

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

# Summary of findings

## Overall summary

This inspection took place on 19 October 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses who are older, living with dementia or have a physical disability or sensory impairment. Not everyone using First City Nursing Services Limited Salisbury receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was available throughout the inspection.

This was the agency's first inspection since moving to their new premises. The premises enabled additional office space as well as an area for staff training.

The registered manager was responsible for First City Nursing Services Limited Salisbury and another of the organisation's branches. They spent their time equally between the two services and were available on the telephone as required.

There was clear leadership and regular reflective practice, to look at ways to further enhance the service.

The agency was proactive and forward thinking. Value for money was considered and the agency worked with other services, to enable good outcomes for people. Emphasis was given to promoting independence and a person's support was gradually reduced, if no longer needed.

The agency was based on strong caring values, which were adopted throughout the staff team. There was a clear focus of ensuring people received good quality care.

People's rights to privacy, dignity and respect were promoted.

People were encouraged to make their own decisions and direct their support. There was a positive approach to risk taking, which focused on people not being restricted.

Medicines were safely managed. Staff had received training in the safe administration of medicines.

There were enough staff to support existing care packages. More staff were being recruited to enable the service to grow. Records showed new staff were safely recruited.

Staff were well supported and received a range of training to help them do their job effectively. Additional training was given to enable career progression.

People were encouraged to give their views about the service and knew how to raise a concern.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There was a positive approach to risk taking.

There were enough staff to support existing care packages.

Medicines were safely managed.

Safe recruitment practice was being followed.

### Is the service effective?

Good ●

The service was effective.

Staff were providing support in line with the Mental Capacity Act 2005.

People could be assisted with meal preparation if required.

Staff had the suitable knowledge and skills to do their job effectively.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

Values such as privacy, dignity and respect were promoted.

### Is the service responsive?

Good ●

The service was responsive.

Support was tailored to people's individual needs.

The agency considered using other services to ensure each person received the best support.

There was a positive approach to complaints.

## Is the service well-led?

Good 

The service was well led.

There was a strong caring ethos and a commitment to provide good quality care.

The agency was proactive and forward thinking.

There was a clear management structure, which enabled effective leadership.

# 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 19 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would be in.

This inspection was undertaken by one inspector.

Before our inspection visit, we reviewed the 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 previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

To gain feedback about First City Nursing Services Limited Salisbury, we spoke to the only person who was receiving a regulated activity at the time of the inspection and six members of staff. We also spoke to the registered manager, a quality and compliance manager and a sales and marketing manager. After the inspection, we contacted two health and social care professionals for their views of the service but neither responded. We looked at the person's care records and documentation in relation to the management of the agency. This included quality auditing processes and staff training and recruitment records.

# Is the service safe?

## Our findings

Medicines were safely managed. There were clear medicine administration instructions for staff to follow. Staff had fully completed these records when they had administered the person's medicines. A prompt to remind staff to do this, was printed on the person's daily record. On one occasion however, staff had not followed the medicine's prescription exactly. A member of the management team told us they were investigating this. The registered manager told us about the management of the person's pain but this was not clearly identified within their records. The registered manager told us they would address this. Information about how the person preferred to take their medicines, was detailed within their support plan. Records showed staff had received training before they assisted people with their medicines.

The management team told us learning when something went wrong, was essential to the ongoing development of the service. They said they wanted the service to continually evolve and address any challenges in a positive manner. Whilst it was not possible to give an example of something that had gone wrong, the management team spoke of the potential introduction of a new medicine administration system. They told us the system promoted safer practice and gave alerts if medicines were missed or not given on time.

The registered manager and staff recognised people's vulnerability. They told us because of this, it was essential that people received a safe, reliable service. One member of staff told us enabling people to feel safe was important, as well as being safe when supported. They said staff displaying the right attitude, helped to achieve this. The registered manager confirmed there had been no missed calls whereby staff had not arrived to support a person. Records showed a missed call would be taken extremely seriously and seen as neglect.

