

3D'S Healthcare Services Limited

# 3D'S Healthcare Services Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

3Ds Healthcare Services Ltd. is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service was providing two people with support. One person was receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People received care from regular staff who never missed a call. Relatives told us staff were competent, kind and caring.

People were safeguarded from harm. Staff were aware of how to report a concern and were confident it would be dealt with appropriately by the registered manager.

Staff had received training in infection prevention and control and had the appropriate personal protective equipment. The service had risk assessments in place and the registered manager followed government guidance in relation to the pandemic.

Care plans were comprehensive and person-centred and provided guidance for staff on how to care for people. Staff promoted people's independence and supported people to access the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff recruitment process was safe, and the service had an induction process in place. Staff received training with annual refresher updates. Regular staff supervisions and competency observations were conducted by the registered manager.

The registered manager had a clear vision for providing quality care as the service grew. The registered manager completed quality monitoring audits which provided oversight of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating

This service was registered with us on 16 May 2017 and this is the first inspection.

### Why we inspected

The inspection was undertaken as the service had not been inspected since it was registered. We looked at infection prevention and control measures under the Safe key question. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our Well-Led findings below.

# 3D'S Healthcare Services Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors.

One inspector visited the service location. To support the inspection, one inspector contacted those who were using the service, and those working with the service to gain their view of the care provided.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. They are registered to provide care services to children, younger adults and older people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. For this service the provider was registered as the registered manager.

#### Notice of inspection

This inspection was announced. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 04 December 2020 and ended 16 December 2020. We visited the office location on 15 December 2020.

### What we did before the inspection

Prior to the inspection, we reviewed the information we held about the service. We looked at the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with one relative about their experience of the care provided. We spoke with two members of staff which included the provider/registered manager, and care worker. We spoke with one professional who works with the service.

We reviewed a range of records. This included one person's care records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We remotely looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives spoke positively about the service and said they felt their family member was safe with the staff who supported them.
- The service had systems and processes in place to keep people safe from harm. This included a comprehensive safeguarding and whistle blowing policy and guidelines.
- Staff received training in safeguarding of adults and children. They told us if they had any concerns regarding allegations of abuse, they were confident that the registered manager would take appropriate action.

Assessing risk, safety monitoring and management

- Care plans were person-centred and included risk assessments for care requirements and the environment.
- Staff were aware of how to keep people safe from harm and to promote independence.
- People appreciated being cared for by the same staff. Relatives told us staff never missed a call and stayed for the allocated time.
- There was a system in place to report and monitor accidents and incidents. There had been no incidents recorded at the time of inspection.

Staffing and recruitment

- The service followed a robust staff recruitment procedure.
- Staff files contained the necessary documentation to ensure staff were safe to work with people in their homes. This included identification, references and Disclosure and Barring System (DBS) checks. The DBS is a national agency that holds information about criminal records. The service used the online DBS update service to ensure checks were current.
- Staff had photographic identification badges.
- There was enough staff with appropriate skills to meet people's needs.

Using medicines safely

- Staff had completed medicine administration training with annual refresher updates.
- No person required assistance with medicines at the time of inspection, however the service was prepared for when they would assist people with their medicines. There was a monitoring system in place to review medicine administration records, documentation and staff competency observations.
- The service had a comprehensive medicine administration policy and guidelines in place which was in line with legislation and regulations.

### Preventing and controlling infection

- Staff had received training for infection prevention and control and the donning and doffing of personal protective equipment (PPE). Staff told us they were confident with infection prevention and control procedures.
- The registered manager told us the service maintained a stock of PPE.
- The service followed government guidelines to comply with changes throughout the pandemic.
- The service had implemented a COVID-19 risk assessment at the start of the pandemic to minimise risks to people and staff.

### Learning lessons when things go wrong

- The registered manager told us that when things went wrong, they would analyse the incident, and actions were taken. Lessons learned were shared with the staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were comprehensive and identified people's needs in a personalised way.
- People were provided with continuity of care from regular staff who were confident in their care practice. Relatives told us staff were competent.
- Care plans promoted choice on each aspect of care and identified how these could be supported.
- The registered manager reviewed care plans every three months to ensure the planning represented current needs. Choice was offered during each visit.

