

Age Concern Malling

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Inspection report

Rotary House
Norman Road
West Malling
Kent
ME19 6RL

Tel: 01732848008

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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 12 February 2016. The inspection was announced.

Age Concern Malling is registered as a domiciliary care agency. At the time of the inspection only a foot care service was being provided. The foot care provided by the agency was toe nail cutting for people in the Tonbridge and Malling area. The agency office was situated in West Malling. This was a small service and at the time of inspection fifty two people were receiving support to meet their foot care needs.

Age Concern Malling offers a foot care clinic at a day centre five days per week. They have a dedicated room for people to receive assistance. Staff visit people in their own homes to provide the same service if they prefer.

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.

People who used the foot care service trusted the staff and felt safe in their hands. Staff knew their responsibilities in safeguarding vulnerable people from abuse. They made sure people knew they could talk to them if they had concerns.

The provider had made sure that any risks to people associated with carrying out the service had been identified and managed. Potential risks to staff when visiting people's homes had also been assessed and control measures put in place.

The provider followed safe recruitment procedures to ensure the staff they employed were suitable people to carry out their role. Enough staff were available to be able to run an effective service, responsive to people's needs. Staff had the training and supervision required to be able to perform well in their role. Their personal development needs were identified and supported within an annual appraisal system.

People made their own choices about how and when they accessed the service and this could be as frequent or infrequent as they wished. Staff supported people by making sure they had information leaflets available.

People and their relatives were very complimentary about the staff saying they were friendly and caring. If people needed more than their allotted appointment time as they wanted to chat, this was given without question. People's privacy was respected by staff who understood the importance of maintaining people's dignity. Staff understood their responsibilities in upholding confidentiality. Records were stored in lockable cabinets in a secure setting, only available to those who needed to access them.

People's needs and wishes were assessed and planned in relation to the foot care service they had

requested. A review of their experience and any change in circumstances were sought by staff at the beginning of each appointment.

The management team were visible and available on a daily basis. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Sound auditing systems and processes were in place to check the quality and safety of the service provided. This included the provider asking people for their views of the service on a regular basis.

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

People were protected from the risk of abuse as staff understood their responsibilities.

Safe recruitment practices were in place to protect people from being supported by staff who were unsuitable.

Sufficient staff were deployed to provide a safe and effective service

Is the service effective?

Good ●

The service was effective.

Staff had appropriate training to be able to carry out their role. The provider ensured staff had the support and development necessary to increase their competency.

People made their own choices and decisions about how their foot care would be carried out.

Is the service caring?

Good ●

The service was caring.

Staff were considered to be good listeners as well as kind and sociable. People's privacy and dignity was respected at all times.

People were fully involved in the planning of their foot care.

Is the service responsive?

Good ●

The service was responsive

An assessment was carried out with people before foot care was provided, followed by the development of a basic care plan.

People were advised of other services available if the provider felt unable to meet their needs.

Feedback was sought from people about their views of the service provided.

Is the service well-led?

Good ●

The service was well led.

The registered manager and nominated individual were aware of their responsibilities. They were available each day and supported staff well.

Systems were in place to monitor the safety and quality of the service.

The service had a clear set of values and these were being put into practice by the staff and management team.

Age Concern Malling

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 12 February and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was carried out by one inspector as this was a small domiciliary care agency. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

We also looked at notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with the registered manager and one staff member at the time of inspection. We also spoke to two people who used the service and one relative of someone who used the service after the inspection.

We spent time looking at four people's care records, one staff record as well as their training plans and records. We also looked at policies and procedures, complaints, accident and incident recordings and quality assurance audits.

This was the first comprehensive ratings inspection for this service since registration in March 2015. Prior to March 2015 they were registered at a different address, however, providing the same service.

Is the service safe?

Our findings

People who used the foot care service told us they had the same person to cut their toe nails every time. People were very happy with the service provided and said they felt safe. One person said, "I am delighted" and "I like people I can trust and I definitely trust her". Another person said "I feel very safe in her hands".

People and their relatives said they would have no hesitation in ringing the office if they had any concerns.

Staff not only provided the toe nail cutting service within a 'clinic' setting, they also visited people in their own homes. The registered manager and staff said being alert to safeguarding vulnerable adults was a key element of their day to day role. They took their responsibilities in making sure people were safe seriously.

The provider had an up to date safeguarding procedure in place detailing all the information needed for staff to follow should they have a concern they needed to raise. Staff had a good understanding of safeguarding and what their responsibilities were. They spoke of people they visited in their own homes who were quite isolated at times. For instance, people would often become quite relaxed as they got to know staff quite well. They would be able to trust them and chat to them about what had been happening since last time they had seen each other. If staff had any concerns about someone's safety or vulnerability they said they would raise it with the registered manager straight away. The registered manager confirmed the organisation were vigilant about safeguarding and the safety of people. Staff knew who to go to if they had a concern and the registered manager was not available. They knew who else in the organisation to take their concerns to. They were also able to name the relevant outside agencies such as the local authority and the Care Quality Commission. Staff told us it was important they were, "Being alert to people's mood and a good listener so people raise concerns if they have any". The registered manager and staff knew their responsibilities protecting vulnerable people in the community.

