First City Nursing Services Limited

First City Nursing Services Ltd Swindon

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We undertook an announced inspection of First City Nurses Ltd Swindon on 4 and 7 November 2016.

First City Nursing Services Ltd Swindon provides a domiciliary care service and supported living service for people in and around the Swindon area. On the day of our inspection 350 people were supported by the service.

There was 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.

We were greeted warmly by staff at the service who seemed genuinely pleased to see us. The staff checked our identity before allowing us to proceed with the inspection. The atmosphere was open and friendly.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff that were extremely knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were rarely late and they had not experienced any missed visits. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected, this included people who were deprived of their liberty.

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service sought people's opinions through regular surveys, telephone monitoring calls and

meetings and acted on the information they received. The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

The service responded to people's changing needs and went the extra mile to enable people to achieve their potential. People and their families were involved in their care and instrumental in how their care progressed and developed.

Staff spoke extremely positively about the support they received from the registered manager. Staff supervisions and meetings were scheduled as were annual appraisals. Staff told us the registered manager was very approachable and supportive and that there was a very good level of communication and trust within the service.

The provider had created a charity that supported people in the wider community. People using the service also received support from the charity and volunteers befriended people which enhanced their wellbeing and reduced the risk of social isolation. Many of the staff were also volunteers.

People told us the service was very friendly, extremely responsive and very well managed. People knew the managers and staff and spoke extremely positively about them. The provider's 'No/How' pledge underpinned the services attitude of positive responses to issues, concerns or requests.

The registered manager led by example and motivated staff. Communication within the service was very good with a clear management structure to manage this large service.

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 sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risks and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was extremely caring.

Staff were very kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People and their families were involved in their care and instrumental in how their care progressed and developed.

We observed examples of the deep bond that existed between people and staff.

Is the service responsive?

Good

The service was extremely responsive.

Care plans were personalised and gave clear guidance for staff on how to support people. Staff were motivated and committed to delivering personalised care.

The service responded to people's changing needs and went the extra mile to enable people to achieve their potential.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met. Support needs were regularly reviewed.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

The service had robust systems in place to monitor and improve the quality of service.

The service shared learning and looked for continuous improvement.

The service had a management structure with clear lines of communication allowing the registered manager to effectively monitor and steer the service.

The registered manager led by example and empowered and motivated their staff. Staff's actions and attitudes mirrored this example.

The provider had created a charity that supported people in the wider community.

First City Nursing Services Ltd Swindon

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 4 and 7 November 2016. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was carried out by three inspectors.

We spoke with 25 people, 9 relatives, 8 care staff, a training and Care Certificate assessor, the quality compliance manager, a director and the registered manager. We looked at 10 people's care records, seven staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition we spoke with a visiting healthcare professional to obtain their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel safe here. The staff seems to change more quickly than when I started to use the service but they are all very nice" and "We have been with this service for three years. The efficiency is unbelievable. I can't speak highly enough about the speed of them being here. I feel definitely safe with this agency".

Relatives told us people were safe. Their comments included; "She feels safe", "We feel safe with them. We are very happy with the way we are looked after. You can rely on them" and "Oh yes absolutely safe. I have a very good working relationship with the staff".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I would call the office straight away and ring the safeguarding team", "I'd immediately phone my manager, safeguarding or their GP. I can also call the police" and "I would phone the on call manager, safeguarding and I can call CQC (Care Quality Commission)". The service had systems in place to investigate concerns and report them to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at risk of developing pressure ulcers. Professional guidance had been sought and the care plan reflected how staff should support this person to manage the risk. This included regular monitoring of the person's skin condition and the use of pressure relieving equipment. Regular checks were recorded to ensure this equipment was set at the correct pressure. Daily notes evidenced staff were following this guidance and records confirmed the person did not have a pressure ulcer.

Another person was at risk of falling. The person could mobilise independently but was unsteady on their feet. The care plan provided staff with guidance, which included ensuring correct moving and handling techniques were used 'whilst guiding' this person to mobilise. They were also guided to ensure the area was free from 'clutter and trip hazards'. Staff we spoke with were aware of, and followed this guidance.