Staff were aware of their responsibilities to identify and report a suspicion or allegation of abuse. They told us if they came across an abusive incident, they would inform the abuser to stop and ask them to leave the person's property. They said they would then call the office or if more serious, inform the emergency services. Records showed two incidents had taken place. However, the information lacked detail and an incident report had not been completed. The management team told us they would investigate this and arrange some learning around accidents and incidents. Staff had undertaken up to date safeguarding training.

Risks to people's safety had been identified. This included those associated with falling and the person's environment. The registered manager told us when risks were identified, they were always balanced with the person's choice and independence. The registered manager told us positive risk taking was encouraged and any assessments were designed so they were not restrictive in any way.

There were sufficient numbers of staff to support the person and provide additional cover at times of sickness or annual leave. Staff confirmed this. They said there was a small team to support the person, which was sufficient. The registered manager told us additional staff were being recruited. This would enable more care packages to be accepted and the agency to steadily grow.

Safe recruitment practice was being followed. All applicants were required to complete an application form and attend a formal interview. Records showed information about the applicant's character and performance was gained from three different sources. One of these included the applicant's current employer. All applicants had undertaken a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Information about infection control was available to staff. Records showed staff had completed up to date training in this area. Staff told us they had access to protective clothing, such as disposable gloves and aprons, as required. They said they would inform the office if they had any concerns about the control of infection.



## Is the service effective?

### Our findings

The service gave strong focus to staff training. There were two trainers who worked between both services the registered manager was responsible for. The registered manager told us having the trainers enabled training to be more regular and spontaneous, if a need was identified. They said they also had a "coaching" management style and aimed to "up skill" staff so they could progress within their career.

Staff told us they had undertaken a range of courses to develop their knowledge and skills. These included first aid, epilepsy awareness and dementia care. They said the training was "face to face" with discussion and workbooks to check understanding. One member of staff told us, "The training is amazing. I've really learnt a lot. It was really fun as well so the trainer kept you alert, which made you concentrate more." Another member of staff said, "The training really prepares you for the role. It's amazing. I love their training." Staff told us they could request any training they felt they needed and this would be provided.

A 'learning hub' had been developed in the office. The registered manager told us staff were encouraged to use the resources within the hub, to gain further knowledge, where needed. A member of the management team told us they were currently working on learning resources in relation sexualised behaviour. They said this was to assist staff with realising sexual behaviour was a "normal" part of life.

Staff told us they felt well supported. One member of staff told us, "We're really appreciated and thanked every day. I feel very happy and accepted here. It's a lovely agency." Another member of staff said, "I feel valued and very much part of a team. We get supported a lot." Staff told us they could "pop" into the office whenever they wanted to and had regular meetings with their manager. One member of staff told us, "Supervision, it's not just a tick box exercise. We set goals and talk about any courses that might be of interest." The registered manager told us they had an obligation to listen and support staff to ensure their wellbeing. They believed if staff felt valued and well supported, they were better placed to ensure good outcomes for people.

People were assessed before being offered a service. Records showed a clear reason for the person's support and what assistance they needed. There were regular reviews to ensure the service remained suitable and met the person's needs.

People were supported in line with the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The 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.

People could make their own decisions and direct their care. One person told us, "Make decisions? Without doubt I can." The person told us staff always respected their wishes. Records showed the person had consented to their care and support.

The registered manager told us the agency aimed to "give control" back to people. They gave us an example, by saying, "One person did not want to complete areas of their support plan and declined to have a photo taken, but that's fine. It's their right." A member of staff confirmed this. They told us, "I always respect the person's way. I'll adapt to [the person] and always wait for [the person] to tell me what to do. They'll tell me when I can start and I respect their wishes." Another member of staff told us, "It's ok for people to make unwise decisions as long as they have capacity and the information available to them about the consequences."

# Is the service caring?

## Our findings

The registered manager told us the agency had strong caring values. They said, "We all feel passionate about care and what we do to make a difference to people's lives." The registered manager said the provider was also "extremely caring" and their philosophy was disseminated to the whole staff team. The registered manager told us the management team acted as role models to achieve this and ensured values formed part of everyday interactions.