The provider had looked at the potential risks of providing a foot care service and had evaluated the risks. The service provided was nail cutting only as other foot care procedures were considered specialist techniques. The risks of cutting the nails of people who had specific health conditions such as diabetes and those taking anticoagulant or steroid medicines had been assessed. The provider had decided they were unable to provide to these higher risk groups of people.

The clinic room within the day centre was clean and well maintained. Infection control procedures were in place to keep people safe from infection. All equipment was sterilised after every use and stored appropriately. Records were kept detailing each appointment to ensure information was available to keep people safe. Staff had access to the correct personal protective equipment such as disposable gloves and aprons. People were protected from the risk of infection by staff following safe procedures.

Foot care guidance notes were in place for staff to follow for good practice. Written accounts of various nail conditions such as ingrowing toe nails were included within the guidance. In instances such as an ingrowing toe nail staff would be guided to advise the person to visit a chiropodist or other relevant health specialist. The health status of people was checked by staff each time they had an appointment to have their toe nails

cut. Making sure nothing has changed since their last appointment that may have an effect on the risks of cutting their nails. Such as a change in medicine or the diagnosis of a health condition. Staff made sure that they had up to date information to be able to mitigate any new risks to people who were having their toe nails cut.

Environmental risk assessments were carried out around people's homes when the first home visit took place. The environment the staff member would access was looked at to check if there were any risks involved in carrying out a home visit. For instance the access to the property was it clear and free from slips trips and falls hazards. Staff also checked if there were pets on the premises or if any of the people living there were smokers. Staff were expected to carry out a basic tick box risk assessment on every visit to gauge an awareness of risks on the day. This complemented the more detailed risk assessments that took place. The registered manager made sure that staff were safe from environmental risks when they were carrying out their role in the community.

A lone working procedure was in place to support staff when visiting people in the community. Staff were given access to a mobile phone and were expected to contact the registered manager or other delegated staff member by text. They would text when they arrived at their home visit and again when they left. They would text again on arrival at the next visit and again when they left and so on throughout the day. The registered manager received these texts and logged them to keep a check on times. If they did not receive a text it would alert them to a possible concern and they would act accordingly. The lone working procedure was in use during the inspection. The registered manager ensured the safety of staff when they were working alone in the community.

The provider had a business continuity plan which set out what the organisation would do in the event of an emergency. For instance inclement weather such as snow, the plan explained how the organisation would prioritise and distribute staff to the most vulnerable people in this situation.

One member of staff delivered the foot care treatment. The registered manager told us that as business increased they would recruit more staff as necessary. People either booked appointments in advance or rang when they were ready to have their toe nails cut again. Staff were therefore able to manage the workload accordingly. Booking appointments to suit the needs of people and working the hours required. The service provided was flexible to meet the needs of people.

Safe recruitment practices were in place to ensure only suitable people were employed to care for vulnerable adults. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Application forms were completed by potential new staff which included a full employment history. The registered manager made sure that references were checked before new staff could commence employment.

The regulated activity provided at the time of inspection was toe nail cutting only. The provider did not support people with other activities such as medicine administration.

Is the service effective?

Our findings

People said the staff were well trained and knew what they were doing. One person told us, "She knows exactly what she is doing – I would know if she didn't". Another said, "Yes, she seems to be well trained".

People were always asked how they wanted their nails cutting and where at the beginning of each appointment. One person said, "I am always asked if I am happy to do the same as last time". A relative told us, "She is always asked where she wants to sit by the staff member".

Staff had attended all the training necessary to be able to carry out their role including relevant foot care courses. Staff had also had the opportunity to spend time shadowing a chiropodist to gain further skills and knowledge in their specific role. Staff had previous experience of working in the community for many years and therefore had the appropriate level of experience for the position.

The registered manager had a training schedule in place setting out the training required and the dates when staff had attended the training. The plan identified when updates were required so dates could be booked at the appropriate times.

Staff had regular one to one supervision with the registered manager or chief executive. Items discussed included the staff member's training and development, concerns they may have or any support they required to carry out their role. The registered manager made sure staff had the opportunity to succeed in their position. They had the processes in place to support staff's training and personal development.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) training and had an update booked. Staff evidenced that they had a good understanding of the MCA. Staff explained how they supported people to understand information to enable them to make decisions. People made their own decisions about how often and when they accessed the nail cutting service based on their own personal circumstances and wishes.

