

Kaidy Ventures Limited

# Kaidy Employment Agency

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

We undertook an announced inspection of Kaidy Employment Agency on 9 June 2016. Kaidy Employment Agency is a domiciliary care agency registered to provide personal care and nursing care to people in their own homes. At the time of this inspection Kaidy Employment Agency did not provide any nursing care to people living in their own home and therefore did not carry out this regulated activity. The service provides support to people of all ages and different abilities. At the time of inspection the service provided care to one person provided by one care worker

This is our first inspection since registering the service with the Care Quality Commission in January 2013.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Policies, procedures and information available in relation to the Mental Capacity Act 2005 (MCA) ensured that people who could not make decisions for themselves were protected. Care workers demonstrated a good understanding of how to obtain consent for care from people who used the service.

People's health care needs were assessed, and care planned and delivered in a consistent way. Risks associated with people's care needs were assessed and updated when needs had changed. Care plans were tailored to people's unique and individual needs.

Care workers were provided with mandatory training, for example safeguarding adults, manual handling, food safety and medicines awareness. The only care worker in post had already achieved health and social care qualifications.

Relatives told us that staff respected people's privacy and dignity and worked in ways that demonstrated this.

Relatives said, and care records confirmed that people's preferences had been recorded and that staff worked well to ensure these preferences were respected.

Relatives told us they were able to complain and felt confident to do so if needed.

The relative and the care worker told us that they provided their views about the quality of the service to the registered manager and were confident that actions would be taken to address suggestions for improvements.

## 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. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults and children procedures.

Risk assessments for people who used the service and staff were undertaken and written risk management plans were in place.

Staffing levels to meet the needs of people who used the service were appropriately monitored and care workers were vetted which ensured they were safe to work with people.

Appropriate medicines training and medicines administration procedures ensured that people who used the service could be confident to receive their medicines if required safely.

**Inspected but not rated**

### Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff were aware of the requirements of the Mental Capacity Act 2005 and how to obtain consent from people who used the service.

People were supported to eat and drink according to their plan of care if required.

People's health care needs were met and records documented the support required from care staff.

**Inspected but not rated**

### Is the service caring?

The service was caring. People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff provided respectful care and were aware of people's privacy.

People had opportunities of getting involved in making decisions

**Inspected but not rated**

about their care and the support they received.

### **Is the service responsive?**

The service was responsive. People and their families were involved in decisions about their care. Staff understood how to respond to people's changing needs.

People knew how to make a complaint. People were confident that their concerns would be addressed.

**Inspected but not rated**

### **Is the service well-led?**

The service was well-led. The service had an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager.

Systems were in place to ensure the quality of the service people received was assessed and monitored and action taken to improve the service as necessary.

**Inspected but not rated**

# Kaidy Employment Agency

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 9 June 2016. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed one care plan, one staff file, training records and records relating to the management of the service such as audits, policies and procedures.

We were able to speak with one relative, one care worker, the office manager and registered manager.

# Is the service safe?

## Our findings

The relative told us that they felt the care worker ensured that their loved ones were kept safe. Comments included "I feel completely safe with the care worker; she looks after my relative extremely well" and "My mother has a very good relationship with her care worker and she is absolutely safe, otherwise I wouldn't use the agency."

The care worker had received safeguarding training to ensure she had the knowledge and skills to deal with allegations of abuse. We spoke to the care worker about this and they were able to tell us about the signs of abuse and to whom and how to report abuse. The care worker told us that, "I will tell the manager if there is anything going on." Since registering with the Care Quality Commission (CQC) no safeguarding alerts had been made. We viewed the provider's safeguarding procedures which were of appropriate standard and the registered manager demonstrated a good understanding of how to report and appropriately deal with allegations of abuse. The care worker told us about reporting abuse to the registered manager, the local authority or CQC.

We looked at one staff recruitment folder. These showed the provider had carried out appropriate pre-employment checks. For example, two references, Disclosure and Barring (criminal records) checks and proof of identity had been obtained for each of the staff.

