



Inspection Report on

3 Circles Care Limited

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

Date Inspection Completed

30/06/2021

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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	First inspection of the service following registration.
Does this service provide the Welsh Language active offer?	The service does not provide an 'Active Offer' of the Welsh language.

Summary

3 Circles Care Limited is a domiciliary support service that provides care and support to people in their own homes within Powys. We undertook an announced inspection comprising of a physical visit to the registered office with other aspects of the inspection completed on a virtual basis.

Nearly all the people we spoke with were complimentary about the service, care staff and the Responsible Individual (RI). Personal plans are comprehensive and person-centred, due care and attention is required to ensure all relevant information is included and acted on. Daily records require review to ensure they accurately reflect care and support provided. Additional detail is required within risk assessments to provide clear guidance for care staff. Personal plans need to be reviewed on at least a quarterly basis or as individual needs change.

Systems are in place, which support the running of the service although we found; they need a more robust application. When complaints are received, the recording and evidencing of actions and outcomes must be improved. Staff files showed a safe recruitment process is in place. Staff are inducted into their roles but minutes of formal staff supervision requires improvement. Team meetings should be re-instated and staff development plans and competency checking should be reviewed.

Well-being

People have some control over their daily lives. Personal profiles set out people's likes and preferences. Risk assessments require enhancement to guide care staff how to minimise risk and support people with their needs. The service provider listens to people and they benefit from a service that promotes their voice. Six monthly consultation with people receiving a service regarding the care and support they receive take place via questionnaires. We saw suggestions for improvements in gathering feedback for analysis within the provider's quality of care report. Relatives told us *"they were kept involved"* and *"felt listened to and ideas taken on board."*

While the majority of people receiving a service and their representatives were complimentary about the quality of care and support given to them. People told us that care staff were *"absolutely brilliant"* and *"are courteous and professional"* and that care is delivered in accordance with their personal plan. We found there have been occasions where complaints about care staff conduct were made. Once issues were identified, work was undertaken to address them, however improvements are required in the recording and evidencing of actions and outcomes when complaints are received.

Measures are in place for safeguarding people and promoting safe medication practices. Staff complete annual safeguarding training, accompanied by a comprehensive policy and procedure. There are systems in place to record accidents and incidents. Staff complete annual medication training, however completion of competency checking to administer medicines is required. Electronic records were seen evidencing medicine administration on a daily basis alongside evidence of review by the RI.

Care and Development

Each person has care documentation in place. The documentation describes the care and support they need. Personal plans are person-centred and focus on positive outcomes for individuals receiving a service; they cover all core areas of people's care and support needs. Due care and attention is required to ensure all relevant sections are completed. Each person has a personal profile explaining what matters to him or her. Improvements are required in the development of risk assessments to ensure they are personalised and guide care staff, for example, supporting people with continence care and medication regimes. Reviews of personal plans are to be at a minimum of every three months to meet regulatory requirements. Daily notes do not accurately reflect the care and support provided, for example, inappropriate use of subjective language and emoji's. The above areas require improvements and we will consider this at our next inspection.

Given the current restrictions, we did not observe interactions between people receiving a service and care staff to judge the quality of care provided. Relatives told us *"really pleased with the care provided"* and *"absolutely brilliant"*. However, other comments received included *"there are good staff, ones who use their initiative but others need direction and just stand around."* The person raising the concern also talked about her disappointment that scheduled meetings with the RI had not happened for a variety of reasons. When discussed with the RI, arrangements were made to meet with the person raising concerns.

Leadership and Management

Systems are in place, which support the running of the service although we found; they need more of a robust application. A suitably experienced and registered manager is in post. The provider has effective oversight of financial matters. The RI is regularly present at the service and meets with people who receive a service and with care staff. The RI has completed some of the required quality assurance reviews. Improvements are required to ensure the quality of care report meets regulatory requirements, for example, incorporating engagement with care staff and stakeholders for their feedback, analysis of incidents, complaints and audits of records. The above area requires improvement and we will consider this at our next inspection.

People are given information about the service. There is a written guide available which provides people who receive the service, their representatives and others, with information about the service. There is a statement of purpose (SOP) which describes how the service is provided. The SOP needs to be reviewed and updated.

The records we examined show that the provider carries out the necessary checks when recruiting staff. There is an induction process in place, which new staff undertake on commencement of their employment. Care staff receive core training including basic first aid, fire safety, food hygiene and health and safety. The availability of in-person training courses has been significantly reduced for all services due to the pandemic, with the majority of training now provided via online training courses. Following our inspection, we were informed that specialist on-line training had been sourced to meet individual support needs. Within each staff file, we saw staff development plans, however these had not been reviewed and no evidence was available to establish actions completed. The supervision matrix confirms that care staff receive regular formal supervision sessions; minutes of these meetings require improvement to fully evidence discussions, actions and outcomes. It has not been possible for staff to meet safely as a team and alternative ways have been used to ensure information is shared with staff.

Environment

This theme does not currently form part of the inspection remit for domiciliary support services in Wales. However, we found the service operates from secure premises with appropriate arrangements for storing confidential information.

Areas for improvement and action at, or since, the previous inspection. Achieved**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None

Areas where priority action is required

None

Areas where improvement is required

The provider failed to ensure personal plans are reviewed at least every three months or when care and support needs change.	Regulation 16(1)
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The provider failed to ensure daily records provided an accurate record of the care and support provided.	Regulation 59(1)
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The provider failed to ensure that a robust system was in place to monitor and evidence actions taken and outcomes when complaints are received.	Regulation 64(2)
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The Responsible Individual failed to produce a quality of care report which incorporated a full analysis and review of care and support provided.	Regulation 80(4)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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