

## Central Lancashire Age Concern

# Central Lancashire Age Concern - Nail Cutting 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

Central Lancashire Age Concern - Nail Cutting Service is a domiciliary care agency. It provides foot nail clipping and some fingernail clipping services to older adults, who live in the community. This is to support those who are unable to deal with these tasks themselves and to help them stay active and independent. The agency is managed from well-equipped offices located near to the centre of Preston. At the time of our inspection there were 297 people using the service.

The registered manager was on duty throughout our inspection. 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.

At the last inspection on 27 and 29 July 2016, we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection or on-going monitoring that demonstrated serious risks or concerns. However, at the previous inspection some recommendations were made within the key question of 'safe', which resulted in this domain only being rated as 'requires improvement'. At this inspection we found the provider had addressed the previous recommendations and therefore, the key question of 'safe' is now rated as, 'Good.' This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People we spoke with told us they felt safe using the services of Central Lancashire nail cutting service. We did not identify any areas of risk during our inspection. Those who used the service were protected from abuse and records showed the staff team had received training in safeguarding vulnerable adults.

People who used the service were protected by the robust recruitment practices adopted by the home. This helped to ensure only suitable staff were appointed to work with the vulnerable people.

New employees were guided through a detailed induction programme. Staff were regularly monitored through supervision and appraisals and a broad range of training modules were provided.

People were supported to have maximum choice about the delivery of the service and staff supported them in the least restrictive way possible; the policies and systems of the service supported this practice.

People looked comfortable and relaxed in the presence of staff members. We observed a staff member supporting one person in a kind and caring manner, ensuring their privacy and dignity was consistently protected. Staff members displayed a friendly and compassionate attitude towards those who used the service. People we chatted with expressed their satisfaction about the service provided and relatives spoke highly of the staff team.

The needs of people had been thoroughly assessed before a service was arranged. The care files we saw were found to be detailed and person centred. We observed a staff member at work in the community and found she followed the agreed plans in day to day practice. This helped to ensure people received the nail care they needed.

Records showed feedback from people had been actively sought about the quality of service provided. This was underpinned by regular audits, in order to monitor the quality of service provided. We found that a system was in place for the management of complaints, although none had been received. People we spoke with felt the service was being well-managed.

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 is safe.

Robust risk assessments had been implemented in order to protect people from harm.

### 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.

# Central Lancashire Age Concern - Nail Cutting 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 was conducted on 6 December 2018. We gave the service short notice of the inspection. This was so that someone from the service could be present during the inspection, to provide us with the information we needed. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Before this inspection we checked all the information we held about Central Lancashire – Nail cutting service. We are required by law to be notified of any significant incidents. However, there had not been any reportable incidents and therefore it had not been necessary for the provider to send us any notifications.

A Provider Information Return (PIR) had been requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used a planning tool to collate all this evidence and information prior to visiting the home.

We requested feedback from two community professionals. This helped us to gain a balanced overview of peoples' experiences. We also spoke with twelve people who used the service and two relatives. We further discussed the service provided with the managers of the service and four staff members, who at this service are nail cutters.

We checked the care files of ten people who used the service and the personnel records of all four staff members. Other documents we examined included staff training records, policies and procedures, as well as those related to the monitoring of the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe whilst using Central Lancashire nail cutting service. Comments we received included; "I am more than happy with the girls who cut my nails. They are very trustworthy"; "She [nail cutter] is very obliging. She has never hurt me" and "It is a marvellous service. The girl who cuts my nails considers my safety all the time she is here."

We noted that staff wore uniforms and name badges, so they were easily identifiable. People who used the service confirmed that staff had name badges on when they visited them at home.

Policies were in place in relation to equality, diversity and safeguarding procedures. Staff we spoke with were very knowledgeable about people's needs and knew each individual well. Records showed the staff team had received training in safeguarding vulnerable people and whistle blowing procedures. Those we spoke with had good knowledge of safeguarding principals and were confident in making a referral should they be concerned about the safety of someone who used the service.

Systems were in place to ensure safeguarding referrals would be made, should this be necessary.

We found that people's assessed nail care needs were being appropriately met. The care files we saw demonstrated clear strategies had been implemented, so that any potential risks to the health and social care of those who used the service were eliminated or reduced. These risks were reviewed at the start of every visit.

The service did not administer any medicines but each person who used 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 medicines had changed, the nail cutter sent an alert via the treatment record for review by the podiatrist to ensure the person was still eligible for the service.

Policies were in place in relation to infection control. These were being followed in day to day practice and staff had received training in this area. We observed a staff member at work within the community and we found that Personal Protective Equipment (PPE) was used, in order to maintain good standards of hygiene. We noted that people who used the service had their own clippers and files as was required. These remained with the person at home for when the support staff attended to cut their nails. This helped to keep people safe and free from harm.

No accidents or incidents had been recorded, as none had occurred. However, a system was in place for the recording, reporting and monitoring of accidents and incidents, so that any developing patterns could be quickly addressed and lessons learned when things went wrong. Emergency plans were in place for staff sickness and absenteeism, as well as the management of emergency situations. We were told of prompt action taken by one member of staff in an emergency situation, which saved a customer's life.

We found the service had sufficient numbers of staff to keep people safe and meet their needs. The

recruitment practices adopted by the home were robust. Relevant checks had been conducted before potential staff were appointed. This helped to ensure only suitable staff were recruited, so that people were kept safe. The policies of the home demonstrated that disciplinary procedures were in place for incidents of staff misconduct.



