

## First City Nursing Services Limited

# First City Nursing Services

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

First City Nursing Services are a large domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. First City Nursing Services have been operating for almost 20 years and are well known and an established local provider. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. On the day of our inspection 650 people were being supported by the service.

People's experience of using this service and what we found

The providers tireless work during the pandemic influenced Government policy, facilitated a steady supply of personal protective equipment (PPE) across the sector and helped to enable hospitals discharge patients on time, avoiding backlogs and waiting lists. For this work the provider was awarded the MBE in the new year's honours list.

The service also responded to the pandemic to ensure partners, local care homes and hospitals in the Swindon area were supported. The provider sourced and distributed PPE and hand gel to services in the area and supported the drive to provide updated information to staff and people using services. This work helped to ensure the latest information and guidance was shared across the local care sector. The service also ran a charity to support people from being socially isolated. It also raised funds that were used to ensure people leaving hospital were equipped to return home safely, thus reducing discharge time from hospital.

People told us the service was extremely caring. We were repeatedly told staff, "Went the extra mile" in providing compassionate care. People were respected and their diverse needs were championed by staff, enabling people to improve their well-being and quality of life. One person told us, "Caring staff, really incredible with a great capacity to care."

The service continued being very well-led. Staff remained extremely positive about the team work and support they received from the management and about the positive and empowering culture that was promoted within the team. There was a strong emphasis on staff skill development and keeping the team motivated and enthusiastic. Staff had clear roles and responsibilities and they were constantly being upskilled so they could step up or act in other roles should this be required. Staff complimented the training provision and the support received from the management.

We found the management's vision was imaginative, innovative and put people at the centre of service delivery. The provider's governance was well-embedded and there were robust quality assurance systems that remained highly effective. Information was shared with service partners which enabled improvements to be made across the local care sector.

People's independence was actively promoted improving people's well-being and reducing social isolation.

For example, one person was supported to travel to and maintain a job.

Staff also benefited from the services culture of compassion and care. Adjustments were made to facilitate staff's religious beliefs and practices; staff rotas were altered to allow staff time to pray and specialised PPE was sourced for some staff on religious grounds. Staff told us they were extremely well supported.

The service was extremely responsive. The provider's long standing "The No / How pledge" continued to underpin the service's responsive ethos. The team demonstrated they successfully adopted 'you don't say 'no' you say 'how' can we do this' approach. The registered manager told us the pledge, "Is so deeply embedded in our culture it is just second nature."

The service went the extra mile to ensure people's communication needs were met. Time was spent with people to enable staff to fully understand people's needs and worked with them to find solutions. Some staff spoke foreign languages and documents were available in the language of the person's choice. Alternative communication methods were used such as Makaton or technology, all of which was tailored to people's individual needs and choices. Makaton is a form of communicating where people use signs and symbols either as a main method of communication or as a way to support speech.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. For example, the provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place. One relative said, "They (provider) came out and spent a lot of time listening to what he (person) needed," Another person who lived with autism had a dedicated support team of staff who had received specific training in relation to their needs and condition. This ensured the person received individualised care that met their needs. The service had an exceptionally person-centred culture and welcomed feedback.

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 in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA

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

#### Rating at last inspection

The last rating for this service was Outstanding, published 1 August 2018.

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our Safe findings below

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

### Is the service caring?

Good ●

The service was extremely caring

Details are in our Caring findings below

### Is the service responsive?

Outstanding ☆

The service was extremely responsive

Details are in our Responsive findings below

### Is the service well-led?

Outstanding ☆

The service was extremely well-led

Details are in our Well-Led findings below

# First City Nursing Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of three inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection took place on 29 September 2021 and was announced. We informed the provider a week before our inspection as we needed to ensure they are able to accommodate us in the office and make the arrangements for us to phone people, staff and healthcare professionals.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 19 people and 17 relatives. We also received feedback from 15 members of staff. We spoke with the customer experience, quality and compliance lead, the registered manager and the provider. In addition, we also contacted number of external health and social care professionals and commissioners to obtain their views about the service. We looked at six care plans, four staff files, records relating to medicine management and quality assurance.

