First City Nursing Services Limited

First City Nursing Services Ltd Chippenham

Inspection report

7 Industry Park
Cricketts Lane
Chippenham
Wiltshire
SN15 3EQ

Tel: 01249444900
Website: www.firstcitynursing.co.uk

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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

First City Nursing Services Chippenham is a domiciliary care agency which provides nursing and personal care and support for people living in their own homes in the Chippenham area. At the time of our inspection four people using the service were receiving the regulated activity of personal care.

We carried out a comprehensive inspection on 22 December 2016. The inspection was announced which meant the provider was informed in advance that we would be visiting. This was because the service is provided to people in their own homes and we wanted to make sure the registered manager, or someone acting on their behalf, was available to support the inspection.

There was a registered manager in place at the time of our inspection. 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.

People's needs were assessed before they started to receive support from the service. People and their relatives were involved in the planning and reviews of care, were supported to make decisions, and were given the opportunity to provide feedback on a regular basis.

Systems were in place to manage risks and protect people from abuse. Staff had received training, were aware of their responsibilities and knew what actions they needed to take to make sure people were protected.

Recruitment checks were in place to make sure staff were suitable for their role. Staff received training to make sure they had the appropriate skills, knowledge and experience to provide the care people needed.

Staff understood how to support people with personal care whilst maintaining their privacy, dignity and independence. One person told us, "I can't fault the service at all, it's perfect."

People's concerns were listened to and acted on. A complaints procedure was in place, and we were told that complaints would be investigated and responded to in accordance with the provider's policy.

Robust systems were in place to assess, monitor and mitigate risks to people and to improve the quality of the service provided.

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.

Staff were deployed in sufficient numbers to meet people's needs.

Risk assessments were completed and risk management plans were in place.

Staff had been trained and recognised their role in safeguarding people from harm and abuse.

Recruitment procedures were in place and appropriate checks were completed before staff started in post.

Is the service effective?

Good

The service was effective.

Staff received appropriate training to carry out their roles. Staff felt supported and their performance was monitored on a regular basis.

People were supported to make decisions about their care and support. Where people needed support to make decisions, this was clearly recorded.

People had access to health care professionals and staff sought advice and guidance when people's health care needs changed.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind, caring and respectful.

People received care based on their individual needs, choices and preferences.

Staff spoke with sensitivity and compassion about the people they provided care and support to.

Is the service responsive?

Good

The service was responsive.

People's support plans were personalised, and provided specific detail about the personal care and support people needed. The plans were regularly reviewed and updated.

People and relatives told us the registered manager and senior staff were accessible if they needed to raise concerns or make a complaint. A complaints procedure was in place and this was easily accessible.

Is the service well-led?

Good

The service was well- led.

People and relatives spoke positively about management and leadership within the organisation.

Systems were in place for monitoring quality and safety and opportunities were taken to make improvements to the service people received.

Staff spoke positively about the support, leadership and direction they received from the registered manager and the senior management team.

First City Nursing Services Ltd Chippenham

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 undertook a comprehensive inspection of First City Nursing Services Chippenham on 22 December 2016. This involved inspecting the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well-led.

Before carrying out the inspection we reviewed the information we held about the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received. Notifications are information about important events which the provider is required to tell us about by law. We also looked at the results of questionnaires which were sent to people who use the service, their relatives, members of staff and healthcare professionals.

The inspection visit was undertaken by one inspector. We looked at three people's care records. We looked at medicine records, staff recruitment files, staff training and competency records, audits and action plans, and other records relating to the monitoring and management of the service. We spoke with the operations director, the registered manager, an area trainer and five care staff. As part of our inspection, two further inspectors spoke on the telephone with three people who used the service and three relatives.

Good

Is the service safe?

Our findings

Some people were supported with the management and administration of their medicines. One relative told us that staff supported the person to take their medicines and then signed the medication administration records (MARs). We saw that all staff had received medication training, had their competency assessed and re-checked each year.

Medication profiles were completed for each person and these provided detail about the medicines, the reasons they were prescribed, how they were taken and potential side effects. We did note that one person had a variable dosage, that is, one or two tablets of pain relieving medicine prescribed to be given when they were required (PRN). The instructions stated the maximum dosage the person could be given in a 24 hour period. The care staff had not recorded the actual dosage given to the person each time. The type and location of the pain the person experienced and for which the medicine was prescribed was not recorded. We spoke with a member of care staff who was able to describe the pain the person experienced, and the amount of medicines they were usually given. However, the lack of recording meant the effectiveness of the medicine may not be accurately assessed. The registered manager contacted us after the inspection and told us they had taken immediate action. They told us the actual amounts of medicines given were now being recorded and the medicine protocol had been expanded to describe the type of pain the person experienced.

