

First City Nursing Services Limited

First City Nursing Services

Inspection report

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Ratings

Overall rating for this service	Outstanding	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Outstanding	
Is the service well-led?	Outstanding	

Summary of findings

Overall summary

We inspected this service on 5, 6 and 7 June 2018. First City Nursing Services are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. First City Nursing Services have been operating for almost 20 years and are well known and an established local provider. Following an expansion of the business the Swindon branch had moved to a bigger building so all departments could be accommodated at the same site.

When we last inspected First City Nursing in November 2016, at their previous address the service was rated as Outstanding in well-led and Good in all other four domains and Good overall.

At this inspection we found the service remained Good in safe, effective and caring domains and remained Outstanding in well-led. We also found the service had improved to Outstanding in the Responsive domain and as a result, the service was rated Outstanding overall.

The service continued being very well-led. Staff remained extremely positive about the team work and support they received from the management and about the positive and empowering culture that was promoted within the team. Staff demonstrated a strong level of engagement, a real sense of pride of working for First City Nursing Services and there was a high level of satisfaction within the team. There was a strong emphasis on staff development and development of their skills and keeping the team motivated and enthusiastic. Staff had clear roles and responsibilities and they were constantly being upskilled so they could step up or act in other roles should this be required. Staff complimented the training provision and the support received from the management.

We found the management's vision were imaginative, innovative and put people at the centre of the service delivery. The provider's governance was well-embedded and there were robust quality assurance systems that remained effective. The provider welcomed any form of external auditing and any feedback received was treated as an opportunity to reflect and further improve the quality of the service for people. The management team continuously looked for new, innovative ideas how to keep people safe and how to adapt the service delivery to the changing demands and the needs of the of people and the health and social care community. There was a positive culture that reflected people were put first and that culture was reflected throughout the entire structure in the organisation.

The service acted as an important part of the local community. The provider had formed a charity that supported local community and people had opportunities to receive additional support such as from befriending volunteers. This enhanced people's wellbeing and reduced the risk of social isolation. People had opportunities to visit a newly opened café at the provider's office site, where they could socialise and received additional support such as signposting to other support services and voluntary organisations.

The service retained their drive for excellence and retained their position of a positive role model and earlier this year they successfully secured the contract with the Local Authority to become the Lead Provider of

social care. They therefore acted as a first point of contact for all referrals for the borough. The provider enabled a number of external professionals to be based at the same site to ensure good communication and smooth referral processes were maintained.

The contract around the Lead Provider was a completely new and innovative approach. The provider's aim was to ensure the new system was very much people led and the identifying and meeting people's outcomes was a key point of focus. The management worked to ensure people's stories, expectations, wishes and outcomes they wanted to achieve were captured and recorded. First City Nursing Services management involved a reputable and well known social care organisation that specialises in delivering bespoke training surrounding person centred and outcome based support. The new, outcomes based documentation focused around people's expectations and not around tasks orientated support.

There was a registered manager running the service who had been working with the team for 18 years. 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. The director was also registered as a second manager, this was to ensure the stability and managerial cover in case of the absence of the service's manager.

We found the service was exceptionally responsive. The provider's "The No / How pledge" underpinned the service's ethos. The team demonstrated they successfully adopted 'you don't say 'no' you say 'how' can we do this' approach. This promoted increased benefits for people as well as morale, sense of team work and feeling valued. Staff were exceptionally skilled at recognising people's individual needs and wishes in relation how they want to live their lives and to the full. This included suggesting ideas people themselves might not have considered and empowering people to engage in social activities that enhance people's well-being. Staff were empowered to suggest innovative use of technology where this was to benefit people's lives and contribute to people's quality of life. There was a designated team responsible for keeping people's care plans up to date and we found people's care plans were current and reflected people's needs.

The service also demonstrated their responsiveness on a more strategic level that positively affected the local community and the local health services. In the last year First City Nursing Services successfully demonstrated their ability to lead the local social care market and they stepped in and took over a significant number of people's packages of care from providers that ceased operating. Due to this prompt action no people were left without support and people were protected from potential negative implications of receiving no care.

People knew how to complain and there was evidence available the complaints and concerns were managed appropriately. The registered manager demonstrated an innovative and proactive approach to the complaints management and they reflected on each complaint. The reflection considered whether the complaint was avoidable, what could be done differently in a future and any other lessons learnt.

When required people were supported to have a comfortable, dignified and pain free end of life. Staff had a training on how to support people during towards the end of their lives. We received very positive feedback about end of life support provided to people and emotional support provided by the staff to families during that difficult time.

