Age UK Somerset

Ash House

Inspection report

Ash House, Cook Way
Bindon Road
Taunton
Somerset
TA2 6BJ

Website: www.ageuksomerset.org.uk

Date of inspection visit:
06 January 2016

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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 06 January 2016. The provider was given 48 hours' 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.

The service provided from Ash House is run by Age UK Somerset and is registered to provide a toe nail cutting service in clinics and people's own homes. The Care Quality Commission regulates the toe nail cutting service provided to people in their own homes.

The last inspection of the service was carried out in September 2013. No concerns were identified with the service being provided to people at that inspection.

There is a registered manager in post. 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.

During our inspection we gained the views of people and staff employed by the organisation by talking to them over the telephone.

People told us they received a safe and reliable service from staff who were trained to provide a service that met their needs. The staff team was well established which meant people received a service from staff they knew and had been able to build up a relationship with. Appointments were made in advance so people were able to make their own choice about when and at what time the service was provided. Staff would ring and check they were still available just before they visited.

The provider had a robust recruitment procedure which minimised the risks of abuse to people. Staff said they knew how to report any concerns, and people who lived at the home said they would be comfortable to discuss any worries or concerns with the manager.

People were protected from the risk of cross infection as they were all provided with their own nail clippers and files. Staff did not use generic equipment and there were clear guidelines on cleansing clippers after use. For those people who did not want to keep their clippers in their own home, a storage system with labelled bags was used to ensure people's toes were only cut with their personal clippers.

Staff monitored people's health and ensured they were referred to their GP for any condition they identified. Staff always checked people with diabetes had received their annual foot check. If this had not taken place they contacted the appropriate health care professionals to make sure an appointment was made.

Changes in people's health and medication were responded to as the service could not be provided to

people on specific medication. If this occurred they would be referred to the podiatry team for a reassessment of their care needs.

There were systems in place to monitor the service provided and action was taken when shortfalls were noted. For example the organisation had introduced a system to record the actions taken and issues discussed during one to one supervision with staff.

The service had a complaints policy and procedure which was available for people and family members. People said they were aware of how to raise a complaint and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

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.

There were adequate numbers of staff to provide the service safely.

There was a robust recruitment procedure which minimised the risks of abuse to people.

People were protected from the risk of cross infection through the thorough protocols in place.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to effectively provide the toenail cutting service to people.

People's health needs were monitored and referrals were made to health care professionals if necessary.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to provide a reliable service to people.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about the service provided.

Is the service responsive?

Good

The service was responsive.

The service provided was responsive to people's needs and personalised to their wishes and preferences.

People knew how to make a complaint and said they would be

comfortable to do so.

Is the service well-led?

Good

The service was well-led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People received a service from a team that was well led with high staff morale.

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 inspection took place on 06 January 2016. The provider was given 48 hours' 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 the service.

The service provided from Ash House is run by Age UK Somerset and is registered to provide a toe nail cutting service in clinics and people's own homes. The Care Quality Commission regulates the toe nail cutting service provided to people in their own homes. At the time of the inspection approximately 93 people were receiving the service in their own homes.

The last inspection of the service was carried out in September 2013. No concerns were identified with the service being provided to people at that inspection.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with five people, one relative, and three staff members over the telephone. We also spoke with the registered manager and care manager, and a quality operations manager.

We looked at a selection of records which related to individual care and the running of the service. These included six care records, three staff personnel files, minutes of meetings and records relating to the quality monitoring within the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the service they received in their own homes. One person said, "I have never had any concerns." Another person said, "I know who is coming and I have never had any issues."

People were supported by adequate numbers of staff to meet their needs and keep them safe. Records showed there was sufficient numbers of staff to provide a consistent service to people. Staff members were allocated a list of people and they arranged the appointments with people themselves. This meant people could be reassured they would meet the same staff member each time and at a time that suited them.