The nature of the service provided meant that staff did not have a responsibility to support people with their nutrition and hydration or health issues. However, as staff were able to build good relationships with people, they would report any concerns they had to the relevant people. The service was unable to refer directly to a healthcare professional for a healthcare assessment should this be required. However, staff would signpost people regularly and this would include for example, the GP, district nurses or chiropody.

Is the service caring?

Our findings

People thought the staff were kind, caring and approachable. One person told us they were very happy with the service, "(the staff member) is lovely, very helpful" and "She always has a chat". Another person said, "She is very calming" and "She is very sociable, she is nice to talk to, the time wizzes by". A relative said, "She gets on well with the staff, they do a good job" and "She takes her time, she doesn't rush her".

Through other services they provided, the provider had found that a large group of people, particularly the elderly, were finding it difficult to maintain their own toe nails. Although considered to be a basic function, it could have a considerable impact on people's health and welfare if they were not able to do this themselves. For instance, it could affect people's ability to get around, either inside or outside of the home. This could impact on people's health due to lack of exercise and their welfare as they could become socially isolated. The registered manager told us that people may not want or need to access full chiropody or podiatry services. The organisation therefore provided a more basic service as they were keen to support people who found it difficult to maintain their own toe nails.

Staff told us they were always a listening ear as the time they spent cutting people's toe nails was a time of privacy between the two of them. They would chat about lots of things and people would often share personal information. For example good news they wanted to share or if they were worried about something. Staff told us, "People tell me about their lives and I enjoy listening to their stories".

Staff said they always spent time at the beginning of the appointment discussing with people what they were going to do. They would ask if there had been any problems last time or if they wanted to do things differently this time.

Staff would often spend longer with people than their allotted time and they tended to allow for this when booking appointments. As they were able to spend the time to get to know people well, they knew if someone was quite isolated for example and would want to chat more. Staff told us they would always give the extra time to people if needed. Staff said, "It's often not just about nail cutting". Staff said they were never discouraged from spending time with people. They said they were closely supervised but managed the appointments and their own time so were able to plan accordingly. The registered manager confirmed they knew more time was spent with people when this was considered important by staff. They talked about this as being an essential part of the service provided and something the organisation supported. This was evident during the inspection as appointments were taking longer than the allotted time.

At the end of the visit, people were given a card with the date of their next appointment. If a person did not want to make an appointment straight away the card had contact details so they could make an appointment when they were ready.

The provider had produced a comprehensive service user guide which was reviewed regularly to make sure it had up to date information included. People's rights while receiving a service were specified, including the privacy and dignity people should expect. Information about the organisation was included in the guide and

all the details a person needed to know including registration with the CQC. The terms and conditions and the breakdown of the costs of the service were plain and easy to understand. People using the nail cutting service were given the information they needed about what to expect from the provider and from the specific foot care service.

People's privacy and dignity were considered when carrying out toe nail cutting within the community. People would be in their own home and would choose where in their home they wanted to have the service undertaken. If people chose to come to the day centre for their toe nail cutting, a dedicated private room was available. A comfortable specialist couch was used and care was given to ensuring people were comfortable and their privacy and dignity were maintained. People did not have to walk through the day centre to attend an appointment. The nail cutting room was easily accessible through a side door supporting people's privacy.

Staff were aware of confidentiality and the importance of this within their role. People were always seen and spoken to in private. People's information was treated confidentially. Personal records were stored securely. Individual care records were stored in lockable filing cabinets in the registered manager's office.

Is the service responsive?

Our findings

People could be referred to the foot care service by someone such as a GP but also make direct contact with the organisation themselves. The nail cutting service was available for people living within the local authority area. People told us it was really helpful for them to find such a service. People said they had found out about the service by a leaflet through their door. They rang and were asked some details over the phone and asked what they wanted. Then an appointment was made.

An initial assessment was carried out with people before the service could commence. This may be over the telephone in the first instance. Staff would establish that the person needed support to cut their toe nails and they lived within the local authority area. A fuller assessment plan was undertaken to gather the information required. This would ascertain what the person wanted dependant on their individual wishes and needs. For instance, did they require a home visit or did they want to come in to the clinic. A basic medical history was taken to enable the registered manager to identify any health conditions that may prevent the service being provided. Other considerations such as allergies the person may have or a sensory impairment such as hard of hearing were explored. Personal details were taken such as the person's next of kin and for those requesting a home visit if they had a key safe in place. The assessment process supported staff to find out people's expectations and be able to provide what people requested.

An agreement detailing the service agreed was completed with people and signed by the person and the organisation. It was clear within the agreement that people could cancel at any time.