Staff support: induction, training, skills and experience

- There was an induction programme in place with included face to face training and shadowing of experienced staff. The subjects covered related to the Care Certificate plus additional care subjects. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- Staff received annual refresher training from an external training provider. The training matrix showed that training had been completed. Staff told us they were happy with the training they received.
- Staff had gained health and social care qualifications.
- Supervisions were undertaken every three months and an appraisal annually.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutrition and hydration to meet their personal and cultural preferences and needs.
- Appropriate risk assessments were in place to ensure people were supported with their meals in a safe way.
- Staff had received food hygiene training.
- The service recognised the importance of nutrition and there were systems in place to refer to specialist advisors if required.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other agencies and organisations.
- People were referred to health and social care professionals in a timely manner when required for assessment and advice. One professional told us communication with the service was good and the registered manager responded promptly to email correspondence.
- Staff were confident to call for emergency healthcare assistance if required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service followed the principles of the Mental Capacity Act.
- People were supported to have maximum control of their lives in the least restrictive way possible.
- Care plans were personalised and provided guidance for staff on how people made their views and wishes known.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One relative told us their family member was treated with respect and kindness. They [relative] said their family member was comfortable and confident with the staff and were positive about the care received.
- Care plans identified equality and diversity providing guidance for staff on how to support people with personal and cultural choices. Focus was on supporting people's health and wellbeing.
- People's care plans contained information about their life history which assisted staff to know the person and what was important to them.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in their care planning and their views were considered to ensure care provided supported them.
- The staff knew the people they cared for well and provided care that was adaptable to meet their current needs.
- People were encouraged to express their views and staff knew how to support them with decision making and choice.
- People and relatives were asked their views on the service through regular communication with the registered manager.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. The care plans detailed how to support people to maintain their independence whilst receiving care in a safe way.
- Staff spoke about the people they cared for in a kind and caring way.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were comprehensive and identified each care need in detail and included how staff should support people. The medical and social history were informative which enabled staff to provide personalised care.
- Detailed information and guidance relating to assistive equipment to support with moving and handling was documented.
- People appreciated receiving care from the same core staff group who knew their needs well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard and recognised the importance of meeting people's communication requirements. The registered manager gave examples of aids that they would use such as white boards and pictures to assist with communication where required.
- Care plans identified other forms of communication including body language such as observing facial expressions. Emphasis was put on the listening skills of the staff and allowing people time to verbally convey their requirements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to the

- Care plans identified people's personal interests and relationships.
- Staff supported people with social and educational activities, assisting them to access transportation when required.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which provided clear guidance on how to make a complaint. The policy included contact details of external organisations including the Care Quality Commission and the Local Government Ombudsman.
- Communication with the service was good. One relative told us they were confident that if they had any concerns, they would contact the registered manager and appropriate action would be taken.

End of life care and support

- The service was not providing palliative or end of life care to anyone at the time of the inspection.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture and spoke with compassion and enthusiasm when talking about the service and maintaining quality of care as the service grew.
- The service user guide explained the company ethos which included promoting privacy, fulfilment and personal choice. The guide provided information on what care the service provided and how to make a complaint if needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Continuous learning and improving care

- The provider/registered manager understood duty of candour and their legal responsibilities. They conversed in an open and honest way.
- The registered manager had relevant policies, procedures and systems in place to manage the service in the future as it grew.
- The registered manager managed their own continued professional development through accessing reputable educational sites to maintain their own professional registration.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their role. There were policies and procedures in place to support the management of the service.
- The service had systems in place for quality assurance monitoring through audits and observation. Although the service was small, the quality monitoring processes were being completed regularly and reviewed.
- Staff were confident with supporting the people using the service. They appreciated the training they had received and were aware of the standard of care expected.
- Staff told us the registered manager was approachable and supportive. Staff completed satisfaction surveys regularly and those we saw were positive.
- Staff supervisions were completed, and staff confirmed the registered manager conducted competency observations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The registered manager understood the importance of family support to enable people to gain maximum outcomes in their lives. The registered manager communicated with the families regularly and visited to discuss care needs and any changes with people and their relatives.
- The service worked closely with other health and social care professionals including the GP, social workers, physiotherapist and speech therapist.
- Staff were confident to call for emergency assistance from professionals if required.