



Inspection Report on

3 Circles Care Limited

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

Date Inspection Completed

26/07/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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	25 May 2023
Does this service promote Welsh language and culture?	This service is not making a significant effort to promote the use of Welsh language and culture.

Summary

The service provides support to people in their homes in the Gwent and Powys areas.

3 Circles Care provides a service people value. People are encouraged and supported to maintain their skills and independence. They feel confident communicating with the manager and staff, and feel they are listened to.

Care staff have a good understanding of the needs of the people they support. Care staff feel valued and are positive about the service. Care staff are appropriately recruited and receive training. Care staff feel schedules are well planned and they have enough time to spend with people.

Some areas for improvement identified at our previous inspection have not been fully met and remain outstanding. These include improvements in the frequency of reviews of personal plans and formal staff supervision. Medication management oversight is not robust. Internal systems and process to inform the development of the service are not robust.

Well-being

People told us they are happy with their care and support, and the service provided to their loved ones. People have written information about the service, feel confident communicating with the manager and staff, and feel they are listened too. Individuals' using 3 Circles Care are treated with dignity and respect. Personal plans are co-produced, ensuring people's individual circumstances are considered.

People get the right care and support, enabling them to maintain their independence. People told us the service is responsive and flexible if their needs change or if there is an emergency.

People using the service told us they feel safe and protected. People receive a good standard of care and support from care staff who are appropriately recruited, trained and supported, helping to maintain their wellbeing.

People are supported to maintain their overall health and emotional wellbeing. Care staff have good relationships with people and understand their needs, seeking support from management and other professionals when required. Medication management systems require improvement to ensure people's medical conditions are well managed.

3 Circles Care has a record of never having missed a care call, supporting people to live independently within their own home, maintaining their sense of belonging.

People value the care staff that support them, we were told, "*We are very pleased with the care that they are giving.*" We were also told, "*It's brilliant and the girls are so nice.*"

Care and Support

Personal plans reflect people's personal outcomes and care and support needs. 3 Circles Care staff assess people's needs and produce personal plans, prior to commencing a service. Specific guidance in people's personal plans support care staff to meet people's day-to-day needs. People told us carers are flexible and provide the help they want when they ask. People are confident in the staff; we were told, "*They always know what to do.*" Changes to personal plans are communicated to staff via a digital planning app.

Care and support is provided in line with personal plans and risk assessments. Individuals and their representatives have access to plans and daily recordings via a digital portal.

Personal plans are reviewed with people using the service but plans are not reviewed in line with recommended timescales. Whilst no immediate action is required this remains an area for improvement and we expect the service provider to take action. Risks and needs are considered in the care planning process

Staff understand people's health needs and people are supported to maintain their overall health and wellbeing. Care staff who have undertaken safeguarding training and understand their responsibilities. Risk assessments are in place to identify and minimise individual risks. Furthermore, the service promotes hygienic practices, and the management of infection risk.

A system is not in place to audit the provision of support with medication. There are inconsistencies in the way support with medication is recorded. The Manager has identified how discrepancies are occurring and provided assurances changes will be implemented to prevent this from happening. Whilst no immediate action is required this remains an area for improvement and we expect the service provider to take action.

Leadership and Management

The service provider does not have sound governance arrangements to support the smooth running of the service. Whilst it works in-line with its Statement of Purpose and policies and procedures, it has not established clear arrangements for an ongoing cycle of quality assurance. Arrangements for continuous development and improvement of service provision are not in place. This means the service provider cannot be assured people are consistently provided with the high quality care needed to enable them to achieve their personal outcomes. Whilst no immediate action is required, this remains an area for improvement and we expect the provider to take action.

People are supported by staff who are suitably vetted and trained to provide the levels of care and support required. Most staff training is up to date and the service provider has a plan for refresher sessions. Staff have a positive attitude to training and their personal development. Care staff are registered with Social Care Wales and have received supervision in recent months. The frequency of supervision is not in line with recommended timescales, this remains an area for improvement and we expect the service provider to take action.

Care staff told us the call schedules are well planned and the manager is receptive to ideas of how they could be improved.

There is a positive culture within the service. Care staff told us they feel valued in their role and are confident in the management team. The service provider considers staff well-being. Team meetings are held on a regular basis and the service recently organised a social opportunity for the staff. A staff member told us the management team “*Are amazing people.*” They also told us, “*If you’ve got a problem call [the office] and it’s sorted.*”

Care staff are appointed following a safe recruitment process. Staff files are well organised and easy to navigate. They evidence checks such as references and Disclosure and Barring Service (DBS) checks are completed.

The service has improved its oversight and management of complaints. People using the service feel confident about reporting problems. We were told people felt comfortable calling the office if they had a problem.

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
73	The Responsible Individual failed to produce a visit report detailing discussions with staff and individuals	New

	using the service, records reviewed or actions taken to make improvements.	
16	The provider has recently put in place a system for the review of personal plans. However, this will need to be sustained and reviews need to take place at least every three months.	Not Achieved
59	Although some improvements in daily care records have been seen. Some daily records do not provided an accurate record of the care and support given.	Not Achieved
80	Although the Responsible Individual has completed a quality of care review report, it does not identify key areas for the development and improvement of the service.	Not Achieved
6	The provider has not demonstrated they have appropriate oversight of the service. Audit systems to review progress and inform development and improvement of the service are not in place.	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.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 22/08/2024