Following the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I'm very happy with the care provision. I feel safe with them (staff). "A relative told us, "Mum is happy, feels safe with her carers. They are regular ones."
- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff told us, "If I saw anything of concern, I would report it immediately. I would speak to the manager straight away and I am confident it would be acted upon. I know we can report outside of the organisation if it wasn't acted on."
- The provider had a safeguarding policy in place which staff followed. Monthly meetings were held with the local authority safeguarding team to discuss emerging patterns and trends, plan actions to address these and share learning with partners. For example, one person would only consent to have personal care with an evening staff member. The service ensured that this member of staff attended this person at least four times a week. Learning from this staff member was being shared with other staff to ensure the person did not become completely dependent on an individual staff member.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication and environment. For example, one person was at risk of falls. Guidance on how to keep this person safe, including two staff to support the person, was provided for staff.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up to date with changes to care plans so they continued to meet people's needs. All risks had been reviewed in relation to COVID-19.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider had enough staff with the right skill mix to keep people safe. Staff told us the pandemic had affected staff numbers. One member of staff said, "At the moment we are struggling due to the pandemic and a bit short of staff lately. The organisation is trying its hardest to recruit and it is a problem in most services. Staff try to pick up extra hours to help out. Management help out if we do get short."
- Records confirmed there were sufficient staff to support people. For example, where two staff were required these were consistently deployed. One relative told us, "He (person) has two (staff) in the morning,



there is always two." People told us staff were usually punctual. Relatives confirmed staff were "Usually on time." An electronic monitoring system was in place to monitor staff visits and allow people to be informed if staff were running late.

- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

#### Using medicines safely

- People received their medicines safely and as prescribed.
- The registered manager ensured people's medicine was administered by trained and competent staff. One member of staff said, "I had training and my competency has been checked to be sure I am safe to administer medicine."
- Records confirmed staff competency was regularly assessed and recorded and medicine administration records [MAR] were accurate and up to date.

#### Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment (PPE) such as masks, gloves and aprons.
- One staff member spoke about the training provided for COVID-19. They said, "I have had training about putting on and taking off and we have plenty of PPE to use."
- A current infection control policy, along with outbreak contingency plans were in place and available to staff.

#### Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation and with partners.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place. One relative said, "They (provider) came out and spent a lot of time listening to what he (person) needed,"
- Assessments took account of current guidance, including data protection legislation, oral health and standards relating to communication needs.
- People's expected outcomes were identified, and care and support were regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles. One person said, "Yes, some have had experience and training with this company and others they worked for. The carers can do what they need to do."
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "We have appraisals and I like those as we get positive feedback. If there are any problems, they get hold of us for feedback."

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained details of people's meal preferences, likes and dislikes. Any food allergies were highlighted.
- People were supported with their meals appropriately. Care plans included guidance and advice from healthcare professionals where appropriate. For example, speech and language therapist (SALT).
- People were supported to live healthier lives through regular access to health care professionals such as their GP, occupational therapist or optician.
- Where appropriate, reviews of people's care involved relevant healthcare professionals.

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 in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

