

Age UK Oxfordshire

AGE UK OXFORDSHIRE - Foot Care Home Service

Inspection report

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Date of inspection visit:
25 October 2021

Date of publication:
22 November 2021

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

About the service

AGE UK OXFORDSHIRE - Foot Care Home Service provided a foot and nail care service to 68 people aged 50 and over at the time of the inspection. They do not carry out any other personal care tasks when visiting people.

People's experience of using this service and what we found

People spoke positively about the service. They were happy that the toe nail cutting service was in their own homes and they confirmed they had the same staff member visit them.

People felt in control of how they wanted their toe nails to be cut and could request a visit more often if the usual home visit of every eight weeks did not meet their needs. People knew how to raise a complaint and would contact the office to give feedback.

People's needs were assessed prior to the commencement of the service. The assessment included people's health and physical needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People spoke highly of the staff who visited them, confirming they were kind and caring. Relatives were happy with the service and had no complaints.

Staff received training that enabled them to perform well in their roles and told us they were supported and could share ideas with their line manager. The provider had procedures in place that guided staff how to escalate any safeguarding concerns.

Quality assurance audits took place on different aspects of the service to ensure people received a safe service.

We looked at infection prevention and control measures under the Safe key question. We look at this even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. We had no concerns with infection control measures. Staff had access to personal protective equipment and people confirmed staff wore this when visiting them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 19/03/2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had been registered with the Care Quality Commission for over 12 months.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

AGE UK OXFORDSHIRE - Foot Care Home Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care (foot and nail care service) to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced and the inspection activity started on 4 October 2021 and ended on 25 October 2021. We visited the office location on 25 October 2021.

We gave the service two working days' notice of the inspection. This was because the registered manager worked part-time and we needed to be sure they would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the service was registered. This also included information we requested prior to the site visit, such as a sample of policies and procedures, staff handbook and the welcome pack new people receive. We spoke with five people who used the service and a sixth person emailed their views about the service. Two people and one relative also completed the online Care Quality Commission 'Give feedback on care' form. One relative emailed us with their experiences of the service. We received feedback from three members of staff.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and Human Resources (HR) manager.

We reviewed a range of records. This included five people's assessments. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at observation records of staff practice, an action plan and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving the foot and nail care service in their homes. One person confirmed they saw a staff identification badge, so they knew who the staff member was when they first came to their home.
- There had been no safeguarding concerns since the service registered in March 2020.
- The provider had a safeguarding policy in place and staff received training on this subject. Staff were aware of what action to take if they had a concern about a person. One staff member said, "I would inform my line manager immediately. I could report the case to the local authority safeguarding lead."

Assessing risk, safety monitoring and management

- People's needs were assessed prior to receiving the foot and nail care service. The assessment document noted if there were any presenting risks, for example, any risks to visiting the person, if they had diabetes and any environmental risks.
- The registered manager confirmed if there were any changes to people's needs and presenting risks then the assessment document would be updated to reflect changes.
- The assessment record was updated shortly after the inspection to ensure it went further in recording action staff should take in the event of an incident. There had been no significant events, however, the registered manager recognised this document needed to incorporate more risk management details.

Staffing and recruitment

- The provider followed safe recruitment practices and the staff recruitment files that we viewed contained the necessary checks and references.
- There were sufficient numbers of staff to carry out the visits to people. The majority of people had a visit every eight weeks and this could be flexible depending on people's needs.

Using medicines safely

- The service did not prompt or administer medicines to people.
- The assessment form recorded if a person was on any medicine, such as, anticoagulants which effects the clotting process of blood, and can cause extended bleeding from a cut. All staff confirmed they knew what medicines people were taking and risks of a person bleeding.

Preventing and controlling infection

- People told us staff wore protective clothing when they arrived at their home. This included, face masks, aprons and gloves. People were happy with how staff followed infection control practices.

- Staff confirmed there were good infection control measures in place. One staff member said, "Each person is asked an Age UK pro-forma of COVID 19 related questions before I enter the house to conduct an appointment, in order to minimise the risk of infection." Another staff member confirmed, "When we recommenced the service when the lockdown was lifting it was done very safely. The clients were notified via letter about keeping windows open, wearing masks, ensuring they informed us of any symptoms and they have been really good with this."
- The provider had a COVID-19 risk assessment in place. Staff received training on putting on and taking off their personal protective equipment (PPE).

Learning lessons when things go wrong

- The registered manager saw the importance of acting on any concerns. We saw where there had been a concern that required attention, action was taken to observe the staff member more closely and speak with them about their practice.
- The registered manager confirmed there had been no incidents or accidents to learn from, however, if these occurred, these would be looked at to learn what could have been done differently.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service. This was to ensure people could be safely offered the service.
- Staff confirmed they read the assessment document before meeting a new person. One staff member told us, "I review the client assessment forms prior to meeting them and these records give me the information I require to conduct the footcare treatment in a safe manner and adhering to Age UK policies and procedures."

Staff support: induction, training, skills and experience

- Staff confirmed they received an induction when they first started working in the service. They were given a handbook and additional information to inform them about working for Age UK. One staff member confirmed, "I did my nail cutting training then did shadowing with my manager before visiting clients." Information for staff highlighted the tasks they would be carrying out and what action to take if they had any concerns.
- Staff completed a range of training relevant to their roles. This included, dementia, infection Prevention & Control and moving and handling. One staff member said, "I consider the training I have completed covers all I need to know for the Footcare Assistant role."
- Staff were supported through meetings with their line manager. One staff told us, "End of the month we have a one to one and always have the opportunity to speak about any concerns or any ideas we may have."

