

Baydan Ltd

# Baydan Ltd

## Inspection report

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### 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

Baydan Ltd is a small domiciliary care agency currently providing personal care to 4 people. Not everyone that used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

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

People's safety was promoted because the service assessed, monitored and managed their safety well. Potential risks that people may encounter had been identified and assessed when people began to use the service and then reviewed to ensure that any changes were identified.

The service had enough staff to cater for the needs of people currently using the service. Pre-employment checks had been carried out for care staff. These checks helped to ensure only suitable applicants were offered work with the service.

No one using the service currently required assistance to take their medicines.

People were protected from the risks associated with poor infection control because the service used effective infection prevention and control measures. Personal protective equipment, for example face masks, gloves and hand sanitiser, was provided in suitable quantities to staff for use as when visiting people. Guidance for staff and training was provided and staff were assessed to ensure these measures were maintained.

The service completed an assessment of each person's needs and personal wishes about how they were cared for and care plans included guidance about meeting these needs.

There was a process in place to report, monitor and learn from accidents, incidents or other significant events that occurred. No significant events had taken place although the provider told us if any events did occur these would be documented, and they knew about what events needed to be notified to CQC.

There was an effective training system in place. People were supported by staff who had received relevant induction training in evidence-based practice.

People's nutritional needs were met. No one using the service required support to eat but some did require help to prepare snacks or meals. Staff had taken steps to make sure people's nutrition and hydration needs were assessed and met.

People's health needs were met. People's families assisted people to attend medical appointments and other people were either independent in arranging their healthcare or received practical assistance from staff when needed.

Staff respected people's choices, including those relevant to protected characteristics, for example, due to disability, cultural or religious preferences.

Governance and oversight processes were effective and helped to assess, monitor and check the quality of the service provided to people.

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

Rating at last inspection

This is the first inspection of the service. This service was registered with us on 05/07/2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Baydan Ltd

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector who visited the agency and another inspector who sought feedback from people using the service, relatives and care staff.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses or flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who is also the registered provider.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 1st November 2022 and ended on 06/12/2022. We visited the location's office on 8 and 22 November 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed other information we had received about the service since it was registered with the CQC. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-

We spoke with the nominated individual who is also the registered manager and two agency office based senior staff. We received feedback from 1 person using the service, 3 care staff.

We looked at three people's care planning records and found that no one using the service at the moment required help to take their medicines. We also looked at staff recruitment records and other records related to the day to day operation of the service, including quality monitoring records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew what the potential risks of harm were and acted to minimise any untoward event.
- A person using the service told us "My carer treats me with courtesy and kindness. She gives me freedom of choice and always listens what I have to say."
- Relatives told us "Yes, my mum's care worker works hard towards improving mum's home life, she treats my mum with respect, is very kind and considerate and mum's privacy is also respected all of the time." We were also told "Yes, my grandma feels safe, and the carer treats her with respect. The carer is lovely and never shouts at my grandma and always goes the extra mile."
- We looked at further information and the provider was able to show us evidence of records of complaints and incidents. These showed that nothing of concern about people's safety or wellbeing had been reported.
- Induction and training information showed that staff had completed safeguarding training and had access to guidance about what to do if they were unclear about how to respond if a concern about potential abuse emerged.
- Staff told us they did not have any concerns about the service and that they were aware of the provider's procedures for raising concerns.

Assessing risk, safety monitoring and management

- The provider ensured that potential risks that people using the service faced were assessed when they began to use the service.
- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines (although no-one needed this at present), moving and handling and environmental risks.
- People's risk assessments included guidance for staff on how to manage and minimise any risks identified.

Staffing and recruitment

- The service recruited staff in a safe way and the recruitment procedures ensured that staff members were suitable for the work they were undertaking.
- Disclosure and Barring Service (DBS) checks had been undertaken for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- We were also told that references had been obtained from previous employers before staff started work and the information we viewed confirmed this.