People told us they were safe with the staff. There were sufficient staffing in place. Staff knew how to report and escalate safeguarding concerns. The provider ensured safe recruitment practices were followed and

they were proactive in stamping out any inappropriate practices.

People were supported to take their medicines safely and as prescribed. People's care files contained risk assessments surrounding people's well-being, fall, mobility and other conditions. Where people had been identified as at risk, management plans guided staff on how to keep the person safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights to make own decision were respected.

People were supported to access health services when required and the team worked closely with a number of external health and social care professionals where needed. People were supported to maintain good nutrition and encouraged to have a diet that met their dietary needs and preferences.

The service was caring and people told us staff were kind and compassionate. We found people's individual needs, including equality and diversity were considered and respected. People's dignity, privacy and confidentiality were maintained. People were supported to be independent as much as possible.

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.

People received their medicines as prescribed.

There were sufficient staff to keep people safe.

Risks to people's well-being were assessed, recorded and management plan were in place how to keep people safe.

Staff knew how to raise and escalate safeguarding concerns.

Is the service effective?

Good 

The service was effective.

People's right to make own decisions were respected.

People were supported by staff that received training relevant to their roles and effective support.

There were systems in place to support people to meet their dietary needs.

People were supported to access healthcare services when needed.

Is the service caring?

Good 

The service was caring.

People complimented the caring nature of staff.

People's dignity and privacy was respected.

People's confidentiality was maintained and their independence was promoted.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

People were extremely complimentary about the support they had and how this positively impacted on their lives.

People as individual as well as the local community all benefitted from the responsiveness of the service.

People knew how to raise concerns and the registered manager saw concerns as an opportunity to drive improvements.

People were supported to have a dignified and pain free death.

Is the service well-led?

Outstanding 

The service was very well-led.

The management team were extremely passionate and led their team by example.

The provider implemented innovative ways of working to ensure excellent outcomes for people.

There were effective systems for monitoring and assessing the quality of service provided to people.

There was a positive approach, a transparent and open culture demonstrated by the team at the service.

First City Nursing Services

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 and to look at the overall quality of the service.

This inspection took place on 5, 6 and 7 June 2018 was announced. We informed the provider a week before our inspection as we needed to ensure they are able to accommodate us in the office and make the arrangement for us to phone and visit people. The inspection team consisted of three inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We looked at records, which included 13 people's care records, we also viewed ten personnel staff's files and looked at a range of records about how the service was managed. We spoke with 42 people that used the service. We also spoke with the managing director, the Head of Quality and Compliance, the registered manager, six care assistants, three senior care assistants, one care co-ordinator, two department managers, two team leaders and three reception staff. On second day of our inspection we visited five people in their own homes, which had been arranged by the registered manager with people's consent. We observed the care interactions between people and staff. We returned on third day to finish the inspection and to provide feedback.

We also contacted number of external health and social care professionals and commissioners to obtain their views about the service and spoke with two relatives.

Is the service safe?

Our findings

People told us they had their medicines as required. One person said, "I get help with medication – it goes ok, I know what to take so I can check on it". People received their medicines safely and medicine records were completed accurately. The management worked in partnership with the local pharmacy and they implemented a new medication management system that was more user friendly and minimised the risk of medicine error. The registered manager commented they saw the benefits of using this improved system. Staff told us they had training in administering medicines with the new system. One staff member said, "Amazing system to use. It's all pre-packed and described". Another member of staff said, "I had medicines training and I am observed every six to twelve months and through spot checks".

People were safe at the service. One person said, "I feel safe, different ones [care staff] come – I know them all, they come on a rota and come pretty much on time". Another person said, "I feel safe".

The provider had safeguarding policies in place and staff were aware how to raise safeguarding concerns. One staff member said, "If saw bad practice, I'd offer support and training and refer back to managers. There's always someone [senior] around". Staff knew how to report concerns to external organisation if needed. One staff member said, "We can also report to other organisations like CQC, the police or safeguarding team". The registered manager proactively reported safeguarding concerns and they investigated any concerns promptly.

People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices. The registered manager ensured the recruitment included screening applicants' values to ensure people that demonstrated attitude in line with the company ethos were appointed.

Risks to people's personal safety, environment and well-being had been assessed and staff were aware of these. People's care files contained plans on how to manage risks surrounding mobility, skin integrity, falls, nutrition and other individual conditions. This included environmental risks, falls, bathing or showering and skin integrity. People at risk of developing pressure sores had risk management plans and equipment in place. For example, pressure relieving mattresses and cushions. One person had been identified as at risk due to unsafe swallowing. This person's care plan clearly guided staff and stated person should be 'sat up right when eating or drinking'. Staff told us they followed this guidance.

