

Citizenship First Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Citizenship First is a domiciliary care agency. It provides personal care to people in their own houses and flats in the community and people living in supported living schemes. It provides services to people with learning disabilities. At the time of the inspection eight people in their own homes and 16 people in supported living schemes, were receiving support with personal care.

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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The care plans we looked at had been updated, however, other care plans still require updating to the new format. A plan was in place to complete this. We have issued a recommendation that the provider ensures all care plans are completed.

People's likes, and dislikes were recorded in people's care plan and staff knew people and their preferences well. People's communication needs were in their plans. People had a good range of activities in place and people were happy with what was on offer. There was a complaints procedure and people knew how to complain.

People spoke highly of the head of service who they said was approachable and supportive. The registered manager understood the regulatory requirements. People told us they thought the service was well led. New audit systems had been implemented. However, these required time to be embedded fully to ensure they were sustained and continued to drive improvements.

Medicines were managed safely. Staff were recruited safely, and there were enough staff to take care of people. Care plans and risk assessments detailed what care and support people needed to reduce risk to them. Relatives told us they felt people were safe.

Staff received appropriate training, a plan was in place to ensure training was kept up to date. Staff were supported and felt supported by the management team. Staff received supervision. People's needs were assessed, and outcomes recorded. People were offered a choice of food and drink. The service worked with

other health care professionals. However, it was difficult to find outcomes for people's medical visits.

People and relatives told us staff were kind and caring. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. People and relatives told us staff treated them with dignity and respect, they were involved with the planning of their care and their views were listened to.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (March 2019) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The service has improved to good.

However, remains requires improvement in well led. This service had been rated requires improvement for the last three consecutive inspections, therefore the quality assurance systems and governance need to be embedded into practice.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Citizenship First on our website at www.cqc.org.uk.

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 caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Citizenship First Ltd

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 one inspector and one Expert 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 flat. This service also provides care and support to people living in eight 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used this information when planning our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, head of service, development manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- People's care files included appropriate assessment of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment and manual handling.
- Care plans provided instructions to staff to reduce the likelihood of harm to people when being supported.

Using medicines safely

At our last inspection the provider had failed to ensure medication was administered safely this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Medicines were managed safely.
- Relative's told us, "Our [relative] is on a lot of medication which has to be got right and given at all different times, staff get this right" and "All the team are well trained in the administration of [relatives] medications and there has never been an issue."
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked every three months. Records showed staff were up to date with medicines training.
- Staff told us, "I have received medication training, I was then observed before being signed off as competent" and "Managers do spot checks when we administer medication to ensure this is completed correctly."
- Risk assessments were completed for the safe management of people's medicines.
- Protocols were in place for medicines prescribed for use 'as required'. Staff told us, "The person I support has medicines on a 'as required' basis. I know when they need this medication as they may become distressed or display other behaviours."

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I get on with the Staff and I feel safe living here, yes..", "Hello, yes, I like it here and the Staff are nice", "The Staff are very helpful and I feel safe." and "I've been here for quite a long time and I am comfortable and happy."
- Relatives told us the service was safe. Comments included, "My [relative] is safe with the Staff and I have no problems with [relative's] Support Team at all. [Person] is a complicated young person and Citizenship First are good at understanding what we need from them", "I think that my [relative] is safe yes" and "Yes, I would say that my [relative] is safe and they have a very good team around them at present." However, one relative told us, "It is a broad generalisation, because some staff are very good whilst others are not as good. I would say my son is safe generally but there is a lot of things that could be vastly improved upon."
- Staff told us they felt happy raising any concerns they had about people they were supporting and were confident they would be dealt with appropriately.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.

Staffing and recruitment

- The service was adequately staffed. However, staff told us they felt there was a shortage of staff and people were overworked. The head of service explained they have a rolling recruitment programme to help with staffing levels.
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Preventing and controlling infection

- Appropriate measures were in place to protect people from infection.
- Staff confirmed they had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents. They understood how to use accidents and incidents as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received sufficient supervision, appraisal and training to carry out their roles effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- A person who used the service told us, "Staff are well trained, and they seem to do training a lot to learn new things."
- Relative's told us, "Staff are very well trained and it's a shame that their efforts don't get recognised more as it's a very responsible job."
- Staff were trained to be able to provide effective care. One staff member told us, "Most of the training is e-learning which is not good. However, the shadow shifts which I worked before hand were very helpful."
- Staff told us they felt supported in their roles and although they had regular supervision sessions they felt able to raise issues at any time.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff.

