



Inspection Report on

3D care (Cardiff) Ltd

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

Date Inspection Completed

20/02/2024

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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	12 September 2022
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, they have consistency of care from a service that is flexible to meet their needs. Personal plans and other documentation required are in place but need strengthening. Communication is good. Care is delivered in a dignified and respectful way and people tell us the service is “*professional*.”

There is a manager, appropriately registered with Social Care Wales to practice, but oversight of the day to day running of the service isn't consistent so monitoring and improvement of the service is not effective. Urgent action is now needed to address this, including auditing of documentation to identify gaps and inaccuracies to reduce risks to people.

A responsible individual (RI) has been nominated to have oversight of the service as part of the governance arrangements. This has not been consistent. Monitoring of the manager and management systems needs urgent improvement. Policies need strengthening.

Well-being

People mostly know what support is available and how this can help them achieve their outcomes. Local Authority plans of care are considered by the service to understand the person and their needs and, where possible, a member of the senior staff meets with the person before care starts so that further information can be collected. During these meetings, the person has opportunity to see information about the service and can ask questions. Contact information is available, and people tell us that they speak to someone in the office if they need to. Communication systems are good. Reviews don't always focus on the person's goals, so additional support or required referrals may be missed.

The service supports people to maintain their health. Good support is provided with daily living tasks to promote people's health, such as making a meal, ensuring people have fluids, and completing personal care. People have support with their medication if this is part of their plan. Skin care is prioritised, and the service is successful in helping to prevent pressure damage, and where people have been discharged from hospital with pressure damage, the service has supported District Nurses so that wounds have healed. The service helps people to contact their GP if they need this.

People's individual circumstances are considered and supported. Information about a person's social and work history is captured in personal plans to promote good communication between care workers and the person, especially if they live with Dementia. During assessments, people can provide information around their wishes and goals, so the personal plan reflects their needs. Language preferences are considered, including provision of the service in Welsh. Care workers are carefully matched to people according to their preferences. Many people are supported by family members, and there is good communication between them and the service when required. People give examples where the service is flexible to their needs, and others explain how the service has listened and adapted to meet their needs.

The provider is mostly protecting people from abuse and neglect. Robust pre-employment checks are carried out to ensure care workers are fit to work with vulnerable adults. Induction training is thorough and includes information around safeguarding of vulnerable adults and how to raise concerns. People have regular care workers who know them well so that any changes are quickly identified so that action can be taken. Personal plans are in place, and though documentation within these such as daily records and medication recording needs to be improved, people tell us they receive the right care and support. People are at increased risk of abuse or neglect as the oversight of the management and systems is not strong enough, so the service is not monitored effectively to help drive improvement.

Care and Support

People like the care and support provided by the service. People told us that they have “good” care workers, who “*always turn up.*” Most calls are delivered at the right time. When people have issues, for example, around their call times, they can raise this with the service who will help to resolve matters. The service listens to concerns and makes adjustments to accommodate requests, but this relies on people or their family member bringing this to the attention of the service. People told us “*Communication is good*” and office staff are helpful. Care workers are described as “*kind,*” treating people with dignity and respect. Some people told us they had the same care workers for years who have become “*part of the family,*” and “*will go out of their way,*” often going above and beyond what is contractually required. The service is praised with people commenting “*I can’t thank them enough*” and “*I fully trust them.*”

Documentation to support care is in place but this needs improvement. People have detailed terms and conditions documents in personal plans, outlining what the service offers, including the offer to have a service delivered through the medium of Welsh. Some improvement has been made to ensure personal plans contain the information required, however, personal plans still lack detail or are written without due regard to the content of the local authority’s plan of care. Three monthly reviews take place with people or their relative, but these do not consider the personal plan and the outcomes people want to achieve. Changes in people’s needs are not being addressed and recorded appropriately. Daily records to evidence the care and support provided are incomplete or inaccurate, including description of the level of support provided for medication. These are areas for improvement that were identified at the last inspection, and we expect the provider to take further action.

People’s health and well-being are considered but improvement is required. People told us their care needs are met, and families told us they had no concerns about health care, including managing skin to prevent damage. The service mostly supports people to access health professionals, but social care and health care representatives are not involved in the review of people’s care to ensure risks to people are considered and minimised. There is good support around meal provision to help people stay healthy. A medication prompting service is provided, but care workers are not following policy. Care workers wear personal protective equipment to help people remain free of infections.

Leadership and Management

Governance arrangements need improvement. Policies and procedures are in place but require further review to ensure they are accurate, including 'complaints,' 'safeguarding of vulnerable adults,' and 'medication'; this was identified as an area for improvement during the last inspection and still needs improvement. A responsible individual (RI) has responsibility for oversight of the service, but this is not consistent and thorough enough as systems in place are not effective or not followed. The RI is not keeping the regulator updated as required; this was identified as an area for improvement during the last inspection and still needs to be actioned. A 'statement of purpose' is in place, which is a document to tell people what to expect from the service. The service is not being delivered with sufficient care, competence, and skill in accordance with the 'statement of purpose.' This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Systems to monitor and improve the service are not robust. Audits to identify issues are not evidenced, and though we are told that audits take place, these are not effective in identifying issues, for example, with late care delivery and inaccuracies in personal plans. A quality assurance questionnaire is used to ask people about the service they receive, but the questions do not cover some areas of service that would be vital to establish if people are enabled and supported to meet their identified needs. The RI is not evidencing formal supervision of the manager and their role in ensuring management systems are in place and followed. Though there is no record of formal complaints, we were told of concerns raised by families of people using the service, but these are not logged to ensure any learning points are considered. The lack of effective monitoring and improving of the service is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this.

Recruitment processes are robust and care workers mostly receive the required training. Personnel files are well organised and contain the relevant information to evidence the service is considering the suitability and fitness of the applicant. Improvements have been made to provide care workers with consistent supervision meetings. Care workers receive an induction and mandatory training, but there are gaps in staff training which need to be addressed as part of the monitoring process. Staff we spoke with felt valued and supported.

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
8	The provider does not have consistent, effective monitoring systems in place to identify issues or areas where the service can be improved.	New
6	The provider is not ensuring that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	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
59	The provider is not ensuring that records are completed and accurate.	New
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.	Not Achieved
60	The provider is not always informing the regulator of events and updates to key documents as required.	Not 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.	Not 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.	Not Achieved
15	The provider is not ensuring that Personal Plans contain sufficiently detail and accurately reflect the commissioned care.	Not Achieved
19	The provider is not ensuring that current and accurate information around complaints and advocacy is included in the information available about the service. This has been raised with the provider in the previous inspection and remains outstanding.	Achieved
59	The provider is not keeping all documentation as required as outlined in the Regulations.	Achieved
72	The provider has not informed the regulator of the manager's absence and arrangements in place to cover the smooth running of the service during this period.	Achieved

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