People were also protected from risk of infections and staff had been trained and followed good hygiene practice. Staff used personal protective equipment (PPE) such as gloves or apron where required and had access to the stock in the office. People told us staff wore PPE. One person said, "They wear gloves for personal care". Another person said, "They all have their disposable gloves and aprons and they always change them between jobs. They are also extremely good at washing their hands and I keep a towel here for them in the bathroom now. I've never had any nasty bugs since they've been looking after me".

There were sufficient staffing in place. No people we spoken with reported any missed visits. One person said, "If they are delayed and they are running very late they let me know. They have never not come". Staff

told us their rotas worked well and they had a good support in an unplanned emergency. One staff member said, "All in all goes quite smooth, but on odd occasions like last night, I over-ran". Staff told us this was due to one person having a sudden health change event where they needed to stay longer to support the person. They added, "On call [team] rang other clients and they covered the last visits". The provider used an electronic system to monitor staff login in and out of people's homes. The system was monitored live in the office so any late visits or emergencies where visits needed to be rescheduled were acted on promptly. There was a designated team of coordinators who were office based and responsible for coordinating rotas. In addition, there was a 24 hour on call service, where both staff and people that used service could seek advice and support. A nominated member of staff was identified as the person on standby should an unexpected absence occurred at a short notice.

There was a business continuity plan that included various emergencies such as adverse weather as well as information about individual people's needs. There was a traffic light system that highlighted people that had high critical support needs and those with less critical needs. Additional contingency was provided by the fact there were pool vehicles available for staff should their own cars were out of order, this included 4x4 team that proven to be extremely helpful during last winter's snow.

The provider had systems to record accidents and appropriate action had been taken where necessary. For example, where people had fallen, their care plans and risk assessments were reviewed and health professionals involved appropriately.

The registered manager ensured near misses were used as a learning opportunity and to review and improve the service. For example, a staff member gave us an example of a medicine error where a reflection was completed and staff explored how it happened and staff had been offered a retraining. The member of staff said, "We reflect on incidents and learn when things go wrong".

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us their rights to make their own decisions were respected. One person said, "They are very respectful, when washing if I want to do part myself I can, if not they can – have choice all the time. They check what food I want especially for breakfast – I like a proper cup of tea". Another person said, "They do listen to me".

Staff were aware of MCA and they told us how they used the principles of the Act in their day to day work. Comments from staff included, "We complete mental capacity assessments to ascertain if a person has capacity. Whatever decision made should be in the best intentions for that person", "We support people to make decisions for themselves even if they are unwise decisions" and "If people do not have capacity to make [specific] decisions, then we make those decisions in their best interest".

People's care plans gave details about people's decision-making abilities. We saw examples when a person was assessed as unable to make a specific decision around meeting their needs, the staff worked with the external professionals and a best interest decision was jointly made. The provider planned to work with the local professionals on developing a new, uniform format for recording people's capacity assessments.

People were assessed prior to commencement of the service to ensure staff were able to meet their needs. Records confirmed and staff told us before a new person's care package was commissioned the team completed a pre-assessment with the person. The information captured included physical needs, emotional, communication needs as well as personal, diverse needs surrounding a dress code and sexuality. The information gathered during an assessment was used to put a care plan together and ensure that any risks have been identified and recorded. There was a separate written protocol for when the service acted as a subcontractor on behalf of the local authority.

Staff told us how they involved external professionals to ensure they had a good information about people. Staff told us about their liaison with community services and how they worked closely with professional multidisciplinary teams. This included GPs, District Nurses, Speech and Language Therapist (SALT), tissue viability nurses, mental health team and social care practitioners. Staff told us they had, "Definitely a good relationship with community services" and "Specialists liaison very good". Information from professionals and any medical advice given were incorporated into people's care plans.

People were supported by skilled and knowledgeable staff. Staff told us and the records confirmed staff received training relevant to their roles. When we observed staff carrying out a transfer using a hoist we saw it was carried out confidently, by two staff and in line with the good practice. The new staff attended a

classroom based induction training run by the provider's own training department. The induction met the Care Certificate standards and included areas such as person-centred approach, moving and handling, medication, safeguarding, health and safety, food hygiene among others. The Care Certificate is a nationally recognised set of training modules that all social care workers need to adhere to in their work. There were additional courses that related to people's specific conditions such as dementia, managing diabetes, stoma care or end of life care. All training was refreshed on regular basis and staff also had opportunities to complete their qualification and diplomas. Senior staff had also opportunities to complete diplomas in leadership and management.

