

Age UK Lancashire

Footcare Service

Inspection report

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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

This inspection took place on 31 August 2018.

Footcare Service is a domiciliary care agency registered to provide personal care to people in their own homes and in community clinics. The personal care provided by this service is limited to footcare. The footcare service is provided to over 500 people in the Chorley and West Lancashire areas, under the supervision of an NHS Podiatrist.

People received the service in their own homes and some attended one of the community clinics the service offers in community buildings.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who used the service told us they felt safe when staff members were in their homes. Staff had received training in safeguarding and knew their responsibilities to report any concerns. The service also had whistleblowing and lone working policies in place.

Risk assessments were in place to keep people safe. These were reviewed and updated regularly or when changes occurred.

Recruitment systems and processes in place were robust. We saw references, identity checks and Disclosure and Barring Service checks were completed before staff were employed.

People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.

New staff members were expected to complete an induction when they commenced employment. Their competence was checked regularly by a NHS podiatrist. Training courses were available to staff which were relevant to their roles. Staff members told us, and records confirmed, that staff members received supervision and appraisals on a regular basis. All staff members told us they were able to discuss any training requirements they had.

Feedback provided by people showed that staff were kind, caring and supportive of people who used the service.

The service delivered person centred care. We saw person centred care plans were in place and reviewed regularly.

The service had a complaint's procedure in place. No complaints had been received since our last inspection.

Accidents and incidents were reported to management. This meant they were able to see if appropriate action had been taken by staff to ensure people were kept safe.

The registered manager had processes and systems in place to monitor and improve the quality of the service.

We saw regular staff meetings were also held. Staff told us these were regular and they were able to bring up topics for discussion.

The service was meeting all relevant fundamental standards.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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 was a comprehensive inspection which took place on 31 August 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a domiciliary care agency. We needed to be sure they would be in.

This inspection was conducted by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our inspection we gathered feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included any feedback from people and the previous inspection report.

After our inspection visit, we spoke with four people who used the service and three members of staff shared their views with us via email. At the office we spoke to a team leader, operation's director and the registered manager.

We looked at a range of documents and written records including three people's treatment records, one staff recruitment file and staff training records. We also looked at a sample of policies and procedures, staff meeting minutes and records relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

People who used the service told us they felt safe using Footcare service. Comments from people included, "Yeah I feel safe here." All staff told us they had undertaken safeguarding training and knew their responsibilities to report any concerns. Safeguarding policies and procedures were in place and accessible for staff.

Risk assessments were in place and accessible to staff members to keep people safe. We saw these were reviewed and updated on a regular basis or when changes were identified. Staff checked with people whether there had been any change to their needs which may increase risks on each visit. A podiatrist undertook an assessment before Footcare Service staff delivered their service. Risks in the environment where the service was delivered outside of people's homes had also been considered.

Recruitment processes were robust and ensured people who used the service were protected from unsuitable staff members. Improvements were required to ensure employment records included copies of photographic identity. The registered manager informed us this would be resolved immediately. Staff members told us, and records showed, that adequate staffing levels were in place within the service to cover home visits and clinics. However, staff told us they sometimes struggle with the extra clerical work that they need to complete in relation to their visits.

Staff were not responsible for administering any medicines or creams. However, records showed that people's medicines were reviewed at each visit to check whether there had been any changes. This was because there are medicines that can increase risks to people receiving nail care such as blood thinning medicines. Staff needed to be aware of this to take appropriate action. The appropriate assessments, including risk assessments, were in place and were reviewed regularly.

Staff had completed training that the provider had deemed necessary to keep people safe in areas such as safeguarding, basic first aid and infection control. All staff carried first aid kits on their home visits and at clinics and were able to provide treatments in the event of any accidental minor cuts.

Appropriate action had been taken to ensure the safety of premises where clinics were undertaken. Staff also made sure that the equipment that they used was safe.

All people who used the service had purchased their own nail clipping equipment which was sterilised before use. Staff members were aware of their responsibilities in relation to infection control. All the staff members we spoke with told us they had access to personal protective equipment (PPE) and adequate supplies of these were available. They changed their aprons and gloves after each treatment. All people we spoke with confirmed staff wore PPE on each visit.

