



Inspection Report on

K L Care Limited

**Hafen Deg Day Centre
War Memorial Court
Grange Road
Rhyl
LL18 4BS**

Date Inspection Completed

15 August 2022

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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	7 January 2020
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 are happy with the care provided by the service. Care staff and the provider know people well. Staffing and recruitment have been negatively affected by the pandemic. Management have adapted to being short-staffed by taking a hands-on approach, but this has impacted on the oversight of the service. Care staff and managers are focused on the people and the care they provide. We have issued priority action notices, requiring that the provider takes steps to provide regular staff supervision, updates of core training and to ensure appropriate, individual, risk assessments are in place.

Well-being

People have control over their day to day lives and receive care in their own homes. Care is planned around people's individual needs. We spoke to people who told us they are happy with the care they receive, and they know care staff well. The care files we reviewed, both paper and electronic, provide information about people's care needs. However, the transformation from paper to electronic has contributed to a lack of consistency in care records. Records and correspondence show care staff and management work in partnership with other agencies, including health care professionals.

People are as healthy and active as they can be. They told us they feel supported by care staff. Care staff know people well and are effective in communicating individual needs with relevant professionals including health care professionals. Management knows people well. However, staffing levels have affected the oversight of care because management have been providing care, and have not had sufficient time to oversee the service.

There are systems and processes in place to reduce risk to people. Care records show there are some risk assessments in place, but these lack detail and are general. Care staff we spoke with told us they feel supported, have enough time between calls and know what steps to take if they are concerned about someone. Some care staff require an update on training to support them to undertake their roles. Staff training is planned to address this. Care staff have not been provided with updates in core training. The provider is in the process of planning training for care staff.

Care staff record information about individual needs, within an electronic care planning system. Information about people's care needs is recorded during each visit to keep the records up to date. Management access these records daily to review and oversee the care provided but have not always recorded when they have done so. Care staff and management focus on the people they support, although we found a lack of monitoring and insufficient detail recorded in some risk assessments.

Care and Support

We viewed paper personal plans and some electronic versions of care records which are in the process of being introduced by the provider. We found care staff record information about people's care needs, daily routines, risks, and choices during each care call. We evidenced some care records, including risk assessments, lack detail about individual needs and outcomes. This means there is insufficient detail recorded in care records to ensure and evidence appropriate care is being provided. Care records are not reviewed or updated regularly. We found a lack of consistency in the oversight and monitoring of personal plans. Management acknowledged that staff are not yet fully used to using and updating the electronic records, so they are not up to date. 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.

People, professionals, and relatives are encouraged to be involved in the planning of the care provided. Care records are signed by relevant people to evidence their involvement in care planning. People we spoke with told us they are happy with the care they receive, and they know care staff well. One person told us care staff spend the "*allocated*" time and take their time with them. Care staff and management are efficient in forming appropriate links with health and care professionals. Professionals told us care staff and management are open and transparent and share information effectively when people's care needs change.

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. However, there was no evidence care staff have received training in this area. Management report that they aim to prevent infection by continuing to provide ongoing and updated infection control guidance to care staff, until training becomes available.

Leadership and Management

There are governance arrangements in place. The statement of purpose (SOP) reflects the service provided. Policies and procedures are up to date and available for care staff to access. Care needs and choices are considered before they begin to receive care. Relevant information about care needs is gathered from people, their families, and relevant professionals. People and care staff know each other well. We saw information which evidenced some people's health and well-being has improved since receiving the service. People told us they are happy with the care they receive.

There are sufficient staff in place, although the service has experienced staffing challenges in recent months. Care staff files show care staff are recruited safely. We found the manager has not provided formal supervision as required by regulation. The provider reports this is due to staff sickness; this has meant the provider has needed to step in to provide care for people who receive the service. Care staff we spoke with told us they feel supported, and management stay in touch with them daily. However formal supervision has not been taking place and this is reflected in care staff records. Although the manager evidenced, they are in the process of planning updates in core training for care staff, this has not yet taken place. A lack of formal supervision and updates in training were identified as areas for improvement at the last inspection but have not been addressed. This is placing people's health and well-being at risk, and we have therefore issued priority action notices. The provider must take immediate action to address these issues.

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. In addition, there is and has been ongoing and safe staff recruitment and retention. This was reflected in staffing records.

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
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.	New
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.	Not Achieved
36	Staff have not received regular supervision and annual appraisal to support them in their role.	Not 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

