

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

## Beckside Court

1st Floor, 286 Bradford Road, Batley, WF17 5PW

Tel: 01924351504

Date of Inspection: 05 November 2013

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December 2013

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>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Locala HomeCare
Registered Manager	Mr. Robert Alban Flack
Overview of the service	Locala HomeCare is registered to provide personal care to people in their own homes in the Kirklees area.
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 5 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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During our visit, we spoke with the manager, care co-ordinator, a care worker, one person who used the service and a relative.

Feedback from people who used the service and their relative was positive. People told us they were very happy with the care they received. The people we spoke with told us the carers arrived on time and stayed for the allocated amount of time.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

There was a lone working policy and risk assessments in place to ensure staff were kept safe. There was a complaints procedure in place and people knew how to make a complaint.

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

During our visit we looked at the care records of five people who used the service. We saw the records were person centred and individualised to meet people's needs. We saw people who used the service had input into their care plans and therefore were involved in their care. Where the person was not able to express their views or lacked capacity, the involvement of their relative had been recorded. For example, one of the records showed a person's relative had provided details on the type of food and drinks the person liked.

The five care records we looked at all had individual care plans in place. These included people's likes and dislikes and their wishes and needs. This showed people were treated as individuals and their wishes and needs were taken into account when planning their care. For example, one person who used the service had expressed their wish to bathe once a week and this had been recorded in their care plan. However, in relation to the person's health and safety the care staff were unable to meet the person's wishes for them to bathe. The records showed the provider had acted appropriately and the person's needs had been re-assessed by an occupational therapist. Following the assessment the care records had been updated and care provided in line with the person's wishes and needs.

We spoke with one person who used the service and one relative. Both people we spoke with told us the person receiving the service received good care from staff who knew them well. The relative we spoke with told us their relative received the care they required to meet their personal needs. For example, daily record logs identified that carers stayed with the person who used the service for the allocated amount of time and care had been provided as detailed in the person's individual plan.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with two staff and they were aware of the correct procedures on how to report incidents or allegations of abuse. They told us they had received training about keeping people safe from abuse and the training records showed the staff had attended the training. This showed the provider had taken reasonable steps by ensuring staff were aware of the different types of abuse and how to report incident or allegation should they occur and keep people safe.

We looked at safeguarding policies and procedures and saw they were up to date and in line with the Local Authorities policy and procedures. The procedure we looked at included whistleblowing and staff demonstrated their knowledge of this. We saw the policies and procedures had a two year review date; this meant the provider ensured they were up to date with current guidance.

In addition to this the service handbook for people who used the service, contained details of safeguarding and the procedure to follow should they need to contact someone. This included details of the police, local authority and the CQC. This showed that the provider informed people who used the service about the procedures to follow should they have concerns regarding potential abuse/ abuse and ensure they are kept safe.

## 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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There were effective recruitment and selection processes in place.

We looked at the recruitment records of four staff and they contained the required information and employment checks, which are necessary to help protect people from potentially unsuitable staff. The care co-ordinator told us they ensured all staff who worked at the agency had the correct recruitment checks and two of the staff whose records we looked at confirmed this.

We saw information that Disclosure and Barring Service (DBS) checks had been completed on all staff. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We looked at the training records of four staff and saw evidence that they had received induction training to ensure they had the relevant up to date knowledge to meet the needs of people in their care. We were told by the care co-ordinator and the care worker, the induction training included, safeguarding training, movement and handling, medication, care planning, and food hygiene.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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During our visit we spoke with three members of staff who worked at the agency, the manager, care co-ordinator and the care worker. The manager told us they currently had a small team of staff who provided personal care to 10 people who used the service. They said they would be gradually recruiting more staff as the service developed and they had "Two staff in the pipeline" who they were ensuring had received their induction training and recruitment checks in readiness for the service expanding. The staff told us they felt supported and had received training they needed to do their jobs effectively. We saw from the files we looked at, staff had a minimum of a National Vocational level 2 training in care. This showed the staff had the necessary knowledge and skills to meet the needs of people in their care.

We looked at the duty rota and discussed the staffing levels in relation to people's care needs. The manager, care co-ordinator and care worker confirmed there were sufficient staff to meet people's needs.

We discussed the on call arrangements and were shown the on call rota. We were told there was always a senior member of staff available should there be a concern and staff or people using the service need advice or assistance. The carer confirmed this and the care co-ordinator gave examples of how they had covered shifts when needed.

The people we spoke with who used the service told us the carers arrived on time and stayed for the allocated amount of time.

There was a lone working policy and risk assessments in place to ensure staff were kept safe. This showed the provider had taken reasonable steps to ensure their workforce were safe.

## 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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People had their comments and complaints listened to and acted on.

The service had a complaints procedure, which included the process for reporting and responding to complaints both within and outside of the organisation. This included the contact details of the healthcare ombudsman and advocacy services. This showed the service was open and transparent and provided people who used the service with the information they required should they wish to make a complaint.

We spoke with one service user and one relative. Both people we spoke with confirmed they would know what to do should they wish to complain and the procedure to follow. This showed the service ensured the complaints procedure is readily available to people who used the service.

The manager told us they had not received any complaints since the agency opened, which was earlier this year. They also told us how they planned to carry out three monthly surveys for people who used the service. This would help to provide feedback on the service and ensure they were meeting people's needs. In addition to this the manager told us they telephoned the people who used the service to check if they had concerns, or if the service was not meeting their needs. The provider might find it useful to note this information had not been recorded. We discussed this with the manager at the time of the inspection and they told us they would record this information in the future.

## 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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