The relative told us, "The carer knows what she is doing and she is the right person for the job."

We saw that environmental risk assessments were carried out as part of the initial assessment of need. These included the risks of tripping, risks from hazardous substances, and use of equipment such as hoists. The provider's procedure was that in the case of privately funded people, families would be responsible for the repair of the equipment. In cases where services were commissioned by Local Authorities or Clinical Commissioning Groups, faulty equipment was referred to the commissioning authority.

People's records confirmed that health and mobility needs were assessed and appropriate falls and manual handling assessments were put into place. We saw that risk assessments were reviewed annually or earlier if the person's circumstances had changed.

There was currently one care worker in permanent employment with agency. People told us that they had no problems with the arrangements of staff and never had any issues with visits being missed. The relative told us "The carer has never been late and we always had the same care, my mother is very happy with her."

People currently did not receive any help with the administration of medicines. However we saw a robust medicines procedure. Training records confirmed the care worker had received medicines training.

## Is the service effective?

### Our findings

The relative told us that staff had appropriate skills and knowledge to meet their needs. Comments included "We have a regular carer; she knows exactly what to do, she understands my mother well and it looks like she had the right training" and "Our carer is fantastic, I know that she had training, we have no concerns."

The staff record viewed showed that staff received an induction which included theoretical and practical training. The practical induction training included shadowing and visiting the person prior to care being provided. The theoretical training covered dementia training, food hygiene, medicines awareness, manual handling, first aid and safeguarding adults. Staff had a personal development plan in place, which was discussed with them. The care worker recently completed a qualification in health and social care which was arranged by the agency. The care worker told us "The training is good and easy to get, I meet the manager often and can call her whenever I want to." The care worker had not received annual appraisal because she had only worked for the agency for X months. A planner for annual appraisal was in place.

None of the people currently receiving personal care from the agency had any capacity issues and were able to consent to the care provided. Part of the initial assessment was a consent form asking the person if they agreed with receiving personal care from care workers, which had all been signed and agreed by people who used the service. The care worker was not aware of the Mental Capacity Act (MCA) 2005. However she gave good practice examples in how she would involve people who used the service in their care and what questions to ask to ensure that the person agreed to the care provided. The registered manager was aware of recent changes in Deprivation of Liberty Safeguards (DoLS) legislations and told us that she was in the process of arranging MCA and DoLS training for care workers.

People who used the service currently received no support with their hydration or nutrition; this was provided by the family carer. However the care worker told us "I always make sure that something to drink is easy to reach before I leave."

Part of the person's care plan was a record of the person's medical history and what particular support the person required. People who used the service had family carers who were dealing with the day to day care and arranged all health care appointments for people who used the service. We saw in the care plan that people had a general health risk assessment in place, which included aspects such as breathing, memory, sight, behaviour, continence and pain management. This information was included in their care plan if the person had any particular needs in these areas.

## Is the service caring?

### Our findings

The relative told us that the care worker was caring. Comments included, "The carer is very good, she looks after my mother well and she would go the extra mile if she asks her to do something extra" and "My mother and the carer have a great relationship; they get on very well with each other." Care workers respected their privacy and dignity. For instance the care worker told us "I always close the door when I help [person's name] in the bathroom and curtains are always closed."

The care plan included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. The care plan included information about cultural, spiritual and social values. The service had a policy on ensuring equality and valuing diversity and staff had received training in ensuring equality and valuing diversity. They informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances.

The service had a comprehensive service user handbook which was provided to people who used the service and the relative confirmed this. The handbook provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the aims of the service which was, "To offer flexible levels of independence, choice and support" and "maintain and enhance people's well-being and quality of life, helping people to remain as independent as possible". This ethos was echoed by management we spoke with.

People's personal information was safely stored in a lockable cabinet in the agency's office. Records relating to people's care were kept in the person's home. A relative said "The folder they make notes in is in mum's bedroom, I am not worried that anybody else can see it." The care worker told us "I will always make sure that the door is closed when I support the person and cover them up with a towel when we go from the bathroom into their bedroom." People who used the service gave similar positive examples of how their privacy and dignity was maintained.

