First City Nursing Services Limited

First City Nursing Services Ltd Cheltenham

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults. At the time of our inspection it was providing a service to five adults. One person was receiving care through private arrangements and four people were receiving care through the provider's bridging service funded by the local authority and designed to enable people ready for hospital discharge to return home without delay.

First City Nursing Services-Cheltenham had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection took place on the 31 December 2018 and the 8 January 2019 and was announced. The service was previously rated 'Good' overall; at this inspection we found the service remained 'Good'.

We heard positive comments about the service from people and their relatives such as "Top marks" and "I would certainly recommend this company to other people."

The service was outstandingly responsive to people's needs. People benefitted from a proactive and supportive approach to meeting their individual needs and enabling them to continue to follow their wish to live in their own homes. The service worked in a creative, co-operative and proactive way with commissioners of services, other service providers and voluntary organisations to ensure people and their relatives benefitted from joined-up care and support.

People were protected from harm and abuse through the knowledge of staff and management. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. Staff were recruited using robust procedures.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. 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 were treated with respect and kindness and their privacy and dignity was upheld. People and their relatives were involved in the planning and review of their care and support. Concerns or complaints were investigated with lessons learned for improving the service.

Quality assurance systems were in operation with the aim of improving the service in response to people's needs. The management were approachable to people using the service, their representatives and staff.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive.

People were supported in a proactive way to ensure their individual needs were met and to maintain their independence with the result they were able to continue to live in their own homes.

The service worked proactively and flexibly with commissioners and other care providers to ensure people received quality seamless care provision.

People and their representatives could be confident that complaints would be thoroughly investigated, lessons learned and improvements made where necessary.

Is the service well-led?

Good

The service remains well-led.

First City Nursing Services Ltd Cheltenham

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We gave the service prior notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 31 December 2018 and ended on 8 January 2019 when we visited the office location. This inspection was carried out by one inspector. We spoke with the registered manager, the branch manager, the head of operations and quality and one member of care staff. We reviewed care records, staff records and policies and procedures relating to the management of the service. Following the inspection, we spoke with two people using the service, three relatives and three members of staff on the telephone. We also received comments from a social care professional.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Staff had been provided with safeguarding training as part of their induction and ongoing training. Staff described the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues would be dealt with correctly.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Risks to people were identified and managed. People had risk assessments in place which gave staff information on managing any identified risks such as, developing pressure ulcers, use of a hoist, falls and risks from people's home environment. A record was kept of when safety checks had been carried out on equipment such as hoists and wheelchairs. Where applicable, plans were in place in the event of staff being unable to gain entry to people's homes.

Plans were in place to deal with any emergency that may affect the delivery of the service. This included arrangements for prioritising the delivery of care to people during an episode of severe weather, an outbreak of infection or fuel shortages. The planning ensured people with the highest needs and levels of risk would be prioritised for visits. Those with a lower level of need and risk and who would be able to support themselves for a short time, would have their visit times rearranged. Despite this the registered manager described how every person had received their visits from staff during previous episodes of severe winter weather.

Suitable staffing levels were in place to meet the needs of people using the service. A small staff team ensured people received care from staff who knew them and their needs and preferences. People told us they felt assured that they would receive their care. The registered manager told us telephone calls would be made to warn people of any late visits. People we spoke with had not experienced any significant issues with the timing of their calls. One person commented. "They are usually on time". A person's relative told us, "Their reliability, timekeeping and expertise are all good".

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The provider's recruitment and retention strategy followed the principles of 'Safer recruitment'. This recognised not only the value of robust recruitment procedures but how potential abusers may manipulate the workplace. Training in 'Safer recruitment' was provided to all staff with recruitment responsibilities.

People's medicines were managed safely. People's support plans contained information to guide staff on how to support people to take their medicine. Audits of people's medicine administration charts were

carried out so as to reduce medicine errors. Staff received training and competency checks for supporting people with their medicines. One person told us they were satisfied with how they were supported to take their medicines.

People were protected by the prevention and control of infection. Staff had received training in food hygiene, infection control and hydration. Spot checks on staff included their use of personal protective equipment such as disposable gloves where appropriate.

