First City Nursing Services Limited

First City Nursing Services Ltd Salisbury

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

First City Nursing Services Ltd Salisbury is a domiciliary care agency which provides nursing and personal care and support in the Salisbury area. It is part of the First City Nursing group. At the time of our inspection four people were using the service.

This inspection took place on 8 November 2016. This was an announced inspection which meant the provider had prior knowledge that we would be visiting the service. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

At the time of our inspection a registered manager was in place at the service. 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 and the operations director were both available throughout the inspection.

Systems were in place to manage risk and protect people from abuse. Staff were aware of their responsibilities and knew what actions they needed to take to ensure people were protected.

Staff were well trained and knowledgeable. They received a thorough induction when they started working for the service. They demonstrated a good understanding of their roles and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service provided outstanding care and support to people enabling them to live fulfilled and meaningful lives. Staff were skilled at ensuring people were safe whilst encouraging them to live independent lives. People and relatives were overwhelmingly positive about the service they received. Comments included, "The staff are flexible, kind and listen to my directions. I am unsure if they could actually improve" and "It's excellent, everybody is so nice and helpful and willing to do things beyond the call of duty".

There was a strong emphasis on person centred care. People were supported to plan their support and they received a service that was based on their personal needs and wishes. The service empowered people in making decisions about their own care. One person told us "My views are considered every step of the way and any suggestions I make are given proper consideration".

People had positive relationships with their support staff who knew them well. There were enough staff available to meet people's needs, and staff had been carefully matched with people to ensure people were comfortable with the staff supporting them. Staff had an excellent understanding of how to support people with personal care whilst maintaining the person's dignity, privacy and independence.

Care plans were personalised and detailed daily routines specific to each person. People's likes and dislikes were clearly recorded and captured events that were meaningful to people in the way they wanted staff to support them. The service had spent time finding out about people's activities and routines in order to provide person centred care that met their current and developing needs.

The registered manager, senior management and staff demonstrated strong values and a desire to learn about and implement best practice throughout the service. Staff were highly motivated and proud of the 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.

People were protected from harm and abuse. They had confidence in the service and felt safe when receiving support. People were supported to take positive risks, enabling them to lead independent lives.

Robust recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

There were systems in place to ensure that people received their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had access to a comprehensive training programme, which could be tailored to provide personalised training reflecting individual people's needs.

Staff were skilled in meeting people's needs and received on-going support from the registered manager to ensure they delivered the best possible service.

People's health care needs were assessed. Staff recognised when people's needs were changing and worked with other health and social care professionals to make changes to their care package.

Is the service caring?

Outstanding

The service was outstanding in ensuring people received person centred or care and support.

People's rights were consistently upheld through thoughtful and sensitive care planning. People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

Staff were kind, caring and compassionate and showed a genuine interest in the people they supported. They spoke about people with affection, understood the importance of giving people time, and consistently supported them in a way that demonstrated they were important and valued.

Staff treated people and their homes with respect. They respected people's privacy and dignity and individuality encouraging them to maintain their independence as much as possible.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and centred on their individual needs and aspirations.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. Family were also encouraged to be part of these reviews if the person wanted this.

People and relatives said they were able to speak with staff or the manager if they had a complaint. They were confident their concerns would be listened to.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted strong values and a person centred culture. Staff were committed to delivering person centred care and the registered manager ensured this was consistently maintained.

There were systems in place to monitor the quality of the service provided and to promote best practice. Staff were actively involved in finding ways to continually improve the service.

First City Nursing Services Ltd Salisbury

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 8 November 2016. This was an announced inspection which meant the provider had prior notice that we would be visiting. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the provider would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector. An inspection of the office from which the service was run took place and phone calls were made to people and their relatives to gain their feedback. We also contacted health professionals who worked alongside the service. The service was previously inspected on 12 March 2014 and was found to be meeting all standards checked. This inspection was the service's first rated inspection.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with two people being supported by the service, two relatives, six staff members and one health professional who had worked alongside the service. We also spoke with the registered manager and the operations director. We reviewed records relating to people's care and other records relating to the management of the service. These included the care records for three people, four staff files and a selection of the provider's policies.

