

Kloay's Care Ltd

# Kloay's Care

## Inspection report

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Date of inspection visit:  
16 April 2019  
17 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: Kloay's Care is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Where they do we also take into account any wider social care provided.

Kloay's Care was providing personal care to 15 people at the time of the inspection.

People's experience of using this service:

People supported told us they felt safe with the staff that supported them. Staff had undertaken safeguarding training. Staff understood their role and responsibility to keep people safe from harm. Recruitment procedures were thorough and robust, with clear evidence of the pre-employment checks which had been carried out.

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

People supported spoke fondly of the staff that provided support including the registered manager. People told us staff treated them with dignity and respect and were kind and caring to them.

People received personalised support from staff who knew them well. Staff had built positive relationships with the people they cared for and supported. Staff supported people to retain their independence and to remain involved in planning and reviewing their individual care. This helped to ensure care was provided in accordance with people's preferences.

Staff worked closely with a range of community healthcare professionals to promote good outcomes for people.

People, their relatives and staff could approach the registered manager if they had any concerns. The provider had a complaints procedure in place which explained how people could raise concerns. There had been no complaints at the service.

The registered manager operated a small but robust governance system. These were to ensure the service was operating within the policies and procedures.

Rating at last inspection: This was the first inspection for the service.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

## 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 ●

# Kloay's Care

## 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 was carried out by one inspector.

**Service and service type:** This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides personal care to adults with a range of support needs.

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:** The inspection was announced. We gave the service 24 hour's notice of our inspection to ensure a manager was present to assist us.

**Inspection site visit activity** started on 16 April and ended on 17 April. We visited the office location on 16 April to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** Before the inspection, we reviewed information we had received about the service. This included information that the provider must notify us about. We also received feedback from professionals who work in the local authority. This was the first inspection the service had received since becoming registered in April 2018.

During the inspection we spoke with the registered manager. We spoke on the phone to three people who use the service, two relatives and three care staff over both days of the inspection. We reviewed three people's care records. We also reviewed records and audits relating to the management of the home.

# 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 and their relatives told us they thought care was safe. One person said, "I feel safe and comfortable with all the carers." Another person said, "Yes, they are lovely I feel safe with the carers that come into my home."
- Staff had received training about safeguarding. They had a good understanding about how to report any concerns. Staff could give a range of examples of when they would raise a concern.
- Safeguarding referrals had been made appropriately.

Assessing risk, safety monitoring and management.

- Risks to people's health and safety were assessed and appropriate risk assessments and care plans were in place.
- Staff knew how to report accidents and incidents. Risk assessments were in place to ensure people were safe.

Staffing and recruitment.

- People told us that call times were on time and received their preferred time, and staff were consistent. One person said, "They [the staff] are really good. They are on time, if they are running late they let us know."
- Staff were recruited safely, and all the appropriate checks were carried out.

Using medicines safely.

- People received their medication in line with best practice from staff who were trained and had regular competency checks.
- Clear records were kept of the medicine support provided to each person. Medication risk assessments and protocols set out exactly how people required their medicines.
- All medicines could be accounted for and the medicine system was regularly checked to ensure it was operating safely.

Preventing and controlling infection.

- Staff received training in infection control.
- Staff had access to gloves and aprons to support people with personal care. Staff told us if additional equipment was requested this was provided promptly.

Learning lessons when things go wrong.

- A system was in place to record and monitor incidents and accidents and how to use them as learning opportunities to try and prevent future occurrences.

# 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

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 and appropriate plans of care were developed to meet these needs. Care plans were thorough and based on recognised guidance and standards.
- Care plans were detailed and easy to follow. They were consistently updated if there were any changes to the support people required.

Staff support: induction, training, skills and experience.

- New staff received a full induction to the service including training and a period of shadowing more experienced members of the staff team.
- Staff received a range of training focused on the needs of people who used the service. People who had specific needs were supported by staff who received bespoke training
- Staff were well supported by the registered manager. Some staff had received a supervision and others were booked in.