Staff complimented the support received from their line managers. One staff member said, "[I get my supervision] every couple of months, I have a one to one and get a written copy. They ask staff do you feel confident in this do you want any (further) training". Another staff member said, "Supervision every three months, can have a copy but I leave in the office. [We get] yearly appraisal. Managers catch up on how I was doing, very supportive".

People were supported to meet their nutritional needs and their care plans gave details of people's nutritional needs. Where people needed prompting during meals this was clearly recorded in their support plans. 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. Staff told us how they ensured people's dietary needs were met. One staff member said, "I support people with dietary needs, choices, encourage person - being flexible with people e.g. main meal swap to evening on a hot day, always leave a drink and snacks for later, in between calls".

Is the service caring?

Our findings

The service was caring and there was an embedded culture that promoted a strong emphasis of 'treating other how you'd like to be treated'. This underpinning philosophy was demonstrated by the team and this ethos was instilled via staff training to ensure it was adopted into daily working practises. Staff told us this came from a family orientated" background – the service was run by the family and the fact that majority of the senior team worked at the service for almost 20 years added to the 'family feel'. The registered manager told us, "Directors say, do not worry about costs or budgets, you just worry about the quality, family ethos very much – it's all about people". Staff told us, "We've grown together, it is a family" and "Teams very supportive, amazing and phenomenal. Everyone does their share, no matter what role".

Feedback from people reflected staff were kind and supportive. Comments included, "They are very caring people and very nice", "They are very, very kind, put themselves out, some are lovely" and "They are so kind, they talk me through and help me. I look forward to seeing them".

People were supported to be as independent as possible. One person said, "The staff keep me doing things myself. I have half an hour sometimes it takes a little longer but normally about right – I am not pushed to go faster". People's care plans emphasised how staff needed to support people to maintain their independence. One person's care plan stated, 'Can wash and dress, ensure you are close by'. People's personal outcomes included independence. For example, one person's goal was 'to remain as independent as possible whilst maintaining safety'. One staff member said, "We encourage people to things for themselves".

People's privacy and dignity was respected. One person said, "They are respectful and treat me with dignity. There are two particular ones I am very fond of and who come regularly". Staff also told us how they ensured people's dignity. Comments included, "We are given time to make a difference to people", "We close curtains and doors during personal care" and "I talk to people like I would want people to talk to me". The importance of dignity was highlighted in provider's training and policies and procedures and referred to the 'Ten Point Dignity in Care' challenge. There were Dignity in Care Champions within the team and the team signed up to the Social Care Commitment. The Social Care Commitment is an agreement about improving workforce quality and providing high quality services in adult social care. Its primary purpose is to ensure public confidence that people who need care and support will always be supported by skilled people who treat them with dignity and respect.

The provider promoted equality and diversity, the staff had the relevant training and there were policies in place surrounding equal treatment. The team demonstrated approach that stamped out any discriminative behaviour. The service gave employment opportunities to staff that declared disabilities and they enabled people to benefit from work and having an increased sense of purpose. Reasonable adjustments were made to ensure staff had an inclusive and meaningful role. The protected characteristics were considered when allocating staffing scheduled, for examples where people preferred males or females for personal care. Staff feedback reflected staff knew how to respect people's diverse needs. One staff member said, "Treating everyone as an equal, not making judgement, going in fresh every time, everyone is different".

People had access to information in accessible formats where required. The service had developed user friendly versions of documents to meet people's individual communication needs. Where required aids such as story boards were used and staff had additional training in sign or symbol based communication such as Makaton. Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking. Where required the service worked with external organisations such as Wiltshire Blind Association to get the guidance and support to ensure people's communication needs are met. Where people are hearing impaired and chose to communicate via text messages this had been facilitated by the staff. People told us how staff ensured they were supported to communicate effectively. One person said, "They all remember about my glasses needing cleaning every other day and they are good at checking the battery levels in my hearing aids as they are very fiddly for me to do on my own".

People's confidential information was protected. People's files were kept secure in the provider's office and staff used individual passwords to access electronic records. The registered manager informed us they carried out a The General Data Protection Regulation (GDPR) risk assessment and management plan to ensure that peoples data was collected and used appropriately. Staff knew about confidentiality. One staff member said, "We don't discuss people in the streets and keep care plans safe".

Is the service responsive?

Our findings

We found the service to be exceptionally responsive. People received very personalised support that was focused on enhancing their lives and making sure people were able to experience life to the full. People were supported by staff that excelled in supporting them to maintain skills, confidence and self-esteem. The staff often went the extra mile to make people's lives better.