Good

Is the service safe?

Our findings

People being supported by the service felt confident that staff would take the appropriate action to keep them safe. One person told us "In my opinion all the carers from First City Nursing are trained to a high standard. I am confident that in any type of emergency they would act accordingly". One staff member told us "The family show me where important things are such as the mains and switches for the water off point, in case I need to cut things off in an emergency". The service took steps to protect people such as giving staff their rotas with asterisks in place of a person's key code. The registered manager informed us "If staff have an asterisk on their rota they know that person has a key code and they will then contact the office to be given the code securely".

Systems were in place to reduce the risks of harm and potential abuse. Staff had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. Staff told us "If there was any incident I would take it to my manager or go higher to CQC", "I would call my manager for advice and inform them. I have had training on how to act in such circumstances", "I feel we strive to do our best for everyone, if I get a call I won't say it's out of hours if they need to talk. My job doesn't finish at 5pm, the most important person is the client" and "I would inform the office or go higher. We have out of call hours, they always ring straight back".

Risks to people's personal safety had been assessed and plans were in place to minimise these. This included risk management around falls, manual handling, medicines and finances. The registered manager told us "We ask people what they want to do and how we can facilitate this. Risk management is about enabling a person to do something; our service shouldn't be about restricting people's choices". We saw for people that had a key safe to enter their property, a risk assessment had been put in place. This stated staff were to double check they had closed the key safe, had scrambled the numbers and made sure they were not being observed when entering a person's home. This ensured the person's security was not compromised.

A contingency plan was in place for people in case of an emergency. The service had used a traffic light coded system to identify who was the highest priority in terms of being vulnerable without a care visit. The service had worked with each person to carry out a risk assessment that looked at the person's support network in the event of a crisis. If a person had been identified as the colour 'red' this meant no deviation from the support plan was to be taken as the person was highly dependent. Amber meant the person was dependent but the support visit was not time critical and green allowed the service to rearrange the visit with the person's consent.

Staffing levels were sufficient and the staff rotas showed us this was consistently the case. In addition, people were kept safe from having staff with the right competencies and experience to care for them. One person told us "At times the staff do arrive a little late due to traffic. The carers always phone into the office if this occurs, and then the office contact me, so I am aware. None of my calls have ever been missed unless I have cancelled". One staff member told us "The whole point is making it work for the client; I monitor what staff are doing as if you put too much on them it won't work. If I don't feel I can take a person on 100 per cent

I won't let them be vulnerable because of us". Other staff comments included "We have staff on standby to cover sickness", "Staff will drop everything to help you out. If someone goes sick and we haven't another carer we are all happy to roll up our sleeves and go out. Our manager goes above and beyond, she will take a call and go out" and "A lot of my work is one to one, but if I feel more staff are needed it is raised with office and looked at". The registered manager told us "We would never leave anyone vulnerable, I automatically think what if that was my mum".

We looked at four staff files and found the recruitment and selection process to be very thorough. The staff files showed that all checks are completed including sourcing three references and a Disclosure and Barring Service check (DBS). A DBS check helps employers make safer recruitment decisions and prevents unsuitable people working with vulnerable people. A recruitment check list was in place which showed what paperwork was needed from new employees at each stage of the process. This record recorded the dates when a DBS application and references had been sent and received back. The service asked for three references, two of these were from previous employers and a character reference. We saw a photo of the employee was sent alongside the reference request asking the previous employer to verify that it was a true likeness of the person they had employed. This acted as an extra safety measure.

Staff files contained the questions they had been asked at interview. We saw the same questions had been asked to each applicant so that the recruitment process was applied fairly. For example potential employees were asked questions around the action they would take for an adverse event or incident, how they would work in a non-discriminatory way and how they would raise a concern. These questions helped identify the knowledge and understanding each candidate held in order to make an informed judgement on their suitability as an employee. The registered manager told us "Interviews, attitude and aptitude are looked at. People can have two years' experience but if someone comes in and wants to treat people as their grandparents, then the skills can be taught".