These systems and processes ensured that people were safe whilst receiving support from the service and its staff members.

Is the service effective?

Our findings

All the staff members we spoke with told us they had undertaken an induction when they first commenced their employment with the service. They all confirmed they received training which was suitable for their roles. The training records we looked at showed various courses staff had undertaken such as safeguarding, mental capacity, risk assessments and training specific to nail cutting. Staff were also supported through regular supervisions and appraisals. All staff were competence assessed by a NHS podiatrist and signed off before they started their role and regularly during their employment. The podiatrist observed three footcare sessions as part of the competence checks. Podiatrists who worked with the service, also received a bespoke induction on the operational procedures in the organisation. This ensured a consistent approach to how all staff operated.

Staff supervisions and appraisals were based on the service's core values and objectives which helped to remind staff of the ethos of the organisation.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in the community are called the Court of Protection authorisation.

We found improvements had been made to processes and practices for checking people's mental capacity and consent. At the last inspection consent was not formally sought however at this inspection we found people's consent was formally checked and they had signed to give their consent to treatment. In addition, staff sought consent before offering any treatment. All staff members had received training in MCA. People using the service had choice and control over their lives and were not subjected to any restrictions. One staff member told us, "Consent to treatment is obtained when clients are referred and continues throughout their service. Any concerns regarding the person's understanding or capacity to make decisions, we would alert to the NHS Podiatrist for advice."

Staff had undertaken assessments to determine if the service was suitable for people before they used the service. A podiatrist assessment was carried out before any of the Footcare Service staff started to provide treatment. This was designed to provide an expert opinion on the suitability of the service to people based on their physical and mental health needs.

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

People using Footcare Service were supported by staff to access other health care professionals such as GPs

where this was identified as necessary.

Is the service caring?

Our findings

People who used the service told us that staff were kind and supportive. One person told us, "I am extremely grateful [name removed staff member] attends to my feet very well." Another person commented, "I am well looked after, I don't know what I could have done without this service." All the feedback we received from people during this inspection and the compliments that had been left by people showed that staff were kind, caring and supportive of people who used the service. A health professional told us; "I have no doubt whatsoever that the Footcare team provide a caring service."

We looked at how the service promoted equality and diversity throughout the service. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. Staff members knew people very well, including their preferences, background and history. People's care records contained information relating to their cultural/spiritual needs and relationships. The registered manager told us, "As part of the Age UK organisation equality and diversity plays a key role in shaping how we treat people and how our staff operate." There was a policy on equality and diversity and plans were in place to introduce equality and diversity training to all staff working in the service.

All the people we spoke with told us they were actively involved in reviewing their care plans. We also noted records of treatment showed people were actively involved in reviewing their treatment on each treatment visit.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. We saw staff had discussed with people their preferences and choices. Where this was not possible families and a podiatrist had been involved. For example, we saw people being consulted about any changes to their health needs which affected the treatment they received. Records we looked at showed that staff were able to identify opportunities to refer people to advocacy services. There was information available to people should they require this service. The registered manager told us they had arranged for the local advocacy service to come into some of their clinics to speak to people about the service they offer. This would benefit people who did not have access to support from family/friends.

The purpose of the service was to enable people to be as independent as possible in order for them to be able to maintain their foot hygiene and continue to walk independently. Records we looked at showed that the service helped to promote people's independence.

People told us they were able to change any of their treatment visits to suit their lifestyles and plans. They also informed us staff from Footcare provided them with information and advice on other services that could enhance people's well being.

We found records relating to people who used the service and staff members were stored securely. This helped to maintain the confidentiality of people who used the service. Staff told us they took extra care to ensure people's security was protected especially where people had a key safe.

Is the service responsive?

Our findings

People received personalised care that was specific to meet their needs and they were involved in the planning, goal setting and reviewing of their treatment. Comments from people included; "May I say how absolutely satisfied I am with this service. It has made a real difference", I'm very pleased with the service and I have recommended two other people." There was person centred care plans in place. These clearly reflected people's choices and preferences, including what they wanted to achieve.