People always knew in advance who would be visiting them and the service would communicate with family members if extra support was required to maintain the person's safety. For example on some occasions appointments were made to coincide with the visits from community support workers if physical assistance to move was needed.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service provider. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files showed new staff did not commence work until all checks had been carried out.

People were protected from harm because staff had received training in recognising and reporting abuse. Records showed safeguarding training had been provided at team meetings when staff had been able to discuss the procedures in place. All staff spoken with said they felt they could discuss any issues they may have with the managers at the office in Ash House.

People's care records showed that clear protocols were in place for staff to follow to reduce risk. For example the care records showed staff checked for any changes in medication and health conditions, as people on specific medication could not receive the toenail cutting service. Generic risk assessments were also in place to protect both the people receiving the service and staff members. An initial assessment was carried out by the podiatry team from Somerset Partnership NHS Trust; they informed the service provider of any risk. For example there was clear guidance for staff on the action to take if they caused a bleed during toe nail cutting and appropriate equipment was provided. One risk assessment was in place for the risk of particles entering staff member's eyes. All staff had been provided with the use of goggles, and the provision of goggles that would fit over glasses was also in place. The use of goggles had been discussed at a staff team meeting so all staff were aware of the procedures in place. We also saw risk assessments for lone working and safe environment.

People were protected from the risk of cross infection as they were all provided with their own nail clippers and files. Staff did not use generic equipment and there were clear guidelines on cleansing clippers after use. For those people who did not want to keep their clippers in their own home, a storage system with

labelled bags was used to ensure people's toes were only cut with their personal clippers.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "I think they know everything they need to know." Another person said, "They have been trained to do the job in hand, no complaints there."

All staff received training from the podiatry team before they carried out the toenail cutting service alone. They were also observed at the clinics before they were signed off as competent to work alone. One staff member said they found the training very good, they told us, "I didn't feel I was being sent out to do anything I was not trained to do. It was detailed enough to know exactly what I could and could not do." Staff also attended team meetings when additional training could be provided, for example at one team meeting staff had discussed dementia awareness and safeguarding vulnerable adults. The care manager confirmed they would be providing further dementia awareness for staff. The training had been beneficial with understanding people in the community living with dementia. One staff member said they were looking forward to more dementia awareness training.

People were supported by staff who received one to one supervision and observations of their ability to carry out the service provided competently. One senior member of the team carried out supervision visits in the clinic. All staff members providing the service in people's homes also carried out the service at the clinics, so they all received regular supervision. The care manager confirmed they had recently developed a recording system to show the areas discussed and observations made. At the time of the inspection supervision and observation meetings were not carried out in people's homes. However the care manager confirmed there were plans in place to introduce this. This meant people would also be able to comment on the service provided to a senior member of the team.

Staff monitored people's health and ensured they were referred to their GP for any condition they identified. For example staff always checked people with diabetes had received their annual foot check. If this had not taken place they contacted the appropriate health care professionals to make sure an appointment was made.

The care manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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.

Staff rarely provided a service for people who lacked capacity to agree to treatment. The initial assessment of capacity was carried out by the podiatry team before they were referred to Ash House, any issues would be recorded in the persons care record. The care manager confirmed on occasions they would provide a service for a person whose consent was obtained from a family member. For example, one person always had their partner present. Staff confirmed they obtained consent at every visit before they started the service and records showed they had a clear protocol to follow. This showed the first thing they ticked on the

person's record was "obtain consent". People said they were always asked if it was "ok" to proceed before toenail cutting started.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who showed patience and understanding when they visited to provide the service. Everyone was very complimentary about the staff who visited them in their homes. One person said, "They are all very kind and polite, they respect me and my home." Another person said, "Never a cross word always happy cheerful and polite." One relative said, "I think they come across as caring. They check [the person's] health is ok and ask if they are happy. They are always very caring in the way they talk."

People and staff told us they were able to build up a friendly rapport as they always saw the same people and changes were few and far between. This meant staff got to people individually and were able to recognise and discuss any issues. For example one record showed how the staff member had recalled the person had been unwell at their last visit and had asked the person how they were and if there was anything else they could arrange for them.