Ensuring consent to care and treatment in line with law and guidance

- Staff respected people's choices and decisions. One person said, "They [staff] do seek my permission with things."
- Staff worked to the principles of the MCA. One staff member said, "I have had training in MCA and know that people can make their own decisions or, if a best interest decision is necessary." Another said, "I know which clients have Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR). There is also information in people's homes where this applies."
- Care plans contained consent to care documents signed by the person or their legal representative.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were extremely caring. One person said, "There are times they pick up prescriptions for me, some go the extra mile, and I am always thankful." Relatives told us about the caring and compassionate approach of staff. Comments included; "Yes definitely caring, they go the extra mile," "Caring, very much so, they send him (person) cards on his birthday, they are very, very kind" and "Yes 100% they went the extra mile, pretty much every time. She (person) had some seizures and they popped in to see if she was ok, half the team came to her funeral. "
- The service had an equality, diversity and human rights approach to supporting staff as well as people's privacy and dignity. For example, one staff member needed to have her arms covered and wore a Hijab for religious reasons. The provider supported this staff member during the pandemic and researched disposable hijabs and provided her with disposable arm sleeves, as management were aware of the risk of transmission on clothing. Staff were also supported to fast during Ramadan and Eid and changes to their working patterns were made to facilitate their needs.
- The provider recognised and championed people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans. For example, one person identified as a different gender to the one they were assigned at birth. This person's condition meant it was difficult for them to dress and apply make-up so they could go into the community feeling comfortable and confident in the way they presented themselves. Staff respected and ensured the person was supported in their choices around how they wished to present themselves in all aspects of their life. Staff assisted the person to dress and apply make-up, fulfilling their aspirations. This enabled the person to go out with confidence and purpose. We were told this had a very positive impact on their well-being.
- The service actively supported diversity and challenged discrimination. The registered manager told us, "We were made aware that a customer had told a staff member that she hated people of colour. The staff member was extremely upset and being a person of colour herself she asked to be removed from visiting this customer again. Myself and a deputy lead contacted the customer to explain that this type of behaviour is not acceptable and could be reported to the police as a hate crime but the staff member does not want this for the customer and felt it was best if she didn't visit her again. We asked the customer if she would like more support from her mental health team who would be able to support her with her feelings and behaviours, as we explained saying this in public to someone could end up as a police matter or altercations and harm. The customer agreed and apologised for her actions. I explained that I would follow the telephone call up in a letter and pass on her apologies to the staff member. The staff member was offered further support and we contacted the mental health team to support the customer (person).

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in their care. One person said, "I feel involved in all aspects (of care)." A relative said, "Excellent caring, kind, compassionate. My wife (person) has little communication but has a really good relationship with staff so any decisions are easy."
- Records showed staff discussed people's care with them on an ongoing basis.
- Care plans evidenced people and their relatives had been involved in planning their care and support. Plans included personal information and people's preferences.