A system was in place to investigate and learn from accidents and incidents. For example, one person slipped out of their wheelchair. Staff were able to summon help from a member of staff who lived nearby. Following this a referral was made to an occupational therapist. Information about accidents and incidents was shared across branch offices. The Provider Information Return stated, "All incidents and complaints are recorded and analysed on an annual basis, we discuss this at management meetings so that we can learn from each other's experiences not just specific to one office".

Good

Is the service effective?

Our findings

People's needs were assessed to ensure they could be met before they received a service. The assessment tool used took the form of a pre-support plan which included an assessment of people's needs, risks and where relevant, mental capacity. Technology was used to monitor visit times in conjunction with people receiving care funded by the local authority. This supported the registered manager to ensure people received their care as planned.

People using the service were supported by staff who had received training and support suitable for their role. Staff had received training in such subjects as, first aid, health and safety and record keeping. Training had also been provided specific to people's needs such as diabetes, dementia and other health related conditions. Staff had also completed nationally recognised qualifications in health and social care. The Provider information return (PIR) stated, "We have our own training department, First City Training which provides staff with the most up to date classroom based training including care certificate training. Our training department offer most courses however if a training need is identified that we are unable to facilitate, external training will be sourced".

Staff told us they received enough training for their role and their training was up to date. The importance of staff keeping their training up to date was discussed at staff meetings. New staff received an induction programme, The PIR stated, "We have a robust 4-day Induction programme. Staff also receive both a staff handbook and Induction book which includes all the information they have received at Induction in addition to policies/procedures and guidance which is relevant to their role, all staff have a three-month induction passport and named mentor to provide practical learning and support through their probationary period. All Staff new to care have full care certificate training and regular updates as well as service user specific training to react to their individual changing needs".

Staff received individual meetings with the registered manager called supervision sessions. These covered areas such as training and performance, safeguarding and mental capacity. A 'Performance support map' was used to enable staff to reach their potential through an agreement with their line manager which ensured they received the right support to achieve identified skills. In addition, checks were carried out on staff working with people in their homes. The checks involved observations of their practice by senior staff with feedback provided and any areas for action identified. Staff told us they received "Really good support" from management and through their colleagues. Staff were able to discuss any issues relevant to their role through a group chat on their mobile phones and described good team working.

In preparation for the winter, staff, people using the service and their relatives had been given information about the precautions to take regarding people's health in winter. Staff would also check people were warm enough when visiting and check they had adequate heating.

Extra support was provided to staff through a series of 'Wellness Wednesday' sessions including advice for maintaining mental health, massage therapy and making smoothie drinks. A person's relative told us "The carers (staff) who look after my mother are excellent". Staff could also attend a free Christmas party each

year.

People and their relatives had no concerns around the standard of meals prepared by staff. A person's relative told us meals were "Very good" and staff prepared a "Really nice lunch". They also told us staff provided feedback about the person's current preferences enabling the person's relative to shop for their favourite food.

People were supported to maintain their health through liaison with health care professionals. A person's daily records demonstrated how staff had raised issues to their GP with a record of the advice given. Another person's support plan recorded the input they received from community nurses. Information about people's health conditions and how this may affect them, including any allergies and phobias were recorded for staff reference.

The Mental Capacity Act provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf, must be in their best interests and as least restrictive as possible. Assessments had been made of people's ability to consent to the care and support provided to them and records of where best interest decisions had been made.

Good

Is the service caring?

Our findings

Staff developed positive relationships with people and their relatives. People and their relatives spoke extremely positively about the caring nature of all staff and the registered manager. We heard positive comments such as "all very helpful and they do the things I ask of them", "Very good and professional", "all very cheerful and very helpful", "very nice people, very polite", "They do actually care". People and their relatives particularly valued the company staff provided through their visits and the opportunity to have a chat. Information was available in people's support plans to guide staff with providing emotional support.

Reviews of people's care were carried out through consultation with them and their relatives. Information about advocacy services was provided to people.

People's privacy and dignity was respected. Staff gave us examples and demonstrated an awareness of the importance of respecting privacy and dignity when providing personal care and entering people's homes. This approach was reflected in people's support plans for example, "Please knock at the front door as you come in and let me know who you are" and "please use my buzzer to my flat". This approach was reflected in people's care plans which also included actions to provide emotional support. People's support plans included information for staff about preferred forms of address.