The recruitment process had been reviewed to ensure a value based approach. This was instead of just targeting attributes such as skills and experience. The registered manager told us this ensured values were reinforced at an early stage and the "right" staff were employed. Values including kindness and compassion, were then revisited regularly within staff training and observations of practice. Within a daily record, a member of staff demonstrated such values. The record stated, "[Person] was a bit emotional. I held her hand and sat on the floor next to her bed."

The agency had received a range of compliments. This included, "I wish to express my sincere thanks for the care administered by all of the staff who visited my [family member]. All showed excellent respect on meeting them and were quickly able to gain their confidence. There were happy conversations mixed with the more delicate personal care, all of a high standard."

Staff spoke positively about the agency. One member of staff told us, "I can't rate First City enough. Everyone really cares about people and each other. We have high standards. I love coming to work. It's a really lovely job." Another member of staff told us, "They are so person centred. They have very strong values and give the best quality care possible. I really like it here." Staff told us attention would be given to the unlikely event of a person and a member of staff, not being compatible. They said another staff member would be allocated to enable an improved relationship.

The atmosphere within the office was quiet, relaxed and welcoming. Staff were friendly and showed a caring and respectful approach when answering the telephone. They spoke in a friendly manner and finished conversations by saying, "You're very welcome" or "You're welcome, take care." Within the office, there were small paper bags, filled with items such as biscuits, milk cartons, tea bags and coffee. The management team told us staff would take them when visiting people, particularly when doing an assessment. They said this gave an "extra special" touch, which showed people they cared.

Staff were confident when talking about how they promoted values such as privacy and dignity. One member of staff told us, "It's all about the person and what matters to them." Another member of staff told us about respecting a person's home and their belongings. They said, "Even though we work long shifts with the person, I wouldn't dream of eating or drinking using their things like cutlery, unless they offered. I always bring my own."

Records showed staff had received training in topics such as person-centred care and dignity in care. The registered manager told us information about dignity was included within the staff hand book. There was a

mission statement which said, "Do unto others as you would have done unto you".

## Is the service responsive?

### Our findings

The service was responsive to people's needs. The registered manager told us each package of care was tailored to what the person wanted. For example, one person had received support to help them "get back on their feet" after a hospital stay. Once confident and safe, the person's support was gradually reduced, and then stopped altogether. The registered manager told us discussions would take place with a person if it appeared they no longer needed the service. The sales and marketing manager confirmed this and explained it would not be ethical to continue providing a service, without there being an identified need. A member of the management team told us there were occasions, sometimes at late notice, when the person cancelled their support, as they did not need it. The registered manager told us this was respected. They said staff were aware their work could be cancelled at any time.

The person being supported told us they were happy with the service they received. They said, "They do everything I need and ask of them." The person told us they were supported on time, by a small team of staff who they knew.

The registered manager and staff told us people were sent a printout of their visits for the following week. This ensured they knew who would be supporting them and at what time. Staff told us if for any reason they were going to be late, they would inform the office. They said the office would then inform the person.

The person had a support plan in place. This was detailed and informed staff of the assistance the person needed. The management team told us the support plan was a "living document" and ever evolving". This was seen, as the wording within the plan was being reviewed. For example, rather than a heading of 'Capacity and DOLS', it had been rephrased to 'How I make my own decisions.' A training session had involved staff being asked to write their own support plan. This was intended to assist staff with care planning but also to help them understand the process from the person's perspective.

The management team told us the service was moving towards "outcome based" care planning. This gave clear focus on what the person wanted to achieve and how they were going to do this. Consideration was being given to other services and whether they were best suited to meet aspects of a person's support. For example, a member of the management team told us rather than referring a person to a dietician, consideration could be given to a local 'weightwatchers' group. This would enable the person to gain advice about healthy eating, as well as enjoying additional social interaction.