One person who used the service told us, "I have a review every 18 months and we talk about my health and medicines on every visit." All the staff we spoke with told us people had regular reviews and were visited by podiatrist every 18 months to review their treatment. This ensured any changes or deterioration in their foot care was monitored and action taken. There were arrangements to ensure that any change that affected people's ability to continue receiving treatment, was shared between staff. An 'alert' was raised if any changes were noted. This was shared through 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 records were updated and the provision continued. Where it was decided that the person was no longer eligible, they were contacted and signposted to appropriate services that could meet their needs or to their doctor.

Records we looked at showed people had access to other services that enhanced their health and well being. For example, we saw staff shared information and advice on health services, welfare and benefit services and supported people by referring them to their doctors if this was necessary. This meant staff were proactive and went over and above their role to assist people.

The provider had considered the use of technology to support people to receive care and support. For example, all people had electronic treatment records held on the providers computers. A paper copy was also available for staff to record details of treatment while on home visits. We noted the provider had developed an internet information system to allow staff to share information securely and efficiently.

People who used the service told us they had choice on where they received treatment. Some people received treatment in their own homes and some people received treatment in the community clinics.

None of the people we spoke with had needed to make a complaint, but they were able to tell us who they would approach if they needed to. The service had a complaint's procedure in place. Records we looked at showed that no complaint had been received. We also saw compliment from people to staff. Compliments included, "I'm extremely grateful that (name removed) attends to my feet so very well. I find her very efficient and friendly. I'm so pleased to have her services. I cannot speak highly enough of her. Thank you."

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We saw leaflets could be adapted

to meet people's needs for example large print. However, there were no communication care plans that detailed people's communication needs. We spoke to the registered manager who informed us Age UK as an organisation had policies to ensure equality and accessibility of information.

Is the service well-led?

Our findings

We received positive feedback from people staff and other professionals regarding the service and the organisation. All people felt the Footcare service was managed efficiently. Some staff felt supported in their role. Comments included, "Support is on hand if necessary, managers always respond to problems and issues that need resolving", "One to one meetings are generated to keep managers up to date with our role. Managers can educate us on changes in the service and update appraisals." One health professional told us, "In my opinion the service is well led."

The service had a registered manager in place. 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.

There were processes and systems in place to monitor and improve the quality of the service. Audits were completed on treatment records. Concerns/issues were documented, including who this had been reported to. Policies and procedures were in place and accessible to guide staff in their roles. These had been reviewed and updated as required. The registered manager was actively exploring best practice and attended national registered manager's forums to enhance their knowledge of regulation. There was an improvement plan that was regularly reviewed between the director and the registered manager. This meant there was oversight of the registered manager.

We saw people's views were regularly sought. Staff had copies of the 'How did we do' leaflets to give to people upon request and people were provided with them at the start of the service. These were forms asking people to share their views and experience of the service. In addition, the director of the service told us all people were invited to discuss and review the organisation's annual strategic plans. Evidence we saw, and feedback from staff, showed that staff views were sought and the visions of the organisation was shared with them. For example, there were regular staff meetings, a staff survey and staff discussed all the organisation's objectives during their supervisions. The registered manager informed us communication had improved and the organisation had formed a 'Facebook style' internet platform for staff to communicate their views and share good practice.

There was a staff reward system. There was an award for staff who had gone over and above their duties.

We saw there was a vision to continue improving the service and follow best practice. For example, the director informed us they were in the process of applying for 'charity quality standard' (CQS). This is a tool, which enables charity organisations to self-assess against key criteria to ensure resilience in all areas of the organisations operations and leads to accreditation.

We asked the registered manager what their vision for the future was. They told us, "We are planning to provide a holistic approach by bringing external services to speak to people during clinics to make it easy for people to access services and help reduce social isolation and social crisis. It was evident the registered

manager had sustained their overall rating of 'good'.

The provider was meeting the requirement to display their most recent CQC rating within the service. There were arrangements for notifying CQC of any accidents, serious incidents and safeguarding allegations in the service. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.