People spoke positively about the service and told us they felt safe with the staff that provided their personal care. One person commented, "I feel safe in the company of staff." People and relatives who responded to our questionnaire also said they considered the service was safe.

Risks to people's safety had been assessed and risk management plans were in place. These included risks associated with access to people's homes. For example, one person's care records confirmed, 'When we [staff] arrive, son will usually be there. If not, please let yourself in using the key safe.' A member of staff told us how one person used to ask staff to go to the back door and show their identity cards at the window, before the person agreed staff could enter their home. The member of staff told us, "[Name of person] knew us all but this is what she wanted and it made her feel safe and in control."

Risk assessments and risk management plans were completed by the registered manager or a senior member before people started receiving care and support. We saw the risk management plans were detailed and included the use of bathing facilities, wheelchairs and hoists, supporting people with eating and drinking, medicines handling and falls management. The plans were reviewed and updated every six months or when there were changes. For example, a relative told us when a person had a shower installed, the registered manager and another member of staff visited. They completed a risk assessment to make sure the shower was safe for the person and the care staff.

Staff had received training in safeguarding and understood their roles and responsibilities for identifying and reporting abuse. Comments from staff included, "I would report any concerns immediately to the office team or to the [registered] manager initially" and, "I have previous experience of reporting abuse and would

know exactly what to do, even if it meant calling the safeguarding team, yourselves [the Commission] or police myself."

Staffing levels were sufficient and there had been no reports of missed calls during the previous 12 months. People and their relatives told us staff usually arrived at the expected time. They told us they were informed if a member of staff was going to be late. One relative told us, "Never had any missed appointments. If they [staff] are late, stuck in traffic, they will call." Another relative commented, "Staff are never rushing." Staffing rotas were sent to people or their relatives weekly in advance to confirm the proposed times of the calls and the names of the visiting care staff.

Staff told us they felt well supported and there was always a senior member of staff 'on call' when the office was closed. One member of staff told us, "It doesn't matter when it is, it could be the middle of the night, and we can make a call and know we'll get support."

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. The registered manager told us they expected staff to fully explain any gaps in employment. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified. The representative for the provider told us it was essential to ensure the staff they recruited were suitable for their role.

Good

Is the service effective?

Our findings

People received care from staff that had the knowledge, skills and experience to carry out their roles and meet people's needs. Comments from people and their relatives included, "The carers are very experienced. One carer said she had been with them for six years," "One staff member told me about the NVQ they have done and the qualifications they have" and, "Caring for [the person] can be difficult. They [staff] all seem to know what they are doing."

Staff spoke positively about the support they received when they started in post. One member of care staff told us their induction programme was, "Very in-depth" and another member staff said, "The induction programme is fantastic because we have four days in a classroom which is so much more useful than in some other places where you just have online training."

We spoke with one of the provider's area trainers who told us how the induction programme was delivered to staff. We looked at the induction booklets and saw that staff were required to complete their reflections and learnings after each day of training in a section headed, 'How do you think you will put these learning points into practice in your role.' The induction programme was comprehensive and included the Care Certificate. This was introduced in April 2015 and is a training process designed to ensure staff are suitably trained to provide a high standard of care and support.

Staff were allocated mentors that provided additional support through their induction programme. Mentors were experienced staff that new staff 'shadowed' at home visits until they were confident to work unsupervised. We spoke with staff who told us this helped them familiarise themselves with people and their needs. However, one relative told us they had been allocated a new member of staff that had not shadowed other staff when they first started their visits.

Staff had regular supervision meetings with the registered manager or relevant line manager. Staff told us these were useful meetings during which they discussed their performance and agreed areas for further development. Staff performance was also monitored by direct observation whilst they carried out their duties and provided personal care for people. A senior member of staff told us the direct observations, or spot checks, were useful and identified issues that could be addressed immediately. They told us, "It's really important that staff know and understand what we expect from them. Little things like staff displaying just the right level of friendliness, calling people by their preferred names and wearing their uniforms properly."

Refresher and update training was provided for staff to make sure their skills and knowledge were current and sufficient. We looked at the training records and saw there was a range of mandatory and development training. One member of staff told us, "As well as the usual mandatory updates like moving and handling, food safety and infection control, there's lots of other courses. I did end of life care training which was so useful and I completed epilepsy training." Staff were asked to provide feedback after training, and the information was used to make improvements to future training programmes.

All the staff we spoke with had a good understanding of the principles of the Mental Capacity Act 2005 (MCA).

Staff told us how they obtained consent from people before they provided care. A member of staff told us, "I always ask the person if now is a good time." One person confirmed they were always asked before they were supported with personal care. They told us, "I'm definitely in control of things" and another person commented, "They ask me first [before care is given]." The MCA provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. Decisions made must be in the best interests of the person and as least restrictive as possible. The registered manager told us, and we saw from the care records, that best interest decisions were fully recorded.