### Using medicines safely

- The provider ensured that anyone requiring help to take their medicines was provided with support from staff who received training and guidance to do this safely. No people using the service at the moment required care staff help with their medicines.
- The medicines policy was detailed and described what action the service would take if medicines support was required. The service had the necessary medicines administration records, and these were being completed for the person who required assistance with remembering to take their medicines.
- Signed consent to support people with medicines and details of the medicines that people were taking were included on care records.
- Care staff had received medicines training as a part of their induction programme and they were assessed to ensure that they understood how to provide safe support when assisting people to take their medicines.

### Preventing and controlling infection

- People were protected from the risk of infections. Staff received infection control training. Disposable personal protective clothing including gloves and face masks were available.
- Since the registered provider had started to provide personal care the registered manager and staff told us there had not been any difficulties encountered due to the COVID-19 pandemic.

### Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. The registered manager told us these were analysed each quarter to identify potential emerging themes for any improvements that may be needed, although nothing significantly untoward had happened for anyone using the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The provider ensured that detailed assessments of people's needs had been carried out before they started to receive care and support from the service.
- The assessments considered a range of areas such as people's physical care needs, their day to day life and activities as well their heritage, religion and support provided by other people, for example, their family.

Staff support: induction, training, skills and experience

- The provider ensured that staff were inducted and trained to support people using the service and the staff currently working for the service had completed an induction. The staff induction included working towards, and achieving, the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction plan.
- A member of staff told us "The last training I had was at the start of the year around April. My training included safeguarding, moving and handling, medication, Mental capacity act and medication competency and this was done face to face." The provider told us that they were moving back to face to face training wherever possible now that things had eased since the pandemic.
- A training programme was in place as too was a system the provider had in place to monitor that staff were undertaking training. Staff described the training available to them and told us they were expected to undertake training.
- A staff supervision programme was in place. This was held quarterly, and we saw evidence that this system was consistently used for all four care staff working with the service.

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

- The provider ensured that people's nutrition, hydration and dietary needs were assessed and that if support was necessary this was provided. No one presently required assistance to eat or drink although some people required help to prepare their meals and snacks. A relative told us "My aunt prepares the food. The carer arrives at the right time to help my grandma."
- Information about people's eating and drinking needs and preferences was included in their care plans. No one using the service currently had any issues about nutrition or hydration and this was in any case assessed as people started to use the service. Staff were required to report any changes to nutrition and fluid intake if these occurred.
- All staff had undertaken food hygiene training.

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

- Staff liaised with other professionals to ensure that people's needs were identified and were then met.
- People's care plans included information about other health and social care professionals involved with their support and the range of health and social care services they were receiving.

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

- The provider and staff team supported people to access healthcare services and assist with raising any emerging healthcare concerns as these arose. Information about people's health and wellbeing was included in their care plans.
- People were registered with their own GPs and received support from other community health services when they needed this.
- If concerns arose about people's health, care staff were provided with guidance about what to do to ensure the appropriate action was taken.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care needs assessments included information about their ability to make independent decisions. Staff members received training about the MCA and had clear guidelines to follow to ensure that they worked in adherence to the act.
- People currently using the service had full capacity to make all decisions for themselves. This information was included in their care plan.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 using the service were supported by staff who recognised their right to be treated with fairness and to have their diverse heritage, lifestyle and beliefs acknowledged and respected. All factors about people had been considered when planning and delivering care, including age, disability, cultural and linguistic considerations as well as sexual identity and religious beliefs.
- A person using the service told us "Yes, I really appreciate my carer for the service that made me feel like I am being treated by one of my family members, [care worker] has been treating me with respect and supporting me with my spiritual need. I experience warmth, kindness, and compassion in how I am supported, and my care worker helps me to go to the mosque every Friday as my companion."
- Staff had undertaken equality and diversity training. This training, we were told by the provider, was to ensure staff understood the importance of treating people fairly, regardless of differences and to acknowledge people as individuals.

