

First City Nursing Services Limited

First City Nursing Services Ltd Cheltenham

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 4 March 2016 and was announced. First City Nursing Services Ltd Cheltenham is a domiciliary care service which provides personal care and support to people of all ages with physical needs as well as people who have learning disabilities, mental health problems and sensory impairments. The service provides care and support to people who live in their own homes. The level and amount of support people need is determined by their own personal needs. We only inspected parts of the service which supported people with the regulated activity of personal care. At the time of our inspection there were seven people receiving support with their personal care.

A registered manager was in place as required by their conditions of registration. 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 and associated regulations about how the service is run.

People's individual needs had been assessed before they started to use the service. Their support plans included information about how they preferred to be supported. People and their relatives had been involved in planning for their care. Their support plans gave staff details about how they preferred to be supported and cared for. Staff were knowledgeable about their needs, wishes and preferences. People's risks had been identified and recorded to give staff guidance. The details of the lawful consent to receive care were not always evident when people could not make a decision about their care and support for themselves.

Appropriate referrals were made to specialist services and health care professionals if people's needs changed. Some people required support in managing and administering their prescribed medicines. Details of how people's medicines which were prescribed to be used 'as required' were not clear. We have made a recommendation about the management of some medicines.

People who received personal care in their own homes told us they felt safe amongst staff. They were visited by staff who had been trained and checked before they started to support people. Relationships between staff and people who use the service were friendly and warm. People were supported by staff who understood their needs and preferences to visit them regularly. Care was delivered in private and people were treated with dignity.

Recruitment checks had been carried out to ensure staff were suitable to work with people. Staff had been trained and supported to carry out their role. Staff rotas confirmed that there had been sufficient and regular staff to meet people's needs.

People's concerns were listened to and acted on. We were told complaints would be investigated and responded to in a timely manner in accordance with the provider's complaints policy. The registered manager monitored the service and valued people's feedback.

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.

Records of how people's individual risks provided staff with guidance. People's medicines were mainly managed well and they received them safely."

People were cared for by staff who understood how to protect people for avoidable harm and abuse. Staff had been checked and trained before they started to support people. Staff arrived on time or stayed for the agreed amount of time.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were encouraged to make decisions about the care they received. However, the assessment of people's mental capacity to consent to their care was not always recorded.

People were supported with their personal care by staff who were trained.

People were supported to make decisions about their care and support. They were referred appropriately to health care services if their care needs changed and supported to eat a healthy diet.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the care and support they received.

People were treated with dignity and respect. Staff were kind and caring. They received care which focused on their needs and were encouraged to be independent.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's needs. People had been involved in the assessment of their needs. Their support needs had been assessed and documented. Plans were in place to better document people's personal backgrounds and emotional well-being.

Staff approach was centred on the people who they cared for.

People told us they could approach staff and raise their concerns.

Is the service well-led?

Good ●

The service was well-led.

Incidents and concerns were reported on and analysed to ensure that any patterns or trends were identified and addressed to prevent them reoccurring.

Staff also told us they felt that the management team was supportive and approachable.

First City Nursing Services Ltd Cheltenham

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 checked 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 3 and 4 March 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also analysed the results of questionnaires which were sent to people who use the service, their relatives, staff members and health care professionals who are linked to the service regarding the support being provided by First City Nursing Services Ltd Cheltenham.

On 3 March 2016, we visited the main office for First City Nursing Services Ltd Cheltenham's and spoke to the registered manager and three members of staff. We looked at the support plans of three people and records which related to staffing including their recruitment procedures and the training and development of staff. We also visited and spoke with one person and their relative in their own home.

On 4 March 2016, we continued our inspection and looked at the most recent records relating to the management of the service including accident and incident reports. We spoke with three relatives by telephone about the service their loved ones received. We also looked at information we received about the service from two health care professionals.

Is the service safe?

Our findings

Some people required support from staff with the management and administration of their prescribed medicines. Staff were responsible for supporting and prompting some people to take their medicines. Staff had been trained to carry out this role and their skills and knowledge to manage people's medicines were regularly checked. People's medicines were stored in line with their support needs and level of independence. Arrangements were in place to make sure people received their medicines on time and safely, however these arrangements were not always recorded to give staff a clear understanding of their role and responsibility in obtaining and disposing of people's medicines if required. However the registered manager immediately took action after our inspection to address this issue.

Some people had been prescribed medicines to be administered 'as required' such as pain relief medicine and required support with administering these medicines. Staff had documented on people's medicines administration records when they had administered their medicines at times when they were experiencing symptoms. However the details of and the reasons why they had been given the medicines was not always recorded. We were told that this would be immediately raised with individual staff members.