There were safe medication administration systems in place and people received their medicines when required. Medicine profiles were in place for people and some medicines had risk assessments which detailed the potential consequences of the person not receiving their medicine in line with how it had been prescribed. We looked at people's medicine administration records (MAR) and saw that where a person had refused their medicine, staff had correctly recorded the code. They had provided an explanation on the back of the MAR as to why this person had refused their medicine and the action taken in response to this. One staff member told us "We covered medicines in our induction and had observations on medicines. If there is a refusal we put it on the MAR, let the team leader know and the office and phone on-call to see if we need to seek further medical advice. We follow our procedures and put the medicine in a sealed disposal box".

We saw that all staff received a medicine competency annually to check they were following the correct procedures when supporting people with their medicines. One person told us "The carers do assist me with taking my medication and I am comfortable with them undertaking this". We saw that medicine prescribed for use 'as required' (PRN) did not have protocols aside from people's medicine profiles. Protocols offer information on why the person has been prescribed PRN medicine and in what instances they may need to take it. Protocols also inform staff of the potential side effects from the medicine and how much and how often the medicine can be administered. There was a PRN risk assessment in place which stated 'Medicine must only be administered if the service user has requested it'. We asked the registered manager why there were not separate protocols in place and were informed "If people could not tell us, we would put this in place if they couldn't show you where the pain was, but these are not in place otherwise".

Good

Is the service effective?

Our findings

People received individualised care from staff who had the knowledge and understanding needed to carry out their roles. People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included "All staff are given training, and then given additional training and support for my care specifically. If I have any concerns I voice them to office staff and then the carer is given extra support" and "Staff are constantly updated, observations have taken place at my house and the manager has come out". The registered manager told us "The match of staff skills to people is really important to meet the service user's needs".

New staff were supported to complete a four day induction programme and shadow an experienced member of the team before working on their own. They told us, "The induction covered everything I needed to know before I went out "and "The induction was pretty good, I was very well prepared, I learnt a lot. It gave me a feeling of confidence". We saw staff had an induction record, which reflected on what staff had learnt in each subject area of the induction. This included their job role, completing records and person centred support. Staff had been asked to describe how they would put this gained knowledge into their role. The registered manager told us "There is a pay rise for completing the care certificate. If you invest in staff you keep your staff longer".

The provider had its own training company with 23 trainers employed. This meant staff training could be provided on an immediate and as needed basis. A purpose built training centre was located in Swindon but there was also a training room above the Salisbury office, complete with a hospital bed and a hoist for staff to practice their acquired skills. We spoke with one trainer during our inspection who told us "We offer diplomas apprenticeships, bespoke training, all trainers have their specialist subjects. The training involves interaction, we do activities, and staff get a perspective of the person they are working with. Families can also access the training if they need to".

Staff were very positive about the training they received commenting "If there is anything you are not confident with you can ask for a refresher, it's good, I have always found the training good" and "The training is good, the training they give is more in depth, I am being supported to do further training". One health professional who has worked alongside the service told us "First City staff have received the appropriate training to support one customer who has critical needs". Training for medicines and safeguarding comprised of a knowledge test at the end of the course to assess what staff had understood from the training. The operations director told us "If staff don't hit the pass mark for medicines training they won't be able to do medicines. We can identify the areas they need to work on. Training is continuous".

We looked at the online training record for all staff which showed when training had been booked and completed. The registered manager told us "We look at all the training for next year and see where the gaps are. We can book training on the system immediately, we don't have to wait". We saw that staff had been asked to complete an evaluation form after each training area to indicate what they thought of the trainer and if the session had met their expectations. This monitoring form also asked staff what they had known about the training subject at the start of the session, what they had learnt and how this would improve their

practice going forward.