People and their relatives told us staff were punctual and visits were never missed. One person said, "They are always on time". Another person said, "I get a very good service from them. They are always on time". One relative commented, "They are very good. They ring me, they call me, they send my father's rota monthly so I'm always informed about what's going on". The registered manager monitored late visits to look for patterns and trends. There were no missed visits recorded for 2016.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Staff told us there were sufficient staff to support people. Staff comments included; "Yes there's enough staff here. It is only tight if lots go sick", "Oh yes, there is definitely lots of good staff here", "Oh 100% more than enough staff" and "I think there's enough of us, holidays and Christmas can be a little tight but other than that it is fine".

Staff rotas confirmed that planned staffing levels were consistently maintained. Where people required more than one staff member to support them this was also consistently maintained. We spoke with one relative about staffing. They said, "We need a certain number of staff to care for my daughter. There is always enough trained staff".

People received their medicines as prescribed. Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicines had been appropriately trained and their competency had been regularly checked. Staff also received training in medicines relating to people's specific conditions. This training had been provided by healthcare professionals such as district nurses. We spoke with staff about medicines. Staff comments included; "I do help clients with medicines. I've been trained and I am checked every year" and "I'm trained and checked annually. I think we are really good with medicines". One person told us they were happy with the support they received relating to medicines. They said, "They assist me with medicines and insulin".

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "I think that on the whole they have the right skills. They don't seem to drop new staff into deep water before they are ready", "They are brilliant. They've done wonders for me. They are a credit to the company" and "Normally there is someone different every day but they are all knowledgeable. They know me really well".

Relatives told us staff had the skills and knowledge to support people. One relative said, "They are knowledgeable and on the whole they know my mum's needs" and "Yes they have the right knowledge and skills. I've attended the same training as the staff so I know what they have been told".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction programme linked to the Care Certificate and completed training when they started working at the service. The Care Certificate is a set of standards that social care workers adhere to in their daily working life. It is the new nationally recognised set of minimum standards that should be covered as part of induction training of new care workers. The training included safeguarding, moving and handling, management of medication and infection control. Staff also received training relevant to people's specific needs. For example, autism and 'team teach', a pro-active method of de-escalating confrontational situations. Staff were also monitored and assessed throughout their three month probationary period.

Staff told us, and records confirmed they had effective support. Staff received regular supervisions. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff had requested training to achieve a national qualification in care and we saw they had completed this training. Staff were also supported through spot checks on their care practice. Senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions.

Staff spoke positively about the training and support they received at the service. Comments included; "I'm definitely supported here. We have supportive supervisions regularly. I asked for changes to my rota and it was not a problem", "I would say I'm supported", "It's really good (support). Supervisions are brilliant, very comfortable and I can raise any issue", "I love the training, I've done two courses at national level" and "There is definitely excellent support, I'm well looked after and the training is brilliant".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were

protected. Where people were thought to lack capacity mental capacity assessments were completed. We saw detailed mental capacity assessments were in place and where people lacked capacity to make decisions these had been made in the person's best interests.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "I need to know the client can understand so I word things differently for them if I have to, or I will show them. You get to know the clients but it's always their decision", "I assume they have capacity. If I have doubts I would involve their GP" and "I always assume they have capacity, it is their decisions so I explain things to them. If they make a bad choice it is still their decision so I compromise and encourage them".

At the time of our visit one person was subject to a Community Deprivation of Liberty (DoL) authorisation. These protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the Court of Protection. This authorisation was reviewed annually with the involvement of the person's family, one of whom was the person's formal advocate.

