

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Central Lancashire Age Concern - Nail Cutting Service

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3XT

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Date of Inspections: 09 June 2014
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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Central Lancashire Age Concern Limited
Registered Manager	Mrs Beverley Anne Fox
Overview of the service	The agency Central Lancashire Age Concern - Nail Cutting Service is managed from well equipped offices located near to the centre of Preston. Foot nail clipping and some fingernail clipping services are provided in people's homes to support people who are unable to deal with these tasks themselves in order to help them stay active and independent.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 June 2014 and 9 June 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information sent to us by local groups of people in the community or voluntary sector.

What people told us and what we found

This inspection was completed by one Adult Social Care inspector. The inspector gathered evidence against the outcomes we inspected during the course of two working days, to help answer our five key questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection. We visited the main office to look at records. We then visited and spoke to people who used the service in their own homes and also by telephone. We also spoke with people's relatives and staff employed by the agency.

The service is registered to provide the regulated activities of Personal care to support people to remain active and live independently in the community.

If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

We found that people who used the service and their relatives had been fully involved in decisions made around their personal care. One person who used the service told us "They asked me what I wanted and told me what they could provide. The girl that comes in is lovely, it's like having a friend round".

People we spoke with who used the service told us they felt safe with the staff in their homes. Staff wore a uniform to identify themselves and reassure people. Staff we spoke with had a good understanding of infection control and preventative measures which helped to keep people safe.

A full assessment of people's health needs was carried out before any service was provided. We saw that people were kept safe by regular reviews of their health condition.

Staff felt well supported by the manager and senior staff, and were confident in reporting any concerns.

Is the service effective?

Following an initial question and answer assessment the health and personal care needs of those who used the service had been thoroughly assessed by a qualified podiatrist (a person trained in the care and treatment of feet and foot diseases). People who used the service told us that the manager had spent some considerable time completing the initial assessment. One person told us: "She went through all my medication and discussed my medical conditions".

Relatives we spoke with confirmed with us that a full assessment of needs had taken place.

People who used the service told us that staff met people's needs in a friendly and relaxed manner and that they looked forward to the visits. We saw from records that future appointments were arranged in advance during the visit. People we spoke with told us that they always knew when the nail cutting staff were due.

We saw evidence that the service assisted people who used the service to access other forms of health care when required. We saw from records that regular contact had been maintained with other health and social care professionals in order to provide safe and effective care.

Is the service caring?

We visited and spoke with people who used the service. We also spoke with people by telephone. We asked about the care they received. All of the feedback given to us was positive. People told us staff who visited them were caring and they were happy.

Staff we spoke with told us that they loved their job and felt well supported.

We looked at care files for people who used the service and found that information was recorded in a person centred way. Risk assessments were in place and files contained sufficient information for staff to meet the needs of people who used the service. A reassessment of people's needs was carried out every 18 months.

Is the service responsive?

People's preferences in terms of visit times and punctuality had been recorded and care and support had been provided in accordance with people's wishes.

We saw that the company had taken note of people's comments and made changes to the service where required. For example due to people's comments they had introduced a finger nail cutting service as well.

Is the service well-led?

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The manager held regular staff meetings. Checks and audits were carried out by the manager and senior staff. Staff received regular one to one supervision.

The service had a quality assurance system. Records showed that identified problems and opportunities to change things for the better were addressed promptly. People who used the service told us who the service engaged with them to ask for feedback on the service provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During our inspection of we visited the agency office, where we spoke with the manager and staff. We looked at the care files of four people who used the service. We visited people in their own homes and spoke to others by telephone. We also spoke with one relative about the care their relative received.

We were told: "They always ask me before they do anything". "I remember signing a consent form". And: "Oh the girls have all been lovely particularly [named], we look forward to [named] coming".

One relative told us: "They have been great I'm going to ask if they can do mine too".

We spoke with the manager about how people were involved in the planning of their care. We were told on receipt of a referral a trained podiatrist would visit the person and carry out a full assessment of needs. If accepted for the service then people were asked to sign a consent form. Where people were unable to do so then a next of kin or relative was consulted. If necessary they would sign on behalf of the person concerned.

We examined the records for four people who used the service and saw copies of the consent forms. All had been signed by the person who used the service or their relative to indicate that they had been involved in and agreed to their care plan.

Staff had all received training in the basic principles of the Mental Capacity Act 2005 (MCA). The MCA provides legal protections for those people who may not have the capacity to make some decisions for themselves around their care and treatment.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During our inspection of we visited the agency office, where we spoke with the manager and staff. We looked at the care files of four people who used the service. We visited people in their own homes and spoke to others by telephone. We also spoke with one relative about the care their relative received.

People told us: "It's such a valuable service. I can't reach my feet, never mind cut my nails". "A person came out and asked me all sort of questions about my health and my medication". And: "Someone comes out once a year to re check my condition and health.

We were informed by the manager and staff we spoke with that where people referred to the service had some medical conditions, such as diabetes or Rheumatoid Arthritis, or where they were taking certain medicines such as Steroids or Warfarin, then the service could not be provided. Such people were however referred onto a NHS based service. We saw the full list of conditions and medication. All of which were covered by questions on the initial assessment.

We found from records we looked at that a qualified podiatrist had been out to see all people referred to the service to check on their health and medication. These assessments were reviewed every 18 months to make sure that people's condition and medication had not changed. We saw that these assessments were clearly recorded in people's records.

Staff we spoke with told us that each time they visited someone. Before they clipped any nails a brief check list was completed in respect of changes to medication and health. Any changes were noted and if necessary referred back to the office and a visit by the podiatrist would be take place. This ensured that any recent changes were picked up on in between full reviews.