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

- Assessments of people's needs were comprehensive, and outcomes were identified. Care and support were regularly reviewed.
- Support plans were tailored to the person's needs and contained detailed information about the person and how they wished to be supported.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A relative told us, "My [relative] was diagnosed with an illness. The Staff have been very, very, good. They take [relative] for all their appointments. Unfortunately, it has caused my [relative] to become very anxious and they can be very up and down. The Psychiatrist is involved, and the staff liaise with us so [relative] is treated in the same way across the board, either there or here at home."
- Information about people's health visit was recorded within daily notes which made it difficult to identify

whether people had attended any follow up appointments, or whether any specific actions were required.

- The service had good relationships with other organisations involved in supporting the people they also supported.
- Hospital passports were in place to support effective transition between services. This meant that key information was available on people's needs should they be admitted to hospital.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

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

- Staff were knowledgeable about people's needs and were able to explain information recorded in care plans.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- No one required their food and fluid intake monitored, however, the service recorded this in people's daily notes to help monitor and identify early if there were any concerns.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person was under authorisation from the Court of Protection. This had just been authorised. The manager was working with the family to obtain a copy of the authorisation.
- The registered manager understood the need to include any conditions in the care planning process to demonstrate they had been met.
- Mental capacity assessments we saw were decision specific and, where needed, best interests' decisions had been recorded, when made on a person's behalf.
- Support staff told us they had received training in the MCA and DoLS. This helped them to understand how to protect people's rights.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they received good care and support from staff. People told us, "All my team are very caring and professional, and they are kind to me and talk to me in a nice way", "If I am not well the staff will ring for the doctor, or take me to the doctor" and "The Staff do listen and they care but sometimes it's annoying if you want to play a board game and the support worker doesn't want to play that game or has no idea of the rules."
- Relatives told us, "The Staff are always very pleasant with [relative] and with us when we visit. [Relative] does seem to have caring staff now", "What my [relative] will do for one carer, they won't necessarily do for another. For example, showering and shaving. [Relative] is happy to do it for some and then other carers have no chance at getting him to do it. It's the same with going out. So, it's very important and the company recognises this that [relative] has a team of support workers around them. [Relative] does have a very good and understanding team. My [relative] is also happy with the arrangements and he likes to know which staff are coming on which days..."
- Staff we spoke with were positive about their role. One staff member told us, "I enjoy my job, I like the people who I support."
- Staff we spoke with demonstrated a good understanding of each person they supported and understood each person's different needs.
- The service has dignity champions who were role models to others and influenced colleagues by having conversations around the seven steps of dignity principles.

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

- People were supported to express their views and to be involved in decisions about their care, as far as possible, in making decisions about the care and support they received. People told us they had completed surveys, monthly reviews and attended meetings to share views.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported

them to maintain their independence. One person told us, "I treat everyone like they were my relative, I treat everyone as nicely as possible. When changing pads, I'm respectful it's a very intimate things to have done. I ensure I offer people as much choice as possible. Even simple things such as offering [person] a chocolate or strawberry mousse. It's a small choice, but still a choice."

- Respect for privacy and dignity was at the heart of the service's culture and values. Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care.

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 requires improvement. At this inspection this key question had improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the care plans were not always accurate and up to date to provide information and direction for staff. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's needs were met. The two people's care plans we reviewed had recently been updated. These were detailed and contained clear information about people's likes, dislikes, specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. The head of service explained they were transferring all care plans to this new format to provide more person centred care files. They had recently recruited someone to the role to focus on updating all other care plans. We recommend the provider ensures all care plans are completed to ensure all people's needs are identified and managed.
- One person told us, "I have a care plan and I am involved in it. Things can be added on to it if I want them to be."
- Relatives told us, "I am fully involved in my [relative's] care plan. [Relative] is autistic it is important that nothing changes. Once [relative] has made their mind up that they are not going to do something then they are very adamant. So, the continuity of staff is very important, and the company have been very good in maintaining this. [Relative] has a very good team" and "There is a care plan that they adhere to and it is reviewed every year or so."
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in all staff we spoke with.
- People were also encouraged to be involved in everyday life activities with staff if they wanted to, i.e. shopping, meal planning, cleaning and cooking.

