Central Lancashire Age Concern

Central Lancashire Age Concern - Nail Cutting Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 27 July 2016 and completed some follow up actions on 29 July 2016. The inspection was announced to ensure there would be someone available in the office on the day. The service was last inspected on 9 June 2014, when we found the provider was compliant with the regulations we assessed at that time.

The agency Central Lancashire Age Concern - Nail Cutting Service is managed from well-equipped offices located near to the centre of Preston. Foot nail clipping and some fingernail clipping services are provided in people's homes to support people who are unable to deal with these tasks themselves in order to help them stay active and independent.

The service is registered to provide personal care. The service is currently changing the registered manager in post. However, there remains a nominated individual and a new manager has been appointed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they felt safe and staff told us they knew how to report safeguarding concerns and felt confident in doing so.

Risk assessment documentation was present in each care record with regards to a person's home. However, we found risk assessments for potential risks individuals may be exposed to were not always completed. The service did on occasion apply creams for people who they supported. It was not always clear if these were prescribed topical treatments or not.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. The service had procedures in place to reduce the risk of cross contamination and infection control.

Everyone we spoke with consented to the service. Referrals were made by health professionals or people self- referred to the service. People's consent was gained prior to the service being delivered at each visit. Consent forms were not always signed, however consent for the service was mostly informal and implied, in that people sat and had their nails cut.

We saw the service had a detailed induction programme in place for all new staff and staff were required to complete the induction prior to working unsupervised. We were told and saw evidence staff received clinical support from the podiatrist on a six weekly basis and their competency was assured at this time and formally every six months.

We asked people how they were treated by staff when they were in receipt of the service and everyone told us staff were respectful and polite.

When people first started using the service, the podiatrist undertook a comprehensive assessment. People who used the service had a paper treatment record which was taken to each appointment. This was updated with the service provided following the visit. There was very minimal information to inform staff about the person they were supporting.

A system for recording and managing complaints and informal concerns was in place. The provider offered support in signposting people to other local community services, as and when required.

We found all the staff members we spoke with reported a positive staff culture. Staff felt that they were listened to and supported by management. The provider had recently developed a quality improvement plan for the service and we were told the feedback from the inspection would form part of this plan going forward.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner providing all the information we requested.

We have made recommendations around risk assessments, the application of topical treatments, person centred care planning and quality assurance to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff were aware of safeguarding policies and procedures and were confident to report any issues.

Risk assessments were not always fully completed in people's homes where the service was delivered.

There was no clear plans in place for the application of topical treatments.

The service had procedures in place to reduce the risk of cross contamination and infection control.

Is the service effective?

Good

The service was effective.

The provider was taking steps to ensure formal Consents were sought and people's capacity to consent was considered under the Mental Capacity Act 2005

Staff were suitably trained to deliver the service and received appropriate support.

People told us they were confident in the abilities of the staff.

Is the service caring?

Good

The service was caring.

People we spoke with told us all staff were respectful and polite.

People were pleased with the staff who supported them and the care they received.

Staff understood the needs of people they supported and it appeared that trusting relationships had been created.

Is the service responsive?

Good

The service was responsive

People had an initial assessments of their support needs.

People's needs were re- assessed at each visit.

There was a system in place for managing any complaints received.

Is the service well-led?

Good

The service was well-led.

Staff had the support of a comprehensive set of policies and procedures.

Staff enjoyed their work and told us the management were always available for guidance and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Central Lancashire Age Concern - Nail Cutting Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was conducted by the lead inspector for the service and took place on 27 July 2016 and completed some follow up actions on 29 July 2016. The inspection was announced to ensure there would be somebody on site during the day of inspection.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We received feedback from the podiatrist and their feedback is included within this report.

At the time of our inspection of this location, there were 364 people who used the service. We viewed 15 people's care records. We spoke with three foot care officers, the manager and two other members of senior management during the course of our inspection.

We subsequently contacted nine people who used the service by telephone. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We looked at a wide range of records. These included; the personnel records of three staff members, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person who had their nails cut told us: "I have no concerns about the service or the staff, it's very good".

The staff told us they wore a uniform and name badges and people we spoke with told us staff always wore name badges so they knew who they were.

Staff told us they knew how to report safeguarding concerns and felt confident in doing so. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns. Staff told us: "I wouldn't hesitate to report safeguarding". And: "Personally I would go straight to management with any concerns".