People were supported to maintain their level of independence. People's individual risks had been identified and were known by staff. They were able to tell us how they supported people to reduce any risks of harm to their well-being. Information on how staff should help mitigate their risks was stated within their support plan.

Where people's needs and risks had changed, people had been referred to other health care professionals for additional advice and support. For example, some people had been identified as being at risk of malnutrition. They had been referred to the speech and language team and were being monitored and weighed monthly.

People benefited from a service where staff understood their safeguarding responsibilities to protect people from harm. Staff had been provided with training on how to recognise and report allegations and incidents of abuse. All staff demonstrated a good understanding of the service's safeguarding policy and processes. Staff were well-informed about the processes to report any concerns both within and outside of the service. One member of staff said "I feel very strongly about making sure people are safe and I would definitely inform the manager or even inform social services or CQC if I felt anyone was being harmed or abused. We are all trained to know what to do".

People and relatives who completed our questionnaire told us they felt safe from abuse or harm from the staff who supported them. Information about how to recognise forms of abuse and contact details of organisations responsible for safeguarding people were available to people in their service user guide. The service also informed people by issuing them with a local safeguarding leaflet.

Where concerns had been raised about the protection of people, the registered manager had shared this information with other agencies which had a responsibility to safeguard people. We discussed recent

safeguarding concerns involving people who used the service with the registered manager. We were reassured that they had taken the appropriate action to protect people. For example, they gave us examples of the action which had been required to ensure one person remained safe within their own home. The registered manager had communicated and involved numerous health care professionals and family members to ensure the well-being of this person. The registered manager was a member of a local safeguarding audit group. They said "The group is great. It really makes me think about how we can strive to improve and ensure people are always protected".

First City Nursing Services Ltd Cheltenham's priority was to ensure that people received personal care and support from staff who were regular and familiar to people. People were sent a list of their visit times and the names of staff who would be assisting them with their care. We were told the list could also be enlarged to assist people with their visual impairments. The expected visit times of each person was documented in their support plan. We were told that staff would be expected to attend within 15 minutes either way of the agreed start time. People and their relatives told us that staff were generally prompt in arriving within the expected timeframes. For example, all people who completed and returned our survey told us they received care and support from familiar, consistent care staff who arrived on time and stayed for the agreed length of time. A priority and risk based policy was in place for those people who would be at risk if they did not receive a call such as in adverse weather.

People were protected from those who may be unsuitable to care for them because appropriate checks had been carried out to ensure staff were fully checked before they started to work with people who used the service. Staff recruitment records showed that adequate checks of staff identity and their criminal histories had been carried out.

Is the service effective?

Our findings

People had been assessed by the provider prior to the start of the delivery of their care package to ensure the provider could meet their personal care needs. People and relatives confirmed they had been fully involved in the planning of their care and had signed to say that they had agreed to the terms of their care package. Where people were able, they had consented to the care and support being provided. Where people lacked capacity to understand, other significant people such as their families had been involved in helping them to understand the care and support they would receive from First City Nursing Services Ltd Cheltenham.

Some people had appointed lasting power of attorney's to act on their behalf. Documents of this role had been obtained by the service to confirm that people had elected a significant person to lawfully act on their behalf. The registered manager explained that no one who currently used the service had a lasting power of attorney for health and welfare.

All staff had a clear understanding of gaining people's consent before they supported them with their care. They gave us examples of how they supported people who did not have the capacity to make decisions about their care and worked within the principles of the Mental capacity Act 2005 (MCA). 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.

Some people were perceived as not having mental capacity to make significant decisions about the care and support they received. Staff told us how they encouraged people to make choices about their day and respected their decisions. However, there was no clear documentation that the service had assessed people's mental capacity and had documented people's lawful consent to the different aspects of care they were receiving from the service. The service held documents of one person's mental capacity assessments carried out by other health care professionals. However there was no evidence that the person's mental capacity to consent to their care had been reviewed by the health care professional or reassessed by the provider.

There were limited records of how people who lacked mental capacity lawfully consented to their care and support. This was a breach of Regulation 17 Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

This was raised with the registered manager who immediately enrolled an advanced awareness level of the Mental Capacity Act so that he could gain a better understanding in the documentation of assessing people's mental capacity to make decisions about the care they receive from First City Nursing Services Ltd Cheltenham.

People were encouraged to maintain their general health and well-being. Where people's physical and

emotional needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. Advice from health care professionals were recorded on people's care records and staff followed their guidance to ensure people's health and well-being was maintained. Health care professionals mainly spoke highly of the care and support people received from the service.

People received support with their personal care from staff who had been trained to carry out their role. People and their relatives told us they felt the staff were suitably trained to support them. One relative said, "The staff are well trained and know what they are doing". A community health care professional also told us staff were responsive to people's needs and were competent to provide the support and care people required.

