

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

Arkwright House, Stoneygate, Preston, PR1 3XT

Tel: 01772552850

Date of Inspection: 30 May 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to 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 care services are provided to support people to 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 30 May 2013, checked how people were cared for at each stage of their treatment and care and sent a questionnaire to people who use the service. We talked with staff and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

We looked at a significant number of returned questionnaires people using the service had completed in January 2013 and comments people had made using the service comments, compliments and concerns.

People reported they were very happy with the service and staff had been polite and helpful.

People had been supported to maintain their independence and improvements were noted in people's 'confidence', 'mobility' and 'improved well being'. They commented 'Excellent service from a caring team. Not only does she do my feet but she leaves me feeling good about myself'.

Good risk assessments were carried out to ensure people were not placed at risk and were receiving the right level of support.

Appropriate checks were undertaken before staff began work and staff could only practice after they had been trained and assessed as competent in safe nail cutting.

Contractual arrangements meant staff were not allowed to accept gifts, or gain in any way financially from people using the service.

There were arrangements in place to monitor and assess the quality of the service provided and people were regularly consulted to give their views. There were clear lines of accountability for practice. This meant people were cared for by a well informed organised team.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We asked the registered manager how people were referred to the agency. We were told Age Concern Central Lancashire delivered a number of services which promote independent living and promoted quality of life whenever possible, and the nail cutting service was just one of them. They had an 'open' referral system which meant any person could make a request for the service.

To support people understand the care, treatment and support options available to them, they had received an assessment of their need that consisted of a lower limb and general health assessment. A podiatrist (a person trained in the care of feet and the treatment of foot diseases) carried this out.

People who use the service were provided with an information leaflet about the service and their treatment. This included any cost incurred and how to raise a concern or complaint about the service and how it would be dealt with. People would be expected to have a personal nail cutting equipment as part of agreement to use this service.

People using the service were also given information informing them of their rights whilst they were receiving care and support and what they could expect. For example their right to confidentiality and the agency's commitment to provide a service that treated people with dignity and respect. We looked at the agency confidentiality, equality and diversity and equal opportunity policies.

The manager told us the service was available to all people but criteria for acceptance was set to protect people. Exclusion to the service was in relation to people's health, for example diabetes or people on certain medication such as Warfarin that would require a more specialist approach to nail cutting. People were supported to have their say in how they wanted staff to support them for example times of visits. Support provided for all activities was risk managed. Where people were unable to make decisions or consent to their support, this was taken into account. We saw examples where a family member

acted in their relatives' best interest and had arranged this service for them.

We found periodic surveys had been conducted to gather people's views. We looked at a significant number of returned questionnaires people had completed in January 2013. We also looked at 'comments, compliments and concerns feedback returned to the agency. We found all people were very happy with the service they had received. Staff had been polite and helpful. Appointments were kept in a timely manner and the service met with people's expectations. People had been supported to maintain their independence and improvements were noted in people's 'confidence', 'mobility' and 'improved well being'. Comments included, 'Has more happy feet', and 'I'm completely satisfied with the foot care/nail cutting service she provides'. 'I would like to say thank you very much for the great service given as for the last few weeks I have been housebound'. Staff were described as 'very professional', 'polite' and 'helpful'.

The manager told us people's comments were taken seriously and as a result of listening to what people wanted, they had introduced a hand nail cutting service.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

Reasons for our judgement

We looked at comments made in the agency quality monitoring survey that had been carried out. These included, 'Excellent service from a caring team. Not only does she do my feet but she leaves me feeling good about myself'. 'We are completely satisfied with the foot care, nail cutting service. She is always reliable and professional. Her caring personality is an added bonus'.

We were provided with various records to look at that included people's assessment and treatment plan and a selection of visit records that were maintained and returned to the office. People's initial assessment had been completed by the podiatrist. They were clear in content and included a medical history, medication and lower limb assessment. Where people had health care needs this was recorded and updated at every visit. Risk assessments were completed. These identified potential risks to peoples well being and safety, and we saw evidence staff were made aware other treatment people were receiving and any domestic arrangement such as pets.

People were given appointments every six to eight weeks. Staff providing the nail cutting service visited the same people. We spoke to a member of the staff team. They told us "It's excellent working here. You have plenty of time to carry out the task. I love being in contact with people. The manager is always at hand for advice. If I wasn't sure about something or I was concerned about one of the people I see I can refer them on for more specialist support. We also are mindful that if someone is not well we will contact their GP for them". There was evidence in records returned to the agency foot care staff referred people to other professionals or their GP where needed. We could see from the records support provided placed the person at the centre of their treatment, and showed staff were meeting their obligations in providing the right care.