There had not been any safeguarding incidents in the 12 months prior to our inspection.

Before being accepted for the service a podiatrist undertook an assessment with people who used the service to ensure there were no risks associated with the person getting their nails cut by the staff. This included any health conditions or medication risks. These risks were reviewed at the start of every visit.

Risk assessment documentation was present in each care record with regards to people's homes and included consideration of the available fire equipment, accessibility and lightning conditions. We were told by the manager that the staff would refer people to the fire service if they found ineffective fire safety equipment in their home. However, we found risk assessments were not always completed on people's houses where the service completed home visits.

We found risk assessments for potential risks individuals may be exposed to were not always completed. For example, the service had recently begun being able to apply dressings to people if they were to 'nick' their skin whilst cutting their nails. However, there was no documentation, which assessed any risks associated with this.

Another example of this was staff informed us one person they supported had an involuntary movement in their left leg and that this person required their foot to be steadied. We could find no assessment of risk for this person.

We did see a very good example of a risk assessment being completed with regards to a potential risk to staff posed by one person who used the service. There was good in depth information for staff to follow to mitigate the risks.

We would recommend the provider follows best practice guidelines around risk assessments.

The service did not administer any medicines but each person who used the service had their medicines reviewed at each visit to ensure they had not changed. Some medicines may have an effect on the nail and

staff needed to be aware of this. Where medicines had changed, the support worker sent an alert via the treatment record for review by the podiatrist to ensure the person was still eligible for the service.

The service did on occasion apply creams for people who they supported. It was not always clear if these were prescribed topical treatments or not. There were no plans in place for staff to follow around the application of topical treatments.

We would recommend the provider follow best practice guidelines around applying topical treatments for people.

Accidents and incidents were recorded on an electronic template and were also recorded on the treatment record for review and investigation as required.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of three staff members and found that robust recruitment procedures had been followed.

We found the service had sufficient numbers of staff to keep people safe and meet their needs. Staff were recruited dependent on the needs of the service. The service was due to expand and we were told more staff would be recruited as required. The staff were allocated their rotas by the registered manager and would cover for each other's annual leave and any sickness absence.

The manager told us people who used the service had their own clippers and files as required. These then remained with the person at home for when the support staff attended to cut their nails. People we spoke with confirmed this to be the case.

People told us staff wore aprons and gloves, which they put on before their treatment and was removed immediately after. Staff had access to antibacterial gel in the kit they used during delivery of the service.

Good

Is the service effective?

Our findings

People we spoke with told us staff knew their needs and met them as required. One person told us: "Before staff came I was devising all sorts of ways to continue to be independent, this service takes all the hassle and stress out of it for me".

Everyone we spoke with consented to the service. Referrals were made by health professionals or people self-referred to the service. People's consent was gained prior to the service being delivered at each visit. Consent forms were not always signed. However, consent for the service was mostly informal and implied in that people sat and had their nails cut.

We asked the provider if anyone using the service lived with dementia and they confirmed there were. We asked how consent had been gained for these people. The provider had not given lawful consent consideration under the Mental Capacity Act 2005.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We discussed with the provider how consent should be considered under the MCA 2005 and consideration was given to other providers and any assessments that may have been undertaken. We also discussed the authorities of both power of attorney and best interest decisions and how these should be utilised.

The provider assured us they would implement the principles of the MCA 2005 where this was required.

We saw the service had a detailed induction programme in place for all new staff, which they were required to complete the induction prior to working unsupervised. Staff had a six month probationary period to the role and told us they felt supported and had access to training. Staff told us: "We get enough training but there's always room for more". And: "There are always updates for training, I like to learn".

People told us they were confident in the abilities of the staff, one person said: "The staff are very good at their job, they certainly know what they are doing".

We were told and saw evidence staff received clinical support from the podiatrist on a six weekly basis. Their competency was assured at this time and formally every six months. The podiatrist told us: "I have carried out assessments of two members of staff, and have found the staff to be highly competent in their work".

The service was not responsible for any aspect of supporting people with their nutrition or hydration.

We discussed with the service how they would manage people's needs when they could not be met by the

service. We were told some people are either ineligible for the service at the point of referral or become ineligible during service provision due to changes in either health care needs or medication. At this time the service would signpost people to other services, or if required refer them to their GP.

Good

Is the service caring?