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "I ask every time. They (people) lead the way with their care". Another member of staff said, "I always ask them (people) and you pick up from their body language if people are happy". All care plans contained a 'service user consent' document. These documents confirmed people had consented to their care. Documents were signed and dated by people, their advocates or by individuals appointed with lasting power of attorney.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, speech and language therapists (SALT) and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. We spoke with a visiting healthcare professional who said, "At the very beginning, one of the patients was developing pressure ulcers. We went to talk to the team and the management and they have been brilliant. They always call if they are concerned".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. Details of people's likes, dislikes and nutritional needs were listed in their care plan. Where people were identified as being at risk of malnutrition a malnutrition universal screening tool (MUST) was used to assess, monitor and manage this risk. One person said, "They take me for shopping every Tuesday". One relative told us, "She (person) has three calls a day and she is assisted with breakfast and lunch".

We spoke with staff about people's nutritional needs. Comments included; "I mainly prepare meals for people, I've no problems with that" and "Mainly it is just preparation. We have food charts in place to keep an eye on what people are eating". The food charts we saw were consistently maintained.

Good

Is the service caring?

Our findings

People told us they benefitted from very caring relationships with the staff. Comments included; "I've never been so happy since I've been here. Since I've been here, people have told me what a difference in you, [Person]", "They are nice girls. We always have a laugh", "They are very kind. They look after me very well", "The majority of the girls are exceptionally good" and "It's been four years since I moved here and I have never been happier. I'm more than happy".

One relative spoke with us about the care their daughter received. They said, "Staff are absolutely wonderful. [Staff] has been with my daughter since the start and he is brilliant with her. He understands her completely. They have slowly improved [Person's] life skills beyond belief. For example, we can now go out shopping where in the past that was impossible".

Staff spoke with us about positive relationships with people. Staff comments included; "I love working with [Person]. It's about the challenges and how we get them to achieve things", "I like meeting people and it's really lovely helping people", "I like helping a wide range of people", and "You have to care to do this job. I think the clients know we care".

During our visit we saw one person visit the office with their relative and care team. The team consisted of three staff who supported the person 24 hours a day. We immediately saw a clear, strong bond between the team leader and the person, who held the team leaders hand throughout their visit. The person had difficulty verbalising and used gestures, sounds and expressions to communicate. The team leader completely understood the person and communication between the two was fluid. It was clear a deep, caring bond existed between them which we found very moving. We spoke with the registered manager about this. They said, "The progress [Person] has made over the years is remarkable. [Staff member] spends up to 45 hours a week with [person], they really make a wonderful team. I am very proud of what my team has achieved here".

People's dignity and privacy were respected. When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. We saw the results of the latest survey sent out to people and their relatives. People were asked about dignity and respect and how they were treated. 100% of people had stated they were treated with dignity and respect.

People spoke with us about dignity and respect. Comments included: "Oh yes, they treat me with utmost respect and dignity" and "They do treat you with dignity and respect". A relative said, "They treat her with respect and dignity. When they have to change her pad or wash her, they ask the children to leave the room and they close the door".

We asked staff how they promoted, dignity and respect. One staff member said, "I'm promoting respect and dignity by closing the door to the room or using a towel to cover their private body parts". Another staff member said, "I maintain their privacy. It is their home and their care after all".

Staff actively encouraged and supported people to be independent. For example, one person was supported to shower. They were able to stand alone in the shower and staff were guided to 'allow [Person] to wash as much of themselves as they can manage' and only wash the areas the person could not reach.

People told us they were supported to be independent. One person said, "They help me to be as independent as I can be". One relative commented, "Oh yes they do this. My daughter has made huge progress in what she can now do".

Staff told us about promoting people's independence. Comments included; "With any task we encourage them to do as much as they can. For example, we wash one person's lower body parts as she is not able to do it this due to her condition. But we encourage her to wash her upper half" and "We encourage people to be independent. The person I care for learns something every day".

