

Age UK Somerset

Ash House

Inspection report

Cook Way
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Somerset
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Website: www.ageuksomerset.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

Ash House is run by Age UK Somerset who have been contracted by the Somerset Partnership Foundation Trust to provide a toe nail cutting service for people in Somerset. People assessed by Somerset Podiatry service as not requiring health care intervention, but who cannot manage to cut their own toenails, have the option to receive that service from Age UK Somerset. This can be in clinics (which were not included in this inspection), or in their own home if they are housebound. The service is administered from Ash House and comprises a supervisor and team of toe nail cutters. 98 People were using the service at the time of this inspection.

Rating at last inspection

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 on-going 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.

Why the service is rated good

Robust staff recruitment procedures protected people from harm. The service understood how to protect people from abuse and discrimination.

The staffing arrangements were flexible and the toe nail cutting assistants arranged appointments according to people's individual needs, which promoted people's comfort and safety.

People were protected from infection and cross contamination when receiving the toe nail cutting service.

Toe nail cutting assistants were trained to be alert to health conditions which might pose a risk to people, and make appropriate referrals. A podiatrist said that the referrals they received from toe nail cutting assistants were always appropriate.

Toe nail cutting assistants understood that people should consent to receiving the service and how to respond if consent was not provided.

People were treated with respect and dignity. Kind and friendly rapport helped people feel valued and people said how much the service helped them maintain their independence. One person's family member said, "They help (the person) and me as well." People's views were sought through the service supervisor visits and feedback questionnaires. The one complaint relating to the toe nail service in people's homes had led to positive change.

People, and toe nail cutting assistants, were protected through records of the care they received, and any

issues which might pose a risk. The standard of record keeping, and information from the records, was monitored to improve the service, as was any incident which occurred.

Toe nail cutting assistants received observation supervision and there were plans to provide face to face supervision in a private setting, and a yearly appraisal. They said they felt supported and managers were always available to talk to.

The aims and objectives of the service, to improve the lives of people over 60, were uppermost in the culture and practice of the organisation.

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.

Ash House

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, announced inspection. We gave short notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to talk with people receiving a service.

This inspection took place on 3 and 4 April 2018. The inspection team included one adult social care inspector.

Prior to the inspection, we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we had sent questionnaires to seven people using the service, and one was returned. Seven out of 13 sent to staff were returned. Seven 'friends and relatives' and one community professional were sent questionnaires and none were returned.

During the inspection we visited one person and telephoned six others. We interviewed three toe nail cutting assistants, a team supervisor, and were assisted with information from the registered manager and Age UK Somerset administration team.

We reviewed four people's records and two staff records. We saw records of staff meetings, and looked at quality monitoring information. We received information and professional feedback from a member of the Somerset Partnership Foundation Trust podiatry department.

Is the service safe?

Our findings

The service continued to be safe.

People were supported by adequate numbers of staff to meet their needs and keep them safe. People said the arrangements worked well in that they knew who would be arriving and when. Toe nail cutting assistants said they were able to provide a consistent service in accordance with people's needs. For example, the time between appointments could be flexible. This meant that people were not in discomfort whilst waiting for their nails to be cut and potential risk from nail related problems was minimised.

Recruitment arrangements protected people. Recruitment processes included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people. Toe nail cutting assistants did not work with people until all recruitment checks were complete.

People were protected from the risk of cross infection. People said they were quite satisfied that the service they received was hygienic. They purchased their own nail clippers and files, so generic equipment was not used. There were guidelines on cleansing clippers after use and we observed this in practice. Toe nail cutting assistants said that if they did not wash their hands (as per the care record) then they used antiseptic gel instead. They confirmed they had adequate stock of personal protective equipment, such as gloves and aprons.

The service did not have an overarching infection control policy but the hazard from unhygienic and unsafe conditions was assessed, and rated, with further actions identified as appropriate. This showed that the risk from cross contamination was under regular review.

People were protected from harm because toe nail cutting assistants had received training in recognising and reporting abuse. They spoke confidently about how to recognise and report abuse. They said they felt they could discuss any issues they may have with the managers at the office in Ash House and they knew they could alert concerns to the local authority, or the police, if they felt this was necessary to protect people.

Risk management strategies were in place. For example, 'nicks' when cutting toe nails and potentially unsafe situation for the toe nail cutting assistants, were recorded and monitored. A risk assessment form calculated any risk from, for example, lone working and each time a visit was undertaken staff asked people about any change of medicines, to ascertain whether the person's health status had changed.

Is the service effective?

Our findings

The service continued to be effective.

People said that the toe nail cutting assistants were skilled in cutting their nails, the service was valuable to them and they would recommend it. One person said, "She cuts my nails very well. She is very thorough."

Toe nail cutting assistants received a full induction when new to the service. One described their induction as "Brilliant." It included training from the podiatry team, and working alongside the toe nail cutting supervisor, so progress and confidence could be evaluated. Training included safeguarding vulnerable adults, and an introduction to dementia, consent and signs of an unsafe situation, such as redness on a foot. On-going training was then two yearly, provided by a registered podiatrist. The toe nail cutting assistant's supervisor was available for advice and support at all times. They gave examples of the types of support requested. These included situations not encountered before, such as a misshapen foot.