The provider's "The No / How pledge" underpinned the service's responsive ethos. The team demonstrated they successfully adopted 'you don't say 'no' you say 'how' can we do this' approach. The registered manager told us, "I am trying to pretend that 'no' is not an option". This approached promoted increased benefits for people as well as raised morale, sense of team work and feeling of being listened to.

For example, one person prior to being supported by the service had a history of displaying behaviour that other people may find challenging. This behaviour meant that their ability to be independent and socialise in the community was severely restricted. As part of the care package provided by First City Nursing Services, the provider arranged for a dedicated team of staff to support this person. Staff had a bespoke training to ensure they were able to meet this person's individual needs. As a result of this personalised approach staff were able to develop a strong relationship with the person and built their trust. Staff continually went the extra mile to support this person to become more confident and to enhance their independence. For example, they arranged for an alternative specialist transport for when the person needed an urgent hospital admission and the ambulance could not be sent immediately. Staff also worked closely with people in the community to enable the person to enjoy a more fulfilled life. They for example engaged with a local farm to ensure reasonable adjustments were put in place so the person could attend various workshops and enjoy social events.

We spoke to this person's family who told us, "[Person's] quality of life definitely improved. [Person] would not be capable to live on their own [if it wasn't for staff]. They [staff] meet [person's] needs, definitely". The relative went on to tell us how the person was now able to enjoy outings, attended baking and wood work classes, made bird tables and gave these as gifts to the family. They added, "[Person now leads] active life, massive improvement". This meant the holistic person-centred approach by the provider and staff had enhanced the person's wellbeing and helped them to achieve an increased quality of life and become part of the local community with an increased sense of purpose.

Two other people were also very enthusiastic about positive impact the care received had on their life. They told us, "My independence has grown quite a lot since I was in hospital – I am now getting out and about – staff help me, but less and less, they can see a difference. I am more independent and will be reviewed again soon – a real success. They have all been really helpful, absolutely marvellous" and "My family were very keen to move me into a care home, but I was adamant I wanted to stay here in my family home as long as I could. Because I have the carers coming in three times a day, they give me the confidence to know that I will be safe and that if anything were to happen to me it would only be a few hours before somebody found me and this in turn, has given reassurance to my family that for now. I am still safe to be here in my own home". Another person told us how the staff would tailor their approach on daily basis. They said, "They get you to

do things yourself if you can but are flexible so if my arthritis is bad they do more".

Staff were empowered to suggest innovative ideas for people, this included ideas people would not consider themselves. The staff were encouraged to 'think outside the box' by the company's director who actively attended various conferences surrounding the innovative use of the technology, including the recent event in America. For example, one member of staff recently watched a talent show on television and saw a piece of equipment being used by a contestant that allowed them to communicate effectively. This member of staff was then encouraged during team meeting to suggest people whose lives could be improved by a use of technology. They thought about one person they supported who suffered from impaired speech. They told us, "I asked this person, if I had their permission [to put their name forward]. We're now looking at getting this person a device that will assist them to voice his opinions and express himself. [When I explained the device to them] their face lit up as it means they'll able to communicate with family". On the day of our inspection we observed the director speaking to the member of staff about this equipment and making further arrangements to ensure this person's quality of life could be enhanced.

There was a significant emphasis on the use of technology and finding creative ways of providing support to people. The provider worked on introducing a 'piece of mind' system. The system was to enable staff to keep a telephone contact with people that did not need physical support but would still benefit from a remote supervision. This also provided that extra piece of mind that they're not 'off the books' and the support in person can be reinstated at any time if required. This was based on a Danish model as researched by the First City Nursing Services' director. The team excelled in finding additional services that could impact on people's lives. The director told us, "We just referred our first person to Dressability Swindon". This was a charity specialising in lost cost clothing alterations, such as replacing buttons with a zip or other user-friendly solutions to keep people independent so they have a sense of control of their lives.

The service was not only responsive to people's individual needs but also to the needs of the local community on a strategic level. This had in turn had a positive impact on people as individuals and the local health services. In the last year First City Nursing Services successfully demonstrated their ability to take the lead in the local social care community and they stepped in to support additional 168 people, to ensure their care needs were met safely when another provider suddenly ceased operating. This required extremely prompt action from the First City Nursing Services' management team. The registered manager told us the staff worked late hours to ensure people's visits had been scheduled in before the weekend. The registered manager said, "It was no brainer for us, we knew we had to do that". Due to this prompt action no people were left without support and people were protected from potential negative implications of receiving no care. Shortly before our inspection First City Nursing Services took over another provider that ceased operating, this time they incorporated 69 extra care packages and were working to review each person and to ensure people received support they needed. An external professional told us, referring to these merges, "First City Nursing Services were fantastic in terms of responsiveness and to ensure there were no gaps in service provision".