The service had a proactive approach to staff members' learning and development. Staff met with their relevant line manager regularly to discuss their work and agree areas for development. Each year staff had an appraisal of their performance and set objectives to challenge them in the following year. Staff were informed when a one to one meeting was due by a letter which told them if there was anything they needed to bring to the meeting. Staff told us that they felt supported in their roles and enjoyed their work. They commented "I have a one to one with my manager, we talk about what I want to do and how I have done", "We are supported well and have one to one meetings. We are looking at how we can develop all the time" and "I have had observations and been given feedback, they are really good". Staff all had personal development plans in place which helped the service identify further staff training and professional development which staff required.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed this did not apply to anyone receiving the service at the time of the inspection.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. People's care plans clearly stated if they had a lasting power of attorney (LPA) in place (a legal document that lets a person appointed on your behalf help you make decisions, or to make decisions on your behalf). This meant the service had identified the appropriate documentation was in place, so that decisions could be discussed and made with the people that had the legal authority to be part of the process.

People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. We saw that the service had put in place a Malnutrition Universal Screening Tool (MUST) to assist in monitoring people's wellbeing and to make prompt referrals should this be required. (MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, (under nutrition) or obese). The service had respected people's wishes if they did not want to participate in this monitoring tool and this had been recorded clearly in people's care plans. It had further been recorded for one person who did not want this method of monitoring, that from a visual observation staff could see no risk at this time. This meant the service, was still ensuring people remained in good health. One staff member told us "If we have any concerns for people's health we will speak with the person's family or raise concerns with the necessary professionals". One relative informed us that the staff were good at detecting changes in people's health. They commented "I was phoned and told by staff when my mum was unwell".

Outstanding ☆

Is the service caring?

Our findings

People and their relatives were consistently positive about the caring attitude of the staff. They told us staff were genuinely caring and friendly commenting, "The staff are flexible, kind and listen to my directions. I am unsure if they could actually improve" and "It's excellent, everybody is so nice and helpful and willing to do things beyond the call of duty". One relative was so impressed by the approach staff had in undertaking their work, they had adopted the same approach towards their loved one saying "The way that staff do things I follow them and do the same things. It's that good, I can't think of a better way".

The registered manager was passionate about providing people with continuity of care commenting "Everyone has regular carers, the continuity of care is massive". One person described how new carers were always introduced first. They told us "My care needs are met by a team of carers whom I know well. When a new carer is introduced I am informed in advance and given a little background information about the carer. If I feel it is necessary I can request the new carer to shadow one of my regular carers". This showed that people were not supported by staff they did not know, or did not feel comfortable with and time had been taken to ensure people were happy with the staff supporting them. The registered manager told us about an occasion when another company who was jointly providing a person's care had turned up late. The person had been anxious as they were not familiar with the other care provider's staff member. In response, the registered manager stayed on past their visiting time until the person was comfortable, saying "I feel we always have a duty of care".

The service worked in a person centred way by putting people's needs first and ensuring they matched staff to people. This enabled effective supportive relationships to be developed. The registered manager explained "When we take a package on, we find out about the individual and develop this and put the care needs in place". One office member of staff told us "When I marry up carers to clients I make sure they are doing what is required. I look at client's needs and wishes, such as having a female or male carer. It's a feeling you get when you know your staff well, you know who will fit with who". One person told us "The staff see what needs doing without me telling them, I'm very pleased. They know what I want". Another person said "It's very good, I have my regular staff". A staff member commented "We give person centred care, you make sure you understand each person is treated as their own person, be open minded and respect a person's culture and religion".

The service had taken the initiative to put a profile page in place for one person they supported with particular needs. This was sent out to any staff with the person's permission, who would be potentially working with them. This profile sheet gave staff an immediate sense of the person they would be supporting, what was important to them and who else was involved in meeting their needs. The registered manager told us "If we need to put a new staff member in, we have a profile on the person and we send this, with their agreement to staff before they go in to ensure staff are competent".