People were supported by toe nail cutting assistants who received one to one supervision, in the form of observations of their ability when with a person receiving the service. This had been predominantly when the toe nail cutting assistants were working in clinics but had been extended to include their work in people's homes. The supervisor said this gave them the opportunity to observe the standard of service provided, for example, check the equipment and how records were kept. It had been identified by the team management that toe nail cutting assistants would benefit from face to face, formal supervision, where they would be able to talk about their work, and raise any issues, or requests, in a confidential setting. One toe nail cutting assistant said how much they would appreciate this. Toe nail cutting assistants had yet to receive an appraisal of their work but there were plans for this to be introduced.

Toe nail cutting assistants monitored people's health when they visited, and ensured people were referred to their GP for any concern they identified, such as discolouration on a foot. People with diabetes were asked if they had received their annual foot check. If this had not taken place the appropriate health care professionals were contacted to make sure an appointment was made.

Toe nail cutters had some understanding of the Mental Capacity Act 2005 (MCA) because it was included in training about dementia. 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. Two toe nail cutting assistants described how they would respond if a person refused consent to have their toe nails cut. People's consent was included in the record of each visit.

Equality and diversity were promoted. A staff hand book provided staff with information toward achieving good outcomes for people. For example, references to the organisation's equalities and diversity policy and how to help people maintain their independence.

Is the service caring?

Our findings

The serviced continued to be caring.

People received a caring service from an organisation, and its staff, who were committed to improving the welfare of people over the age of 60. This was demonstrated through the aims and objectives of the toe nail cutting service and the expectation of toe nail cutting assistants to check if people needed any other service from Age UK Somerset, when they visited. People told us, and we observed, toe nail cutting assistants engaging with people in a polite and respectful way. One person's family member said, "(The service) helps (the person) and me as well. They are very, very good." And, "(The toe nail cutter) is most helpful."

People and toe nail cutting assistants told us they were able to build up a friendly rapport as they always saw the same toe nail cutter. This meant staff got to know people well; they could engage them in relevant conversation, about their family, and how they were feeling. To guard against toe nail cutting assistants breaching professional practice and boundaries, Age UK Somerset had produced a document, which included, for example, boundaries around giving advice and influencing people.

People were encouraged to voice their views about the service, for example, when the supervisor visited to observe a toe nail cutting assistant's work, in the person's home. Anonymous views could be provided through feedback questionnaires. Comments from the January 2018 questionnaires included. "Extremely friendly and helpful." These questionnaires were sent to people every few months.

The registered manager said that any format of information would be available to people on request, for example, in braille or large type. This showed the intention not to discriminate against people with communication difficulties.

Is the service responsive?

Our findings

The service continued to be responsive.

People's initial assessment was carried out by the podiatry team at Somerset Partnership NHS Trust; all relevant information was then passed to the Ash House team. When a person's health needs indicated that they needed referring back to the podiatry team, this was done. A podiatrist said that they did not receive inappropriate referrals back from the toe nail cutting assistants and had never heard anything negative about the service from people who had been referred back. This showed that the toe nail cutting assistants were making appropriate judgements in response to people's changing needs.

People were able to make decisions about the date and time of day they received the toe nail cutting service. People, who often started to receive the service at one of the clinics in their area, were always assessed as to whether their needs had changed. If circumstances made the travelling difficult, or unsafe, a home visit service could be put into place. For example one person's dementia had increased which had led to difficulties with their mobility when leaving their home. People said how much they valued the home visiting service.

The service had a complaints procedure, which was detailed and listed different levels of complaint and timescale for response. People said they did not have a copy of a complaints procedure but the appointment card, which each person received, included a number to ring if they wanted to complain. People, who stated they were not sure how to complain, said they would ring Age UK Somerset number, if they felt a complaint was necessary. This meant they would take the expected route to making a complaint.

There had been one complaint about the toe nail cutting home visits service in over 12 months. This concerned a letter, the content of which had upset the person. Following this the content was reviewed so as to read in a manner more acceptable to them. This showed the service listened, and responded, to complaints so as to improve the service.

The Care Quality Commission has received no complaints about the service.

Is the service well-led?

Our findings

The service continued to be well-led.

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. The registered manager of Ash House home visiting toe nail service was also the registered nominated individual and chief executive of Age UK Somerset.

People were supported by a team that was well led. The registered manager was supported by an administration manager with the role of supporting the toe nail cutting service, and office staff. Toe nail cutting assistants were supervised by a staff member with a history of professional experience in podiatry. An annual meeting with all service staff provided an overview and training on any relevant issues. This showed the intention to provide a structured, and accountable, team of staff to achieve the aims and objectives of the service.

People using the service and toe nail cutting assistants said the service was well led. One toe nail cutting assistant said, "Our managers are super and we can go to them with anything. It's comfortable. Appointments are well organised and there is plenty of equipment." Where a toe nail cutting assistant felt improvement could be made, or we found areas for improvement, such as a gap in a record, we found the organisation was already monitoring, through regular audit. For example, records were regularly checked and areas for improvement were fed back to the toe nail cutter. This showed the organisation's aim to recognise shortfalls in the service and take action to address them.

The ethos of the service, to help improve the lives of people over 60, was foremost in the way the service was organised. A health care professional said, "(The toe nail cutters) are really (person) focused."

Each service is required to maintain a Statement of Purpose. This document should provide the detail of what the service covers, and make clear what it does not include. When changes occur, the registered manager must notify the Care Quality Commission of the changes. The organisation had omitted to update its Statement of Purpose. This omission was quickly corrected during our inspection.