People's care plans instructed staff on how to promote people's well-being and independence with personal care to enable them to remain living in their home. One person liked to wipe up the dishes after staff had washed them. Another person was prompted to wash their hands. One person enjoyed visits from two support worker's dogs which it was acknowledged the person found calming. This was arranged outside of normal visit times and a risk assessment supported this activity. Another persons' representative told us how a person had always bought a newspaper each morning from a local shop. They were no longer able to do this but staff had recognised the importance of this to the person so bought the newspaper in their own time and brought it to the person at their visit. Staff would also stay and play dominos with the person where there was time at the end of a visit.

An equality, diversity and human rights approach to supporting people's privacy and dignity is well embedded in the service. The Provider information return stated, "All First City staff members receive training and on-going updates around human rights and the expectations of a non-discriminatory approach".

Outstanding ☆

Is the service responsive?

Our findings

The provider promoted a highly person centred culture and this was reflected throughout our inspection. Staff had high standards and expectations of both themselves and people and this promoted an exceptionally positive culture of staff placing people at the heart of the service. Staff had a very strong understanding of people's desire to remain cared for at home. The provider worked innovatively with a 'can do' approach to support people to return home promptly following a hospital admission and to remain at home at the end of their life.

During our inspection visit the provider was dealing with a request for services to be provided to enable people to return home from the local hospital where demand for beds was very high due to winter pressures. They were working collaboratively with the local authority and were in contact with other agencies on behalf of the local authority to see if they also had the provision to provide care packages. A representative of the local authority commented, "In general the provider is one of the more responsive and flexible agencies we work with and, because of this and the fact that they can deliver a broader range of skilled care workers, they currently deliver our bridging service for those service users waiting for provision to start or resume. As far as I am aware they provide a good quality service and are valued by their customers; the staff I have been engaged with have all been keen to provide a good quality service, including not taking on work where they feel they would not be able to offer a service of value or which wouldn't meet the needs of the person accessing it".

In working creatively with the local authority and other providers the service had been able to share documents and methods of recording information about prioritising care to people during severe winter weather so that people could remain at home. A positive response had been received by the local authority regarding the severe weather risk assessment tool. In addition, the service hosted legal forums in their office, free for other care providers covering topics such as whistleblowing and misuse of social media.

The provider worked innovatively with the local authority and NHS to provide a service to enable people ready for hospital discharge to return home without delay known as 'The Bridging service'. This was monitored through key performance indicators in terms of time of response to referrals, care packages commenced within 24 hours and results from September 2018 were positive. First City had also been in consultation with the local authority about providing a new service to enable people to leave hospital and spend their final days in their own homes. The importance of providing a seamless and consistent support for one person using the bridging service had been recognised and responded to. The person would normally have had their care package passed to another provider after being initially supported by First City. However, the service acknowledged their individual needs and following consultation with the local authority and the person's next of kin they agreed to continue to support the person.

Through their holistic approach to service provision and their understanding of their local population the provider had creatively developed a variety of support services which allowed people to live their lives to the fullest in situations where they otherwise might not have been able to remain living at home. The service worked in partnership with a local carers group and the local branch of the Alzheimer's Society. This

enabled referrals to be made to these organisations to further support people and their relatives where appropriate. The service also worked with a charity set up by the provider called 'Friends of First City' which supported people at risk of social isolation including those receiving health or social care. Charity funds had previously been used to assist a person to return home from hospital through purchasing vital equipment.

All staff encouraged people to explore their care and support options and supported people to identify when assistance might be required to enable to live safely at home. For example, staff arranged for an occupational therapy assessment for a person for a new chair. They liaised with the occupational therapist to ensure they were present during the assessment to support the person. Staff knew the person well and were able to judge the person's facial expressions when trying different chairs to determine the most comfortable and suitable chair. Other equipment was also sourced including a wheelchair which enabled the person to go out of their home again which they enjoyed. The person's relative spoke positively about staff actions during the assessment for the person's chair. They also told us "My mother suffers with Alzheimer's dementia and her general wellbeing has greatly improved whilst she has been cared for by the First City carers (staff)".

The service was also raising money for a special chair which could be used to enable people to get up from the floor to a seated position without the need for two care staff. The use of the chair once obtained was aimed to reduce hospital admissions, saving the resources of the emergency services and heling reduce a person's stress and supporting wellbeing.

