



Inspection Report on

K L Care Limited

**Suite D
Kinmel Business Centre
Tir Llwyd Enterprise Park Kinmel Bay
Rhyl
LL18 5JZ**

Date Inspection Completed

27/03/2023

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About K L Care Limited

Type of care provided	Domiciliary Support Service
Registered Provider	K L CARE LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert]15 August 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive care and support from care staff and the provider, who know them well. Staffing and recruitment continue to be challenging, however, management can focus on the oversight of the service more effectively due to slight staff increase. People are central to the care provided and are happy with the care they receive.

Well-being

People have control over their daily routines and of the care they receive in their own homes. People told us they are happy with the care they receive. Personal plans contain key information about people's care needs; the records we viewed are up to date and we evidenced these are reviewed when required and when care needs change. Records show regular and effective communication between care staff, management, and professionals. Care staff feel supported.

People are as healthy and active as they can be. The people we spoke with told us that care staff are reliable and supportive and are familiar with their individual care needs. Management also knows people well and oversight of the care has improved. Staffing levels have also improved which enables management to continue to oversee the care provided.

There are systems and processes in place to reduce risk to people. Relevant individual risk assessments are created when required. Care staff know what to do to keep people safe. Management ensures care staff receive relevant training to ensure their understanding and knowledge is up to date. Records show training is up to date. Communication between care staff and management is effective and ongoing.

Care and Support

We viewed a sample of personal files, both electronic and paper records. We found care staff record information about people's care needs, daily routines, risks, and choices during each care call. We evidenced care records have been reviewed and updated when care needs change. There are relevant risk assessments in place. We found an improvement in the oversight and monitoring of personal plans. Management acknowledged that staff are becoming used to using and updating the electronic records.

Care staff encourage people to be involved in the planning of their care. Care records are signed by relevant people involved in this process. People, and their families, told us they are happy with the care they receive, and they know staff well. One person told us "*The care is good, and carers are friendly.*"

We evidenced; management make thorough assessments of people's needs before they receive the service. This is an important aspect, to ensure the correct knowledge and information about people's care needs is gathered.

Care staff and management are effective and efficient in ensuring people are linked with health professionals when their health needs require monitoring or change. We spoke with professionals who told us care staff and management are open, honest and transparent.

There are infection control measures in place. We viewed infection control policies and procedures, which are up to date and in line with current guidance. Care staff told us they feel confident in following guidelines. Management report that they aim to prevent infection by continuing to provide ongoing and updated infection control guidance and training for care staff.

Environment

Leadership and Management

There are arrangements in place to oversee the quality of care. Management's oversight has improved. There are policies and procedures in place which are accessible for care staff. The Statement of Purpose (SOP) reflects the service provided. Management ensure information about individual care needs is gathered prior to people receiving the service. People, their families and relevant professionals are involved in providing the information. People have positive relationships with care staff who know them well.

Staffing has improved, although there remain staffing issues. Care staff are recruited safely and staff files evidence this. Care staff feel supported, and we evidenced they receive ongoing supervision within required timeframes. They are also provided with regular training so that they are equipped to undertake the care people need.

There are effective measures in place to ensure financial stability of the service, whilst ensuring the service provided is of good quality. The provider has invested in a new electronic system for care staff to record the care they provide, and this is working well. In addition, there is and has been ongoing and safe staff recruitment and retention. This was reflected in staffing records. The provider has recently moved premises, which are accessible and conveniently central.

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
36	The provider has not provided refresher training for care staff. Although there is a plan in place to provide some training, staff have not received training updates in core areas. This means staff have not been updated with the knowledge required to provide the care and meet people's individual needs.	Achieved
36	Staff have not received regular supervision and annual appraisal to support them in their role.	Achieved
15	Individual risk assessments have not been identified for all known risks, are generic or have not been reviewed or updated and, therefore, are insufficient to ensure individual safety.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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