People were involved in their care. We saw people and their families were involved in creating care plans, reviews of their care and were kept informed. For example, schedules of visits and the care to be provided was sent to people so they knew who was coming and when. One relative spoke with us about being involved and informed. They said, "I am involved with all the paperwork. I constantly speak to staff, team leaders and the manager. I take part in the reviews so I am fully informed". We saw this relative was actively involved in all aspects of the person's care and was influential in setting goals and objectives for the person. The service valued this relative's input and evidenced the provider's ethos of family involvement. People told us about how they were involved in reviews of their care. Comments included; "I'm always there at the review, otherwise they can't do it", "They do reviews with us sitting here in our flat" and "I'm involved in my care review. I had one about a week ago".

The provider ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where staff left their desks when in the office, computer screens were turned off securing people's information. Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. Staff signed and dated documents to declare they had read and understood the policy.

People's advanced wishes relating to end of life were recorded in care plans. Each plan contained a 'my plan, thinking ahead' document that recorded people's wishes. This included the person's preferred place of care and what treatment and interventions they desired if they became ill. For example, one person had stated they did not wish to be hospitalised. Staff were aware of people's advanced wishes. Where a person was in hospital but wanted to die at home the service provided staff enabling the person do this. Once at home, if the person became unresponsive or died a member of the management team attended the person's home to support the person's family and staff.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example, one staff member had noted in one person's care plan 'found (person) to be well, made a drink and helped them to bed and made comfortable. (Person) was happy and well when I left'. Another had noted 'made a cup of tea and had a nice chat'. This evidenced staff cared for the people they supported.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to receiving a service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person had stated they liked 'television and using the computer'. Staff we spoke with were aware of people's preferences.

People's individual needs were assessed and the service took action to ensure they could achieve their potential . For example, one person had severe autism and was not able to go out in public places. The registered manager negotiated with an 'autism care farm' that made reasonable adjustments that resulted in the farm staying open for an extra one and a half hours a week enabling this person to attend. This meant the person was socially included and has resulted in the person taking a qualification at the farm. It also gave the person confidence to go out more in public.

People's care plans were created by a team of staff which included two nurses. Once the plans were in place they were reviewed frequently throughout the first year to ensure they matched people's needs and preferences. This included matching people with staff. For example, where people and staff had the same interests or where staff's specific skills matched the person's specific needs. This was this team's sole role and ensured care plans were personalised and took account of people's preferences. People, relatives, care staff and managers were also involved in this process.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person could present behaviours that may challenge others. The care plan highlighted triggers to this behaviour along with 'proactive strategies to de-escalate situations. For example, if the person was humming or frowning staff were guided to use distraction techniques, reassure the person or move them to a 'low sensory environment'. Staff had received specific training relating to this person's needs to ensure both the person and staff were protected from harm. We spoke to this person's relative who said, "I cannot praise the staff team enough. They have worked wonders with [Person]".

People's changing needs were responded to by the staff. For example, one person's relative told us about how the service responded to her father's changing needs. They said, "We have regular meetings to update my father's care plan. When things changed with my father and his health deteriorated, they have supported me with my dad. One of the concerns was that we had only one carer at night. We explained this at the review and the carer was provided with the contact number to another staff to help if needed. And they did. I looked at the daily notes and another carer was there at night to help my father. My father and the carer are not left in the difficult position". Another relative said, "They called the doctor when dad wasn't well". One person said, "Carers called the GP to change my creams. Since I've been on that, there is such a huge difference. I feel so much better with my feet".

The provider's 'no/how' pledge underpinned how the service responded to people's needs and requests.

The pledge stated 'we try to avoid saying no to each other's requests unless there is a really significant reason why we cannot say yes'. The registered manager said, "By using our pledge we find we can nearly always find a way". For example, one person was making large numbers of phone calls because they wanted someone to talk to. The registered manager arranged for regular phone calls to the person which reduced their feeling of isolation and prevented the person amassing a large phone bill.

Care plans were personalised and reflected people's needs and preferences. One person had difficulty verbalising and used signs and body language to communicate. Their care plan detailed what signs and gestures meant to allow staff to respond appropriately. We saw this person communicating without difficulty to staff.