People received care and support in response to their individual needs. People's support plans contained detailed information for staff to follow to provide individualised care and support and had been reviewed when necessary. For example, one person's care plan stated "I like to be woken in a slow and calm way. I do not like too much noise as this can upset me and I can become agitated". start the day with minimal noise. The person's relative told us staff had a "Really good understanding" of the person's needs and commented, "They know how to approach her" and "Her needs are well met". Staff did not wear uniform when visiting the person because it was recognised this made the person anxious.

Information was recorded about people's life history, personality and their individual preferences. For example, information about one person described how feeling safe was important to them and described their sense of humour to enable staff to understand them. Detailed information was available to assist staff to understand people's communication needs and how to interpret any non-verbal communication.

Consideration had been given to complying with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The provider had a policy in place to guide staff with supporting people with relevant communication needs.

There were arrangements to listen to and respond to any concerns or complaints. Information was given to people and their representatives about how to make a complaint. Appropriate action had been taken following complaints such as improvements to how people and their relatives received information about staff allocated to visits and changes of visit times.

During our inspection we telephoned a relative of a person receiving care from the service. The relative was unhappy about some aspects of the service that had been provided. We informed the branch manager of the concerns and these were promptly investigated through a meeting with the relative. By the second day of our inspection the issues had been resolved with the relative providing positive written feedback. The complaint investigation included lessons learned and improvement actions.

At the time of our inspection no one using the service was receiving end of life care at home. Positive comments had been received from a family of a person who had previously received such care as well as from health and social care professionals. A person needed care to remain with their family at home at the end of their life which was their wish. The service liaised with health care professionals and through them arranged for an assessment which approved funding so that the person could receive care at home with waking night staff. This enabled the person's family to take a break at night without the additional worry about the cost of care Staff training had been provided in end of life care.

Good

Is the service well-led?

Our findings

The provider worked in partnership with other organisations to improve outcomes for people and their representatives. The Provider Information Return stated, "First City have been well established in Cheltenham for many years and have worked hard to foster great working relationships with the local NHS, local authority".

The service's values were described in their mission statement, "We have a strong emphasis on our mission statement when supporting staff and service users. This is, 'Do unto others as you would have done unto you.' This is the underpinning philosophy, which we endeavour to encourage all our staff to strive to attain, when delivering care to our service users". Staff were positive about their role and described good team working.

The registered manager described one of the current challenges to be the recruitment of suitable staff. However, an innovation was the use of a 'recruitment bus' which toured local areas acting as a focal point to attract potential staff the bus was also used by other organisations for recruiting staff.

The registered manager and other managers kept up to date with current knowledge in the field of adult social care, The Provider Information Return stated, "We have regular manager meetings to share organisational developments and keep up to date on good practice. As the Registered Manager, I actively encourage the Manager, Deputy Manager and staff to keep personal development plans and training updated", "First City also adhere to health and safety legislation and receive NHS bulletins and also place huge faith in the CQC website which informs of changes to statutory law and has lots of excellent practise guidance. We also follow NICE guidelines and the Registered Manager is the secretary and older people's representative for the Gloucestershire Care Providers Association." The registered manager had also recently attended.an event to discuss proposed developments in adult social care with the chief inspector of adult social care for CQC.

Proposed developments included the introduction of an electronic system available to staff on their mobile phones giving them information about the needs of people they would visit on a daily basis. Management would be able to monitor visits and outcomes for people.

The registered manager and branch manager were accessible and approachable to staff. With out-of-hours support provided by an on-call system. Staff were positive about the approachability of the management team and the responsiveness of the on-call service.

The provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Regular meetings ensured staff were informed about developments with the service and the expectations of

the manager and provider.

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance information was up to date and available to staff. Audits were completed on a regular basis and in accordance with the provider's quality monitoring arrangements. Risks to the operation of the business as a whole had been assessed for their level of impact with mitigating factors.

Audits and evaluations of people's daily records had been completed with details of any action taken. A customer survey was also conducted during the first week of a person receiving a service. In addition, a monthly compliance report had recently been started by the branch manager covering a wide range of areas of service delivery such as safeguarding, complaints and people's satisfaction with the service. This provided an overview for the registered manager to check the quality of the service provided and any trends and common occurrences. An annual report collected the results from satisfaction questionnaires of people using the service their relatives and staff. The results were analysed and areas for improvement identified for action such as improvements to staff appraisals which was being actioned.