

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

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08 November 2013

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

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	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

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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

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 November 2013 and 11 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 staff.

What people told us and what we found

We spoke with four 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 told us that they each had a copy of their care plan in their home.

Personal support was provided in the privacy of people's homes. 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.

People's privacy, dignity and independence were respected. We spoke with four people who told us that the carers were always polite and respectful.

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.

More information about the provider

Please see our website 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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and their care and treatment was planned and delivered in line with their care plan. We spoke with four people who received support and care from the service. They all said that they had all received an initial assessment; they had talked through their care planning and their support plan.

People were treated with respect and supported in promoting their independence and community involvement. We looked at the care files for five people who used the service; this included the four people we spoke with. These were all written in a clear, person centred and respectful style. The files contained relevant details and covered aspects such as an assessment of the person's needs, a personal support plan, a health and safety check list, risk assessments, a health and wellbeing plan, their formal reviews and details from community health and social care staff. The records we saw were detailed and up to date. We noted that regular reviews of the care records and risk assessments had taken place. All four people told us that the care staff had always left a written record of their visit when at the person's home.

We spoke with four people who all told us that the support workers would support them to access the community. Two people told us how they were supported to go shopping and all four people talked about how they could be supported to go out into the community.

People we spoke with 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. We spoke with four people who told us that they all had been given a client user guide and had discussed this, so they knew what to expect. All people also 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 four people we spoke with said that they had a care plan and had told staff

what they wanted included in their plan. They also told us that staff asked them what support they wanted on each individual visit. Three 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 that said that staff would support people to meet their religious needs. We saw the statement of purpose that 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 when it did not include clear information about people's needs in relation to culture, ethnicity, sexuality and religion.

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

Our judgement

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.

Reasons for our judgement

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, we also saw this information accessible within the agency's office.

The manager told us that all the staff had training about safeguarding during induction. They said that all the staff were expected to undertake a level two diploma in health and social care which covered safeguarding. We saw evidence that all 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 four 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.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with three staff that all told us that they had completed an application form for their job and had attended an interview. They said that they had had either a Disclosure and Barring Service (DBS) or a Criminal Records Bureau (CRB) check and two written references were taken before they started to work with people.

We checked the records of five staff, including one who had been recently appointed. All these staff had completed an application form that included their employment history and an explanation of any gaps in employment. Each had copies of two written references, a recent photograph and they all had the DBS or CRB check. There were also copies of a photo driving license and/or a passport as proof of identity. Each member of staff had completed a health questionnaire to show that they were fit to work, there were copies of an interview questionnaire and there were notes of the interview they had each attended.

Staff had appropriate qualifications and training including relevant vocational qualifications. All three staff members told us that they had had a range of training including induction, manual handling, first aid, equality and diversity, health and safety and safeguarding.

Three members of staff told us they thought all the staff were adequately skilled to care for the people. We saw a staff training matrix that evidenced that relevant education and training was delivered to support workers.

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

Our judgement

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.

Reasons for our judgement

Staff received appropriate professional development. We saw a training matrix. This showed that staff received an induction and training in areas including medication, support for people with autism, dementia awareness, first aid, disability, equality and diversity, 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 members of staff told us that they had a national vocational qualification (NVQ) at levels 2 and 3. All three we spoke with had received a full range of relevant training in the past year.

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 five 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 records of team meetings. Three members of staff told us that the support to staff they received was very good.

The provider may wish to note that from the five sets of staff files and the training matrix that we had looked at, there was one staff member who had no written record of training since 17 August 2012.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who use the service, their family and/or representatives and staff were asked for their views about their care and treatment and they were acted on. Four people told us that they had given their views about their care and support when developing their support plans. The manager told us that they sent out annual survey questionnaires to people who used the service and that they were in the process of completing this year's survey which would be compiled by the year end. We saw records of the responses and the analysis of the feedback for the survey done in 2012. 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. They also told us she conducted quality assurance checks on staff performance and they tried to complete two or three each month. We saw records of these spot checks and a matrix that 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; we looked at five of these and all were up to date and people centred.

The provider took account of complaints and comments to improve the service. Two people told us 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 since the last inspection and there had been no written compliments.

The manager said that the landlord was responsible for the health and safety checking of the building. They also said that there was a health and safety officer and they conducted health and safety checks of the office used by the agency.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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