People were supported to maintain their general health and well-being. When people's needs changed, referrals were made to relevant health and social care professionals. One member of staff told us, "If I have any concerns at all [about a person's health and well-being] I would usually ring the office first and ask for advice, but if it was an emergency I would call an ambulance myself."

Advice and guidance from health professionals was recorded and staff followed the recommendations and guidance to ensure people's health and well-being was maintained. For example, people were assessed, if they agreed, using a malnutrition screening tool (MUST), to identify if they were at risk of malnutrition. One person had declined and it was recorded they did not wish to be assessed for this risk.

The records for another person showed they had been visited by a speech and language therapist. A member of care staff told us, "I was there when the SALT team visited and they watched me helping [name of person] with his meal." The recommendations made by the SALT team were recorded in the person's care plan. These included details about the consistency of food and fluids the person required. There was also guidance from the SALT team about signs and symptoms the person may experience that would require further health professional intervention.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided by staff. Comments from relatives included, "All of the carers fall into the good or very good category" "Very patient…they engage with him… talk with him" and, "They are always polite." One person told us, "I know the staff well…it's the best agency I've ever had help me."

One person commented, "Have the same carers most of the time" and their relative added that the care was, "Very good, if we get the regular carers."

A relative who was recently bereaved completed our survey. They told us, "I cannot speak highly enough of the team at First City Nursing…as a family we feel fortunate that my mother has been in their care."

We spoke with staff who demonstrated they knew people well. They told us that people were involved in decisions about the staff that supported them. One member of staff told us, "We send out the rota's each week and people can decide if they don't want support from the allocated member of staff."

The registered manager told us how they tried to 'match' people and staff. They told us this helped staff to develop good caring relationships with people. They told us if, for any reason, people were not happy with the member of care staff, they would be removed from the placement. One relative told us how they had not been satisfied with one member of staff. They told us the member of staff had not followed their instructions, despite the relative showing them what was needed. The relative told us they contacted the office, and at their request, the member of staff did not return. This meant people could feel confident their views and opinions would be listened to and acted upon.

The registered manager told us how they had developed a profile for one person. This record, developed with the person, provided explicit and clear guidance about how the person wanted care provided for them. This meant all staff, including those new to the service, were fully informed about the person, whose needs were very specific, before they visited. This enabled staff to understand what they needed to do to meet the individual needs, preferences and expectations of the person.

A senior member of staff told us how they took time to explain to staff the impact their behaviour and actions had on the people they supported. They told us about a member of staff who had arrived later than the planned time to provide care for one person. The senior member of staff told us, "I explained the bigger picture of how their lateness impacted on the care for the person, how it made the person feel anxious." They told us the member of staff had not realised the impact they had on the person's well-being. Following the meeting the member of staff said they appreciated how the feedback had been given to them and their timekeeping had improved significantly.

The provider's mission statement, 'Do unto others as you would have done unto you' was known and understood by the staff we spoke with. Staff told us how they provided care and were mindful of people's individual needs and preferences. Staff were able to describe and give examples of how they treated people

with respect and how they made sure people's rights to privacy and dignity were maintained. One member of staff told us, "We know what people like to be called, and how they like to be approached" and another member of staff said, "I try and put myself in their [people using the service] position, and think how I would feel if I wasn't given privacy when I was being helped with personal care."

The registered manager told us about how staff went above and beyond what was expected of them. They gave an example of a member of staff that shopped and purchased footwear for one person, in their own time. They told us they had recently introduced a three monthly reward and recognition scheme. Staff that were nominated were shortlisted and the winner received a 'carer of the quarter' award.

Good

Is the service responsive?

Our findings

People and where appropriate, their relatives, were involved in the assessment and planning of their care. The registered manager visited people and completed an assessment before they started to use the service. The records showed that in addition to a comprehensive assessment of people's needs, detailed risk assessments were completed. One person commented, "Very thorough assessing the equipment used."

Everyone we spoke with told us they were involved with the development of their support plans. One person told us, "I'm really involved in my care plan" and a relative told us, "I get involved in care planning and changes." The support plans contained a front sheet that provided information about personal status, contact and medical details. The plans were person centred, detailed and specific about peoples' likes, dislikes, preferences and choices. They provided specific guidance for staff about the personal care support needed for each person.

The support plans provided detail about how people's independence was promoted, their daily routines, what they were able to do themselves and how they communicated with staff. For example, for one person their support plan described the specific support they needed with dressing and confirmed they were, 'Able to communicate verbally, however, can take some time to answer.' People's agreed and desired outcomes were clearly stated, so progress could be measured when reviews were completed.

Care staff told us they recorded the support they had provided in daily record notes. They also completed monitoring records, such as food charts, when these were required. The entries made were checked when the records were audited and when senior staff completed observation visits.