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.

- One relative told us, "Our [relative] is nonverbal but they do have their own ways of communicating things to us. The Staff and ourselves have tried Makaton but we couldn't really establish it with [relative]. The Staff support [relative] with everything, [relative] has quite complex needs and the staff are good at knowing their needs, likes and dislikes."
- People had communication plans in place. They described the person's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us, "I don't go to day centre, but I do go out socially and the staff come with me", "I go to day centre most days and there are lots of things for me to do at home as well. I like to draw, watch TV, colour, listen to music, and all my things are in my room. I do like it here" and "I do lots of things, I go swimming, I go to art class, I play on my computer and play other games and I go to parties as well."
- Relative's told us, "[Relative] goes out in some form, every day. [Relative] did go to [Place] but they were being bullied so won't go back there. They [citizenship first] are looking at more things for [relative] to do. They have found [relative] an art class that they seem to enjoy, and they go to a club on Friday nights, but they need to be doing more."
- The service was responsive to people's social needs, and actively promoted the importance of social contact and companionship to enable a good quality life. People were enabled to follow a variety of interests and activities. Ideas were initiated by staff based upon people's interests. There were a range of life enhancing and interesting events and activities for people to become involved with. These included going on holiday, shopping, to the cinema, arts and crafts and accessing other activities in the local community.

Improving care quality in response to complaints or concerns

- One person told us, "I don't have any complaints."
- Relative's told us, "I've not really complained. Over the last couple of years things that were wrong have been put right. I can speak with all [relative's] support workers and if anything does go wrong I am confident that it will soon be put right again" and "We've made lots of complaints. Five years ago, it was dire. It has pulled itself up a bit since, but they seem to go through some bad patches. It improves but then goes again."
- There were systems and procedures in place in relation to complaints.
- Complaints were managed in line with the policy.

End of life care and support

- The registered manager informed us they were not currently providing care for people at the end of life. If this changed they would support people whilst working alongside other professionals to meet people's needs and wishes

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the providers systems in place to assess, monitor and improve the quality and safety of the services provided required further improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had implemented quality assurance systems to monitor the service. These had changed since our last inspection, there was an online system implemented alongside a new filing system. We found these were effective in identifying areas for improvement. When issues had been identified, these were added to an action plan and action had been taken to make improvements. However, these needed fully embedding into practice to ensure they were sustained and continued to drive improvements.
- There was a registered manager in post who provided leadership and support. We found the management team open and committed to making a difference to the lives of people living at the service.
- People who used the service received good quality person centred care.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us, "The manager is [name]. They are easy to talk to. I can discuss any problems that I'm having with [manager]", "Sometimes I see the manager and I have always found them to be nice and easy to chat with. [Manager] always asks how I am." However, one person told us, "I hardly see the managers, so I don't know."
- Relative's told us, "I have very good contact with the manager. They are well aware of my [relative's] and my expectations. If there is staff sickness etc, they always inform me quickly. They are coming to my house this week as a member of staff is leaving so we will put our heads together and plan for it to avoid upheaval as best as we can for my [relative]" and "The Manager is nice. Very approachable and they keep in regular

contact. We email regularly. It is a good settled team now and we are very pleased with Citizenship First."

- People were engaged with the service. Staff meetings were held which staff told us they found useful. Staff met with the team managers on a one-to-one basis to discuss any concerns or receive any updates.
- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- Relatives and other stakeholders had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The management team made themselves easily available to people using the service, relatives and staff.

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

- There was an open and honest culture in the service. People were complimentary about the registered manager. Relatives told us, "The manager is easy to talk to and they phone regularly and keep us up to date about everything. They make out the care plan and then go over it with us."
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The manager had a clear understanding of their role and the organisation, and the lines of managerial support available.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the manager told us the service had worked with clinical commissioning groups (CCG), social workers, mental health services and Sheffield local authority.