

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Tempcare Personnel Limited

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Tel: 01274975939

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Statement of purpose</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Tempcare Personnel Ltd
Registered Manager	Mr Aaron Munaiwa
Overview of the service	Tempcare Personnel is a home care service providing personal care to people in Bradford.
Type of service	Domiciliary care service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 September 2014, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We considered all the evidence gathered from reviewing records and speaking with people. We used the information to answer the five key questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found. The summary describes the records we looked at and what people who used the service and the staff told us.

On the date of the inspection, the service was providing limited personal care to one person. We spoke to a relative of the person who said they were happy with the level of care and support provided.

Is the service safe?

The service was safe. Systems were in place to assess risks to people in order to keep them safe. Safe recruitment procedures were followed to ensure staff were suitable for the role.

Is the service effective?

The service was effective. Staff were provided with appropriate training and support to enable them to carry out their role effectively. Staff told us they felt well supported. A relative said that staff were effective and knew how to care for their relative.

Is the service caring?

The service was caring. A relative told us staff were kind and caring when they visited, arrived on time and did not rush. We saw people's likes and preferences had been recorded to enable staff to deliver personalised care. The staff member we spoke with

knew about people's individual needs and preferences so personalised care could be provided.

Is the service responsive?

The service was responsive. Systems were in place to assess people's needs so appropriate care could be delivered. A relative told us the service was responsive to their needs, for example being flexible in the hours that care and support could be provided. Systems were in place to log and respond to complaints.

Is the service well led?

The service was well led. The relative we spoke with reported that management were effective and approachable. They said they felt able to raise any issues with the manager and were confident they would be resolved. Quality assurance processes were in place to monitor customer satisfaction with the care provided.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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### Reasons for our judgement

On the date of the inspection, the service was providing limited personal care to one person. We spoke with this person's relative. They told us they were very happy with the care provided. They said "Everything is always done properly. My relative is very happy, the care worker does everything that is asked of them and more, they are very flexible with regards to hours." They confirmed that an assessment of their relative's needs had been completed by the manager prior to the service commencing, which helped to ensure appropriate care was delivered.

We reviewed one care file. We saw care plan documentation was in place, which confirmed the care tasks required at each visit. This helped assist staff to deliver appropriate care. The person's care needs had been assessed in a number of areas. This included communication, health and medical care and eating and drinking. In areas where care and support was required more detailed plans of care were put in place for example for eating and drinking. These were detailed and covered the persons likes, dislikes and any risks associated with providing care.

Risk assessments were also in place for areas such as moving and handling and safe environment, which showed the service had assessed risks to keep the person safe. The person's cultural and religious needs, activities and interests were also recorded which helped provide staff with information on people's individual needs and preferences.

The provider may wish to note, daily records of care activities were not currently being brought back to the office. This meant they could not be reviewed by the manager for correct completion of tasks and timeliness. The manager agreed to ensure a system was put in place to review daily records.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We found effective recruitment procedures were in place to ensure people employed by the service were suitable for the role. Appropriate checks were undertaken on staff to ensure they were of suitable character for the role. These included a disclosure and Baring Service (DBS) check and obtaining two written references. Checks on identity, eligibility to work and qualifications were also undertaken. The staff member we spoke with confirmed that these checks had been carried out before they were offered a job.

The registered manager told us they had matched the staff member providing care to the person who used the service to ensure they were suitable. This included ensuring they had a suitable care background and ensuring they could communicate in the person's language. The relative we spoke with confirmed the staff member was suitable for the role and had the right personal attributes to care for their relative.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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We spoke with a person's relative who told us "Very happy with the care worker, friendly, knowledgeable and so are management." We saw systems were in place to ensure staff were provided with suitable training and support. This included regular meetings with management to discuss their individual goals, such as achieving a health and social care qualifications, as well as discussing care tasks and any support they needed. The staff member we spoke with confirmed these meetings took place and told us they felt well supported.

We looked at a staff file and saw they had received a local induction which included signing to demonstrate understanding of the companies policies and procedures. They had also received training in a range of subjects such as safeguarding, food hygiene, infection control, medication and manual handling. Competency assessments were carried out in a number of training subjects to check staff had developed the required skills and knowledge from the training. The staff member we spoke with confirmed they had received a range of training and said it had been useful in developing their skills and knowledge.



## Statement of purpose

✓ Met this standard

The service must tell us about what kinds of services it provides

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### Our judgement

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The provider was meeting this standard.

An appropriate statement of purpose was in place.

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### Reasons for our judgement

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The provider was able to show us a copy of their Statement of Purpose which was stored in an accessible place. We found the statement was suitable and contained all the necessary information. This included clear aims and objectives of the service, the kinds of service provided and the range of service users' needs which the service intended to meet. Appropriate details were in place in relation to the provider and its manager.

We found the aims and objectives of the service matched with the activity which was undertaken during the day of the inspection.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

There was an effective complaints system available.

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### Reasons for our judgement

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We spoke with a relative who told us they had not had a need to complain but if they did they would go to the manager who was very approachable. Complaints were brought to the attention of people who used the service through the service user guide.

The registered manager told us they had not yet received any complaints since the provider registered in December 2013. However we saw systems were in place to record and manage complaints. This included a policy stating how complaints were managed, and forms to log and investigate complaints.

We saw the provider had obtained feedback from the person who used the service by asking them to complete a satisfaction questionnaire. This included asking them if they had any complaints. The responses were positive with no concerns reported. This showed systems were in place to listen to people's comments and complaints.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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