Our findings

Staff understood the needs of people they supported, it appeared, from speaking to staff, and people who use the service, trusting relationships had been created. Staff told us: "I may be the only person that somebody sees; I like to take the time to chat with people". And: "It is so much more than just cutting someone's nails, I enjoy interacting with people."

The podiatrist told us: "It was clear to me that patients were delighted to see the members of staff, welcomed them into their homes and had a great value on the nail cutting service provided to them. This sentiment has been re-iterated by service users on my individual re-assessments in patients' homes".

We asked people what they thought of the service they received and of the staff providing it. Everyone we spoke with told us they were very grateful of the support with their nails and the staff were very good. People told us: "We always have a good talk and the staff really take their time". And: "The staff are fantastic they are really professional".

We were told by people who used the service and by the provider that people could change the time of their visit if they needed to. People told us they felt involved with how their support was provided and were happy with how it was provided.

We asked people how staff treated them when they were in receipt of the service and everyone told us staff were respectful and polite. One person told us: "I couldn't wish for a better service, I look forward to them coming".

Good

Is the service responsive?

Our findings

People who used the service had a paper treatment record, which was taken to each appointment. This was updated with the service provided following the visit. There was minimal information to inform staff about the person they were supporting. The record contained information only focussing on the persons medical needs and was completed by the podiatrist. Staff we spoke with demonstrated they knew the people who used the service well; however, this information was not documented.

We discussed this with the management team and they assured us that the care documentation would be looked at and an action plan was submitted following the inspection which outlined the changes that the service will implement.

We would recommend care plans are devised which are person centred, following best practice guidelines.

When people first started using the service, the podiatrist undertook a comprehensive assessment. This assessment took account of the service required, the person's current healthcare needs and medication. The podiatrist undertook a further reassessment every 18 months.

In between these assessments, service staff reviewed each person's needs at each appointment to cut their nails. This included getting assurances that people's health care needs and medication had not changed. If they had, an alert was put on the treatment record and when the podiatrist was next at the service, they reviewed the information, to determine if the person was still eligible for the service. If they were, the treatment record was updated and the provision continued. If the person was no longer eligible, they were contacted and signposted to appropriate services that could meet their needs.

When the podiatrist attended the service they undertook any initial and re-assessments of people's needs. They responded to any alerts on the system where information required review, provided clinical support for staff and ensured staff remained competent in their role.

The podiatrist told us: "Staff recognise when a problem is out of their scope of practice and when further professional help may be required and have approached me for advice regarding foot health issues".

If people who used the service were in receipt of any short term changes in need, including the use of some medications the service rescheduled appointments to ensure people received the service when they were eligible.

A system for recording and managing complaints and informal concerns was in place. We saw evidence to demonstrate how complaints would be reviewed, investigated and responded to. However, there had been no complaints received at the service since the last inspection in 2014.

The provider offered support in signposting people to other local community services, as and when required.

Good

Is the service well-led?

Our findings

The provider had recently restructured the management team. The current manager was confirmed the day before the inspection. They were currently registering with the Care Quality Commission to become the registered manager of the service.

The manager had proven experience working with Age Concern and we found they were receptive to feedback and keen to improve the service. The management team had a clear improvement plan in place and were working together to improve the service for the people who used it.

We found all the staff members we spoke with reported a positive staff culture. Staff felt they were listened to and supported by management.

Staff told us: "We have regular team meetings which are really useful, we share best practice". And: "We are listened to at meetings, we requested equipment bags that we could pull to help our backs and these were provided".

A number of audits were undertaken to help ensure the quality of the service; however, these were not always robust. There was not an audit trial of files looked at or action plans in order to follow up on any issues.

We would recommend quality assurance is improved in line with best practice to ensure any risks and potential shortfalls in care are identified in order to drive improvement for all people who use the service.

We saw management sought feedback from people who used the service and their relatives through annual survey questionnaires. Some of the most recent comments included: "I'm very grateful for the service, I am walking much better now". And: "Staff are good company and make me smile".

Policies and procedures were reviewed annually and updated on the management system, including whistleblowing and safeguarding.

Following the re-structure, the service was developing a quality improvement plan which would be introduced at the end of August 2016. Managers with actions from team meetings would populate the plan. The plan would be electronic and could be signed off and circulated through the management team for implementation. We were told the consideration of consent for people living with dementia and more person centred care planning would be put on the quality improvement plan.

The provider was due to increase provision in the Lancashire area in line with the current contracts.