The service acted as an important part of the local community responding to the needs of the wider community. The provider had formed a charity that supported the local community and people had opportunities to receive additional support such as from befriending volunteers. This enhanced people's wellbeing and reduced the risk of social isolation. People had opportunities to visit a newly opened café at the provider's office's site, where they could socialise and receive additional support such as signposting to other support services and voluntary organisations. The café would also facilitate workshops around falls prevention, quitting smoking clinic and dementia groups.

The provider identified the need to take a holistic view when responding to people's needs. First City Nursing

Services recently developed partnerships with the voluntary sector to enhance their strategic planning. The representatives of the voluntary groups will act as a 'critical friend' and will be leading on the service user forums and act as an independent adviser to improve quality across the services. Additionally, the service established a partnership with the Royal Voluntary Service by having a member of their team based at the provider's office. First City Nursing Services were also developing partnership working with Swindon Carers Centre looking at ways they can work together to support unpaid carers.

People's care plans were up to date and reflected people's needs. People's care documentation was current and had been reviewed by senior staff regularly. Records showed people's choices and preferences were discussed recorded and reviewed. These were personalised and included how people wanted to receive support and activities they wanted to be involved in. For example, one person enjoyed attending their chosen weekly activities and was supported to do so. People's support plans were reviewed regularly to reflect any changes. For example, another person was prescribed a new medicine and the support plan was reviewed to reflect the changes of visits times.

The provider recently introduced the new system of electronic care planning that allows staff to input the information into small handheld electronic devices. This user friendly and innovative way enabled staff to spend more time with people than completing the paperwork. The care plans were a responsibility of a whole designated team. It was apparent this system worked as staff complimented the system and told us there was 'enough information' in care plans to undertake their role well. One staff member said, "If the person wanted their care plan updated, I'd report to the senior and this would be planned straight away with the person by seniors and fed back". Other comments from staff included, "The care plan gives enough time for care, [we] stick to the care plan. Care planners are good at doing a realistic care plan. Very good at looking at changed circumstances and very good at going out and re-assessing" and "Care plans are person centred e.g. will not allow one staff member in until both are available to go through the front door at the same time, so if one arrives early, we wait until the other is there". This meant the staff were able to rely on the care plans which in turn ensured people received support that met their needs.

People told us they were actively involved in planning and reviewing their care. Comments from people included, "They review each year, it was done recently, by council and manager. I have a chance to say what I think – took over an hour", "They review every year, the manager comes from the office" and "I have a review of my care plan about every 6 months to a year, my daughter in law helps but staff ask anyway as we go along".

People were extremely complimentary how staff supported them whilst respecting their individual, diverse needs. Comments from people included, "All very good, no complaints, they do everything I want and go the extra mile, also I am not good on the phone they will help with calls to the council and doctors", "Numerous different girls over the time, all marvellous", "Caring is looking after more than the body wants, it's the whole person", "I can't stand having a cold shower, so when my carer comes in to help me with one, they will go and run the water so it's warming up while I then start to undress. It's the small things like that that make the real difference" and "My family are happy and say if I was a millionaire I wouldn't get better care". One external professional said, "First City put the person at the heart of what they do. Support plans are detailed and reflect the individuals' choices".

People and their relatives knew how to make a complaint and the provider's complaints policy was available. The feedback from people reflected most people had no reason to make a complaint, comments included, "I have no complaints even with new staff", "I have never had any complaints" and "If I had a complaint I would ring the office, I have not had to do this. I can usually sort things with the carers". One person told us about how a prompt action was taken following them raising a concern around timing. They

said, "I had to speak to the office as they were sending people at 9.00 for breakfast but not arriving until 9.30 – meals on wheels lunch comes at 12.00 so was not hungry. They have sorted it out for me and they come about 8.30". Another person also had a positive experience of how their complaints was acted on, they said, "I did have to talk to somebody in the office about the attitude of one particular carer and they promised to have a chat with them before sending them back to me again. This carer has been coming again now for a few weeks and I have to say they're like a different person, so I was pleased to know they had taken me seriously".

The registered manager recognised that due to the increasing number of people that receive support it was likely the number of complaints could increase. They demonstrated a proactive approach to ensure they set a good example in terms of active listening and not being defensive about feedback but utilised it to drive better practises. They therefore adopted a 'complaint seeking' ethos to ensure any feedback received was used to improve the service for people.

