Age UK Lancashire

Home Help and Footcare Service

Inspection report

61-63 St Thomas's Road
Chorley
Lancashire
PR7 1JE

Tel: 03003031234
Website: www.ageuklancs.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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 the 2 February 2016. The provider was given notice of the inspection to ensure someone was available in the office to support us.

The service was last inspected on 6 August 2013 where it was found complaint with the regulations inspected. This is the first inspection under the new methodology, where the service has been provided with a rating under the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the service was providing a nail cutting service to 605 people predominantly in the Chorley area but also expanding into the West Lancashire area. Some people receive the service in their own home and some attend one of the six clinics the service offers in community buildings or care homes.

The provider is also registered to offer a home help service which at the time of the inspection was not in operation due to no demand for personal care support.

The provider had a manager who was in the process of registering with the commission. 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.

We found the service undertook risk assessments for the service delivery including any location from which it was delivered. The provider had a set of safeguarding procedures which staff we spoke to understood how to implement

Policies and procedures were in place and followed for the reduction of infection control and cross contamination. This included each person using the service having their own nail cutting equipment and staff wearing and disposing of the appropriate personal protective equipment after each appointment.

We noted recruitment files were missing some of the information required under schedule three of the Health and Social Care Act 2008 (HSCA 2008). This information ensured that staff in post were fit and suitable candidates. Most staff had been in post prior to the HSCA and the provider had undertaken an audit of personnel file information which identified some gaps. The provider was in the process of accessing the required information.

The provider had a good set of mandatory training and was in the process of sourcing the care certificate for all Age UK staff. Staff at the service also undertook specific training and competency testing for the role they were undertaking.

We saw that the service worked mostly with implied consent from people having their nails cut. The provider

was reviewing available information to support people they supported who were living with dementia to ensure they were working within the principles of the Mental Capacity Act 2005.

People we spoke with told us all the staff were very pleasant and they were very grateful of the service. The provider told us and we saw some very positive feedback on the service people received. We were also told if the service required the support of a translator for someone wishing to use the service whose first language was not English then one would be provided.

When people first referred to the service a comprehensive assessment was completed by the podiatrist. This would be reviewed by staff at every subsequent visit and formally again by the podiatrist 18 months after service initiation.

A complaints procedure was in place and people had access to a leaflet for them to feedback their experience on the service. Staff also have available copies of information for people to complete 'If things go wrong'.

We saw a set of values and provider ethos on the notice board in the provider offices. We were told how a new appraisal system had been developed with the values of the service at the core. Staff were supported by an employee assistance group and staff at the service were active in this group. This helped ensure that things that were important to the staff of the service were highlighted as required.

The provider had recently developed a quality improvement plan for the service and we were told that the feedback from the inspection would form part of this plan going forward.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments were completed on clinic sites and people's homes where the service was delivered.

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.

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

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

Is the service caring?

Good

The service was caring.

People we spoke with told us all staff were respectful and treated them with dignity.

People were involved with initial assessments of their support needs

The service worked with people to deliver the service at a suitable location

Is the service responsive?

Good

The service was responsive.

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

People were given information on how to make a complaint

Is the service well-led?

Good

The service was well led The service had a system of audit and improvement. Staff had the support of a comprehensive set of policies and procedures and a staff handbook	

Home Help and Footcare 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.

This inspection took place on 2 February 2016. The inspection was announced to ensure someone would be available in the office to support the inspection. The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home and read the previous inspection report.

During the inspection we spoke with the manager, the area manager and seven people who use the service by telephone.

We reviewed the treatment records of five people who use the service, looked at people's electronic records and looked at systems and procedures used to manage the service we also looked at three personnel files.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person who had their nails cut every 12 weeks told us, "Of course, what could go wrong." People told us staff wore name badges so they knew who they were.

The service had access to the Age UK corporate safeguarding procedures and staff we spoke with knew how to implement them. There had not been any safeguarding incidents in the 12 months prior to our inspection.

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

We found risk assessments were completed on the buildings from which clinics were delivered and on people's houses where the service completed home visits. Assessments 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.

Accidents and incidents were recorded on a template available and used electronically and were also recorded on the treatment record for review and investigation as required.

Staff were recruited dependent on the needs of the service. Staff in post had all been recruited internally and had worked at Age UK for a number of years. 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 allocation manager and would cover for each other's annual leave and any sickness absence.

We reviewed the staff records for three of the staff working on the service. We found staff had been recruited equitably but not all available information required under schedule 3 of the Health and Social Care Act 2008 was available. This information was required to ensure staff were suitable for the role and consideration had been given for any reasonable adjustments or identified risks. The application form did not ask applicants for specific information around criminal history and previous disciplinary action. Not all personnel files had a photo ID of the applicant. The provider assured us this information would be accessed and put on file and the application would be revised to ensure information about any previous employer's disciplinary action was considered.

An internal audit had been undertaken to ensure all recruited staff had a current DBS (Disclosure and Barring Service) This showed us steps had been taken to ensure all recruited staff were safe to fulfil the role for which they were recruited.

The service did not administer any creams or medications but each person using 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 they had 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 manager told us each person who used the service purchased their own clippers and files as required. These then remained with the person to either bring to a clinic or have available at home 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 who used the service told us staff knew their needs and met them as required. One person we spoke with who was visually impaired told us, "The service is excellent, I wouldn't cope without them. They make sure everything is as it was before they arrived to support me.

We saw in the personnel files we looked at that staff received a good induction which included basic training and an introduction to the people they were to support. Staff had appropriate qualifications including the NVQ for cutting nails and the service was about to introduce the care certificate for all staff to ensure other care related training was up to date.