Information was recorded about people's medical conditions and treatment information. For example, for one person, information was recorded about a medical device they used. The care staff were not responsible for monitoring the device. However, staff told us the information was useful to enhance their overall knowledge and understanding of the person's overall needs.

Copies of people's support plans were kept in the office. Reviews of people's care needs were completed every six months or sooner if there were changes in the person's condition or care and support needs. People and their relatives told us they were visited by a manager to complete their six monthly reviews. One person told us, "[Name of registered manager] comes out to see me when reviews happen…..she's lovely." One relative was unsure if they were visited by the registered manager or the deputy manager. They told us that, "one of the managers visits" and referred by name to the interim deputy manager. They told us they and the person receiving care were involved in reviewing and updating their support plan.

People and their relatives were asked to provide feedback about the care and support they received, after the first week of the commencement of the service. They were sent a survey to complete, and this was followed up in a further four weeks. The registered manager told us they found by obtaining feedback so soon, they were able to pick up and address any issues or concerns arising. People told us they received a telephone call every four or five months to check they were satisfied with the care and support provided. We

read the recently completed surveys. People and their relatives were asked to provide a rating for all aspects of the service and provide comments if there were areas of concern. The surveys we read were positive, and one included the feedback, 'All carers have been excellent. Very competent, caring and understanding… Office has been extremely responsive and flexible in accommodating our needs.'

People and their relatives told us they were confident they could express concerns or make complaints if they needed to. They told us they were confident they would be listened to and actions would be taken. Whilst no formal complaints had been received in the last 12 months, people and their relatives commented, "I would know how to complain if needed," and "Very good office staff, they respond straight away to questions or concerns."

Good

Is the service well-led?

Our findings

People and their relatives spoke positively and told us the service was well-led and well-managed. Comments included, "I think it's [the quality of the service provided] exceptional. From my experience of other services I would say First City is way up there" and "I would ring the manager and it [issues or concerns] would be sorted."

The registered manager was responsible for the management of this service and a service in Salisbury. They told us they were well supported by the senior management team, mainly the operations director, but also the other directors of the family run business. We spoke with staff who also told us, "The support from [name of registered manager] is fantastic, I've never worked anywhere like this" "We can call any of the directors if we need to and it's not a problem" and "From the top to the bottom, everyone in First City puts the quality first."

Quality assurance systems were in place to assess, monitor and mitigate the risks to improve the quality of the service for people. Monthly audits were completed, for example, for accidents and incidents, finances, falls, record keeping and medicines management. Actions were taken when shortfalls were identified or where there were changes in policy. Identified topics were prioritized and included in the Staff Newsletter as the 'Topic of the Quarter.' For example, the most recent edition of the staff newsletter included a focus on medicines management. The provider's quality monitoring system had not picked up the shortfall we identified with regard to the management of one person's medicines. However, the registered manager took prompt, immediate action to address the shortfall when we reported it to them.

In addition to the registered manager's audits, a representative of the provider completed three monthly quality and compliance audits. Where shortfalls were identified, the registered manager submitted an action plan within 10 days of the report being received. Timescales for completion of required actions were agreed with the registered manager and followed up until the actions had been implemented.

The operations director told us how the registered provider was committed to supporting staff and how they encouraged staff to progress in the company. They told us that every job role had a succession plan so that staff could aspire to develop and gain promotion. We spoke with staff who told us the provider supported them and encouraged continuous learning and development. The area trainer told us they supported staff to achieve qualifications in care. A member of staff commented, "I have gained so much knowledge. Staff are really so well supported with their aspirations."

The registered manager told us they were supported to keep up to date so their knowledge was current. They told us they were chairperson of the registered manager's network group, a member of the Wiltshire care partnership group and attended meetings on a regular basis. They told us they also sourced and read articles on care matters to make sure they were aware of changes, developments and updates in care practices.

Staff were invited to attend regular meetings. Opportunities for learning were taken at the meetings that

often included a topic or policy for learning and discussion. A recent meeting included a discussion about the criteria for the 'Carer of the quarter' award, and confirmed this would be awarded to carers who went 'above and beyond the call of duty out in the community.'

We were shown the staff handbook that set out the aims of the provider and provided comprehensive information, guidance and direction with regard to the policies, procedures and operating standards.

The Operations Director told us about 'The No/How Pledge' they had introduced to enhance the flexibility and willingness of staff to help their colleagues. They told us they asked the staff team to consider how they could support colleagues when they asked for support or help, rather than simply saying no. For example, if a member of staff requested last minute holiday leave, rather than saying 'No' the team would be asked consider how they could make adjustments to support the member of staff to take the requested time off. The Operations Director told they introduced this to enhance staff morale, and encourage a sense of team work and feeling valued.