The registered manager also demonstrated a proactive approach to the complaints received as they reflected on each complaint. The reflection considered whether the complaint was avoidable, what could be done differently in a future and any other lessons learnt. For example, one complaint identified the need for ensuring better communication in a future. Staff empowered people to raise any concerns, a member of staff told us, "A booklet is kept in people's home file and has details about how a person can complain and also feedback". We viewed the provider's complaints log and saw eight complaints had been recorded in the last year. These all had been investigated and responded to in line with the policy and to the complainants' satisfaction.

People were supported to have a comfortable, dignified and pain free end of life care. People's care records contained information about people's preferences in relation to end of life. They team would involve the relevant professionals when required. The registered manager planned to appoint a designated End of Life team that would champion end of life care area, this was to include working with the local hospice. Staff told us how they ensured people were supported. One staff member said, "We keep people comfortable and family well informed during end of life care". The registered manager informed us that on the day of our inspection no people received end of life support. We received excellent feedback from the family of one person that recently passed away. They said, "They [staff] were great, they looked after [person] well. I did not find any faults, they were respectful, even offered to make me cup of tea, offered to help me, told me to sit down – compassionate to me -all of them, there was not even one I would not want to return here. I could not recommend them enough". The person went on to tell us they were going to invite the staff to attend the funeral. "To tell them how good the care was" they added.

Is the service well-led?

Our findings

The service continued to be extremely well-led. The management team told us, "What we're really in it for is the people". The service's value statement was clearly visible and displayed in several places at the office. The transparent and empowering culture of the service was well-embedded and strongly demonstrated by the excellent feedback received from various staff. Comments from staff included, "All-inclusive ethos of doing unto others what you would like done for you", "Still a family run business, lead with a very good example in the head of service", "Leadership and current working way of teams means that it doesn't feel like it's such a big organization, even though it is" and "Inclusive service for people and staff".

People and their relatives were also very complimentary about the way the service was run. Comments included, "It all goes smoothly", "I feel it is well managed – staff are supported" and "First City are the best. No problems with them at all". External professionals were also equally complimentary about the service, one professional said, "The manager and staff are approachable and issues are always dealt with effectively and efficiently".

We found the management's vision was imaginative, innovative and put people at the centre of the service delivery. The director told us, "We can be here, and do our job and just be good but we try to lobby for people, take responsibility for the industry". The service retained their drive for excellence and retained their position as a positive role model and earlier this year they successfully secured the contract with the Local Authority to become the Lead Provider of social care. This means they now act as a first point of contact for all referrals for the borough. On taking on this role the provider recognised the need for improved information sharing and engagement and arranged for a number of external professionals to be based at the same site to ensure enhanced communication and smooth referral processes were maintained.

The Lead Provider's role was a new and innovative approach and the aim was to ensure the new system was very much people led and people's outcomes and expectations were a key point of focus for the team. In order to achieve this, people's stories, expectations, wishes and outcomes people wanted to achieve were captured and recorded. First City Nursing Services involved a reputable and well known social care organisation that specialises in delivering bespoke training surrounding person centred and outcome based support. The new, outcomes based documentation focused around people's expectations and not around tasks orientated support. To ensure effective implementation of the new system, they employed a designated Transitions Manager that worked to develop the skills of staff to assess, develop and monitor people's outcomes.

The managing director had developed a full business risk profile and action plan and a contract continuity plan that reflected the company's internal services and subcontractors. With their wider vision for the contract First City Nursing Services were aiming to provide more financially effective service with increased effectiveness for people. The vision included voluntary sector, improved professional partnership approach, home care market development and raising quality and standards. The directors came up with a 'Jigsaw approach' that put together people's needs and incorporated people's holistic needs, not just the care needs. This approach is about 'piecing outcomes together' which means an increased working partnership

between the social, health care and voluntary sector. We found that staff were very much aware and on board with this approach. One member of staff told us about the team's vision, "To transition from time and task to a person-centred focus and support and outcomes. Values, looking at people given opportunity, what they can achieve, being part of the Jigsaw approach. Educating people on what's available". Other staff said, "We have team meetings and we talk about the Jigsaw approach" and "Management is trying a new way of doing care, it's innovative". An external professional told us, referring to the new contract, "Outcome based domiciliary care - no one cracked it yet, if we do it we will be first one. It's about pushing boundaries – the leadership to take it forward is there".