The registered manager told us many of the people they had recently supported were at the end stages of their life. They said in such cases, staff often provided people with overnight support. This enabled relatives to gain needed rest so they could spend time with their family member during the day. The registered manager told us a new support plan was in the process of being developed to incorporate the needs of a person receiving palliative care. They said the format would be different from the "usual" support plan, as it would more specific and concise. The registered manager told us the information would centre around the most important things to the person. Records showed staff had received training in end of life care.

The person knew how to make a complaint and said they would talk to staff if they were unhappy about the service. Staff told us they would inform the registered manager or deputy manager, if they had any concerns. There was a detailed complaint procedure, which was written in a positive manner. This encouraged people to say if they were unhappy, so that any issues could be resolved and learnt from. The procedure identified various agencies people could contact if they were dissatisfied with the investigation of their complaint.

## Is the service well-led?

### Our findings

There was a registered manager in post. The registered manager was also the registered manager of another service within the organisation. They said they spent their time equally between the two services, unless one needed greater focus for a reason. Staff confirmed the registered manager generally spent two days in the office but could be contacted by telephone at any time.

There was a clear management structure in place. In addition to the registered manager, a deputy manager assisted with the day to day management of the service. Staff told us they could ask the registered manager, deputy manager or the "on call" service to answer any queries they had. They said they always received a prompt and helpful response. The "on call" service operated outside of office hours, every day and throughout the night. The registered manager was supported by a range of other staff including quality and compliance, human resources, marketing and finance.

There was positive feedback about the registered manager. One member of staff told us, "[Name of registered manager] is amazing. She is very approachable and always says, 'Come to me if you have anything that's worrying you'. She's spot on. First City is one of the best companies I have worked for." Another member of staff said, "She always goes the extra mile and takes her role very seriously. We have her personal number so can get her anytime."

There was a strong, caring culture and an ethos of providing the highest standard of care possible. The management team told us all staff were part of a team, "to act for the good of all". The sales and marketing manager told us the service aimed to improve a person's general health, their choice and control, and overall quality of life. The registered manager told us they loved this culture and the emphasis on quality. They said, "I don't need to worry about money as someone else does that. I just worry about quality."

Staff were clear about the ethos of the service. One member of staff told us their role was all about "delivering quality". Another member of staff told us, "I'm proud to wear my uniform to show I work for First City. I'll pick up on anything I see from other staff that isn't quite right, as it affects me and our reputation." Another member of staff told us, "We take pride in what we do." Staff told us they would have no hesitation in using the agency for a member of their family, if the need arose.

The management team told us the service was proactive, innovative and forward thinking in its approach. This included being creative in response to the changing needs of the population and ensuring good value for money. They said it was essential that each person received the right support but this did not necessarily mean it needed to be by "paid help". They gave an example of a person attending a luncheon club, rather than staff providing them with a meal in their own home. One member of the management team told us, "We don't just carry on providing a service to people indefinitely. Thought is given to making sure it's the right support, whether we provide it or not."

People were encouraged to give their views about the service they received. The registered manager told us this included giving feedback after the first and fourth week of receiving support. People were then asked to

complete an annual survey and give their feedback within care reviews. The registered manager told us a different set of questions were asked to ensure all were relevant to the person at the time. They said people were always asked to give feedback about any new members of staff.

Staff were also asked to give their views about the service. 'Brain storming' exercises were displayed in the office under the heading "Think tank". These showed staff's views about "Where are we going? What's working and what's not working well?" Staff told us they could make suggestions and were listened to. One member of staff told us, "They take things on board and say, "let's try it"."

There were various audits which assessed the quality of the service and its processes. This included checks of people's support plans and medicine administration records. Observations of staff's practice were undertaken although the management team recognised these could be intrusive. They told us discussions with people on the telephone were sometimes preferred.

The management team told us they worked in partnership with other services to ensure good outcomes for people. They said they were part of various groups and committees and had recently won a local business award for their work. Some groups, such as the Alzheimer's Society had been invited to attend staff training to enable shared learning. One member of the management team told us the agency had developed a "Friends of First City". This was a group of volunteers who visited people who were lonely in care homes. Other initiatives were a "Jobs in Care" bus, which promoted care as a career and fundraising for a specialised chair to help people from the floor if they had fallen.