Supporting people to eat and drink enough to maintain a balanced diet

- The service did not support people with their meals and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Since being registered in 2020, the service had not worked with other external agencies.
- The registered manager confirmed if people's needs changed then they would make referrals to healthcare professionals, such as the GP, in the person's best interests. However, most people and/or their relatives would deal with making referrals to outside agencies.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People using the service had the capacity to choose if they wanted to receive the foot nail care service. There was no-one lacking the ability to consent to care.
- We saw there was a document to assess if a person could consent to receiving a home visit. This also noted if staff took any action, such as not providing the foot and nail care service, if they felt the person could not consent to the treatment.
- Staff confirmed they had a good understanding of the MCA Act. One staff member said, "If my client was unable to consent to me cutting their toe nails, I would cancel the appointment and I would inform my line manager, so that the relevant assessment form could be updated and a remedial measure could be implemented."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were positive about the care and attention they received during the foot care sessions. One person told us, "[Staff name] is a lovely lady, she takes my socks off puts them back on when done and all the nail trimming, filing, massaging, putting the cream on. We always have a good natter whilst I'm in her company. I must say it's always something I look forward to."
- People said staff were kind and considerate. One person said, "She [staff] are always jolly and you can have a good conversation with her." People also said they felt comfortable with the staff who visited them as they knew them well. One person commented, "Staff are extremely polite and know how I like my feet and nails to be treated."
- Staff told us they respected people they visited. One staff member said, "Treat them [people] how you would like to be treated." Another staff member commented, "We have some lovely conversations and I feel I can support them and enjoy a laugh with them."

Supporting people to express their views and be involved in making decisions about their care

- As people had chosen to have the service, they were involved in how they wanted to receive the service. Usually this was in their own home, but they could visit a community clinic.
- People were able to express their views about the service and told us they would give feedback to the staff who visited them or to the main office. One person confirmed, "It is a wonderful service that they offer." A relative said both their parents received the foot and nail care service and that it gave them all a "great peace of mind."
- Staff described how they ensured people were happy to receive the service. One told us, "I check that they [person using the service] are comfortable during the treatment and I ensure they are happy with the Age UK footcare service." Another staff member said, "They [people using the service] love the foot rub after they have nails cut and say they feel like they are 'walking on air'."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People referred themselves to the foot and nail care service. People told us it met their needs and was helpful. One person said, "If she [staff member] finds anything wrong with my feet, she always lets me know and advises me on what I should do." Another person confirmed, "Staff know my needs and know the medicines that I take, which include blood thinning medicines which they need to be mindful of."
- The foot care service offered a set range of tasks and people understood this from the start of receiving the service. We saw there was a nail cutting service agreement which outlined what people could expect and what they would be charged for a visit. People and their relatives told us they were happy with the service provided to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded on the assessment to guide staff as to how best to communicate with each person.
- The registered manager confirmed information could be translated into different languages, larger font size and be made into an easy to read format.
- The people currently using the service could read English and did not require the documents they had to be made into a different format.

Improving care quality in response to complaints or concerns

- People had no complaints about the service but knew they could phone the office to raise a complaint. Comments included, "If I was unhappy, I would not hesitate in calling the office" and "If I wasn't satisfied, I would shout about it."
- People were given a copy of the complaints policy and procedure to let them know how any complaint would be dealt with.
- We saw there was a system for recording complaints, and this recorded how these had been dealt with.

End of life care and support

- The service did not support people with end of life support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was one of reflection and the registered manager was keen to look at ways to make the service better.
- The registered manager had various ideas on how they wanted the service to be run for the benefit of people using the service. They engaged well with the inspection, sent us information promptly when requested and was keen to share their vision of offering a caring quality service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to duty of candour. They were aware any issues and complaints that was brought to their attention, needed to involve the relevant persons along with informing them of the outcome of any investigation.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities to submit relevant notification forms appropriately to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The registered manager had introduced an audit on assessments and staff files. This enabled them to check that these were appropriate, accurate and fit for purpose. Other quality assurance checks were being developed to ensure checks covered a wide range of areas.
- The registered manager regularly engaged with the co-ordinator and HR manager to ensure the service was developing in the right direction. There was an action plan in place highlighting areas for improvement so that there was a clear focus for the service.
- The registered manager had recently reached out to the Oxfordshire Association of Care Providers (OACP) to keep up to date with best practice and share knowledge about adult social care. They also planned to contact other Age UK foot and nail care services in the hope they could support one another.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were happy with the service provided. One person said, "The staff have been very professional and very competent in what they do" and one relative commented "We consider the

service is well managed and well organised."

- Surveys had been sent to people and the results so far had been analysed to identify if there were comments that required any action. The results were positive and the registered manager confirmed these would be published in the Age UK Oxfordshire newsletter/brochure that was sent to people using the service.
- Monitoring phone calls to people were due to commence, which would enable the registered manager to gain people's views on an ongoing basis and act quickly if there were any issues.
- Staff felt they could provide feedback on the service. Comments from staff included, "I am able to contribute my ideas, thoughts and observations during meetings" and "The managers have a clear vision of how they want the service to develop. We are kept informed and up to date, via emails and if needed telephone calls."