At the time of the inspection the new contract and its effectiveness was being evaluated by an independent body – an Institute of Public Care, part of Oxford Brookes University established to drive improvement and innovation in care. The provider shared with us the copy of the pilot evaluation support proposal, which stated the evaluation was going to be finalised by August 2018.

The provider already had a plan of how to further develop their role under the new contract and they have entered a strategic partnership with a voluntary organisation to ensure high level of service satisfaction, improved engagement of people and develop opportunities for people to access additional support services as a preventative measure.

Staff remained extremely positive about the team work and support they received from the management and about the positive and empowering culture that was promoted within the team. Comments from staff included, "I do this because I care and I think First City takes pride in doing what they do and doing for the people", "I love my job and make sure my job is done right", "100% supported by the company", "Management are approachable, always checking people are okay and on the top of their game", "It is a good place to work with and the managers are special people" and "Fully supported by the company".

Staff demonstrated a strong level of engagement, a real sense of pride of working for First City Nursing Services and there was a high level of satisfaction within the team. There was a strong emphasis on staff development and development of their skills and keeping the team motivated and enthusiastic. The registered manager repeatedly stated, "Our staff are our biggest asset". The provider ensured staff were recognised and valued. For example, they held a Christmas party every year, which enabled staff to feel as a part of the company. The service also run various events on a regular basis, such as 'Georges cake day' in memory of a former employee that suddenly passed away few years earlier after 20 years of dedicated service. This event was not only a form of celebrating former employee's legacy and showing a respect, but also an opportunity to raise a money for a good cause and a social occasion.

There was a registered manager running the service who had been working with the team for 18 years. 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. The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission of notifiable incidents. The director was also registered as a second manager, this was to ensure the stability and managerial cover in case of the absence of the service's manager.

The registered manager was very well supported by managing directors. First City Nursing was a family business and the management successfully demonstrated their commitment and passion to develop staff. The service's Head of Quality had been working with the team for 18 years, and similarly to the registered manager both had worked their way up having started with First City Nursing as care assistants. This

contributed to the stability and continuity of the management. The director told us, "It's important to stay personal. Most of the key staff has come through the (internal promotion) within the service, if I can develop my own people I get better outcomes".

The provider recognised the service of its size needed a robust staffing structure for contingency purpose. The registered manager was an overall service manager whilst there were separate departments each one led by a designated manager. For example, there was a separate team responsible for scheduling, another team responsible for care planning, for recruitment or training. There was a clear structure within each of the department that ensured accountability. Each of the managers was trained to take up additional responsibility if required. The registered manager told us, "Having the right structure is the only way to do things". Staff were encouraged to attend team meetings, we viewed samples of the minutes and saw staff training, people's needs, new developments, updated policies and ongoing business were discussed.

The provider sourced people's feedback through six monthly client reviews and quality assurance questionnaires. The feedback received was used to improve care and people's experience. When needed a prompt action was taken to address the request, for example, one person expressed they wanted to have a laundry visit call and this was put in place. People also told us they regularly received quality survey. One person said, "I get a survey every year – same questions in different ways. I have no complaints". Strong relationships that have been established with third sector organisations supported the service in gaining people's voice.

The provider's governance remained effective and was well-embedded and there were robust quality assurance systems in place. The registered manager ensured monthly audits were carried out. These included medication concerns, accident, incidents, safeguarding, notifications, compliments and complaints. The registered manager liaised with each department's manager to ensure they fulfilled their roles, for example, that care plans were up to date and reviewed promptly. In addition to this the provider's Head of Quality and Compliance conducted internal audits to ensure effectiveness throughout the company. All the information received was collated into a quality report used to support directors for future business planning. The provider welcomed any form of external auditing and any feedback received was treated as an opportunity to reflect and further improve the quality of the service for people. There was evidence available where an area for improvement had been identified a prompt action was taken to address it. An annual Quality Assurance Report was produced by the Head of Quality and Compliance that focused on measuring achievements for the previous year and setting the clear and achievable goals for the service for the next year.

The service worked well in partnership with a number of partners. This included local authority, acute trusts, mental health services and many others. The service was part of United Kingdom Homecare Association (UKHCA). UKHCA is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. UKHCA helps organisations that provide social care which may include nursing services, to people in their own homes, promoting high standards of care. The service also worked with Skills for Care and referred to various good practice current guidance, including updates from the Care Quality Commission (CQC). First City were recognised for their work and strive toward excellence, they were finalists in four categories for the Wiltshire business awards earlier this year. The categories included 'Business Person of the Year' – the director, and 'Services to the Community'. The service was announced as a winner in 'Medium Size Enterprise Business of the Year' category and secured second place in 'Outstanding Excellence Award'.