



Inspection Report on

K L Care Limited

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

Date Inspection Completed

09/05/2024

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 | 27 March 2023 |
| Does this service promote Welsh language and culture? | 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 from a staff team who know them well. Although information about individuals is gathered, the care records do not contain sufficient information to reflect the care provided. Staffing levels are low, and this is affecting the quality of the care provided. The provider, who is also the manager, is undertaking caring duties. This is having an impact on their oversight of the care provided; care records and documentation, including policies and procedures, are not being sufficiently updated. Quality assurance processes require improvement. Training requires improvement regarding safeguarding, medication and manual handling.

Well-being

People have control over their lives most of the time. Care staff focus on people's individual need. Communication between care staff and management requires improvement regarding the cascading of information from professionals to the staff team. We observed several telephone discussions between management and individuals during our visit. We evidenced people being given choice and having their say. Management takes a hands-on approach when staffing is low. However, the time they use to care for people, means the management role is compromised.

People are assisted to be as healthy as they can be. Care staff encourage people to be independent and daily notes within care records demonstrate this. Management communicates with individuals and professionals, regarding health needs, but this is not always consistent or as timely as it needs to be. We heard positive interactions between the responsible Individual (RI) and a person who uses the service. The rapport was positive, and the RI knew them well.

People are not always safe from the risk of harm. Care staff do not always receive training on time, in particular, regarding safeguarding and medication. Staff recruitment processes require strengthening. The provider does not ensure the service policies and procedures, which underpin the training, are available for staff to refer to. Not all safeguarding incidents are reported without prompting to do so. Safe medication management processes are not always in place. Risk assessments are not updated and reviewed in a timely manner. Personal plans are not detailed to contain the information for staff to refer to.

Care and Support

Appropriate information is not always gathered and updated before people use the service. We viewed a sample of personal plans. We found these did not all have up to date information. We found a sample of individual initial assessments had not been updated since they have received the service. The review of personal plans is not consistent. We found not all personal plans are electronic and therefore cannot always be accessed by care staff. The care records we viewed demonstrate a lack of effective communication and planning of care.

The service is not always designed in consultation with the individual to consider their personal wishes, aspirations and outcomes of any risks and specialist needs which inform their needs for care and support. Some information is gathered from professionals, individuals, family and friends. We witnessed telephone calls between the provider and individuals. We found they gave choice and respect towards individuals. In addition, these choices were consistent with the information recorded in individual care files. People we spoke with told us they are happy with the level and type of care they receive. Professionals told us the provider is effective in listening to individual choice.

The medication process is not always effective and in line with procedures. We found only some care staff have received the relevant training and medication competencies. In addition, care staff and the RI/Manager are not always effective in following guidance from health professionals and management. Care staff told us they feel confident in prompting medication. However, the service medication policies and procedures were not all available and up to date for care staff on the day we inspected. Furthermore, a medication error occurred because procedures in line with regulation are not always followed. A recent incident evidenced the provider does not always follow guidance or recommendations from professionals. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are some measures in place to safeguard people. We viewed a sample of risk assessments within care files. These included risk assessment records regarding the environment within people's homes, as a preventative measure to ensure care staff's safety within people's homes. Risk assessments are general rather than specific. We found although care records are reviewed, there is no consistency in the review of risk assessments. This means that care records may not be up to date and contain the required information for care staff to follow. Management does not always ensure care staff receive appropriate training, for example, safeguarding, moving and handling and health and safety. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Leadership and Management

The governance arrangements for the service require improvement. The RI told us that due to staff shortages, they are undertaking caring duties which is impacting on their management responsibilities. This has meant, the oversight of the quality of care has deteriorated. The service policies and procedures require updating, reviewing and are not all currently available for care staff to access in line with regulation. These support and inform the ongoing training received. The RI's report was not available during the inspection. The RI has not ensured safe staff recruitment checks are in place and some staff training is out of date. Reportable notifications to Care Inspectorate Wales (CIW) are not always made in a timely manner. There is poor oversight of personal plans and risk assessment documentation. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are some measures in place to ensure financial stability of the service. Although the pandemic has had a negative impact on staffing levels, there is and has been ongoing staff recruitment and retention. This was reflected in staffing records and service finance documents. The RI did not disclose any financial issues affecting the service, during our inspection visit.

There are some measures in place to ensure care staff are supported. Care staff receive an induction, training and regular formal supervision. Staff we spoke with told us they feel supported and enjoy the work. They felt there is enough time allocated for them to complete their visits without feeling rushed. However, some care staff told us there is not always enough time to travel between calls. Care staff informed us, that this is not a problem.

Care staff are not always safely recruited. We found not all care staffs references had been received before they started work. Adequate checks had not been undertaken. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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 |
|------------|---|--------|
| 58 | The provider does not always follow process and guidance when managing medications. The provider must ensure that medication processes in the home are managed in line with regulations and guidance/instructions provided by healthcare professionals. | New |
| 66 | The provider has not ensured effective oversight and monitoring of the service. The provider needs to develop a robust process to monitor and oversee the quality of care provided. | New |
| 26 | The service provider has not ensured there are mechanisms in place to safeguard people. The provider needs to establish a robust system to ensure people are cared for safely. | New |

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 |
| 35 | The service provider has not ensured Disclosure and Barring Service (DBS) and adequate references are received before care staff undertake their caring duties for the service. The Provider must ensure staff are for the role they are to perform before taking up their duties | New |

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