

Age UK East Sussex

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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

Age UK East Sussex is a domiciliary care agency that provides very specific personal care for older people in their own homes. The service provided for people is foot care, which includes toenail cutting and corn management. People who have difficulty cutting their own toe nails due to sight or mobility problems can refer themselves to the service. Staff then visit the person once every six weeks for a twenty minute appointment. At the time of the inspection, 200 people were being supported by the service.

The service had a registered manager. 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.

Risks to people's safety was not always fully assessed, and appropriate management plans were not in place. Some of the required recruitment checks had not been completed before staff began work. This included gaps in employment history and evidence of conduct in previous employment.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe and there was a system in place to manage incidents and accidents. There were enough staff to meet people's needs and each member of staff saw the same people at every appointment. People said staff were always on time, and if there were ever an occasion when staff were unexpectedly held up, they would always phone to let them know.

People were asked for their consent and the registered manager and staff knew about the Mental Capacity Act 2005. This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves.

People had their foot care needs met and staff knew when to make a referral to another health care professional, such as a district nurse or GP. Staff had completed relevant additional training and supervision to help support them in their role.

The service was caring and people gave positive feedback about the foot care they received. Staff knew about people's foot care needs and made sure they respected people's privacy and dignity.

People's care plans were up to date and regularly reviewed. Staff knew the people they supported very well, and made sure they took a 'whole person' approach to the care they provided for people.

People knew how to make a complaint and said they would feel confident to do so if they needed to. The registered manager knew how to manage complaints.

All of the people we spoke with gave positive feedback about the quality of the service. One person said the

service was "essential really, as you get older your feet get further and further away"

The provider had an appropriate system in place to monitor the quality of service and make sure they were meeting the requirements of the regulations. The registered manager knew about the culture of the service and the attitudes and values of staff. They also had a good understanding of their role and responsibilities and ensured that staff understood what was expected of them.

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 always safe. Risks to individuals were not always well managed and not all of the required recruitment checks were completed before staff began work.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe. There was a good system in place to manage incidents and accidents and there were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training and supervision to help support them in their role.

People had their foot care needs met and staff knew when to make a referral to another health care professional.

People were asked for their consent. The registered manager and staff had an understanding of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring. People gave positive feedback about the foot care they received.

Staff knew about people's foot care needs and made sure they respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. People's care plans were up to date and regularly reviewed. Staff knew the people they supported very well, and took a holistic approach to the care they provided.

People knew how to make a complaint and said they would feel confident to do so if they needed to. The service knew how to manage complaints.

Is the service well-led?

Good ●

The service was well led. All of the people we spoke with gave positive feedback about the quality of the service.

The provider had an appropriate system in place to monitor the quality of service and make sure they were meeting the requirements of the regulations.

Age UK East Sussex

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.

This inspection took place on 16 and 17 August 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to our inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 19 people who use the service by telephone before the inspection visit. We spoke with two members of staff and the registered manager. We reviewed the care records and risk assessments for four people who use the service, recruitment records for three staff, training records for all staff and supervision and appraisal records for two staff. We reviewed quality monitoring records, policies and other documentation relating to the management of the service.

Is the service safe?

Our findings

Not all of the appropriate pre-employment checks were completed before staff started working for the provider. Although all staff had completed a disclosure and barring service (DBS) check, and these had been reviewed by the provider, a copy was not always kept. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. All of the staff records showed gaps in employment history and two of the records did not contain evidence of the staff members conduct in previous employment, where this had been related to health or social care. The registered manager was unable to give verbal explanations for these gaps in the records but said they would take action to ensure all of the relevant information was included in writing in the future. This is an area of practice that requires improvement.

Risks to individuals were not always identified or well managed. Risk assessments and management plans were brief and generic. They included information about the environment staff were working in, and each person's degree of mobility, sight problems and 'any other risk factors'. However, where a risk to an individual had been identified, a management plan specific to the person and the risk to their safety had not been developed. For example, where a person had been diagnosed with diabetes, there was no specific risk assessment in place to make sure the risk was managed appropriately. People with diabetes are at much greater risk of developing problems with their feet, due to the damage raised blood sugars can cause to sensation and circulation. This is an area of practice that requires improvement.

Although staff knew people they supported very well, and were aware of the risks to individuals, they did not record details about relevant risks. Information was not available for other staff if they ever needed to take over persons' foot care needs. The providers 'client record' did include a traffic light system to alert staff to potential risks, such as ulceration to legs or changes to circulation. This prompted staff to seek advice from the foot care team leader before continuing with any foot care.

People were protected from potential abuse. Staff and the registered manager knew about safeguarding people from abuse and what action to take if they were concerned a person was at risk. Staff knew how to raise concerns with the registered manager and they were confident that any issues they raised would be dealt with appropriately. The provider had appropriate safeguarding policies in place for staff to refer to if they needed to.

The provider had an appropriate system in place for the reporting and monitoring of any incidents or accidents. There had been no recent incidents or accidents, but the registered manager described in detail what they would do if anything occurred. This included recording and analysing the incident and taking any appropriate action that might be required. People told us; "we have no problems at all, she sorts us out beautifully" and "no problems, we need it (foot care) and we couldn't do without it".

People had their foot care needs met and were kept safe because there were enough suitable staff. Most of the staff were Health and Care Professions Council (HCPC) registered podiatrists. Some of the staff were student podiatrists or foot care workers who were trained by the registered podiatrists. People who use the

service told us staff were always punctual and if they were ever unexpectedly late, staff would telephone to let them know. Comments from people included; "always on time, very much so" and "she is usually on time but if she is ever held up she gives me a ring". The provider ensured that people received consistent care from regular staff.