People's needs were rated red, amber or green. Contingency plans were personalised allowing the service to respond to people in an emergency depending on their needs and circumstances. For example, if a person lived alone and their needs were time critical they were rated red. This allowed the service to prioritise people's care visits in a personalised way during events such as severe weather or pandemic flu.

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they assisted people with their personal care to suit their individual preferences. Staff comments included; "It is clients choosing their own way of care. Achieving what they want to achieve their way", "This is done for the individual. Doing things to suit them" and "This is how the client likes things done. One client likes to brush their teeth before they wash. It is personal to them so we do it that way".

People were encouraged and supported to engage in activities and maintain community links. One person told how staff supported them to go out. They said, "They take me for shopping every Tuesday. They do the washing and the cleaning. They are absolutely brilliant". A relative told how her father was supported. They said, "They take him for a coffee and it gives me freedom". We saw the registered manager had negotiated with a gymnasium allowing a person to attend for short sessions at an affordable rate. This promoted this person's health and well-being.

People's opinions were sought and acted upon. Regular surveys were sent to people and their families to obtain their views on the service. The results of the surveys were analysed and actions identified to make improvements. For example, it was identified some people had raised that some staff were not confident with basic cooking skills. The management team investigated this claim and as a result we saw the staff handbook was to be updated to contain 'simple recipes' for staff to follow. People's opinions were also sought through 'service user and family workshops' where people and their families could meet and discuss issues with staff and managers. For example, one person suffered from seizures that could be life threatening. A concern had been raised relating to ambulance response times. As a result the registered manager had arranged a plan whereby if the ambulance had not arrived within a specific time frame a private ambulance could be used.

People knew how to complain and were confident action would be taken. People spoke with us about complaints. Their comments included; "I know how to raise an official complaint with them but I have no reason to do that", "I haven't had any complaints. There is nothing to improve", "They are marvellous. I have no reasons to complain" and "I have complained once. They put it on the record and sorted things out for me". One person told us how the service responded to overcome obstacles created by their condition. They said, "When I wanted to have a bath instead of a shower, one of the carers went to the head office and arranged it. Now I have a bath once a week". The service had made specific adjustments to this person's care to facilitate their request.

The service had no complaints recorded for 2016. All historical complaints had been dealt with compassionately in line with the policy. Complaints were also routinely analysed to look for patterns and trends. Details of how to complain were provided to people at the start of their care. The service had received and recorded numerous compliments thanking the service and staff for their care.

Outstanding ☆

Is the service well-led?

Our findings

People and their relatives knew the registered manager and spoke with us about how the service was managed. People's comments included; "I recommend them to anybody. The management are brilliant. They pop in to make sure you are doing alright", "The management is very good and very helpful. Nothing is too much trouble for them", "I called the office once to check if they were going to help me with my appointment but when I called everything was already organised" and "On the whole they are very good. I have a reasonable relationship with the management". One relative told us, "It is very well organised. I think they are a very good team of people and what's most important, my father likes them".

People were involved in the management of the service. For example, people and their relatives could forward questions for candidates at staff interviews. People could also, on request, form part of the interview board. The service also responded to relative's needs. Where relative's expressed an interest they were invited to attend the same training courses as the staff. This provided relative's with a greater understanding of what staff were trying to achieve and why.

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "I trust the managers as they are honest. The (registered) manager is very fair and she does things by the book", "[Registered manager] is not shy where work is concerned, she is approachable and I admire her", "She (registered manager) is supportive, anything you need she will do. I've never had such a positive relationship with a manager" and "I definitely know 100% the managers will follow anything through".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager, director and staff spoke openly and honestly about the service and the challenges they faced. The registered manager told us, "This is a very large service now which brings all sorts of challenges. Keeping care personal is my goal and I can honestly say I know something about all our clients".

The registered manager led by example and empowered and motivated staff. We saw the registered manager with a visiting person and their relative. The registered manager clearly had a bond with the person who was pleased to see them. Staff were able to see the registered manager engaging with the person with dignity and respect, demonstrating genuine warmth and affection for the person. We saw staff mirroring this approach. We spoke with this person's relative who said, "I have faith in [registered manager], she is a good leader and a driving force. She has her finger on everything and sets very high standards".

