

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

## Involve

Pembroke Centre, Cheney Manor Industrial  
Estate, Swindon, SN2 2PQ

Tel: 01793522799

Date of Inspection: 15 February 2013

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2013

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

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Supporting workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

## Details about this location

Registered Provider	Community Access Network
Registered Manager	Mrs. Julie Murray
Overview of the service	Involve is registered to provide personal care and support for people in Chippenham and Swindon, some of whom have learning disabilities. The office is situated in Swindon.
Type of service	Domiciliary care service
Regulated activity	Personal care

*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 15 February 2013, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with three people who used the service. They told us that they had been involved in developing their care plans, for example by saying what support they needed and when. They also said that they each had a copy of their care plan in their home.

The people told us that the carers were always polite and respectful. One person said that they could not wish for a better service and it was "brilliant" and the carers "fall over backwards to help." They also said "my life has improved 100 fold since I had the carers."

People were supported to make decisions about their care and their day-to-day lives. They were also supported to be as independent as possible.

There were safeguarding procedures and staff had received training so that people were protected from abuse. Staff had also received a range of training and qualifications. They were supervised and supported so that they could meet people's needs.

People and their representatives were asked for their views about the service and these were listened to and acted upon. There was a system to monitor the quality of the service that people received and to make improvements when needed.

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

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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People's privacy, dignity and independence were respected. We spoke with three people who told us that the carers were always polite and respectful. Personal support was provided in the privacy of people's homes.

The manager of the agency told us that they gave people a copy of the client user guide when they started to use the service. We saw a copy of the guide which included information about the agency, who to contact and the aims of the service. One of the objectives was to "support you in all aspects of living, to enable you to live in your own home and have an active role within the local community." The guide also stated that the service would "respect your dignity and independence, give you privacy, offer you choice, support you to have a fulfilling life and respect your rights." We spoke with three people who all told us that the support workers would support them to access the community. One person was supported to go shopping, another person was supported to go bowling and the third was discussing how they could be supported to go out into the community. There were feedback comments in the client user guide. One person had said, "CAN (Involve) is very good at what they do. They teach me how to cook and help me to be independent. They help me to look after my money and pay my bills."

People who use the service understood the care and treatment choices available to them. The client user guide included information about what people could expect from the service, the services provided, terms of business and information about complaints. One of the people we spoke with told us that they had had a client user guide so they knew what to expect. Two people could not remember whether they had had a client user guide. However, one of them told us that the manager had been to visit them and told them about the service provided.

People expressed their views and were involved in making decisions about their care and treatment. The three people we spoke with said that they had a care plan and had told staff what they wanted including in their plan. They also told us that staff asked them what

support they wanted on each visit. Two staff members told us that they always asked people what help and support they needed each day and how they liked support to be provided.

People's diversity, values and human rights were on the whole respected. We saw a statement in the client user guide which said that staff would support people to meet their religious needs. We saw the statement of purpose which said that the service operated through anti-discriminatory practice. There was also a statement that people who used the service could expect to have their individual, emotional, spiritual, cultural, political, recreational and sexual needs recognised and respected. When we looked at the care plans we saw that there was information about people's age, disability and gender. The manager told us that the care plans addressed the needs identified in the social work assessments which did not include clear information about people's needs in relation to culture, ethnicity, sexuality and religion. The provider may wish to note that if such needs are not clearly stated there is a risk that people's needs in relation to diversity would not be met.

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

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at five people's care records. Each person had an assessment of their needs by a social worker which included the outcomes each person wished to achieve. Each person had a detailed support plan to meet the assessed needs and the outcomes. Three staff we spoke with said that each person they supported had a support plan in their home. The three people we spoke with all said that they had a support plan which they had agreed. We saw records of reviews in the files and support plans had been changed following reviews.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each person had information about their health and well-being in their support plan. They also had a health and safety checklist of the environment and a risk assessment of their home including any action needed to reduce risk.

People's care and treatment reflected relevant research and guidance. Each person's support plan was person centred, which reflected best practice in care planning with people with learning disabilities.

**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 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.

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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 saw that there was a safeguarding policy which included information about the Swindon and Wiltshire safeguarding procedures and how to make a referral to the local safeguarding team.

The manager told us that all the staff had training about safeguarding during induction. She said that all the staff were expected to undertake a level two diploma in health and social care which covered safeguarding. She told us that some staff also had training about safeguarding with Swindon Borough Council. Some staff had completed a City and Guilds course about safeguarding. We spoke with three staff who all said that they had received training about safeguarding people from abuse. They all said that they would report any concerns to a supervisor or the manager who would refer any allegations to the local safeguarding team. The three people we spoke with said that they felt safe with the carers and they knew who to tell if they were concerned they were being abused.



**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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Staff received appropriate professional development. We saw a training matrix. This showed that staff received an induction and training about, medication, first aid, fire awareness, disability, equality and safeguarding. Two staff had had training about person centred planning. We spoke with three staff who confirmed that they had completed this training. They also told us that they had received a range of training in their previous posts. Three people told us that the staff had the right training to support them.

Staff were able, from time to time, to obtain further relevant qualifications. The training matrix showed that six out of ten staff had a level two diploma in health and social care. Two staff were working towards a level 2 diploma and one member of staff had a level 3 diploma. One member of staff told us that they had National Vocational Qualifications (NVQ) at level 2 and 3. Another member of staff said that they had an NVQ level 2 in care and a third member of staff said that they were working towards a level 2 diploma in health and social care.

There were systems to make sure staff were supported to do their jobs. Three members of staff told us that they had regular supervision about every six to eight weeks and an annual appraisal. We saw the supervision records for three staff. They showed that the staff were having supervision between every six to twelve weeks and they discussed practice issues, training and any support needed. The staff members told us that there were quality assurance checks of staff performance. They also said that there were team meetings every four to six weeks. We saw minutes of team meetings. Three members of staff told us that the support to staff was very good.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system regularly to assess and monitor the quality of service that people received.

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### Reasons for our judgement

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People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Three people told us that they had given their views about their care and support when developing their support plans. One person told us that the agency staff knew what they thought of the service because they told them. The manager told us that they sent out annual survey questionnaires to people who used the service. Two of the people said that they had had a survey and the other person could not remember having one. We saw records of the responses and the analysis of the feedback for the survey done in 2012. One person had said that it would be useful to have a leaflet about the service. The manager showed us the user friendly leaflet that had been developed as a result of this comment. This showed that people's views were listened to and acted upon.

There was a system to monitor the quality of the service that people received. The manager told us that a member of office staff audited the care records and showed us a completed checklist used for this. She also told us she conducted quality assurance checks on staff performance and she tried to complete two or three each month. We saw records of these spot checks and a matrix which showed when they had happened.

There were systems to assess and manage risks. Each person had a series of individual risk assessments and environmental risk assessments. The manager said that the landlord was responsible for the health and safety checking of the building. She also said that there was a health and safety officer and they conducted health and safety checks of the office used by the agency. We saw records of the checks of the office.

The provider took account of complaints and comments to improve the service. One person said that they sometimes made suggestions for improvements and the agency staff acted upon them straight away. The manager told us that there was a user-friendly complaints procedure and we saw a copy of this in the client user guide. She also said that there had been no 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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