regular contact with individuals and their families and

people told us they felt comfortable contacting the agency with any issues and were confident that they would be resolved. People can feel like they matter because their individual views are encouraged.

People have personal plans detailing their care and support needs and how staff are to meet them, which are kept under review. People had individualised plans of care which were consistent with the Local Authority care plans in place. The plans reflected people's preferences and were signed by staff and individuals. This demonstrated that individuals were consulted in their preparation. A record of communication with other health and social care professionals was maintained which indicated that management sought external input when it was required. This ensured that people had access to input from other professionals as their needs changed. Personal plans were reviewed; however we considered the information that was inputted onto the review document was limited and could have better recorded the input from residents, relatives and the Local Authority, in addition to the outcome of the review. Management told us that they would review this to ensure the information was recorded more clearly. A holistic risk assessment was used to identify areas of risk associated with delivering care to individuals. However, we considered there was insufficient detail in respect of the areas in which a risk was identified. For instance, there was insufficient information in the risk assessment for one individual, who experienced limited mobility, regarding the manual handling equipment staff were to use and how it was to be used, to maintain their safety. Another person's risk assessment identified potential challenging behaviours; however there was insufficient guidance on what staff should do to promote the individual's safety, as well as that of their own, in the event of the individual presenting with challenging behaviours. The manager assured us that they would review the risk assessments and ensure sufficient detail was included. Staff we spoke with told us that care documentation was accessible and clear to follow and that management were approachable if ever they needed to raise a query. Whilst people can feel confident that their individual needs will be identified, planned for and reviewed; the guidance for staff in risk assessments could be more detailed.

There should be more consistency in delivering care and support to individuals in line with their personal plans. Whilst care plans contained good detail and were reviewed regularly, as indicated above, the call logs we viewed and some feedback we received from individuals and relatives indicated that calls had not always been provided in line with the personal plan. We had a discussion with management regarding the role of care staff and delivering and recording care consistently in line with the personal plan. We saw that a policy was in place regarding the professional role and responsibilities of the staff and staff told us that it was discussed with them during their induction. Staff were also satisfied with how calls were planned and felt that appropriate time was allocated for travel overall. From the care records we examined and feedback we received from individuals and staff, it was unclear in some instances whether staff were to assist or prompt with medication and there was insufficient documentation regarding the

application of topical ointments. This meant that the service provider could not be fully certain as regards to what medication had been given or applied, how much, to which areas and when. We acknowledged that the agency only supported a small number of people with medication at the time of the inspection. The RI assured us that they checked records regularly and would report any issues to appropriate professionals; however they told us that they did not document those checks. We considered that there could have been greater clarity regarding the assistance staff were to provide people with their medicines, which should be consistent with the personal plan and risk assessment. Consideration of the above led us to judge that improvement is needed to ensure that safe systems for managing medication are maintained at all times, which should be consistent with the personal plan.

Quality Of Staffing

An effective recruitment system which helps to safeguard vulnerable people is in place. Staff can feel valued and supported in their roles and there are opportunities for staff to develop their skills and knowledge through the training provided.

There are systems in place for ensuring the safe recruitment of staff. Staff personnel records contained the required information overall, such as valid Disclosure and Barring Service (DBS) checks, written references and identification. We had a discussion with the manager regarding proof of address which we were unable to locate for one person and we recommended that the months and years were documented in the employment history of all staff. This is important to ensure a continuous history is accounted for. We noted that staff undertook a long period of shadowing care when they joined the agency which helped to ensure they were familiar with individuals and agency's internal processes prior to delivering care independently. The above demonstrates that the agency ensures the staff it recruits are suitable to work with vulnerable people.