## Is the service effective?

### Our findings

People we spoke with told us staff who visited them always met their nail cutting needs. One person told us: "The lady who cuts my nails is so gentle. She is an inspiration. She also writes my appointments on my calendar for me, so I don't forget when she is coming next." Another commented, "I was struggling to cut my own toe nails. The lady who comes is very, very good. She is extremely pleasant, and I feel very comfortable with her. My feet are much better now."

Records showed that people had consented to the service provided and we saw the nail cutter asking for verbal consent prior to commencing the activity. Referrals to the service were made by health care professionals or people were able to contact the service directly if they wished to do so.

We asked the provider if anyone using the service lived with dementia and they confirmed there were. We asked how consent had been gained for these people. The provider had considered the implications of this and had therefore ensured best interest decisions were appropriately made and that nail cutting was only carried out in the presence of a family member.

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. In domiciliary services any applications to deprive someone of their liberty must be made through the Court of Protection. The service had not made any applications as none were needed at the time of this inspection.

We saw the service had a detailed induction programme in place for all new staff, which they were required to complete prior to working unsupervised. Staff were recruited on a six-month probationary period, so that they could decide if they wished to continue nail cutting and the provider could establish if they were suitable for the role for which they had been appointed. All staff we spoke with told us they felt supported by managers and had access to relevant training.

People told us they were confident in the abilities of staff members. One person said: "She (nail cutter) is experienced and able to do her job very well."

We were told and saw evidence that staff received clinical support from the podiatrist on a six-weekly basis. Their competency was assessed at this time and formally every six months. This helped to ensure all staff continued to be competent and skilled in their job.

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 the 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.

## Is the service caring?

### Our findings

Staff understood the needs of people they supported and trusting relationships had evidently been developed. Those who used the service described staff as, lovely, helpful and kind. Comments we received from them included, "The service is excellent. The person who comes to cut my nails is wonderful. I am so glad I got to know about the service"; "It is brilliant. I cannot fault it" and "My privacy and dignity is always respected."

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, "She [nail cutter] is so cheerful. We always have a good laugh. She makes me so happy."

We were told by people who used the service and by the provider that people could change the time of their visit if they needed to. People told us they felt involved with how their support was provided and that they were satisfied with the level of communication from the service. They told us they were happy with how the service was delivered and that their independence was promoted as much as possible.

We asked people how staff treated them when they were in receipt of the service and everyone told us staff were respectful and polite. We observed one member of staff working in the community and found she approached people in a kind and caring manner, whilst respecting their privacy and dignity. She provided clear explanations prior to carrying out any activity and was thoughtful about providing good information throughout the process.

## Is the service responsive?

### Our findings

A podiatrist was responsible for conducting an initial assessment before people began to use the service. This assessment took account of the service required, the person's current healthcare needs and medication. This helped to determine if the service was suitable for people's needs. If more professional input was required, then the individual would be advised accordingly. Once a nail care package had been agreed then the podiatrist conducted regular assessments to ensure circumstances had not changed. People who used the service had a paper treatment record, which was taken to each appointment. This was updated following each visit. The support records provided staff with information about the person, rather than solely about the condition of their nails and the treatment required. This made the records person centred and more informative, which followed best practice guidelines.

In between the podiatrist's assessments the nail cutting staff reviewed each person's needs during each appointment informing the podiatrists of any changes.

The provider offered support in signposting people to other local community services, as and when required. If people who used the service were in receipt of any short term changes in need, including the use of some medications the service rescheduled appointments to ensure people received the service when they were eligible.

A system for recording and managing complaints and informal concerns was in place. We saw evidence to demonstrate how complaints would be reviewed, investigated and responded to. However, there had been no complaints received at the service since the last inspection in 2016.

The service had a computerised system installed, where a variety of documents were stored and these were accessible by all staff. There was a good system in place for staff to book appointments for customers through outlook on their mobile phones.

## Is the service well-led?

### Our findings

The registered manager was on duty on the day of our inspection. He was helpful and cooperative throughout the inspection process. Records we needed were ready on our arrival and any additional information requested was provided promptly.

The registered manager had proven experience working with Age Concern and we found they were receptive to feedback and keen to improve the service. The management team had a clear improvement plan in place and were working together to improve the service for the people who used it.

We found all the staff members we spoke with reported a positive staff culture. Staff felt they were listened to and supported by the management team. They spoke highly of the managers of the service and all were happy working for Central Lancashire nail-cutting service.

Confidential records were kept securely and we found that audits had been conducted with any actions needed to improve the service being clearly recorded to promote lessons learned. This helped the registered manager to assess and monitor the quality of service provided, so that people who used the service received a good standard of care.

There was good communication between all members of the staff team and customers of the service. We saw management sought feedback from people who used the service and their relatives through annual survey questionnaires. The staff team met up each week to discuss any topics of interest or areas of concern. This also enabled any relevant information to be passed on and provided staff with a supportive network.

Policies and procedures were reviewed annually and updated on the management system, including whistleblowing and safeguarding. Visions and values had been embedded throughout the service and good community links had been established with health and social care professionals.

One nail cutter told us, "[Name of a manager] works with us very closely. Communication is fabulous. We have a good team. Managers are always approachable and readily available," The nail cutters and managers of the service have developed a code should a nail cutter be in difficulty whilst lone working.