We saw from records that where during a visit staff had noticed or been told about a foot condition which had arisen then an immediate referral was made to the podiatrist. For example we saw that on person had reported a problem to the visiting nail cutter on 11 February 2014. We saw the written referral to the podiatrist along with the record of the

podiatrist's visit some weeks later.

Staff told us that they had received a complete induction which had included details of various foot infections and nail cutting techniques. One staff member told us "I get regularly re assessed, and sometimes a senior member of staff will come out with me to watch how I clip people's nails. They are also introducing a theory test based on our induction and handbook".

We saw from records and certificates that staff had received training in other areas such as first aid, lone working, the safeguarding of vulnerable adults as well as regular updates from the podiatrist about nail cutting. One staff member told us: "I get loads of training". This helped to ensure that staff were suitably equipped to provide the service required in a safe manner.

Staff spoken with were able to discuss the needs of people in their care and they were able to tell us about the different personalities habits of people they cared for. One member of staff commented, "I just love my job".

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

During our inspection of we visited the agency office, where we spoke with the manager and staff. We looked at the care files of four people who used the service. We visited people in their own homes and spoke to others by telephone. We also spoke with one relative about the care their relative received.

We were told: "They put paper down and then after each foot, they wrap it up and dispose of it in the bin before they put another down to do the other foot". "They always wear gloves". And: "I have my own kit in a little plastic wallet which I put to one side. It has my own set of clippers in it. They know where it is".

The manager and staff we spoke with told us that once accepted by the service, people were provided with their own clipper pack which contained nail clippers and a nail file which was for their own personal use. The visiting nail cutter would always use this set of equipment. People who we visited who used the service were able to confirm that they had been given a clipper pack and one person showed us the pack and its contents. This helped to prevent infection control and meant that staff did not have to use any form of sterilisation process on site.

Staff we spoke with told us that they had received training in infection prevention and control. They were able to describe the precautions they took whilst in people's homes. These included use of gloves paper towels and hand gel.

We saw the training matrix which showed that all staff had received training in infection control. All staff had undergone full training with an NHS podiatrist. We saw certificates which confirmed that staff had received training and looked at the staff handbook which contained detailed information about infection control and the use of Personal Protective Equipment (PPE).

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported and given the knowledge to deliver care safely and to an appropriate standard.

Reasons for our judgement

During our inspection we visited the agency office, where we spoke with the manager and staff. We looked at the care files of four people who used the service. We visited people in their own homes and spoke to others by telephone. We also spoke with one relative about the care their relative received.

We were shown the latest staff training manual which contained chapters on medical conditions such as diabetes and hepatitis, medications, infection control, record keeping and basic foot assessment. This manual was regularly updated and the manager informed us that they had just introduced written theory tests based on this manual. We were shown one of the questions sheets. This helped to ensure that the staff team were as up to date as possible in their knowledge.

One member of staff commented, "I get all sorts of training". And: "The training and preparation for the job is really good".

Staff told us that they received regular one to one supervision from their line manager. This would cover foot care and any other areas such as welfare and training needs. Staff received training sessions with the qualified podiatrist twice a year and thought the new written test was a good idea.

Staff meetings took place at regular intervals. One staff member told us "[named person] makes notes. We had one last week". The manager informed us that due to the small number of staff and the days off people had they always held the meetings on different days of the week to ensure fairness.

Staff we spoke with told us they felt well supported to perform their role.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We visited people in their homes during this inspection and spoke with people and their relatives about the service and whether or not they had opportunity to give feedback to the service about the care and treatment they or their relative received.

We were told: "I don't remember having completed a survey but that doesn't mean I haven't". "The girls are always asking me how I am and if I need anything". "Yes I've been asked several times how I think they are doing". "And: "I had a telephone call from someone at the office asking me about the service".

We spoke with the manager about the systems in place to measure the quality of the service. We were informed that regular telephone evaluations were completed by age concern volunteers. Staff always left a questionnaire with people each time they visited which could be completed and sent back into the office.

We looked at 32 of the telephone evaluation forms completed during 2014 and comments were all positive. People had said: "I had to cancel because of diabetes, but if my health improved I would want them back". One person had mentioned that the times in between visit had now increased to between 8 and 10 weeks. We asked the manager about this who explained that she was aware of this but due to the popularity of the service they were receiving high numbers of referrals which had meant they had no option to increase the time gaps in order to fit everyone in.

We looked at 29 written questionnaire forms which had been returned to the office in 2014 again all were complimentary about the service.

These systems allowed the people who used the service and their relatives to make comments about the service they have received.

We saw from records and were told by the people we spoke with that the manager and senior staff regularly audited and checked the care plans of people who used the service to make sure their needs were met. Shadowing visits were done by the qualified podiatrist

on nail cutting staff to ensure quality of practice.

A range of other audits and checks were carried out by the manager. We looked at a document kept by the manager which continually monitored the quality of the service and recorded all incidents of significance. We saw on incident where a member of staff had been struck in the eye by a piece of nail clipping. A full range of risk assessments had been completed in relation to this incident and advice sought from clinical experts. This had resulted in staff being offered the use of protective glasses or goggles. This showed that the management team learnt from incidents and took appropriate measure to address concerns.

The company had a complaints policy. We saw that where any comments or complaints had been made these had been acted on and dealt with to the satisfaction to the person who had made the complaint.

Over all governance and quality of service were monitored by age concern Quality Standards and Service Delivery Committee and also the Board of Trustees.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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