The service was not responsible for helping people to manage their medicines.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills to meet their needs. People and their relatives said the care workers were well trained for their duties. Comments included; "What amazes me is that they do it so painlessly. I would say they are very skilled" and "my feet have improved so much since she has taken care of them, she really knows what she is doing". Most of the staff were registered podiatrists who were also supported with additional training appropriate to the group of people they supported. This included dementia awareness and safeguarding.

Staff were supported by the team leader and they received regular one to one support during supervision sessions with them. Staff were encouraged to discuss any issues they may have, including meeting people's foot care needs appropriately. Staff were observed providing foot care for people in their home and appropriate feedback was given to enable staff to make improvements if it were needed. None of the staff had been supported to complete an appraisal of their work, but the registered manager said this was something they would introduce to their supervision schedule.

Staff knew when a person's foot health might need specialist care, such as if they developed an ulcer, and made appropriate referrals when they needed to. Although people were not supported with their nutritional and hydration needs by the service, staff knew what they should do if they thought someone was at risk, such as making a referral to the person's GP.

Staff and the registered manager had an understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before providing foot care, and what they would do if someone declined the support offered. Staff offered alternatives and re-phrased questions to give people the best opportunity to give their informed consent. If the person still declined, staff respected the person's decision.

Is the service caring?

Our findings

All of the people we spoke with gave complimentary feedback about the foot care they experienced. Comments included; "She is so good, so kind and so pleasant. When I say I will tidy up she says 'no, no I will do it' and she does", "the staff are charming and so very good" and "ever since (name) came, they have been positive and helpful". In the provider's quality survey, staff were described as kind, helpful, caring and friendly.

The team leader and staff knew the people they cared for well and spoke about them in a kind and caring way. They spent time talking with people when they provided foot care, and knew about people's likes and preferences. Staff made sure they protected people's privacy and dignity and they were encouraged to build a relationship with people they supported.

The team leader explained the service was important to people, because it enabled people to maintain their independence. Good foot health plays an important role in helping people to walk safely and in a pain free way. One person they had supported with foot care had poor foot health for a number of years and was unable to leave their home. The team leader spent time getting to know the person and gaining their trust, before they provided foot care to the person. After several visits, the person was able to safely walk, and was able to reach their goal of walking to the local shop.

Is the service responsive?

Our findings

People's care plans were straightforward and reflected the type of care they experienced. People's care records included information about their foot care treatment, medical conditions and any medications they were taking. A traffic light system was also used in people's care plans, to help staff identify if a medical condition may affect the foot care staff provided. For example, if a person had diabetes this was highlighted in red, which reminded staff that extra caution should be taken due the risks associated with diabetes and poor circulation in the feet.

People's treatment plans were reviewed every time staff visited to provide foot care. This was to make sure staff could identify any changes to people's health, and change the foot care provided if needed. Every person was provided with a copy of their treatment plan, which also included the aims of the foot care service. These included 'advise clients on how they can help to look after their own feet' and 'ensure that all clients know who to talk to if they have a concern about their care'. Any specific advice for an individual was also noted for their reference.

Staff knew the people they supported very well, and part of the care they provided was chatting with people and getting to know them. Staff took a holistic approach and did not concentrate just on people's feet. They understood it was important that people had some social interaction during their day, especially if they were unable to leave their house. Staff knew about other charity services Age UK East Sussex offered, such as companionship for people living alone and day clubs. Staff gave people information about these services and encouraged them to make contact, to help them prevent social isolation.

None of the people we spoke with had ever made a complaint. One person said; "It's an excellent service, I have no complaints" and another; "I've never had a problem". The provider had an appropriate complaints procedure in place. Although no complaints had been made, the registered manager told us how complaints would be taken seriously. They said they would investigate and respond appropriately. The registered manager said they would use any complaints and concerns, if they were raised, as an opportunity for learning. Everyone who used the service was provided with a leaflet which clearly detailed how they could make a complaint and what they should expect if they ever needed to do so.

Is the service well-led?

Our findings

All of the people we spoke with gave positive feedback about the quality of the service. People spoke highly of the service and comments included: "Oh it is a wonderful service, I can't fault it" and "it's a brilliant service, I can't get down to my feet and I can't drive down to the centre and park, so it's really good". Staff said the registered manager was accessible, helpful and supportive. There was an open culture which encouraged staff to make suggestions as to how the service could be improved.

The registered manager was aware of the culture of the service and the attitudes and values of staff. They had a good understanding of their role and responsibilities and ensured that staff understood what was expected of them. They aimed to make sure the staff team felt valued and supported. They dealt with any concerns in an open and objective way and were keen to participate fully in the inspection process. They knew that one of the key challenges of the service was that staff were dispersed over a wide geographical area. This meant it was sometimes "difficult to keep up with them, but this is what makes it (the service) more accessible to people."

The service also provided foot health talks to people in the community, and gave people they spoke to a 'guide to healthy feet'. This gave detailed information to people about how they could keep their feet clean and their skin healthy. Suggestions included 'cover any minor cuts with a clean dry dressing' and do not 'use medicated corn plasters without advice from a podiatrist/chiropractor or your GP'. The aim of providing this information to people was to help prevent more serious foot conditions, such as ulcers, and to enable people to continue to mobilise safely.

There were quality monitoring processes in place which were appropriate for the type of care the service provided. The registered manager had invited people to complete a quality monitoring survey in May and June 2016. The results had been analysed and most of the feedback was very positive. Comments included; "I am most grateful to have such a service available" and "a very nice friendly and caring service". Some people had made suggestions where the service could improve, such as providing exercise advice or support with an annual diabetic foot check. Although the registered manager, nominated individual and team leader met to discuss areas identified for improvement, these meetings were not recorded. The registered manager told us action had been taken to address concerns raised where possible, but was not able to evidence this in writing.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the provider is required by law to inform us of.