People were kept informed by the service of who would be attending their care visits, although the people we spoke with told us they always had regular staff anyway. The registered manager informed us that the service would not take any care packages that did not allow enough time to effectively support people. They

told us "Two to three hours is the shortest visit, we try and do block visits, we certainly wouldn't do less than an hour". One health professional told us "Their service is person centred and they adopt an approach that puts the person first. One customer can want to change the times or lengths of visits. First City always do their best to meet the customer's requests wherever possible". Relatives told us "Staff always stay the required amount of time. I would recommend them to anyone" and "The service have been brilliant, my mum loves them all".

People had personal outcomes in place that recorded the things they wanted to achieve or maintain in their daily life. One person's wish was to continue going to the shop. The outcome of this not being achieved and what that meant to the person had been recorded. The agency recognised if the person was unable to do the things they liked, it would impact negatively on their independence and wellbeing. As a result, they looked at what they needed to put in place to enable the person to achieve their wish. This included making sure the support member of staff was a driver and had the relevant insurance in place. The registered manager told us about one person's wish to write to the Queen and how a staff member had helped the person to do this and posted the letter for them in their own time.

The service empowered people to be involved in making decisions about their own care. One person told us "My views are considered every step of the way and any suggestions I make are given proper consideration". We saw forms in place that showed what discussions had taken place and when the next meeting or review was arranged for. People had signed these forms to show they had been actively consulted about their care. One person's plan stated they did not want information on their health condition to be included in their plan. The service had recorded that staff were all sent this information separately so they had the knowledge to support this person, but had been given it in a way that respected the person's wishes. One person commented "I am directly involved in every aspect of my care: the carers that are put in, the times of my care and anything else".

Staff had an enhanced understanding of how to support people with personal care whilst maintaining the person's dignity, privacy and independence. One staff member said "You must not stand over the person; we give verbal prompts and always give an explanation of what we are doing. We always make sure everything they need is in place first". Other staff commented "You don't take over, but instead put things in place so they can do it themselves" and "I enjoy being able to re-enable". One person told us "Staff completely respect me. They give me my own space, keep their views to themselves and generally empower me to live my life". A relative commented "The staff are respectful; they talk through what they are doing, and give him the opportunity to answer for himself".

The service had a proactive approach to respecting people's human rights and diversity. This minimised the risk of discrimination that could lead to psychological harm. People's care plans clearly recorded information on people's backgrounds and lives so staff could be mindful of any particular routines that people liked to follow. The registered manager told us "We treat everyone as individuals and have a person centred approach. We have a responsibility to educate and say there are cultural differences and to try and see what it's like. We always ask if there are things we need to respect, and ensure service users are also open minded to things".

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff would be supported by palliative care specialists. Services and equipment would be provided as and when needed.

It was immediately identifiable from the front care plan sheet if each person had an end of life care plan in place. The provider's end of life care and support policy stated that the assessment team would have these

discussions with people.Information would be documented in the person's care plan where appropriate and stated on the care plan assessment if this was in place. The registered manager further informed us "However if a service user declines to discuss this, in line with our policy, we will accept this as their choice and we will review this at the annual review to ensure any changes are recorded appropriately".

The registered manager told us in line with the provider policy, staff would all receive End of Life training within 12 months of employment. This ensured they were equipped with the skills and knowledge to support people at the end of their lives. The current staff team had not been employed within domiciliary care for over 12 months; however the registered manager said this training had already been planned for the coming year, with their training department. One of the office members of staff told us if someone they were supporting declined before staff had undertaken this training, only staff who had already completed it would go in to support the person. They told us "We would make sure they were trained, we wouldn't leave them blind, their training would be fast tracked".

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. The support plan clearly recorded how each person liked their care visit to be undertaken. For example one person liked their clothes to be hung above the radiator so they were warm to put on after their bath. Another person's support plan highlighted to staff what elements of their care the person liked to do independently so that staff did not take over. Time had been taken to ensure people would be supported in a way that was meaningful to them.