Respecting and promoting people's privacy, dignity and independence

- People's care plans highlighted the importance of respecting privacy and dignity. This ethos was embedded and clearly visible throughout the organisation. One person said, "Yes, they (staff) treat me with dignity". One relative said, "Caring staff, really incredible with a great capacity to care, they show a lot of respect for my mother, even if they are rushed, they have time for her. They don't rush their visit, the individuals (staff) are fantastic." Another told us, "They (staff) are brilliant, honestly I couldn't fault them. I am happy at what they provide, and they are so respectful."
- People were supported to be as independent as possible. Care plans prompted staff to encourage people to be independent. For example, one person, with a disability was supported by staff to attend and work in a local charity shop. This person needed to feel useful and play an active role in their community. Without the staff's efforts in supporting this person to travel and attend their work, the person would be isolated at home. This has enabled the person to remain a useful and active member of their community which has raised their self-esteem and well-being.
- The service enabled staff to promote people's independence. Staff were trained and able to drive people in their own disability cars enabling them to access the local community. The registered manager told us, "We are adapting a strength based outcome focused way of working and encourage customers, no matter of their characteristics to achieve their outcomes and aspirations in life, whether it's an 80 year old who wishes to learn how to use an IPAD or someone who is disabled wanting to go sailing, we will always try and support someone to achieve their goals and have a meaningful live."
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual, personalised care plans in place that reflected their current needs including the actions staff should take to support people to meet their intended outcomes and goals. Where people had specific requests, records confirmed staff met their requests.
- The provider's "The No/How pledge" continued to underpin the service's responsive ethos. The team demonstrated they successfully adopted 'you don't say 'no' you say 'how' can we do this' approach. The registered manager told us, "This remains our response to our customers and staff. The benefits of it on customers (people) are not singled out as the pledge was written based on the culture we had already developed. Therefore, it is second nature when a request arises the team will expect to be looking to 'find a way.'" For example, one person was a fan of an extremely famous entertainer of international fame. A staff member knew how this person had followed the celebrity throughout their adult life. The staff member was able to write to this celebrity and was able to obtain a signed photograph. This was given to the person who was, 'Thrilled to bits.'
- The service ran and maintained a charity, 'Friends of First City'. This charity supported the local community with 'befriending' volunteers which helped to improve people's well-being and prevent social isolation. The registered manager told us, "Due to COVID the active part of this charity was reduced, but we intend to re-start soon. However, throughout the pandemic, funds have been able to support hospital discharges where individuals have very little or nothing to go home to." This enabled hospitals to discharge on time, safe in the knowledge the person was equipped to return to their home.
- The service championed people's individual needs. The manager told us, "First City Nursing sponsor Swindon Town Football club, a few weeks ago we had read in the local newspaper a very disturbing read that on an away match a person who was living with Parkinson's was turned away from the ground as the security assumed he had been drinking and was drunk. We immediately contacted the club to offer support to this person who was a season ticket holder and an avid STFC fan. The club have made contact with the person and we have suggested that within the programme there should be an education piece on Parkinson's Disease and involve the Parkinson society to support STFC staff to understand conditions that may present in different ways that could be misinterpreted, we believe this is being considered."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were thoroughly assessed and recognized. Care plans identified, recorded and flagged any communication needs such as poor eyesight or hearing loss as required by the Accessible Information Standard. The registered manager informed us that, "We meet people needs depending on their requirements and have used interpreters, flash cards and sign language, Makaton and written forms of communication. Makaton is a form of communicating where people use signs and symbols either as a main method of communication or as a way to support speech. We have a diverse staff team that can also support people's needs depending on their own skills and languages used. For example, we have some Polish and Portuguese, and Greek staff who will always support in any circumstances whereby a customer only communicates in this language and we have offered flash cards that have both written and translation elements too so staff can use key words in both English and foreign languages."
- Staff responded to people's changing communication needs. For example, one person had a severe stroke which affected their speech whereby they were not able to produce words. The person was expressing frustration and was becoming withdrawn, declining support and refusing medication. The registered manager told us, "Staff met with him and spent several hours at his home taking the time to listen, using white boards to support with communication and bringing ideas to him to consider. During the time we spent with him we were able to understand some of his frustrations and how he felt unable to express himself, he wanted to be able to still have banter and been seen as the person he was pre stroke. We created flash cards of the things he was interested in so staff could point to them and then set up his TV or I pad so he could watch what he was interested in rather than general day time TV. This small change made a huge difference to his life."
- The service was innovative in challenging barriers to people's communication needs. For example, one person presented behaviours that made it difficult for family and staff to support the person. This person was living with dementia. The registered manager identified a 'twiddle muff' that another person used which calmed them. A twiddle muff was provided for the person and staff noted very positive results, including improving their level of anxiety, communication which resulted in reduced behaviours. This meant the person could be more easily supported and their life improved.
- Where care plans identified communication needs staff were provided with detailed guidance on how to effectively support the person.

Improving care quality in response to complaints or concerns

- Robust systems were in place to address any concerns raised, analyse findings and use the information to learn. The role of 'customer experience and compliance lead' was created to be the first point of contact for people with concerns. The complaints policy and procedure were updated to reflect the new process. Regular complaint analysis documents were completed. This included reflective statements to support staff who had been involved in complaints and learning was shared with the training team who included any themes in the induction training for staff. Once any complaint had been resolved the person was contacted after four weeks to ensure the improvements had been sustained and support was being delivered effectively.
- People told us complaints were dealt with very effectively. Their comments included; "Yes I have complained and it was dealt with efficiently," "I complained about a carer and I never saw her again," "I met First City and they dealt with (the complaint) brilliantly" and "They are always there for me, if I want something, they will do it straight away. Today, the carer was late, I rang the office, and then the carer rang me and apologised."
- The service received numerous compliments from relatives and healthcare professionals. They demonstrate the high regard in which First City is held and included; 'I give them ten out of ten,' 'I am extremely grateful for everything you have been able to do for (person) so far, and she can't thank you enough for your support in arranging an alternate time for her call tonight,' 'Thanks for everything you've

been doing. I know it hasn't been easy, but it isn't going unnoticed and you should all be proud. I am. A fantastic example of the power of Team Swindon' and 'The work that has been done with (person), a learning disabilities case, has been excellent not only in delivering great support and care but also in being the eyes and ears on the case when there are a risks for (person)'.

