

3D Healthcare Solutions Limited

# 3D Healthcare Solutions Limited

## Inspection report

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Date of inspection visit:  
24 April 2019

Date of publication:  
16 May 2019

## 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:

3D Healthcare Limited is a domiciliary care service, registered to provide personal care to people living in their own homes. At the time of the inspection the service was providing personal care to three people.

### People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.

People told us they felt well cared for by staff who treated them with respect. The provider ensured people had regular staff, meaning people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their work.

Audits were completed by the registered manager to check the quality and safety of the service. This information was shared with the wider staff team.

The registered manager and deputy manager worked well together, to lead the staff team in their roles and ensure people received a good service.

More information is in Detailed Findings below

### Rating at last inspection:

This was the first inspection of the service.

### Why we inspected:

This was a planned comprehensive inspection which took place on 24 April 2019.

### Follow up:

We will continue to monitor intelligence we receive about the service until we inspect again as part of our inspection programme. If any concerning information is received, we may inspect again 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?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# 3D Healthcare Solutions 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one adult social care inspector.

#### Service and service type:

3D Healthcare Limited is a domiciliary care service. Staff deliver personal care support to people living in their own homes. At the time of inspection, the service provided personal care to three people living in their own homes.

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.

#### Notice of inspection:

We gave the service six days' notice of the inspection visit, this included a weekend and two public holidays. We gave this notice because it is a small domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service. We visited the office location on 24 April 2019 to speak with the registered manager and to review care records and policies and procedures.

#### What we did:

We reviewed the records held about the service. This included notifications received from the provider. Notifications are specific events that the Provider are required to tell us about by law. We reviewed the Provider Information Return (PIR) submitted by the registered manager. This told us what the service had achieved and what they intend to develop in the future. We require the provider to submit this information annually and it provides us with information to plan our inspection.

During this inspection we spoke with the registered manager, the scheduler, and two care staff. We looked at two people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, staff supervision activity, staff training records, accident and incident records, safeguarding, complaints and compliments, staff scheduling, and the provider's audits and overview information about the service. On 29 April 2019 we telephoned and spoke to one person that uses the service and a relative of a person that uses the service, to ask for their experience of the care provided.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member told us, "It is about identifying who is at risk and alerting the local authority and management, during my observations if I notice anything I have to alert the manager."
- People and their relatives explained to us how the staff maintained their safety, one person told us, "I feel safe, the staff are all experienced".

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care records included risk assessments considering risks associated with the person's environment, care and treatment and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risk of harm.
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member told us, "I know where the information is, it would be in their file, when I go to a client I have to look up their needs before attending to the client."
- The registered manager had a process in place to check actions taken following incidents and accidents to make sure that actions were effective.

Staffing and recruitment

- There were sufficient numbers of skilled staff to meet people's needs. The registered manager ensured that people had a consistent staff team. One person told us, "I have the same people all of the time." A relative told us, "Same group of staff and [name] knows them all and they have good relationships."
- Each person's staffing needs were assessed on an individual basis, prior to the commencement of the service and reviewed regularly as people's individual needs changed.
- People and their relatives told us they received care in a timely way.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- At the time of inspection people using this service were not receiving support with medicines. We could see that the provider had medication policies and procedures to follow, about using medications safely, should this aspect of the service be required in the future.

### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as disposable gloves and aprons during personal care to help prevent the spread of infections. One staff member told us, "We make sure we wash our hands when we arrive and when we leave, we have gloves and aprons. We get them from the manager, when I notice we are running short I alert her."

### Learning lessons when things go wrong

- At the time of inspection, the service had not experienced any accidents, incidents or safeguarding events and had not received any complaints. There was a system in place for recording these events, should they arise, and this included a trend analysis assessment and preventative action.

# 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

Good:  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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The registered manager had a good system to monitor that all staff had regular training and refresher training to keep them up to date with best practice. Training methods included, on line, face to face, on the job and competency assessments. One staff member told us, "I have had all of the training for the things I am doing currently, I think I would get additional training if I asked for it."
- New staff were well supported and completed a nationally recognised induction – The Care Certificate. This covered all the areas considered mandatory for care staff. One staff member told us, "I was introduced to the clients, instructed on how to support them and shadowed other support workers to see what they were doing. I have done the care certificate." One person told us, "They are well trained, they have good professional skills".
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their future development. One staff member told us, "The manager is very supportive, even if you call her at night she is very supportive, because sometimes a client can be not well, and she supports us she is a very hard-working person."

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

- People and relatives told us they were happy with the support they received with meals and drinks. One person told us, "We sort the breakfast together, if it is not right I just say, they would just put it right."
- People were involved in choosing their meals, one person told us, "Mostly I dictate the pace, usually have the same things for breakfast but sometimes I ask for something different."