Staff recorded any information from each support visit on a daily record. The next staff member could then read this and keep up to date with any changes. We viewed previous daily notes and saw staff had recorded about people's wellbeing and mood as well as the care and support offered. Record keeping guidelines were in place for staff to read so they knew the importance of signing and dating any records they completed.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. Family were also encouraged to be part of these reviews if the person wanted this. One relative told us "I am involved in my mum's care". A review form was in place, which regularly looked at people's care plan, risk assessments and any health issues to ensure all the information recorded was up to date. The registered manager told us "We update immediately, as it's important to have a working document in place". A relative informed us "We talk about things regularly and update each other". Staff told us management were good at updating them when people's needs changed commenting "The care plans are kept up to date", "If people's needs change, the office will inform us, and leave notes for us to read" and "If anyone rings up with any concerns, I will go out and check, I pass information onto the carers and update the care plans".

People's relatives told us the communication from the office staff was very good and they felt reassured that when they raised matters, these would be responded to without delay. Relatives told us "They communicate well", "They always deal with things quickly and confirm things to me" and "I feedback to the manager when they come out and monitor staff". We saw people had been encouraged to feed back about the service they received in an annual survey. A survey was also sent to people in their first week of using the service and then after four weeks to ensure they were happy with the care and support. The registered manager wanted to increase people's participation commenting "The involvement of people in the service is something we would consider in the future as we grow. I think people need to be involved in the process".

The service had not received any complaints. The registered manager had brought the complaints log from one of the provider's other locations that they managed, to show us how they would handle any complaints received. We saw complaints had been dealt with effectively and the person raising the complaint had been informed what the service had learnt from each incident after a full investigation had taken place. People we spoke with told us "Whilst I know how to make a complaint I have never needed to do so" and "No complaints, they are very good, very helpful". One relative said "If I have any problems they sort it immediately, I can ring up and they tell me off if I don't ring them about things". Another relative commented "I have no concerns, the management is very good".

A complaint reflection record was included with each complaint which identified if the complaint could have been avoided, what measures could be put in place to avoid further complaints of this nature and if it had been fully resolved. This showed the service was using this process as a learning opportunity and to seek more effective ways of working. The registered manager told us "If mistakes are made, we learn from them, I tell staff if you make a mistake just tell me, it's an effective way of working and that starts from the top down".

Good

Is the service well-led?

Our findings

There were robust management systems in place to ensure the service was well-led. We saw the registered manager was supported by a senior management team and there was regular monitoring of the service. This showed us that the registered manager and senior managers had oversight of the quality of the service offered. The registered manager was responsible for overseeing this service and a service in Chippenham and had a deputy manager in both offices. The registered manager split her time between the two services or where she was needed.

The registered manager and the operations director spoke with passion about the service and were knowledgeable about the people they supported. The registered manager told us "We take pride in what we do, if I think we can't do something well, we won't do it". The operations director was invested in the business professionally and personally as the company is owned by his parents. They told us "I am passionate about the company, about what we do. My dad is care first, quality comes first".

The culture of the service was positive, person centred and inclusive. We spoke with people, families, staff and a health professional who all felt this was an excellent and enabling service. People told us "The service is very well managed. [X] The manager is very approachable and makes herself available as required. She is quite happy to come to my home for any meetings" and "The agency is the best I have worked with and I would recommend them happily. The agency is really well run, and provides a high level of service". One relative told us "I have had other care companies and this is the best care company I have ever had". Another relative said "It's well managed, I am perfectly happy; I don't know if I'd be without them".

Staff spoke highly of the management team and the support they received commenting "The manager explains everything that she is doing, so we know what is going on in the service", "I don't think I have ever worked under someone who is so easy to talk to, you can talk to her if you're ever unsure and she will go through it with you", "The manager is approachable, you can ring the office to speak with her, they are constantly in touch with us" and "They are always happy to help if you have a query. I can pick up the phone and speak to them and they are willing to help".

The registered provider showed they were committed to supporting their employees by encouraging progression within the company. The registered manager told us "Every job has a succession plan. There is progression to seniors; we have a grading system in place so staff can move up with experience and qualifications. It is an incentive and recognition that they have done the work". The registered manager further commented "I would like for care to be recognised for the value it has".