Training records showed staff providing the service had completed all mandatory training required for example health and safety and first aid. Staff had also been trained in common foot problems, treatments, infection control and basic nail cutting techniques.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We looked at comments made in the agency quality monitoring. There were no negative comments made regarding staff conduct. People had commented, 'very caring and always cheerful', 'her cheery personality brightens up my day', 'reliable and professional' and 'completely satisfied'.

The manager said she was the lead person for safeguarding within the service. We discussed the arrangements for raising issues of concern with her. We were told any issue of concern raised would be taken seriously. They had never received a complaint and a survey carried out this year showed satisfaction with the service.

We discussed how the service was prepared to handle any protection issues. The manager told us all staff had been trained in adult protection. They had written guidance to direct them in handling issues in the proper way. There were policies and procedures relating to safeguarding and protection of vulnerable adults available for staff reference. There was also a whistle blowing policy (reporting bad practice) to support staff in reporting concerns about the operation of the service should this be needed.

We spoke to one member of staff recently recruited. They said they were familiar with the agency's policies and procedures about working with vulnerable people and these were available for reference. They told us they had training in this topic. They felt supported in their work and could approach the manager if they had any concerns or worries. They had instructions on lone working and were supplied with a mobile phone and personal alarm.

There was evidence staff had been instructed to always respect people, their home and belongings. Staff were not allowed to accept gifts, or gain in any way financially from people using the service. They were not allowed to use people's property for personal use, borrow or lend money or sell or dispose of goods belonging to people. There were clear guidelines and strict protocols in place for the handling of service users' monies.

We looked at people's risk assessments relating to personal safety and environmental issues. The manager told us arrangements were made to make sure staff could enter and leave people's home without placing them at risk. This would be beneficial particularly if

people they were providing support to, had hearing or sight impairment or were living with dementia.

Recruitment practices were seen to be thorough. Foot care officers were only allowed to work with vulnerable people after the required character checks had been completed and the essential training required for safe nail cutting.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

A member of staff we spoke with told us they had found their recruitment to be thorough. They had completed an application form and had attended the office for interview. They said "When I got the job I was given a lot of information about the policies and procedures that govern our practice. I am still working through my induction and have just taken on my own caseload. I worked with the podiatrist and had a competency test as well as a written one. Before I went out on my own the manager told me to ring her if I needed any help or if I was unsure about anything. There are only four of us doing this job and they even rang me whilst I was out to check I was all right. I thought that was really good and it gave me confidence. I love the work and feel very supported".

We looked at two staff records in relation to recruitment within the service. We found records of completed application forms, references received and evidence that, Criminal Record Bureau (CRB) were checked against applicants prior to them working in the service.

There was evidence recruitment and selection took into account and applied Equal Opportunity for all applicants. This meant people were selected fairly and were the most suitable applicant to meet the needs of people using the service.

Staff employed had been given a contract of employment that included a range of human resource policies, for example, for sickness, competence and performance issues. Staff had worked a probationary period. During this time staff had completed induction training and attended other training provided. There was evidence their ability to carry out their duties to an acceptable standard had been monitored and reviewed by regular supervision and spot checks carried out. There were arrangements in place for them to contact the agency in an emergency, or for support should they need to.

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

The manager told us they carried out quality assurance monitoring of the service. They had completed a survey in January 2013 and had received a very good response. Feedback from the survey showed people were more than happy with their treatment and the nail support officers that provided it. We looked at samples that had been returned and noted some very positive comments had been made. 'I would like to thank age concern for the excellent foot care nail cutting service. is always reliable and professional and we are completely satisfied. She is a credit to the organisation'. And 'Excellent service from a caring team'. 'She can move about more on her feet. She is nearly blind and cannot see to cut her own toe nails'.

Records we looked at showed there were clear lines of accountability. Job descriptions outlined staff responsibility that supported them to work within agreed values that reflected standards as outlined in the essential standards of quality and safety. For example 'Ensure legible, comprehensive and accurate written records of support and prepare written case studies, reports, assessments and to maintain and update files as required'. 'Work within the organisation policies and procedures'. The manager told us staff were required to return service users records to the office. These records were audited to ensure they were being maintained properly.

Information about the risks to people's health, welfare and safety was recorded. These provided staff with guidance on keeping themselves and people they cared for safe. Staff contractual arrangements were in place for people's protection.

We found evidence staff were kept up to date with changes to people's care and requirements. The manager told us they sent out weekly emails on Mondays that alerted staff of any general update including policies and procedures. This was referred to as the 'grapevine'.

Systems were in place to audit the service and make improvements where required such as specialist training for staff. People were visited in their home and spot checks on staff performance carried out. This provided the agency with good evidence staff were meeting their obligations and attending to people when required.

We noted the service had a number of external accredited awards that looked at the management of the service and staff development. These included Investors in People Award (IIP), Administration of the management of the services to support older people (ISO 9001), Health workers Gold award, Lancashire County Council Carers Quality Mark and NAVAJO charter mark.

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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