First City Nursing Services Ltd Cheltenham had a 'training arm' to the service which allowed staff to have the opportunity to have access to regular and updated training. All training was class room based which allowed staff to discuss and share their experiences and raise any questions about their training and role. Staff were complimentary about the quality of training and the support they received. They had received regular and current update training in subjects as deemed as mandatory by the provider such as moving and handling, first aid and safeguarding. One staff member said, "The training is excellent. We can have any training we want to. We are always kept up to date and on top of things". We were told that staff would be expected to attend courses about dementia awareness and end of life within the first 12 months of their employment.

New staff undertook a comprehensive induction programme which included training and shadowing a senior member of staff. Where possible, the service only employed experienced staff who had previously worked in the health care sector. New staff were also required to complete the new care certificate training which allowed the registered manager and senior staff to monitor the competences of staff against expected standards of care. An assessor had been employed to support staff and check their competencies and ability to carry out their role. Senior staff also carried out regular unannounced spot checks and competency assessments with staff to ensure they were delivering care which met the people's needs.

Staff told us they felt supported by their line managers informally. One staff member said, "The managers are very good. I can always pop into the office or give them a ring. I know they will always help me". They told us the registered manager and senior staff had an 'open door' policy and always willing to listen to their concerns. Records showed that staff had frequently met formally with their line managers in line with the provider's policy. Staff were also supported in team meetings. When a significant event had occurred within the service, the registered manager had met with staff to provide support and reassurance. The registered manager explained "It was important for me to meet all the staff and allow them to process the news and give them support". This was confirmed by staff.

Some people required support with the planning, preparation and cooking of their meals. Staff were all aware of people's individual dietary needs and preferences. They supported people to make healthier food choices. People's likes and dislikes in food and drink, their special diets and allergies were recorded. Food was cooked to meet people's individual taste and choices. Relatives told us that people enjoyed their meals and were encouraged to maintain a balanced diet.

Is the service caring?

Our findings

First City Nursing Services Ltd Cheltenham provides personal care and support to people in their own homes. Relatives were positive about the care their loved ones received. For example, one relative said "The staff are extremely good. I am very happy with the care they provide" and another relative said "The staff are incredibly caring". One relative who completed our survey stated "The first city care agency have been looking after my mother for over 3 years now with increasingly daily visits- initially one visit and now three. They are always very easy to contact, at any time of the day and always respond to any issues or problems in a pro-active, positive and pragmatic way" and "Extremely happy with this agency and all aspects of the care they provide parents with. Very caring staff and understanding staff. This is a first class agency who provide an excellent service during the hours they care for my parents, especially my mother who needs special care".

People's needs were at the centre of the service. The values of the service were embedded into the staff practices. The service's mission statement was 'Do unto others as you would have done unto you'. Staff confirmed this in the examples they gave about supporting and caring for people. For example, staff were passionate in supporting people in a manner that focused on people and their preferences. They spoke about people in a positive manner and emphasised the need to ensure people were treated as individuals. One staff member said "My rapport with my service user is wonderful. My care is about them and what they want. I always ask them what they want and give them choices". Another staff member said, "We are trained to be respectful to all and treat people how we would want to be treated".

People's dignity and privacy were respected. The people we spoke with and/or completed our questionnaire agreed that staff always treated them with respect and dignity. Staff explained how they supported people with their personal care in a dignified manner. People and their relatives confirmed that they always received care from staff who had been introduced to them. Staff who supported them with their personal care were familiar and consistent. Where new staff had been required to be introduced, this had been done slowly to ensure people were comfortable with the new staff member.

People told us staff completed the support and tasks required and encouraged them to be as independent as they can be. One person commented on their completed questionnaire, "First City provides an excellent service. The agency has been very flexible and supportive, having the same carer every day which has been brilliant. Our carer is simply wonderful". A community health care professional who completed our questionnaire commented and said "I share caring for a patient with first city nursing and have found their care workers supportive and responsive to my questions and have been impressed with their care of our joint patients. I feel confident that he is in good hands and all the carers are happy to go that extra mile. I have needed to deal with the manager from First City Nursing due to at times complex needs of the client and have been very impressed by the availability and support I have received from them".

People agreed in advance how staff should access their home. This included whether they wanted staff to knock at their door, or allowed them to let themselves in such as by using a key safe. This was documented in people's support plans.

Is the service responsive?

Our findings

People received care which was personalised and responsive to their needs. People and their relatives were involved in the assessment and planning of their care by an initial home visit assessment before they started to use the service. Their needs had been assessed and reviewed in line with the provider's policies. Each person had a support plan which was kept in their own home which detailed their support needs. This information provided staff with guidance on how each person liked their support and care. People were given a service user guide and information on how to contact the service if required.