#### End of life care and support

- The service ensured people's advanced wishes were respected, particularly where they were unable to express their choices. The service had just completed new ReSPECT forms awareness training. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment. ReSPECT can be complementary to a wider process of advanced or anticipatory care planning. This meant people and their families could be reassured that their choices would be considered and respected.
- The service went the extra mile to support relatives during end of life. We saw one person being supported with end of life and the service supported the family to visit them. The service provided them with full PPE as the scheme the person was living in was 'locked down' but the person wanted their family with them at the end of their life. Arrangements were made with the housing provider and the family was provided with face masks, shields, gowns, shoe and arm protectors to walk through to the person's flat so they could spend valuable time together. The service talked to the family so there were aware of transmissions risks to others, particularly as testing was not available. The person passed away with their family around them. This person's final wishes were respected, and the family were very grateful for the support provided in extremely difficult circumstances.
- People were supported to have a comfortable, dignified and pain free end of life care. People's care records contained information about people's preferences in relation to end of life. The team would involve the relevant professionals when required.
- There were systems in place to record people's advanced wishes. For example, where people expressed a wish not to be resuscitated, these wishes were recorded. Staff told us people's wishes were always respected.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question remained the same. This meant service leadership was exceptional and distinctive.

Leaders and the service culture they created drove and improved high-quality, person-centred care.

- At the start of the pandemic the provider lobbied parliament and local MPs on matters relating to COVID19 including track and trace, staffing issues within the care sector and protecting people from the virus. The provider was later awarded an MBE in the new year's honours list for services to the industry during the pandemic. Part of his award citation read, 'One major aspect of his achievements is in ensuring that Swindon has been among the few local authorities where there has been no waiting list for packages of home care for patients waiting to leave hospital, leading his team to go the extra mile in terms of time, commitment and through effective communication and partnership working. He has been at the forefront of understanding the complexities of changing guidance, information and translation into practice, which has been of benefit to staff, partners and commissioners.'
- People and their relatives told us the service was exceptionally well-led. Comments included; "Very professional I haven't a bad word to say against them," "When I have had to ring the office they have responded well, they are a big company," "If I have any problems I ring the office, there is always a coordinator available," and "I feel like one of the family."
- Staff told us they had confidence in the service and felt it was very supportive and well managed. Staff comments included; "I'm quite happy. We work as a team and managers are supporting us. I'm happy with what I am doing," "The management team are very supportive. The registered manager is very hands on and tries to help and protect us and make improvements all the time. For example, at the start of the pandemic they set us all up so we could work from home. We've all got everything we need" and "Going the extra mile will always benefit someone, whether this be big or small. A big part of our service is that our clients feel safe and cared for in the comfort of their own homes."
- We found the management's vision continued to be imaginative, innovative and put people at the centre of the service delivery. The service retained their drive for excellence and retained their position as the Lead Provider of social care for the local authority. They continued act as a first point of contact for all referrals for the borough. On taking on this role the provider recognised the need for improved information sharing and retained a number of external professionals to be based at the same site to ensure enhanced communication and smooth referral processes were maintained. The provider recognised the service of its size needed a robust staffing structure for contingency purposes. The registered manager was an overall service manager whilst there were separate departments, each one led by a designated manager. For example, there was a separate team responsible for scheduling, another team responsible for care planning, for recruitment and training. There was a clear structure within each of the departments that ensured accountability. Healthcare and local authority professionals spoke with us about the organisation and practice of the service. Comments included; "From my experience with First City during the COVID-19 pandemic, both the management and staff have been approachable and able to effectively deal with raised

queries. They have been able to approach the Public Health team in dealing with issues that were beyond their expertise, seeking guidance and ensuring that they were addressing any queries using accurate information" and "My experience with First City has been consistently good. The team come across very proactive with any challenges."

