



Inspection Report on

3 Circles Care Limited

**Morgans
Central Chambers
Lion Street
Abergavenny
NP7 5PE**

Date Inspection Completed

22/05/2023

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About 3 Circles Care Limited

Type of care provided	Domiciliary Support Service
Registered Provider	3 Circles Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert]
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The service provides support to people in their homes in the Gwent area. A service is also provided to a small number of people in Powys.

People are positive about the service they receive. People receive support from care workers who they know well and have developed relationships with. There is an emphasis on providing personalised care and support which is reflective of people's chosen outcomes. Care workers understand peoples' requirements, are happy in their role, and have been appropriately recruited and trained. Some improvements identified at a previous inspection have not been fully met and remain outstanding. These include improvements in the frequency of reviews of personal plans and formal care worker supervision. Improvements put in place will need to be sustained. The oversight of complaints and quality of daily care records including medication need to be strengthened. Systems and processes are required to identify where the service needs to develop and improve. The provider needs to demonstrate robust oversight of the service is in place.

Well-being

People told us they are happy with the service and spoke positively about the quality of the support provided. One person told us *"I really look forward to the staff calling"*. Another stated *"the staff are kind and caring"*. The service employ a small team of care workers and people receive good levels of care worker continuity. People know the Responsible Individual (RI) and manager of the service and feel able to contact them easily. People are supported to have control over their daily lives and the support they receive is personalised.

People have a voice, and their feedback is valued. A system to support the frequency of formal reviews has recently been put in place. This will need to be sustained. People are consulted during reviews and their feedback is captured as part of this process. People's personal outcomes are understood and recorded in their personal plans. A process of formal supervision for care workers has recently been put in place. This will need to be sustained. Written documentation completed following some supervision sessions is not sufficiently detailed and does not record discussions about areas where the staff member needs to develop and improve. The provider has given us assurances checks regarding the quality of supervision will be put in place. Improvements in the quality of daily care recordings completed by care workers were seen. However, not all recordings fully demonstrate people receive support as identified in their personal plans and this requires improvement. Systems for monitoring the quality of daily care recordings and medication records needs to be put in place.

People need to feel confident their complaints are valued and learning from complaints is used to support the ongoing development and improvement of the service. The service has an up-to-date complaints policy in place. However, not all complaints are located on the complaints file. Systems which demonstrate the provider has appropriate oversight of complaints have not been put in place. The provider has given us assurances this will be prioritised.

People need to feel confident the service operates appropriately. The service provider needs to ensure there are appropriate processes in place which demonstrate effective oversight of the service, and key areas for the development and improvement of the service are identified promptly. The RI has completed a quality of care review report which is required by regulation. However, the report does not identify key areas where the service needs to develop and improve. The provider is unable to demonstrate they have effective systems and processes in place which supports oversight of the service and which help them to identify the improvements required.

Care and Support

There are systems in place to support the assessment of people's needs and identify their desired outcomes. Provider assessments are comprehensive and available at inspection. Information obtained during the assessment helps the service to co-produce detailed personal plans which record people's preferred routines and what matters to them. Electronic versions of personal plans are available to care workers and they told us they are confident they understand what support they need to provide to people and people's preferences.

A recent system has been put in place to ensure the review of personal plans takes place. This will need to be sustained. Written records of the most recent review completed provides detail about how the service is supporting the achievement of personal outcomes.

There have been improvements to daily care recordings by care workers. However, discrepancies in recordings were noted in some of the care files we read and we have discussed this with the provider. We saw some gaps in medication recordings with no explanation of why the individual had declined to take their medication. No audits of the quality of daily care recordings and the provision of support with medication have been completed.

Overall, the service has effective systems in place to ensure people are safeguarded from the potential risk of abuse or harm. There is an up-to-date safeguarding policy available. Staff have received adult protection training and feel confident they could identify and take appropriate action if they have concerns about people's well-being. We considered a complaint which contained information which could have impacted on the emotional well-being of an individual. The provider had not discussed this with the local authority safeguarding team at the time of the event. This was completed retrospectively following the inspection visit. The provider provided us with assurances processes regarding adult protection will be enhanced.

Leadership and Management

People receive information about the service. There is an up-to-date service user guide (SUG) and statement of purpose (SOP) in place which reflects the type of support available to people. People have access to information about the service, which helps them to make informed decisions prior to support commencing.

People receive support from care workers employed at the service who have been appropriately recruited and vetted. Care workers personnel files hold the required records regarding employment history, proof of identity, employment references and disclosure and barring service checks (DBS). These are completed prior to the commencement of employment. The service provides induction for staff which aligns with the requirements of Social Care Wales (SCW). Records are held which identify the staff who are fully registered with SCW as members of the social care workforce and those who are working towards their registration. Staff have access to a range of mandatory training. The RI is considering developing staff training to include non-mandatory training in additional subjects such as diabetes care. This will be influenced by the needs of the people supported by the service. Care workers are positive about their employment. One told us *"I feel really valued"*. Another stated *"The team spirit is brilliant, people receive a good quality service"*. Team meetings were postponed during the COVID pandemic and have not yet re-started. Regular formal supervision of care workers has been impacted due to the pandemic. This has been prioritised and staff have received a formal supervision session in recent months. This will need to be sustained. The quality of formal supervision can vary. The supervision minutes for some sessions are basic in nature and do not fully reflect discussions take place with care workers to support their ongoing development and improvement. We were provided with assurances this will be rectified.

Improvements in the oversight and management of complaints was identified at a previous inspection. At this inspection we found one complaint had not been stored on the complaints file. No analysis of complaints including identification of any patterns or trends, recording of the identified resolution and people's satisfaction with the resolution is available. There remains a lack of appropriate processes to demonstrate oversight of complaints. We were provided with assurances this will be rectified.

There is a lack of systems in place to support the provider to demonstrate their oversight of the service. Having auditing processes in place would support the service provider to identify the improvements required. The provider is currently reliant on others to advise about deficits in the service for the ongoing development and improvement of the service. The ability to demonstrate appropriate oversight of the service is important and needs to be put in place. We were provided with assurances this will be rectified.

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. 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
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6	The service provider does not demonstrate they have appropriate of the service. Audit systems to review progress and inform development and improvement of the service are not in place.	New
16	The provider has failed to ensure a robust system for the review of personal plans which take place at least every three months is in place.	Not Achieved
59	The provider failed to ensure daily records provided an accurate record of the care and support provided.	Not Achieved
64	The provider failed to ensure that a robust system was in place to monitor and evidence actions taken and outcomes when complaints are received.	Not Achieved
80	The Responsible Individual failed to produce a quality of care report which incorporated a full analysis and review of care and support provided.	Not Achieved

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Date Published 10/07/2023