People were treated with respect and dignity. When people received the service it was provided discreetly in the room of their choice, one person said, "They always ask where I would be happiest to sit and they will keep it all very private and low key."

There were ways for people to express their views about the service provided. A system had been developed for people who visited the clinics to express their view about how well the team worked and whether any improvements were required. The care manager confirmed they had also developed a system that would be rolled out with people receiving the service in their own homes. They also planned to arrange for the staff supervision visits to include a conversation about people's views.

The appointment card given to people after each visit had also been revised to include the contact details for Ash House. This meant people could feedback any issues, either concerns or compliments, directly to the managers.

Good

Is the service responsive?

Our findings

People's care was responsive to their needs and personalised to their wishes and preferences. The initial assessment was carried out by the podiatry team at Somerset Partnership NHS Trust; all information was then passed to the Ash House team. Records showed people's personal health issues had been addressed and personal preferences included. One person said, "They take me into consideration and always listen to what I have to say."

Because this was a service provided in people's homes they were able to make decisions about the date and time of day they received the service. People often started to receive the service at one of the clinics in their area. Their needs were regularly assessed to ensure the process met their needs. When people began to find travel to and from the clinics difficult the home visit service could be put into place. This could be permanent or on a temporary basis. For example one person had experienced health problems that had prevented them from visiting the clinic. They had received a home visit service until their health improved enough for them to return to the clinic.

Staff responded to changes in people's needs. For example, one person had been identified as having a fungal infection in their toe nail. A referral to their GP had been made and the appropriate medication prescribed. Progress was noted in their record at the next visit. Any changes in the person's foot care needs were referred to the podiatry team for re-assessment in case they required the input of a chiropodist.

Staff arranged for people to be reassessed if they felt they were no longer able to meet their needs. People would be referred back to the podiatry team for re-assessment so appropriate foot care could be provided.

Each person received a copy of the complaints policy when they started to receive the service One person said, "I have never needed to complain but I do have the contact details for their office and I can go back to my GP if I was unhappy." One relative said, "I have no complaints, what you get is what it says on the tin. I have contact details if I need to call them but never had any reason to."

There was clear documentation to show a complaint or concern had been received and how it had been managed. Complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt. This showed the service listened to, acted on and learnt from any concerns raised.

Good

Is the service well-led?

Our findings

People were supported by a team that was well led. The registered manager was supported by a care manager and office staff. All staff told us there were clear lines of responsibility. Staff also confirmed they had access to a senior staff member to share concerns and seek advice. The senior staff member worked as part of their team which enabled them to monitor staff competency.

People and staff all told us the registered manager was always open and approachable. They felt they could ring the office to talk with someone at any time.

Everybody spoken with said they felt the service was well run. They all spoke highly of the way the service considered their needs before their own. One person said, "It all seems very well run nothing to complain about at all."

The organisations vision is for, "all older people to experience fulfilment and satisfaction in later life." The toenail service is just a part of this vision providing a service for people to enable them to maintain some independence within the community.

There were quality assurance systems in place to monitor the service provided, and plans for ongoing improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. For example changes had been made to the way the organisation recorded staff supervision and one to one meetings. The quality audit system identified the meetings had been carried out but did not identify the areas discussed and any issues arising. Also training records showed training had been carried out but needed to be more in-depth to identify when up dates were required. These issues were now being addressed. This showed the organisation recognised when shortfalls happened and took action to address them.

Any accidents or incidents were reported to the care manager and an analysis made to identify any common themes or patterns.

The management team kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff on a daily basis or at staff meetings/supervision. This helped ensure staff were aware of, and followed current best practices.

People were supported to share their views of the way the service was run. A customer satisfaction survey had been carried out with people who visited the clinics, and people were very complimentary about the service they received. This was also being rolled out to the people who received the home visits.

The organisation had not needed to inform the Care Quality Commission of any significant events; however, the registered manager was aware of their legal responsibilities.