- A broad range of highly effective audits were conducted to monitor the service and drive improvements. This included monitoring of 'partner' services commissioned by First City. Ongoing analysis allowed improvement plans to be implemented. For example, where a medicine error occurred, not only did the staff member receive support and refresher training, but the training team analysed the error for ways to improve medicine training to prevent reoccurrences. Records confirmed this practice had reduced medicine errors.
- In keeping with the services forward looking culture and drive to improve, a 'Recovery Action Plan' was in place. Actions to drive the recovery from the pandemic included; Revised staff training, 'customer' forum groups, revised staff appraisal schedules, and a pre-assessment and hospital discharges process, which is currently under review.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to raise any comments via regular contact and surveys. Where people made suggestions or raised concerns action was taken. For example, a recent survey identified some people were concerned about receiving personal care from male staff. As a result male staff were not deployed to these people for personal care and staff rotas were regularly audited to ensure consistency of deployment was maintained.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. One staff member told us, "I cannot fault the approach that First City adopts. Customers' needs always take priority but also so does the welfare of the staff. Welfare checks are carried out regularly to all parties. We also carry out questionnaires to receive feedback on the care and support that is being delivered."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Working in partnership with others

- The service worked in partnership and responded to the challenges of the pandemic using innovative ways to protect people. Not only for their own organisation but sharing resources with other organisations in their community.
- For example, the provider identified very early on that PPE was likely to be in short supply due to demand and researched alternative sources of PPE. Contacts within the local business community were identified and following negotiations the provider was able to obtain large quantities of PPE. This was then used to equip, not only First City staff but was distributed to service partners, care homes and hospitals in the Swindon area. For example, ten thousand protective aprons were donated to a local hospital. The registered manager of a local care home wrote, 'The support and services provided by First City to [name of care home] during the pandemic have been immense and invaluable. First City were able to support us with supplies of PPE when stock was almost impossible to source. Guidance and updates were regularly shared between the

management team of both organisations to ensure we were all kept up to date and able to ensure our staff received all the latest relevant information. In addition to this, they were extremely helpful in facilitating the production of our staff COVID information brochure. The director (provider) of First City was able to support us with additional I.T. technology to enhance the safety aspect and communications for staff and residents alike.'

- The provider was able to obtain 3D laser printers to make face shields that were in short supply. So great was the demand for the face shields, the provider designed and manufactured their own and distributed them to partners and services in Swindon. A healthcare professional said, "My experience with First City has been consistently good. The team come across very proactive with any challenges."
- The provider also identified that alcohol hand gel was in short supply and the cost was increasing. The provider was able to commission a local brewery to manufacture hand gel at a reduced cost. Supplies of this gel were then distributed amongst staff and other care services in the Swindon area.
- The service was transparent and extremely collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care. One senior staff member told us, "We subcontract work to our partners in our commissioning role. We undertake six monthly monitoring visits for quality assurances, so we have oversight that they are completing support with our customers to the standard we expect. If we feel there is slippage in the quality or system in place, we will work with them on action plans and support them with any improvements, which has had really positive outcomes."
- Healthcare professionals told us how the service worked in partnership across directorates and healthcare disciplines. Comments included; "There are regular GP contacts and interim medication for the patients, and we are notified consistently when patients are discharged from hospital. If we are not able to help, the carers will contact the surgery directly for any further queries," "First City attend to diverse groups of people with diverse needs. From the conversations I have had with the staff and the managers, I think they have a very good understanding of equality, diversity and respect of people's differences" and "Staff and management have always been approachable and helpful, queries, if any, are resolved quickly and very efficiently."
- First City Nursing has a track record of being an excellent role model for other services in safeguarding people from abuse. They worked in partnership with other organisations to build safe and robust practices to safeguard people. We saw numerous examples of where the service had worked with other agencies on complex safeguarding issues, such as cuckooing (a practice where people take over a person's home and use the property to facilitate exploitation). These examples demonstrated an excellent understanding of each agencies role and seamless working together to achieve good outcomes for people.