People had a basic care plan that was appropriate for the care provided. People were involved in the development of the care plan by advising staff how, when and where they would like the nail cutting service to be provided. People were able to change this whenever they wished, either at each appointment or by contacting the organisation in between appointments. A client contact sheet showed detailed recordings by staff of each appointment. The notes logged exactly the interventions that had taken place and what was discussed. A treatment sheet was completed after each appointment. This enabled the organisation to see at a glance what treatments had been carried out and when. The registered manager and staff made sure the planning and information was in place to provide a responsive service to people.

An annual review was undertaken to check if people wanted any changes made in the service provided. For instance people may have been attending the clinic and want to change to having a home visit due to a change in circumstances or health. The review was also a formal check of any changes to health or medicines that may affect the service provided.

No complaints had been raised about the foot care service. Staff would encourage people to raise a complaint if they did have concerns. Staff were advised to listen, to gather the facts, try to resolve quickly and to take a professional approach in their response. Staff told us all complaints should be documented and the manager made aware as quickly as possible. A complaints procedure was in place guiding people how to make a complaint. The service user guide, given to people who used the foot care service, described how people could complain and who to. The registered manager's contact details were listed together with

their manager's contact details and also how to contact external organisations such as CQC.

Is the service well-led?

Our findings

The provider had aims and objectives which set out the beliefs and values of the organisation. The services they provided were clearly set out, including the standards people could expect from the foot care service.

All the appropriate policies and procedures were in place to guide and support staff in the standards expected of them when carrying out their role. They were all reviewed on an annual basis to ensure the most up to date guidance and best practice was incorporated.

Staff understood their role well and also understood the structure of the organisation and the responsibilities of others such as the registered manager and the chief executive. Staff felt that they had good support from the management team and the provider. They said they had been given the opportunity to grow within the organisation and develop themselves. Although they work alone, staff said they had the support of staff within other parts of the organisation should they need it.

Team meetings were carried out regularly, the two most recent in September 2015 and in January 2016. These gave staff the opportunity for further support, keeping up to date with changes and to enhance their personal development.

Staff were aware of the whistleblowing procedure and told us they would be listened to if they raised a concern with the registered manager. They had faith that any concerns would be acted upon. Staff knew which other organisations they could go to if they needed to. They told us they would go to the local authority or CQC.

The management team were visible and available within the day centre every day. As the foot care service was run from the centre, staff had easy access to the registered manager whenever needed.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries and safeguarding concerns.

The registered manager had identified areas of improvement within their provider information return (PIR) and detailed how they planned to achieve these. For example, 'To start working closely with Doctors Surgery's, working in the surgery to offer the Foot care service and opening it up to the wider community, making sure we are promoting our services to other agencies'.

The registered manager spoke about plans to provide a bathing service to people in their own homes. They said this would extend the personal care offered to people in the community and a reason they wished to remain registered with CQC.

The provider had a comprehensive quality manual in place setting out the organisations objectives and the future strategy. A flow chart gave a visual guide to the process from referral to delivery of the foot care service.

The registered manager and staff had high standards and had a professional attitude to the role they carried out. The staff wore a smart uniform to aid cleanliness and to establish the approach the organisation thought was essential. The appearance of the staff was a clear message within the service user guide of the standards people could expect. They should expect to see a clean smart uniform, clean hair and finger nails and for the staff to have a professional attitude. This was evident during the inspection.

The provider had been awarded ISO 9001 accreditation in October 2015. ISO 9001 is a certified quality management system for organisations who want to prove their ability to consistently provide products and services that meet the needs of their customers and other relevant stakeholders. The process to achieve the accreditation was rigorous to attain. ISO 9001 will undertake a full independent audit again before October 2018 when it will be due to expire.

The registered manager checked the foot care service care files on a regular basis. Ensuring records were kept well and were up to date and relevant. Regular monitoring had ensured that people were being provided with a safe and good quality service.

The provider undertook audits throughout the year. The foot care service was the only activity being carried out at the time of inspection. However, the provider also ran a day centre and an independent living service. The independent living service provided support to people with domestic tasks in their homes. The audit cycle was planned across all of these services. The foot care service was fully audited by the provider once a year. Including a range of activities to check such as health and safety, care files, policies and procedures and surveys undertaken with people. The provider had an audit system in place that was effective in monitoring and improving the quality and safety of the service.

The registered manager contacted people by telephone six to twelve weeks after each appointment to check satisfaction of the service provided. All the responses we looked at gave positive views of people's experience. Comments included, "very happy with the service".

Payments for the foot care service were funded entirely by each person who accessed it. There was no involvement of external stakeholders such as social workers or commissioners. The provider therefore contacted only people who used the service for their views and feedback. This enabled the registered manager to analyse feedback from people and be able to improve service delivery. For example, the provider had plans to expand the foot care service. Intending to approach local GP surgeries to run a clinic from these. This would provide a local service for people in a convenient place.