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

- There were systems and processes to support people to make decisions. People were encouraged to be involved as much as they could be in sharing their views and making decisions about their care and people using the service were all able to do so.
- Staff supported people to express their views using their preferred method of communication. Preferred communication methods were acknowledged and recorded in people's care and support records. We were told by the registered manager the no-one required specialist communication methods, for example BSL, at present but provision of support to enable this could be made available when required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans described how staff should support people in a way that respected their privacy and dignity and encouraged people to maintain their independence.
- Staff supported people to manage as many aspects of their care as they could. All the people currently using the service maintained a high degree of independence, requiring support at specific times of day to accomplish aspects of their care but at each person's own direction.
- Privacy was upheld in the way people's information was handled and who this information could be shared with, consent to share information with external professionals was obtained.
- The provider recognised people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) law. People's care records were stored securely both in writing and on a secure computer system. People could be assured that the provider was taking the

necessary measures to comply with keeping information secure and confidential as they are required to by law.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care. People's care records contained meaningful information that identified their abilities and support needs. Care plans were written in the first person, for example, "My story", "My safety" and "My personality." This helped to ensure that staff were knowledgeable about people's individual needs and preferences.
- There were arrangements to make sure staff were informed about any changes in people's needs, for example, support plans had been reviewed and updated to ensure the service continued to meet people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider / registered manager understood the importance of making information accessible to people. People's communication needs were described in their care plans so that staff knew how to best communicate with them.
- Information was presented in writing, and in conversations with people in their preferred language, also using other written languages if this was the best way in which to share information with people.

Improving care quality in response to complaints or concerns

- The complaints policy and information provided to people gave a clear description of how complaints, concerns or other feedback would be responded to. This explained that the service and the provider took complaints seriously and were committed to acknowledging and resolving any concerns raised.
- This is a newly operating service and at the time of the inspection the provider had not received any concerns or complaints from people about the quality of the service or the staff supporting them.

End of life care and support

- None of the people receiving care at the moment was on an end of life care pathway. The provider explained that end of life support would be provided by the staff team in liaison with other health and social care colleagues should this be requested by anyone using the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were systems to ensure people had choice and control over their care. The registered manager and office based colleagues had regular contact with people. This was in order to check on the quality of care provided and to ask people about their needs and views about the staff supporting them.
- The provider demonstrated through our conversations with them and written information we obtained that an open and inclusive approach to the running of the service was promoted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership of the service complied with the duty of candour.
- The provider was aware of what they were required to notify CQC about, for example, incidents that effected the safety and well-being of people using the service. There had not been any notifiable events since the service began operating.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The service had a clear management structure consisting of the provider / registered manager, two support co-ordinators and the staff team. The provider was knowledgeable about regulatory requirements and matters relating to the quality of the service.
- There was a process for ongoing oversight and governance and these processes were suitable in maintaining oversight. An oversight and monitoring process was in use, designed to look at the whole spectrum of responsibilities the provider had in managing the service. A part of this process was that senior managers met at least weekly to look at events taking place at the service and to plan ahead.

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

- The service sought feedback from people and those important to them and used the feedback to inform service quality and development.
- Due to the service still being relatively new in terms of numbers of people being provided with personal care, written surveys had not yet been carried out apart from one person who had been using the service for some time. The registered manager told us this was being considered at the moment although people told us they did feel able to tell staff if they had anything to raise or feedback to give. Four people had

independently provided feedback to CQC prior to this inspection.

- The provider / registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, commitment to adherence to this legislation by the service was clearly stated.

#### Working in partnership with others

- There was evidence the service maintained a good working relationship with people using the service and, when applicable in terms of providing direct support to people, with families. The provider demonstrated that they knew when to seek professional health and social care input and how to obtain it.
- People using the service at present all did so by using direct payments, which enabled them to independently choose and purchase their care.