



Inspection Report on

3D care (Cardiff) Ltd

**Alexandra Gate Business Centre Ltd
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Ffordd Pengam
Cardiff
CF24 2SA**

Date Inspection Completed

19/08/2024

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About 3D care (Cardiff) Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	3D care (Cardiff) Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	20 February 2024
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

3D care provides care and support to people in their own homes. People like that the service is small and reliable. People are generally happy with the quality of care, but some tell us they would like to see care workers stay for the full length of time. Records have improved to document the care delivered. Information in the personal plans has also improved. The service is highly successful in supporting people to access health professionals, helping to prevent escalation of issues such as skin damage.

The introduction of audits supports the management team to help monitor the service but these need to be more effective in picking up issues. Recruitment and induction processes are robust. Training has improved but the provider needs to ensure all care workers receive training to meet the needs of the people they care for. Care workers are supported by management and receive regular supervision meetings.

Governance arrangements are in place. The provider has appointed a responsible individual (RI). The RI is also one of the managers. While they have many years of experience in provision of care, and are passionate about good care delivery, they require development to ensure effective oversight of the service and understanding of their regulatory duties.

Well-being

People are encouraged to speak for themselves and contribute to decisions that affect them. People have information about the service to help them make decisions, but this is not always reflective of what the service can offer. If people find decision making difficult or are unable to make decisions, the service consults a family member or advocate to ensure the person's wishes are recorded. An initial assessment identifies any risks in helping someone with their care and support needs. People have personal plans in place with details about how they would like their care delivered so care workers know how to assist. The service asks people if they would like their care and support delivered in a language other than English and people can decide on this. People are part of a quality assurance system and are regularly consulted about what they think of the service. People have information on how to raise a concern if they need to. While some people told us there's "*Nothing to complain about,*" other people who have concerns about the care delivery told us they will raise the issues with the manager, as they are usually responsive.

The provider mostly helps to protect people from abuse and neglect. Care workers receive training, including how to safeguard people who may be at risk, but further training around people's needs is required. The service is relatively small where the RI/manager knows people and forms part of the care team, helping them to have daily oversight of care provision. The provider has robust recruitment and induction programmes to ensure care workers are suitable to work with people. The manager ensures there is an introduction system so people have an opportunity to meet care workers before they work with them. Risk assessments identify measures needed to keep people safe and the service is very good at identifying when people need additional services. When people are unable to get help for themselves, the service supports them to contact other professionals such as social workers, to review their situation. The RI carries out consultation with people and reviews the service but is not considering all aspects as required. The quality-of-care reports lack depth and honesty, so we cannot be assured of the quality of oversight of care being provided.

People are supported to stay as healthy and active as possible. People are happy with the care and support they receive and tell us "*Overall, we're getting a good service.*" People mostly have good support with daily living tasks, including hygiene and food provision. An excellent tracking system ensures referrals are made to health professionals, and the service follows up to make sure the person gets the right support. Good communication with people, relatives or representatives, keeps people's needs under review and ensures prompt action is taken if issues are identified.

Care and Support

The provider involves people in make decisions about their care and support. During an initial assessment, people explain how they would like their care and support delivered, and this is documented. Details such as their preferences around language, including Welsh, are recorded and the service builds a package of care to suit a person's needs. Risk assessments are complete and underpin decision making around how best to support the person. When a person is unable to make decisions, the service involves a relative or representative to ensure the person's best interests are considered.

The service is reliable, and people have consistency of care workers, but the duration of calls needs consideration to ensure people receive their full package of care. People always receive a call, and these are mostly on time, with people telling us care workers are occasionally "*Late due to traffic, but we expect this.*" People get to know the care workers who regularly visit, with some people describing them as "*Very good,*" and "*Pleasant.*" The manager and deputy manager form part of the care team to help cover sickness and absence, ensuring continuity. Care workers do not consistently stay for the required amount of time, with one person telling us "*There has been some improvement in the call times, but care workers are not always staying as long as they should.*" Another person did not know how long care workers are supposed to stay but said it varies, with good ones "*Staying longer and having a chat.*" We saw daily records where care workers consistently cut call times. The provider is considering this as part of the need to improve the understanding of RI/manager.

Care workers support people with their care and support needs and help them maintain their health. Improved personal plans contain details to guide care workers on how to support the person. Care workers identify problems quickly and escalate these to help prevent deterioration, such as skin care concerns. The service makes appropriate referrals and keeps an excellent chronology of events to show communication with professionals and representatives. The service involves occupational therapists in the review of people's mobility. One person told us care workers "*Do all the things they should,*" to help them maintain their hygiene, health and independence. Daily records are complete with improvements made to include comments on the well-being of people. The RI/manager has not provided documents around medication when we requested them, so we cannot be certain of the availability and accuracy of some records. The provider is considering this as part of the need to improve the understanding of RI/manager and their legal duties.

Leadership and Management

Governance arrangements are in place but there needs to be further improvement in oversight and identification of factors that pose a risk to service delivery and quality. There is a change of organisational structure with the RI sharing the manager's role with the previous manager. The RI is undertaking their regulatory duties to consult with people and staff. They consider the quality of care provided by the service, but collectively, management lack the knowledge to identify areas where the service is failing to identify where it can improve. Reports produced by the RI are weak and information submitted to the regulator is not factually accurate. The provider is not ensuring the service is completing their legal duty to notify the regulator of events and updates. The 'statement of purpose' does not accurately reflect what the service offers. Documents requested by the regulator have not been provided. Systems of monitoring and improving have been introduced and implemented, but these need further development. While the service has improved since the last inspection, the provider is not ensuring the RI/manager has the understanding to enable them to effectively oversee the service. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Improvements have been made to ensure the manager has oversight of the service, but this needs strengthening. Audits inform the manager when activities are not complete, such as care worker supervision meetings or personal plan reviews. Electronic call scheduling systems identify when calls are running late but are not effective in identifying when care workers are not staying for the full duration of a call. Reviews of some records and documents are complete, checking quality and accuracy, but this process does not always detect issues. The provider is considering this as part of the need to improve the knowledge and understanding of the RI.

Recruitment processes are robust, care worker receive support from management, and training opportunities have improved. Personnel files are well organised and contain the relevant information to evidence the service is considering the suitability and fitness of the applicant. There is a robust induction and shadowing experience in place for new care workers. The service has improved some aspects of training, with a recent focus on medication. Supervision meetings take place, enabling care workers to discuss their development, but this is not identifying their training needs to support the people they care for. This has been discussed with the RI who gives assurances that training is being addressed. Care workers receive assessments in the community on a regular basis to check they are following procedures; this is being strengthened to provide a focus on medication.

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.

Area(s) for Improvement

Regulation	Summary	Status
9	The provider is not ensuring the responsible individual has the required knowledge and	New

	understanding around the regulations and regulatory duties in order to test the effective monitoring and improving of the service, and reporting on the quality of care delivered.	
58	The provider does not have systems in place to audit medication and ensure care worker understand the limits on the support they can provide.	Achieved
60	The provider is not always informing the regulator of events and updates to key documents as required.	Achieved
12	The provider is not ensuring that all policies are reviewed and contain relevant, clear and accurate information to support staff and people who use the service.	Achieved
66	The provider does not have systems in place to oversee the management of the service, including auditing and sampling of documents and records, and formal discussions with the manager.	Achieved
15	The provider is not ensuring that Personal Plans contain sufficiently detail and accurately reflect the commissioned care.	Achieved
59	The provider is not ensuring that records are completed and accurate.	Achieved

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