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

- People were fully involved in planning their meals. Some people required support from staff around meals.
- The provider encouraged people to consume a healthy diet. Staff liaised with other professionals such as dietitians if concerns were identified around people's weight.

Staff working with other agencies to provide consistent, effective, timely care.

- The system used to allocate support to people was effective and showed call times to show how long staff had been present at the call.

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

- Risk assessments supported people in their environment for staff to follow. The registered manager told us these were assessed on reviews with people to see if anything had changed.

Supporting people to live healthier lives, access healthcare services and support.

- People had family member living with them who would arrange for any health-related appointments.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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

decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The was acting within the legal framework of the Mental Capacity Act. Mental capacity assessments were completed. People were involved in decisions relating to their care and we saw evidence that they had consented to their care and support.
- Staff gave us examples about how they talked with people to gain their consent.
- The registered manager understood the principles of MCA and how to protect people's rights.

# 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

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 were supported and treated with dignity and respect. One person said, "They always treat me with respect. The staff are lovely when they support me."
- Staff worked to establish positive relationships with people and worked in partnership with relatives. One relative said, "The staff are all committed and communicate with each other to ensure [name of person] has the best care."

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

- Staff had formed good relationships with people.
- People felt listened to. Good communication systems supported people to have control over their care and support needs.
- Surveys had just been sent out to people to gain an overview of the service they receive.
- People said that they felt listened to and included in their care. One relative said, "I am involved in all [name of person] care."

Respecting and promoting people's privacy, dignity and independence.

- Care planning focused on increasing people's independence, confidence and life skills. We saw people were encouraged to do as much as possible for themselves, including cooking and where possible accessing the community alone.
- Staff respected people's right to privacy and gave them time alone when they needed it.



# Is the service responsive?

## Our findings

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

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.

- People's needs were assessed prior to being offered a service.
- People had clear and detailed care plans in place which were subject to regular review as and when needs changed. These provided staff with clear guidance on how to meet people's health, social and personal care needs.
- People received their care and support in line with their preferences. We saw people usually received calls at consistent times each day, helping to ensure that they got the care they needed. We saw the service was flexible and responsive to people's needs. Call times were changed to fit in with appointments. Staff said that if more time was needed the registered manager was responsive and planned a review.
- People and staff felt there was enough time between calls. One staff member said, "If I needed to stay late on a call for any reason I would just speak to my manager. This would not be an issue at all."

Improving care quality in response to complaints or concerns.

- People had access to a complaints procedure.
- People and relatives said that they would know how to complain if they needed to and felt comfortable that any problems would be listened and responded to. No complaints had been received.
- The registered manager told us they would welcome and concerns or complaints which would be looked into in line with their policy's.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care where they wished to.

# 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

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 received quality care from staff who felt listened to and supported.
- Staff enjoyed working at the service and they told us that morale and communication was good.
- Staff received team meetings which any changes were discussed. We saw staff received a direct message on their mobile phones also of these. The registered manager was approachable.

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

- The service was well managed and well organised.
- We saw effective audits in place which supported the running of the service delivery.
- The registered manager said they were happy the service was moving in the right direction providing really good person-centred care. They said, "We want to keep it small, so it's person-centred. We are like a family."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The registered manager had a very good knowledge of the service and people.
- People and relatives and staff were asked about their views. These had just been sent out, so the registered manager was unable to do any analysis of these.
- Staff felt valued and felt they received good communication from the registered manager that supported them in their role.

Continuous learning and improving care.

- The registered manager was committed to learning and improving care. New systems had been put into place to ensure the registered manager could be in touch with staff at all times, this included instant responses if any changes needed to be made. For example; Changes to medication or call times.
- Systems were in place to monitor the service to continuously improve practice.

Working in partnership with others.

- The registered manager was committed to her own development and team training and development.
- The registered manager attended meetings with the local authority and skills for care. These were kept up to date with any changes.