Copies of people's support plans were also kept in the office with additional information to help staff monitor the well-being of people. People's support plans were detailed and described people's preferred routines and choices of care. They provided staff with information about people's independence levels and the elements of personal care they required support with. Each person's support plan had a one page overview of their personal and contact details, likes, dislikes, allergies and medical conditions.

Some information about people's backgrounds and interests had been collated and documented but this had not been embedded in the plan which described the support they required. For example, one person was known to become agitated and may ask staff to leave early. Whilst staff recognised this, it was not documented what may trigger this person's agitation or how staff should respond. This was raised with the registered manager who told us they had plans in place to implement the organisation's life history documents so further historical and personal details could be captured about people and how this may impact on their care and support needs.

The registered manager had recently recruited a team leader to assist them in managing and reviewing the support they provided to people who required support with their personal care. We were told their role would also include ensuring that people's support plans also reflected their emotional and social needs as well as their support needs.

Staff knew people well and had formed a good rapport with people and their relatives. Relatives told us they were happy the support and care people received. One relative said, "We are very happy with the care that our parents receive from First City. They are very flexible and will do their best to help us". Staff told us how they supported people and how they had responded when people's needs had changed. One staff member said "If I have any concerns about the service users then I will always report and seek advice from my manager. Their well-being is important to us. I won't move on to my next person until I am happy they are safe and OK". Community health care professionals told us that the staff were responsive to people's needs and were competent to provide the support and care people required. An on call system was in place to deal with any out of hours concerns.

Relatives and people who were able to express their views told us they could always raise their concerns with the service. One relative said, "I can always get in touch with them. I am very confident in the service".

People's concerns and complaints were encouraged, explored and responded to in good time. Within one

and four weeks of a person starting to use the service, they received a questionnaire asking them about the quality of the service they received from First City Nursing Services Ltd Cheltenham. The registered manager reviewed the questionnaires and addressed any short falls in the service. They said "It gives a picture within one week if we have got it right. Week one is critical and we need to iron out any problems quickly". Plans were in place to send out the service's annual questionnaire to help staff understand the experience and views of people who received the service.

There had been no formal complaints about the service. The registered manager and staff told us any small concerns were dealt with immediately and if a complaint was made it would be taken seriously and addressed in line with the provider's complaints policy. The service had received several written compliments including, "Never failed to be impressed by the care and support provided".

Is the service well-led?

Our findings

First City Nursing Services Ltd Cheltenham is part of First City Nursing Services Limited organisation which provides recruitment, consultancy and training for the local health care sector. First City Nursing Services Ltd Cheltenham also provides direct services to people who need support with their personal care in their own homes. The registered manager told us they split their time equally between the various components of the service. The registered manager kept up to date in their knowledge by attending local and national events and maintaining links with various health and social care networks and boards. We were told this helped their personal development as well as helping to influence the direction and development of how people who need support are cared for within the county.

The registered manager received support from other managers across the organisation as well as from the director of the service. The registered managers of the provider's other services regularly met to share information; good practices and provide peer support. The registered manager said, "The meetings are a good opportunity to discuss any concerns we may have and learn from each other, so we aren't working in isolation". The managers of the organisation had committed to 'Don't say no, say how?' pledge which encouraged positive and pro-active actions when thinking about developing and improving the service.

Staff told us that the registered manager and senior team members were open and approachable. A strong sense of team work was in place with a clear management structure when staff needed support and advice. There were strong links between the team managers and the registered manager. They met daily to share information, set tasks and provide peer support. Staff confirmed the deputy manager and registered manager was approachable and supportive if they had any concerns. One staff member said, "The support we get at First City is spot on. We get lots of support and training". Community health care professionals who completed our questionnaire said "I have needed to deal with the manager from First City Nursing due to at times complex needs of the client and have been very impressed by the availability and support I have received from them".

Staff had recorded any concerns and incidents that had occurred during their visits. The incident reports had been reviewed by the registered manager, and actions such as referring people to an occupational therapist had been taken to reduce the risk of the incident reoccurring. The registered manager had analysed the incidents to identify if there were any trends or patterns which were occurring in people's homes.

The organisations quality compliance manager visited the service yearly and evaluated and checked the service being provided. As a result of the audit an action plan had been developed which the registered manager and staff were working through.

We discussed the progress and outcome of recent statutory notifications which had been submitted by the registered manager. Services use notifications to tell us about important events relating to the regulated activities that they provide. We found that the provider had taken suitable and appropriate actions to recent incidents that required notification to CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Lawful consent to the care of people who lacked mental capacity had not been recorded.