We were told and saw evidence that 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. Staff received 12 weekly supervisions with their manager and the team had a monthly team meeting with the manager and weekly informal meetings with the allocation manager.

Staff had a six month probationary period to the role, annual appraisals and regular training needs assessments. All staff completed the Age UK mandatory training and specific training was developed for the service. Recent training requests included dementia which the service was due to provide.

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 and people could attend or wanted to change their visit date this could be arranged. 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 was told yes. 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.

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 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. The service would contact the person in receipt of the service and bring provision to an end. If required they would facilitate to ensure people access the additional or different support they require.

Good

Is the service caring?

Our findings

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. One person told us, "The person that comes to see me is off at the minute and I've sent them a card to wish them well. They bought the lady that comes now with them to introduce them before they went off. That gave me confidence that they were going to carry on looking after my nails."

One person we spoke with said they had received the service in a number of different settings including two of the clinics and at home. We asked why this was and were told it had been what worked best for them at the time. If they were not available for their appointment they would ring the service and were always given an option to drop into a clinic.

We were told by people who used the service and by the provider that people could change the time of their visit or use the clinics if that worked best for them on occasions. People told us they felt involved with how their support was provided and were happy with how it was provided.

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. One person told us, "Everyone that comes to the house is marvellous and very courteous."

We saw on the staff notice board copies of Age UK dignity and values. We saw that the values were embedded within the job descriptions and fed into supervision and appraisal.

We discussed how the service would support people from different ethnic backgrounds and who did not have English as a first language. We were told there were systems in place to meet these needs including the requesting of information in different languages and if required the hiring of volunteers that could be used for translation.

Good

Is the service responsive?

Our findings

When people first start using the service a comprehensive assessment is undertaken by the podiatrist. This assessment takes account of the service required and the person's current healthcare needs and medication. The podiatrist undertakes a further reassessment every 18 months.

In between these assessments service staff review each person's needs at each appointment to cut their nails. This includes getting assurances that people's health care needs and medication have not changed. If they have an alert is put on the treatment record and when the podiatrist is next at the service they review the information to determine if the person is still eligible for the service. If they are the treatment record is updated and the provision continues. If the person is no longer eligible they are contacted and signposted to appropriate services that can meet their needs.

The podiatrist attends the service two and a half days a month. During this time they undertake any initial and re assessments of people's needs. They respond to any alerts on the system where information requires review, attends a team meeting and provides clinical support for staff and ensure staff remain competent in their role.

People using the service had a paper treatment record which was taken to each appointment. This was updated with the service provided and the electronic system was updated following the visit. The system is used to send alerts to staff and the podiatrist of any special request including change of requirements and reviews of treatment.

The service had begun using the electronic system in October 2014 and most records were up to date on this system. Any alerts sent by staff showed as red on the system indicating action was required prior to the next appointment.

If people using the service are in receipt of any short term changes in need including the use of some medications the service will reschedule appointments to ensure people receive the service when they are eligible.

People using the service were given introduction leaflets to the service and mini questionnaire to inform the service on how they were doing, this included details of how to make a complaint.

Staff have copies of both the 'How did we do' and 'If things go wrong' paperwork to give to people upon request and people are provided with them at the start of the service.

Age UK had a comprehensive complaints procedure. Complaints are categorised into departments including, finance, engagement, retail and trading and operational. Dependent on how the complaint is categorised it will be investigated by the department director. The service had not had any complaints since the electronic system began in October 2014.

The provider offers support in a number of settings and anticipates where support may be required. Through the scoping of need in specific areas the provider determines the level of need and where required expands provision. The provider is in the process of developing services in West Lancashire.

Good

Is the service well-led?

Our findings

The provider had recently restructured and the staff on the home help and foot care service had worked for Age UK in different roles for a number of years. The current manager had been in post since April 2015 when the restructure completed. They are currently registering with the Care Quality Commission to become the registered manager of the service.

The core values of the provider were developed in consultation with staff. A new appraisal system was being implemented in of April 2016 incorporating the new set of core values and performance expectations. Staff supervision would be included in the process to ensure and support the implementation of objectives and targets including the commitment of undertaking a certain number of clinics.

Staff were supported by a staff handbook and the provider had been accredited with the 'Investors In People' bronze award in 2015. There is an employee assistance programme to support the health and wellbeing of the staff and the services manager is involved in a monthly support group which moves forward items important to staff.

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

Staff were supported directly by the allocation supervisor who could be contacted during office hours any day. Support was available over the phone or face to face if required. Provider team leaders could support staff across services if for some reason the allocation supervisor was not available.

Staff were celebrated and a recent staff achievement event presented the manager of the home help and foot care service with the shining star award for their achievements as a new manager.

The service was developing a quality improvement plan which would be introduced at the end of February 2016. The plan would be populated by managers with actions from area, regional and team meetings. The plan would be electronic and could be signed off and circulated through the management team for implementation. We were told the consideration of consents for people living with dementia would be put on the quality improvement plan.

Risk assessments on service locations were completed upon initial set up. The manager told us these assessments were to be updated in the following six months and again would be on the quality improvement plan.

Meetings were held quarterly and monthly at different levels. A corporate structure disseminated information and best practice suggestions from the General Management Team (GMT) to the localities and to the staff working with people who use the service.

The electronic management system had the capability to access information across the service including

details for service improvement. The system prompted staff when tasks needed to be undertaken and acted as a communication tool with other provider services. The provider had recruited an Information manager who monitored the available information on the system and worked with managers to drive improvement.

The provider and service had a set of key performance indicators measured by the electronic system. Reports were assessed and action would be included on the quality improvement plan if performance needed to improve.

The service currently has a waiting list and people had recently joined the service in the last two weeks taking it to its current capacity. The provider was due to increase provision in the West Lancashire area to meet demand.