Adapting service, design, decoration to meet people's needs

- The provider had recently moved the offices to a ground floor location. This allowed visitors to be able to access the main office more easily.

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



- We found that staff were supporting people by working in partnership with the District Nursing service.
- Staff made effective use of GP services, one person told us, "They know who the GP is, I feel sure they would get help if needed."
- Staff monitored people's health care needs and communicated with their relatives. One relative told us, "Yes they would know how to call a Doctor if [relative] needed one and they would let me know."

#### 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. We checked whether the service was working within the principles of the MCA.

- People were asked for their consent before they received any care or treatment. One person told us "Yes they are pretty good at asking." A relative told us, "I've heard them communicate with [person] and get consent." Staff involved people in decisions about their care and acted in accordance with their wishes.

# 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

Good:  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

- People received care from staff who developed positive, caring and compassionate relationships with them.
- People told us staff knew their preferences and cared for them in a way they liked. Each person had their life history and individual preferences recorded, which staff used to get to know people and to build positive relationships with them. One person told us, "Staff know me pretty well." A relative told us, "They know [person] very well, they have built up a good relationship." A staff member told us, "I have three clients and I know them well, how they want it done, I listen to them and speak with them."
- People were always treated with kindness and were positive about the staff's caring attitude. People and relatives were highly complementary in discussions with us about the care they received. One person told us, "Staff are very nice, willing and show a personal interest." A relative told us, "Staff are impeccable, take great pride in what they do."

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making. One relative told us, "At the review an additional visit was added, this was a mutual decision." Another person told us, "I can say if I want alterations, I do talk to the registered manager."

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured that people's rights were upheld.
- The registered manager recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs such as their cultural or religious needs were reflected in their care planning.
- Staff and the registered manager were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. One person told us, "They make sure that I am covered with towels during personal care." A relative told us "They always make sure blinds are closed and they knock on the bathroom door." We heard from people how staff promoted their privacy and dignity.
- Staff promoted people's independence, one person told us "We sort out the clothes together."
- People's confidentiality was respected. We heard from people and staff how care plans and notes were kept securely in people's homes.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported.
- People were empowered to have as much control and independence as possible, including developing care, support and treatment plans. One person told us, "Yes, I have a copy of my care plan I can look at it when I want to, I was involved in setting it up and have been involved in the amendments."
- People told us how the provider would respond to their changing needs. For example, one person told us how the service changed the times of their call at short notice to enable them to go out.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and wellbeing.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standards (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Care plans were available in different formats if required, for example the person's copy could be in their preferred language.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this.
- People and their families knew how to make complaints; and felt confident these would be listened to and acted upon in an open transparent way, as an opportunity to improve the service. One person told us, "I would raise any issues with the registered manager, or follow the process." A relative told us, "Every time I've needed to speak to the registered manager she has got back straight away."

End of life care and support

- The registered manager informed us no one was receiving end of life care at the time of our 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

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives and staff expressed confidence in the registered manager and their team. One person told us, "I had a concern and the registered manager came and we talked it through and it was quickly resolved."
- Staff were actively encouraged by the registered manager to raise any concerns in confidence through a whistleblowing policy. One staff member said, "It is very easy to raise things, the registered manager is approachable, we talk a lot." Another staff member told us, "I feel supported and listened to by the Registered Manager."

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

- The registered manager and deputy manager were very much involved in the day to day running of the service including working alongside staff when required. They positively encouraged feedback and were keen to grow their service whilst ensuring people received "the best care."
- People and relatives spoke highly of the service and could not identify areas for improvement.
- Staff also strived to ensure care was delivered in the way people needed and wanted it. One staff member said they were continually "Aspiring to meet the client's needs and were open to improve where the clients or family wish this."

Engaging and involving people using the service, the public and staff.

- People and staff were encouraged to air their views and concerns. The registered manager visited people regularly to seek their feedback.
- The registered manager consulted with staff, at supervision meetings, to get their views and ideas on how the service could be improved. Staff told us they were proud to work for the service.

Continuous learning and improving care

- The provider and registered manager used a quality assurance audit system to monitor the quality of the service. This information was shared with staff.
- Staff meetings took place regularly, one staff member told us "We meet every couple of months, we discuss concerns, training and changes to clients. We discuss suggestions on how to improve the service."
- The provider and registered manager had an ethos of continuous learning and provided regular learning opportunities for staff.

Working in partnership with others

- The registered manager had a communication network to help the service work in partnership with other professionals, including the district nursing service and people's GP's.