We spoke with the registered manager who told us their vision for the service. They said, "We are signed up to the 'mindful employer charter' which supports staff both in and out of work. This helps us to go from strength to strength to maintain and improve upon our high standards to deliver high quality care to our clients. This is backed by our 'No/How pledge' that is so important to us". The No/How pledge was a declaration by the provider stating 'we don't say no, we say how'. One team manager said, "We never say we cannot help someone. We use our No/How pledge and arrange for staff, training or whatever it takes to make it happen".

The service had a clear management structure and lines of communication that allowed the registered manager to monitor the service effectively by liaising with team managers. Regular management meetings were held where information was exchanged and issues discussed allowing the registered manager to make timely, informed decisions. For example, where people's care needs changed or where people requested additional resources. One team manager said, "The culture within the service is very open. They (registered manager) take my comments on board. They know I'm here in the middle of it. They know me and they trust me. They phone me and they ask me about my advice. This is a two way communication process".

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends. This information was also overseen by senior management. For example, where a pattern of falls was identified information was fed back to the registered manager who created an action plan to manage the risk of reoccurrence. Other incidents were also managed. One incident involved a member of staff and the person's pet dog. Following the incident the care plan was updated and a new risk assessment put in place. A protocol for the person to secure their dog before staff arrived was created with the agreement of the person.

Staff told us that learning from accidents and incidents was shared through staff meetings and briefings. One member of staff said, "We do share knowledge and information, we are always on the phone". Another said, "We have handover meetings, staff meetings and even support sessions which are client specific. We are well informed." We saw staff meeting minutes that evidenced learning was shared. For example, where people's conditions had changed staff were updated on changes in the care plans.

The registered manager monitored the quality of service provided. Regular audits were conducted by the audit manager to monitor and assess procedures and systems. Audits covered all aspects of care including risk assessments, care plans, training and medicine records. The audit manager analysed the result of the audit and identified actions to improve the service. From the audits a report was generated for the registered manager. For example, one audit identified one person was being supported with meal preparation and that an appropriate assessment and monitoring tool was not in place. An action was created to address this issue and we saw an appropriate monitoring tool was now in place and in use.

The service had been assessed and gained an award accredited by Investors in People. This is the United Kingdom Commission for employment and skills. The summary of the award stated 'First City Group was founded as a small family firm and has grown dramatically over the years. In spite of this it has still maintained the family attitude'. We saw this attitude demonstrated when a person visited the office with staff and their relative. We spoke with the relative who told us, "[Registered manager] comes to [person's] birthday party every year".

The provider had created a charity 'Friends of First City' to provide volunteers to help people 'improve their social and emotional wellbeing'. The charity linked volunteers, many of whom were staff with people to provide companionship within the community. The charity also provided volunteers with enhanced DBS checks, free training, free T shirt and expenses. A director told us, "Many of our staff have been involved in this and I am really proud of what we do". The registered manager told us how the charity gave positive outcomes for people. They said, "Several months ago myself and five volunteers from the team here went to a derelict care home at the request of the local authority and worked into the night turning it back into a useable home for eight frail elderly service users who had to be rehomed after their ceiling had caved in. We got in the spirit and scrubbed and cleaned and fetched and carried until the building was ready to assist with the emergency".

The registered manager also told us how funds, generated by the charity would be used to support people.

They said, "We have recently made a decision that some of the fundraising monies accumulated for friends of first city will be used to create 'home from hospital boxes'. These will be individually tailored to meet the needs of individual service users who may have been poorly or in hospital and who may need a helping hand from a box of supplies such as nutritional items or toilet rolls when they recover".

A director was a board member on the 'Skills for Care' regional board. The director said, "This helps us influence training and national policies but also allows us to train staff with the latest tool kits and best practice. As a result, 82% of our staff hold a level two or above [national qualification] in adult social care". This meant people were supported by highly skilled staff.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.