People benefit from a service in which the well-being of staff is promoted. We received good feedback from staff regarding the agency's management. Staff consistently told us that they felt valued and supported in their roles by an approachable management team. Some comments we received were:-

- *"I'm really enjoying this job", "good colleagues" and "I'm happy with the support from management";*
- *"Great, I couldn't ask for better. They're hands on" and "If ever there's any issues they're always there to help out";*
- *"[Line manager] is very good".*

We noted that staff were provided with regular opportunities to discuss their practice and share any issues. Information in the supervision records, however, was variable and, overall, we considered there could have been more detail to demonstrate how staff were supported to reflect on their practice, continuous learning and development. We saw that team meetings took place which showed that management kept staff up to date with developments within the agency. People can therefore feel confident that they will receive care and support from staff who are well supported and valued in their roles.

Management maintain an oversight of the training needs of the staff. We viewed a training matrix which indicated that the majority of staff had completed training relevant to their roles and held a recognised social care qualification. We saw that where gaps in learning were identified, management took prompt steps to arrange the necessary training. For instance, the manager told us they had recently completed a 'train the trainer' food hygiene course and would be delivering training to the staff. We were also

given upcoming dates of safeguarding training for some staff, although we were informed safeguarding awareness was also promoted during the induction and as part of the social care qualification. We saw that a staff handbook was in place which contained the agency's policies and procedures and staff we spoke with told us they received a copy when they joined the agency. We conclude that there are opportunities for staff to develop their skills and knowledge through the training provided.

Quality Of Leadership and Management

Whilst management informed us of the measures they took to oversee the operation of the agency and quality assure the service provided, these need to be better documented. Feedback from individuals, staff and stakeholders is sought to help the agency develop. People have access to information about the service which is mostly clear.

Improvement is needed to evidence how management maintain an oversight of the service. We asked to view records relating to the RI's oversight of the adequacy of the resources of the service. This is important to ensure that the resources available are sufficient to meet the care and support needs of individuals. We were informed that there was no documentary evidence available at the time of the inspection. The RI and manager told us that because the service only supported 17 individuals at the time of the inspection, they were able to maintain regular contact with individuals, representatives and other professionals, in addition to checking care records. We had a discussion in relation to maintaining documentary evidence of these activities. Whilst a level of managerial oversight may therefore be in place in practice, this needs to be better evidenced in order to satisfy the regulatory requirements.

There is a system for planning call times; however arrangements for quality assurance could be clearer. We saw that satisfaction surveys were sent to people to complete, which showed the agency actively sought the views of individuals about the care and support they received. A sample of questionnaires we viewed reflected positive feedback. Daily care records showed regular contact with health and social care professionals. An electronic call monitoring system was used to plan individual call times and the manager told us they monitored them daily. We identified some discrepancies between planned and delivered calls in the call schedules we looked at, the reasons for which were not always clear. People we spoke with told us they were satisfied, however, with their overall service. The manager informed us that there had been some glitches with the electronic system used and we saw evidence of communications they had exchanged with the system provider, to resolve them. There was a system for logging incidents and accidents and we were told that the agency had received no complaints in the past 12 months. We saw that the agency had received thank you cards from some people who had used the service which reflected praise for the service received. We viewed a quality of care review dated September 2018 which reflected a high level of service user and staff satisfaction. We also noted that feedback was sought from stakeholders. We conclude that people benefit from an agency which is committed to improvement; however internal auditing and quality assurance practices could be better documented.

People have access to information about the service which is mostly clear. A statement of purpose was in place which provided people with key information about the service and how it operated. A written guide to the service, for individuals, also set out the

agency's aims and philosophy of care and other important information regarding the service. We considered, however, that the guide should be reviewed to ensure all of the required information was clear and present for people (please refer to the summary section at the beginning of the report for more detail). We also considered that the agency's literature could be enhanced by clearly setting out its position as regards offering a service to people in Welsh. From the feedback we received from people at the home visits we carried out, it was unclear whether all individuals had received a copy of the written guide. The manager assured us that they would check whether this was the case or not, and ensure all individuals received a copy. Therefore, whilst people can be mostly clear about the service the agency provides; the written guide needs to be updated to ensure all of the required information is clear and included.

Quality Of The Environment

This theme does not currently form part of the inspection remit of domiciliary support services in Wales. However, we were satisfied that suitable arrangements were in place for keeping confidential information safe and the agency operated from secure premises.

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.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by contacting us.