Staff were able to attend regular staff meetings. The registered manager would often use these meetings to provide short learning sets for staff on different topics such as Mental Capacity and Safeguarding. Staff also received a newsletter every three months. This welcomed any new members to the team, informed staff of updates to the service and congratulated members on any professional or personal achievements. The registered manager told us "In every three month period staff have supervision, a newsletter and a team meeting. They have that contact and the staff can also come into the office anytime they want to".

Staff comments about this management support included "We all do work as one, this is family run and everyone knows everybody, you don't hit a brick wall", "We have team meetings regularly and if we can't make it, they always send out the minutes to read", "I feel well supported, we have a lot of meetings where we can raise things", "It's a good company, they work with you" and "The office say they will do it and they do it".

The service had a 'No how' pledge in place which was set out in the staff handbook. The registered manager explained that the pledge was "It's not about saying no, it's how can we achieve it. It Involves each and every one of us trying to be flexible in our approach when colleagues ask for help. We look at whether there is a way we can say yes to a request instead of saying no". The service wanted staff to have this pledge in mind so that they could work as a team and focus on achieving more together. We saw that the service's mission statement was displayed for staff to see which stated 'Do unto others as you would have done unto you'. Staff were clear on the values of the service commenting "Our values strive to do the best for our clients and that independence is maintained", "Our values are in our handbook and talked about in induction" and "We want to show we are working to a high standard".

Staff were aware of the accountability their actions carried and the responsibility they had within their role. One office member of staff told us "In supervisions we set goals, if they are not achieved we performance manage and meet on a regular basis. We ask about Mental Capacity and Safeguarding to ensure it's fresh in their minds". We saw that where a medicine error around a missed signature had occurred, a meeting had taken place and then a further team meeting. The individual staff member's training had been looked at. The registered manager told us "Even with missed signatures, the potential is important".

Quality assurance systems were in place to monitor the quality of service being delivered. Audits were completed monthly by the registered manager for things including finances, medicine records and incidents. A manager report was completed from these and sent to the quality assurance manager. We saw an overview sheet in the incident and accident folder which recorded monthly incidents so these could be monitored. The registered manager told us "We look at accidents and trends, someone frequently falling, what can be put in place, any staff training and the approach from staff to people".

The registered manager would record comments, actions and sign off the paperwork relating to any incidents. We saw the investigation of one medicine error had not been fully completed by the registered manager but had been signed off. We raised this with the registered manager who explained that this had been an oversight and would be addressed. After our inspection the registered manager informed us that she had checked their online system and it showed the actions taken had been recorded on there. The registered manager sent us the evidence in relation to this commenting "I do admit to not recording this on the action points section of the medication error form, which was an administrative error on my part. I felt it was important to inform you that I had recorded the action and I recognise the importance of doing this. I will endeavour to ensure that this error does not occur again". This showed that the registered manager had taken the time to find out why this had happened and had been proactive in learning from this.

The service had received a report in 2014 after an inspection by 'Investors in people UK'. This looked at the standard of people management in the service. The service met their standard and the report stated 'All of those in a management supervisory position display a keen interest in staff. All staff realise that meeting the service user needs is paramount to the success of the organisation". This demonstrated that the service is open to feedback about how to continually improve its services for people.

The registered manager felt well supported by senior management commenting "He's (Operation director) very supportive, he's very approachable, I see him monthly or more if needed, I can ring and nothing is too

much trouble". The registered manager told us that the provider also visited the service and attended the manager meetings, and put on an annual party for all the provider's staff as a "thank you for their hard work". The registered manager told us the manager meetings were "An opportunity to influence and change decisions".

The registered manager had a social worker background and had been supported to keep their qualifications up to date and knowledge in this field current. There were opportunities offered including attending the Registered Managers Network, of which the registered manager was chair, commenting "It is good for networking with other managers and information sharing".

The registered manager encouraged partnership working commenting "We are a member of Wiltshire care partnership and we use these external contacts to improve our practice. One external health professional told us "First City's staff and managers are approachable and usually easy to contact. They also email me with concerns or information".