The care worker was aware of the importance of ensuring people were given a choice and promoting their independence. The care worker was aware of the importance of respecting people's privacy and maintaining their dignity. She told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes.



## Is the service responsive?

### Our findings

People who used the service told us that they received the care as planned. They also told us that they were satisfied with the care worker provided by the agency. One person said, "The manager came around when I started using them to discuss what help I need." The registered manager told us that if people were not happy with the care worker provided, they will try to find an alternative, but at this moment in time there were no concerns.

The provider carried out an assessment of needs during a home visit when people first started using the service. People who used the service told us that they had been involved and consulted about their needs, choices and preferences. From the information obtained during this assessment the service developed a support plan. The plan specified the support the person required. This information was also used to match care workers with people who used the service.

We viewed three support plans. All had sufficient detail of how care should be provided. For example, one support plan provided information about a morning call each day, to provide personal care. There was sufficient detail of how this should be done. This included the number of staff required to carry out the support, the time taken and needed to carry out the support. People who used the service or their relatives acting on their behalf had signed the support plan to indicate they agreed with how their support was provided.

We saw daily records of the support undertaken on each visit and any relevant observations made about the person's health and wellbeing.

We saw that care records were reviewed annually or earlier if people's needs had changed. One person told us, "The manager comes regularly to chat with me about the care and would call me to check if everything is ok with the care and care workers provided. This is very good and I can tell them if I want anything changed."

A care worker explained how she understood and read people's support plans and how they would confirm these with people who used the service. We saw that care plans took people's cultural and ethnic needs into consideration.

The provider had a system in place to log and respond to complaints. The records showed the dates and action taken by the provider in response to the complaint. They had been investigated and resolved to ensure people received the care they expected. The provider had not received any complaints since registering with the Care Quality Commission. People who used the service said "I don't have any complaints, but I would call the office and they will sort it out" and a relative told us "We would contact the manager if we had any concerns, but the care is outstanding."

## Is the service well-led?

### Our findings

Relatives told us that they spoke to the registered manager regularly. The relative told us "I speak with the manager regularly and as a matter of fact I spoke to her last week." The care worker told us "The manager is very helpful I can ring her whenever there is something I want to discuss with her."

The care worker said that the registered manager was open and accessible to discuss professional and personal issues. The care worker told us that it was made clear to them the standard of work expected and they had received training in how to treat people with dignity and respect. The care worker said that while there currently were no formal meetings held regularly, they were able to speak with the registered manager or office manager any time. The care worker said "If I have any issues I just call the manager and she will take the time to discuss the issue. This is good and gives me an opportunity to resolve things quickly." The registered manager told us that she currently had not arranged regular staff meetings. This however will change once more staff had been employed and more contracts had been tendered.

The agency also acts as an employment agency and has undertaken an annual external quality assurance assessment based on ISO 9001 of the whole organisation in April 2015 and 2016. ISO 9001 is a certified quality management system (QMS) for organisations who want to prove their ability to consistently provide products and services that meet the needs of their customers and other relevant stakeholders. We looked at the action plan from the annual audit dated April 2015 and saw that the provider head responded and dealt with all actions. For example, the provider had taken action on how it audited staff information. We looked at office meeting minutes from April 2016 and saw that the most recent quality audit formed part of the discussion. The registered manager told us that they had a system in place to be implemented once the business expanded whereas designated staff would contact people who used the service to obtain feedback about the care provided.

While the agency had not received any complaints and concerns and had not experienced accidents and incidents, we saw that there were robust systems in place to deal with any complaints and foreseeable emergencies. For example the care worker told us that she would record any incidences and would always talk with the registered manager about the incident to see if they could make any improvements. However that staff we spoke with told us that since the person started there had been no incident. This showed that the service had systems in place to learn from incidents and adverse events.